

The Association Between Parenting, Social Interaction, Social Values, and Adolescent Mental Health: A Cross-Sectional Study in Palu, Indonesia

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ABSTRACT

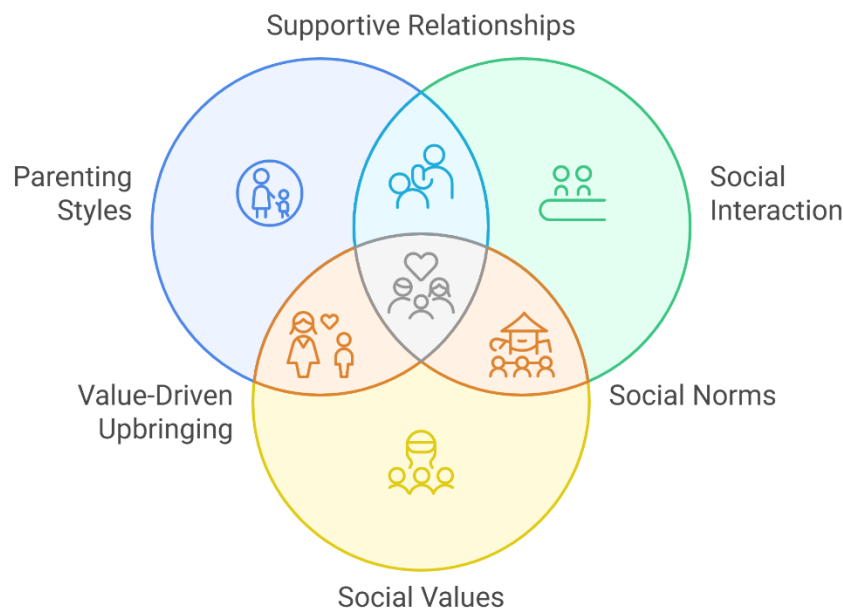
Adolescent mental health is a critical determinant of developmental outcomes, influenced by factors such as parenting, social interaction, and social values. However, empirical research examining these variables concurrently is limited, particularly in urban Indonesian schools. This study aimed to analyze the relationship between parenting styles, social interaction, and social values with the mental health of students at SMPN 9 Palu. A quantitative, cross-sectional design was employed in February 2025, involving 93 eighth-grade students selected through purposive sampling. Data were collected using validated questionnaires for parenting, social interaction, and social values, while mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ). The relationships between variables were analyzed using the Chi-Square test. The analysis revealed that parenting ($p=0.001$), social interaction ($p=0.033$), and social values ($p=0.034$) were all significantly associated with adolescent mental health. These findings underscore the necessity of integrated, multi-level interventions targeting family and school environments to foster adolescent psychological well-being. The study concludes that poor parenting, inadequate social interaction, and low social values are significant risk factors for mental health disorders among this population, confirming the pivotal role of the socio-familial environment.

Key Messages:

- Parenting styles, peer social interactions, and social values are significant correlates of mental health among urban adolescents in Central Sulawesi, highlighting the critical influence of the socio-familial environment on their psychological well-being.

GRAPHICAL ABSTRACT

Overlapping Influences on Adolescent Mental Health



INTRODUCTION

Adolescent mental health is increasingly becoming a concern in various parts of the world, including in Indonesia. The adolescent phase is a critical period in individual development marked by various emotional, social, and cognitive changes(1–3). In this period, adolescents begin to search for self-identity, form more complex social relationships, and face various academic and social pressures (4,5). One of the main factors that influences adolescent mental health is the family environment, especially parental care which can shape the character and psychological resilience of children (6–8). In addition, social interactions with peers and the school environment play an important role in shaping the emotional balance of adolescents (9–11) taught in everyday life also help determine how adolescents cope with stress and build good mental health (12,13). Without support from family, a healthy social environment, and internalization of positive values, adolescents are at risk of experiencing mental disorders such as anxiety, stress, and depression (14,15).

