

---

## The Relationship Between Parenting Styles and Mental Health Among Junior High School Adolescents

Muhammad Romadhon<sup>1)\*</sup>, Ria Wulandari<sup>2)</sup>, Rinni Gusanti<sup>3)</sup>

<sup>1,2,3)</sup> Program Studi S-1 Keperawatan, Universitas Kader Bangsa, Palembang, Indonesia

\*Corresponding Author

Email : [madhon1989@gmail.com](mailto:madhon1989@gmail.com)

---

### Abstract

Adolescent mental health is a growing public health concern due to the increasing prevalence of psychological disorders among school-aged populations. One of the important factors influencing adolescents' mental health development is parenting style. This study aimed to determine the relationship between parenting styles and mental health among junior high school adolescents. This study employed a quantitative approach with a cross-sectional design. The study population consisted of all students of SMP Muhammadiyah in the working area of the Kemalaraja Public Health Center, Ogan Komering Ulu Regency, in 2025, totaling 44 students. All students were included as respondents using a total sampling technique. Data were collected using a parenting style questionnaire and the DASS-21 instrument to assess adolescents' mental health. Data analysis was conducted using univariate and bivariate analyses with the Chi-Square test at a significance level of 0.05. The results showed that most respondents experienced a democratic parenting style (38.6%), and the majority of adolescents were categorized as having poor mental health (59.1%). Statistical analysis indicated a significant relationship between parenting style and adolescents' mental health ( $p = 0.003$ ). This study concludes that parenting style is significantly associated with adolescents' mental health. Therefore, collaborative efforts involving parents, schools, and health services are needed to improve adolescents' mental health outcomes.

**Keywords:** Mental Health; Parents; Parenting Style; Adolescents; School

---

### INTRODUCTION

Adolescence is a critical transitional phase from childhood to adulthood. During this period, individuals undergo various changes, including physical, emotional, cognitive, and social development. According to the World Health Organization (WHO, 2021), adolescents are defined as individuals aged 10–19 years, a phase during which they are particularly vulnerable to mental health problems. Data from the Indonesian National Adolescent Mental Health Survey (I-NAMHS) in 2022 indicate that one in three adolescents in Indonesia (approximately 34.9%) experiences mental health problems, and 5.5% meet the criteria for specific mental disorders.

One of the major factors influencing adolescent mental health is parenting style. Parenting style refers to the ways parents guide, direct, and educate their children in daily life. Parents may adopt different parenting styles, such as authoritarian, permissive, and democratic parenting. These parenting styles strongly influence adolescents' personality development, behavior, and mental well-being. A study by Ningrum (2023) reported that democratic parenting has a positive effect on adolescents' mental health, whereas authoritarian and permissive parenting styles tend to have negative impacts, including stress, anxiety, and even depression.

Based on data from the South Sumatra Provincial Health Office (Dinkes Sumsel, 2023), the prevalence of emotional mental disorders among adolescents aged 10–19 years was reported to be 16.2%. This figure indicates that nearly one in six adolescents in the province experiences psychological problems requiring special attention. The Health Office also reported an increase in adolescent visits to mental health services over the past two years, particularly related to complaints of anxiety and mild depression. These data highlight that adolescent mental health problems are not only a national issue but also a significant challenge at the provincial level.

Similar phenomena were observed among students of SMP Muhammadiyah in the working area of the Kemalaraja Public Health Center (UPTD Puskesmas Kemalaraja), Ogan Komering Ulu Regency. Based on data obtained from Puskesmas Kemalaraja in 2024, four behavioral symptoms

indicating early signs of behavioral disorders were identified among several students. Of these, two students were found to have more serious behavioral problems. In addition, one student exhibited signs of hyperactivity, which potentially interfered with learning concentration and social interaction. These conditions were suspected to be associated with parenting patterns at home (Dinkes Ogan Komering Ulu, 2023).