Research on the influence of parenting on adolescent mental health has been widely conducted in various countries. Research conducted by Ziyu Liu stated that parenting style significantly affects adolescent mental health (16). Rothwell et al. also reported in their study that various parenting practices significantly impact adolescent mental health (17). Democratic parenting contributes positively to adolescent emotional well-being, while authoritarian and permissive parenting tend to increase the risk of mental disorders. In addition, several studies also report the relationship between social interaction and adolescent mental health. This emphasizes that social interaction is very important for establishing relationships to avoid bullying or bullying that affects adolescent mental health (18–20). Research conducted by Rapp et al. reported that cultural values, especially collectivism, influence how adolescents respond to peer rejection based on their parents' emotional socialization strategies. This suggests that social values in the family can significantly influence adolescent emotional management and coping mechanisms (21). Internalization of family values and environmental characteristics significantly influence adolescent emotional regulation and social behavior, indicating the importance of social values in shaping adolescent mindsets and coping mechanisms in responding to social pressure (22).

Although various studies have examined the links between parenting, social interaction, and social values with adolescent mental health, this research has often focused on these factors individually and predominantly within Western contexts. Consequently, a comprehensive analysis of their simultaneous influence within the specific socio-cultural and educational environment of urban Indonesia is notably absent from the literature. This research gap is particularly pressing given the prevalence of mental health challenges among Indonesian youth. The 2022 Indonesian National Adolescent Mental Health Survey (I-NAMHS) reported that approximately 34.8% of adolescents aged 10 to 17—equivalent to 15.5 million—experience mental health problems, with 5.5% (2.45 million) diagnosed with a mental disorder in the past year. A preliminary survey at SMPN 9 Palu revealed instances of student delinquency, including theft, fighting, and bullying, alongside behaviors like truancy and vandalism (23–25). Meanwhile, a study conducted in Indonesia reported that 24.3% of adolescents experienced psychological disorders and depression (26). A 2023 report from the Palu City Education Office also identified academic pressure, social conflict, and a lack of family support as key factors worsening adolescent mental health in the area.

Based on a preliminary survey, through interviews with the principal of SMPN 9 Palu, it was found that there were still several cases that led to criminal acts, one of which was theft that ended up with some students being incarcerated. There were also students involved in fights between friends and even bullying in the school environment. There were still many students who like to skip class or skip school, smoke and scribble on facilities in the school environment. Meanwhile, a report by the Palu City Education Office in 2023 showed that academic pressure, social conflict, and lack of family support were factors that worsened the mental health of adolescents in the area. Therefore, more specific research is still needed to understand how parenting, social interactions, and social values affect adolescent mental health in the local context.

Therefore, this study aims to address the identified gap by analyzing the relationship between parenting, social interaction, and social values and the mental health of adolescent junior high school students in Palu. This research is expected to provide a significant academic contribution by presenting a comprehensive analysis of how these three factors collectively influence adolescent mental health in an Indonesian context. The findings can serve as a reference for academics, educators, and health practitioners in designing more effective interventions and evidence-based policies to support adolescent psychological well-being in school and family environments.

METHODS

Study Design

This study is a quantitative analytical study that used the design of cross-sectional survey. Sampling using purposive sampling technique to 92 grade eight students in SMPN 9 Palu. Data were collected by filling out a questionnaire in February 2025 consisting of a questionnaire on parenting, social interaction and social values, as well as a mental health questionnaire using a standard questionnaire called The Strength and Difficulties Questionnaire (SDQ) developed by Robert Goodman.

The population in this study were all students of SMPN 9 Palu. The sample in this study totaled to 93 students who were selected using purposive sampling with several criteria such as respondents from grade eight, able to communicate well, and are willing to be respondents. This research was conducted at SMPN 9 Palu in February 2025. This was done after a preliminary study at SMPN 9 Palu, in which it was discovered that there were several mental health problems of adolescent students, specifically when viewed from the aspects of parenting, social interaction, and social values.