Research conducted by Devita (2020) further supports the existence of a significant relationship between permissive parenting and an increased risk of emotional mental disorders among adolescents. Adolescent mental health problems become more complex when combined with limited parental awareness and education regarding healthy and supportive parenting practices. Many parents unknowingly apply rigid or overly permissive parenting styles, which can negatively affect their children's psychological well-being. Authoritarian parenting, for example, emphasizes control and punishment, often causing children to feel pressured and deprived of opportunities for self-expression. Conversely, permissive parenting, which provides excessive freedom without clear boundaries, may result in adolescents having difficulty with self-control and socially appropriate behavior.

A study by Maula et al. (2023) conducted at SMA Negeri 2 Majalengka found that most students experiencing mental health disorders came from families with authoritarian and permissive parenting styles. The study reported that 73.3% of students were classified as having abnormal mental health conditions, while only 8.8% were categorized as normal. These findings illustrate the crucial role of parenting styles in shaping adolescents' mental resilience in facing life stressors.

Furthermore, research by Lutiyah et al. (2023) involving 213 adolescent respondents showed that 44 adolescents (20.6%) experienced mental disorders, with the majority coming from families practicing authoritarian and permissive parenting styles. Statistical analysis revealed a significant relationship between parenting style and adolescent mental health, with a p-value of 0.000.

Considering these data and findings, it can be concluded that parenting style is a critical factor that cannot be overlooked in the development of adolescents' character and mental health. During adolescence—a period marked by identity exploration—emotional support from parents through appropriate parenting styles plays an essential role in helping adolescents develop self-confidence, self-control, and effective coping mechanisms for stress and life pressures.

Phenomena observed in the school environment often reflect adolescents' behaviors as outcomes of the parenting styles they experience at home. Teachers and educators frequently witness changes in students' attitudes and behaviors that are influenced by underlying mental health conditions. Adolescents who feel a lack of support, affection, or attention from their parents may display symptoms such as irritability, social withdrawal, or even deviant behaviors, including truancy, smoking, and substance abuse.

According to a study by Devita (2020), adolescents raised under permissive parenting styles had the highest scores in the borderline category of emotional and mental problems. These problems included emotional symptoms, behavioral issues, hyperactivity, and difficulties in peer relationships. If such issues are not addressed seriously and lack adequate support from parents, teachers, and the surrounding environment, they may progress into more severe psychological disorders. In contrast, adolescents raised with democratic parenting styles generally demonstrate more positive characteristics. They tend to be more independent, possess good self-control, maintain healthy social relationships, and exhibit higher levels of resilience. This is supported by the study of Lutiyah et al. (2023), which reported that 69% of adolescents with democratic parenting backgrounds had mental health conditions categorized as normal. Democratic parenting is known to create a balance between control and freedom, where parents provide clear rules while also listening to and respecting their children's opinions.

Within the working area of the Kemalaraja Public Health Center, Ogan Komering Ulu Regency, SMP Muhammadiyah—as one of the educational institutions under this jurisdiction—plays an important role in the early detection and management of students' mental health problems. Given that mental health has become a priority in current health services, collaboration among schools, public

health centers, and parents is essential. Through education on parenting practices and increased awareness of children's psychological well-being, it is expected that the prevalence of mental health disorders among adolescents can be significantly reduced.

Therefore, this study aims to determine the relationship between parenting styles and mental health among adolescents in junior high school

## RESEARCH METHODS

This study employed a quantitative approach with a cross-sectional design aimed at analyzing the relationship between parenting style as the independent variable and adolescent mental health as the dependent variable. The cross-sectional design was chosen because it allows the simultaneous measurement of variables at a single point in time, making it effective for identifying associations between variables without requiring longitudinal observation. The quantitative approach was used to objectively test the research hypothesis through statistical analysis based on numerical data obtained from respondents.