Instrumentation or Tools

The main instrument in this study was a questionnaire. For the Parenting Questionnaire, 40 statements consisting of 10 positive statements and 30 negative statements were used, the Social Interaction Questionnaire included 16 statements and were all positive statements, the Social Value Questionnaire included 12 statements and were all positive statements. The questionnaire on Parenting, social interaction and social values used a Likert scale with 5 choices, the choices were Strongly Agree (SS), Agree (S), Doubtful (R), Disagree (TS) and Strongly Disagree (STS). For positive statements the scores were SS = 5, S = 4, R = 3, TS = 2 and STS = 1, on the other hand if the statement is negative then the scores were SS = 1, S = 2, R = 3, TS = 4 and STS = 5. The mental health questionnaire used a standard questionnaire

called The Strengths and Difficulties Questionnaire (SDQ) developed by Robert Goodman. This questionnaire can be used as a reliable screening tool for early detection of adolescent mental health. This questionnaire has 3 answer choices for each question; wrong (0 points), somewhat true (1 point), and true (2 points), for positive statements, which were in statements 1, 2, 3, 4, 5, 6, 8, 9, 10, 12, 13, 15, 16, 17, 18, 19, 20, 22, 23, and 24 but for negative statements the opposite is true, in statements number 7, 11, 14, 21, and 25.

Data Collection

Data collection was carried out by sending questionnaires by respondents in February 2025. Before filling out the questionnaire, the researcher explained the intent and purpose of the study. After the respondents were deemed to understand, an informed consent sheet was given to be signed as a sign of willingness to participate in this study. Then the researcher explained how to fill out the questionnaire.

Data Analysis

Data were analyzed using univariate and bivariate analysis. Univariate analysis was used to describe the characteristics of respondents and the distribution of data for each variable. Bivariate analysis was conducted using the chi-squared correlation test to determine the relationship between parental care, social interaction, and social values and adolescent mental health. The significance of the relationship was determined based on a p-value of <0.05 with a 95% confidence interval (CI).

CODE OF HEALTH ETHICS

This study was approved by the Research Ethics Committee of the Palu Ministry of Health Polytechnic (Number: 0106/KEPK-KPK/I/2024). The confidentiality of all participants was strictly maintained throughout the research process.

RESULTS

Respondent Characteristics

Table 1 shows that 93 adolescents were involved in this study, with diverse demographic characteristics. Based on age, most respondents were 14 years old with 52 people (55.9%), followed by 38 people (40.9%) who were 13 years old. There were only two respondents (2.2%) and 1 person (1.1%) aged 15 and 16 years old, respectively. This shows that most respondents were in the early adolescent group who are generally experiencing various psychosocial transitions. Meanwhile, based on gender, most respondents were female, with a total of 60 people (64.5%), while the other 33 were males (35.5%). This difference may indicate the distribution of students in schools or the high enthusiasm of female students in participating in the study. Based on their place of residence, most respondents lived with both parents with 63 people (67.7%). A total of 20 respondents (21.5%) lived with other guardians, and 10 respondents (10.8%) lived with only one parent. This diversity of residences indicates different social conditions and family structures, which have the potential to influence the psychological and mental development of adolescents.

Table 1 . Respondent Characteristics

Respondent Characteristics	n	%
Age		
13 years old	38	40.9
14 years old	52	55.9
15 years old	2	2.2
16 years old	1	1.1
Gender		
Male	33	35.5
Female	60	64.5
Living situation		
Both parents	63	67.7
One parent	10	10.8
Other guardian	20	21.5
Total	93	100

Table 2 shows that out of a total of 93 respondents, 49 (52.7%) experienced poor parenting, while 44 respondents (47.3%) received good parenting. This indicates that more than half of adolescents receive poor parenting from their parents or caregivers, which can affect their emotional and mental development. On the aspect of social interaction, 52 respondents (55.9%) reported having poor social interaction, while 41 respondents (44.1%) showed good social interaction. This finding reflects that most adolescents do not have healthy and supportive social relationships, which can increase the risk of psychological problems such as isolation or peer pressure. Based on social values, 58 respondents (62.4%) showed poor understanding or application of social values, while only 35 respondents (37.6%) were classified as having good social values. This indicates that most adolescents have not fully internalized positive norms and values in their social lives. Meanwhile, based on mental health conditions, more than half of the respondents ($n = 49$; 52.7%) were in the abnormal category, while 44 respondents (47.3%) were classified as having normal mental health. This condition is an indication that most of the adolescents who were respondents to the study faced psychological challenges that required further attention and treatment.

Table 2. Variable Distribution of Parenting, Social Interaction and Mental Health of Adolescent Students of SMPN 9 Palu

Variable	n	%
Parenting		
Poor	49	52.7
Good	44	47.3
Social interaction		
Poor	52	55.9
Good	41	44.1
Social value		
Poor	58	62.4
Good	35	37.6
Adolescent mental health		
Abnormal	49	52.7
Normal	44	47.3
Total	93	100

Table 3 shows the results of the analysis of the relationship between the three independent variables explored in this study: parenting, social interaction, and social values, with the dependent variable of adolescent mental health. The results of the analysis show that there is a significant relationship between parental care and adolescent mental health ($p = 0.001$). As many as 98% of adolescents who received poor parenting experienced abnormal mental health, while 97.7% of adolescents who received good parenting showed normal mental health conditions. This finding confirms that positive parenting plays a very important role in supporting adolescent psychological stability. In the social interaction variable, a significant relationship was also found with mental health ($p = 0.033$). In respondents who had poor social interaction, as many as 63.5% experienced abnormal mental health conditions. Conversely, 61% of adolescents with good social interaction had normal mental health. The results of this study indicate that the quality of adolescent social relationships, both with peers and their surroundings, also affects their mental well-being. In addition, social values also have a significant relationship with adolescent mental health ($p = 0.034$). As many as 62.1% of respondents with poor social values experienced mental health disorders, while 62.9% of those with good social values were in the normal mental health category. This shows that internalization of positive social values contributes to adolescents' ability to cope with psychological stress. Overall, the three main variables in this study—parenting, social interaction, and social values, had a statistically significant relationship with adolescent mental health. These results emphasize the importance of the role of family and social environment in supporting adolescent psychological health.

Table 3. The Relationship between Parenting, Social Interaction, and Social Values with Adolescent Mental Health of SMPN 9 Palu Students

Variable	Adolescent Mental Health				Total		p-value
	Abnormal		Normal				
	n	%	n	%	n	%	
Parenting							
Poor	48	98.0	1	2.0	49	100	0.001
Good	1	2.3	43	97.7	44	100	
Social interaction							
Poor	33	63.5	19	36.5	52	100	0.033
Good	16	39.0	25	61.0	41	100	
Social value							
Poor	36	62.1	22	37.9	58	100	0.034
Good	13	37.1	22	62.9	35	100	

DISCUSSION

The results of this study indicate that there is a significant relationship between parenting, social interaction, and social values and adolescent mental health. Adolescents who receive poor parenting tend to have abnormal mental health (98%), while almost all adolescents who receive good parenting show normal mental health (97.7%). This finding confirms that parenting has an important role in maintaining adolescent emotional stability, in line with the findings of Zhao et al. and Cadman et al., which stated that democratic parenting can reduce the risk of stress and psychological disorders in adolescents (27,28).

The results of this study also show that poor social interaction is also associated with an increased prevalence of mental health problems. As many as 63.5% of adolescents with poor social interaction experience mental health problems, while 61% of adolescents with good social interaction have normal mental health. This supports the findings of Lamash (2024) who stated that healthy social interaction plays an important role in the moral development and psychological well-being of adolescents (29).

In addition, social values were also found to be significantly related to the mental state of adolescents. As many as 62.1% of adolescents with poor social values experienced mental health disorders. This finding supports the social theory which states that the values embedded in individuals shape their mindset, attitudes, and social behavior, which ultimately contribute to psychological balance (30).

The results of this study are consistent with previous studies that highlighted the importance of family and social factors in adolescent mental health. For example, Feng (2024) and Xu (2024) emphasized that a supportive family environment, including appropriate parenting, can improve children's psychological resilience (31,32). Research conducted by Zhao (2024) also showed that democratic parenting contributes positively to adolescent mental health, while authoritarian and permissive parenting are associated with an increased risk of stress and depression (33). In addition, Rothwell et al. (2024) also found that supportive parenting practices are closely related to adolescent psychological well-being across cultural backgrounds (34).

However, our findings on parenting contrast with those of Kalhor et al (2024) (35), who found no significant relationship. The original paper suggested this discrepancy could be due to cultural variations and family backgrounds. To deepen this analysis, the divergence may be attributed to specific contextual factors of our sample. For instance, the demographic data shows that a substantial portion of students (32.3%) live with only one parent or another guardian, not with both parents. In such potentially less stable living situations, the quality of the available parenting may become a more critical determinant of mental health compared to populations in more traditional two-parent households. Additionally, the preliminary survey revealed a school environment with challenges like bullying and fighting. In this context, positive parenting could serve as a vital protective buffer, making its absence more acutely felt and thus yielding a stronger statistical association than that observed in the study by Kalhor et al (2024) (35).

In addition to parenting style, social interactions also show a significant relationship with adolescent mental health. These results are in line with research by Muhammad Rofiuddin (2023), which states that healthy social interactions play an important role in supporting the moral and psychological

development of adolescents. Peer support has been shown to help adolescents manage stress and increase self-confidence (36). Research by Suh et al. (2024) also supports these findings, showing that strong interpersonal support from caring adults and friends significantly reduces the negative effects of adverse childhood experiences on mental health in adolescents (37). In addition, the study by Ahlborg et al. (2023) confirmed that social capital such as trust, involvement, and social cohesion are positively correlated with adolescent mental health (38). Furthermore, our results indicating a strong link between social interaction and mental health appear to differ from Millgram et al (2024) (39), who suggested that good social relationships do not always correlate with better mental health, finding family relationships to be more influential. This discrepancy can likely be explained by the unique school context of SMPN 9 Palu. Given the documented issues of social conflict and bullying within the school, the quality of daily peer interactions may function as a more immediate and potent stressor or support system for these adolescents. In an environment where peer relations are fraught with potential conflict, the ability to navigate them successfully (i.e., good social interaction) may have a more direct and powerful bearing on immediate psychological well-being than in the different social contexts studied by Millgram et al (2024) (39).

Social values were also found to have a significant relationship with adolescent mental health. These results are in line with the findings of Rapp et al. (2022), which highlighted that cultural values instilled in their family, such as collectivism and empathy, play an important role in shaping adolescents' emotional responses to social pressure, including peer rejection (40). In addition, a study by Josua et al. (2020) showed that internalization of positive family values correlated with better emotional regulation and healthy social behavior in adolescents, which ultimately protected them from the risk of mental disorders (41).

Finally, while our study demonstrates that poor social values are linked to mental health disorders, this contrasts with findings from Liu (2023)(42), where strongly held social values (specifically those emphasizing conformity) were found to cause psychological distress. This difference likely stems from the nature of the social values being measured. It is probable that the values assessed in our study relate to pro-social concepts like respect, empathy, and community harmony—values that are protective in a collectivistic Indonesian culture. In the socio-cultural context of Palu, a failure to internalize these positive community values could lead to social friction and isolation, thereby increasing the risk of mental disorders. This is distinct from the repressive or high-pressure conformity values described by Liu, which can stifle individuality and increase anxiety. Therefore, the positive correlation in our study highlights the protective function of culturally-aligned pro-social values, rather than the detrimental effect of repressive ones.

This study has several limitations. Its cross-sectional design precludes causal inference, and its reliance on self-report questionnaires is subject to reporting bias. Furthermore, the findings from a single school in Palu may not be generalizable to other adolescent populations with different cultural or environmental conditions. Future research should employ longitudinal designs to establish causality and explore the specific dimensions of parenting and social interaction in greater detail. Cross-cultural research is also needed to develop interventions and policies that are adaptable to local values and condition.

CONCLUSION

This study investigated the relationships between parenting, social interaction, and social values with the mental health of adolescent students at SMPN 9 Palu. The findings confirm that all three factors are significantly associated with adolescent mental health. Positive parenting, healthy social interactions, and strong, pro-social values were linked to better mental health outcomes, underscoring the critical role that the socio-familial environment plays in fostering psychological resilience. This research offers a novel contribution within the local Indonesian context, demonstrating how family structure, cultural norms, and peer dynamics in an urban public school collectively impact student well-being.

Based on these findings, we recommend the development of targeted, school-based programs. These should include workshops for parents focusing on positive and authoritative parenting techniques and peer-led initiatives aimed at fostering prosocial skills and improving the quality of social interactions. Such interventions, by directly addressing the specific factors found to be significantly associated with

mental health in this population, could provide a tangible, evidence-based approach to improving adolescent well-being at SMPN 9 Palu and in similar educational settings.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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