The study was conducted at SMP Muhammadiyah, located within the working area of the Kemalaraja Public Health Center (UPTD Puskesmas Kemalaraja), Ogan Komering Ulu Regency. The selection of this research site was based on the consideration that the school falls under the service coverage of the public health center and has adolescent population characteristics relevant to the study objectives, particularly in relation to parenting dynamics and adolescents' mental health conditions. Data collection was carried out from May to July 2025, taking into account institutional readiness, respondent availability, and academic conditions that supported the research process.

The study population consisted of all students in grades VII, VIII, and IX at SMP Muhammadiyah, totaling 44 students in the 2025 academic year. All members of the population were included as research participants using a total sampling technique. This method was chosen because the population size was relatively small and all individuals met the eligibility criteria, thereby enhancing data representativeness and reducing potential sampling bias. Inclusion criteria included students who were actively enrolled, aged 12–15 years, and willing to participate as respondents. Exclusion criteria included students who were absent during data collection and those with a medically diagnosed history of severe mental disorders.

The research procedure began with obtaining permission from the school and the public health center, followed by an explanation of the study objectives and procedures to prospective respondents. After informed consent was obtained, respondents were asked to complete the questionnaires independently under the supervision of the researcher to ensure data completeness and accuracy. Primary data were collected through questionnaire administration, while secondary data were obtained from the 2025 annual report of UPTD Puskesmas Kemalaraja to support the contextual background of the study.

The research instruments consisted of two questionnaires. Parenting style was measured using a questionnaire adapted from Faryna, comprising 12 items rated on a five-point Likert scale to identify tendencies toward democratic, authoritarian, and permissive parenting styles. Adolescent mental health was assessed using the DASS-21 (Depression, Anxiety, and Stress Scale), which measures three main psychological dimensions: depression, anxiety, and stress. The DASS-21 was selected due to its ability to assess adolescents' psychological conditions in a concise, comprehensive manner and its suitability for application in school settings.

Data analysis was conducted in several stages, including editing, coding, data entry, and data cleaning, to ensure data quality prior to analysis. Univariate analysis was used to describe respondent characteristics and the distribution of study variables in terms of frequencies and percentages. Bivariate analysis was then performed to examine the relationship between parenting style and adolescent mental health using the Chi-Square test at a significance level of 0.05. This test was selected

because the variables analyzed were categorical and the objective was to statistically assess the association between variables.

This study adhered to research ethics principles involving human subjects. Each respondent received a clear explanation of the study’s objectives, benefits, and procedures, and confidentiality of identity and data was strictly maintained. Participation was voluntary and free from coercion, and respondents were informed of their right to refuse or withdraw from the study at any time during the research process.

## RESULTS AND DISCUSSION

This results section presents empirical findings obtained from the collection and analysis of data from adolescent respondents at SMP Muhammadiyah in the working area of UPTD Puskesmas Kemalaraja, Ogan Komering Ulu Regency, in 2025. The presentation of results begins with a description of respondents’ characteristics, including parenting style and adolescents’ mental health status, to provide an initial overview of the distribution of the study variables prior to conducting the analysis of relationships between variables.

Table 1. Distribution of Respondent Characteristics Based on Parenting Style and Adolescent Mental Health

| Variables                   | Frequency (n) | Percentage (%) |
|-----------------------------|---------------|----------------|
| <b>Parenting Style</b>      |               |                |
| Democratic                  | 17            | 38,6           |
| Authoritarian               | 15            | 34,1           |
| Permissive                  | 12            | 27,3           |
| <b>Mental Health Status</b> |               |                |
| Good                        | 6             | 13,6           |
| Moderate                    | 12            | 27,3           |
| Poor                        | 26            | 59,1           |

Based on Table 1, most respondents experienced a democratic parenting style, accounting for 17 respondents (38.6%), followed by authoritarian parenting with 15 respondents (34.1%) and permissive parenting with 12 respondents (27.3%). These findings indicate that although democratic parenting is the most dominant style, the proportions of authoritarian and permissive parenting remain relatively high among the adolescents studied.

Regarding adolescents’ mental health status, the majority of respondents were classified as having poor mental health, totaling 26 respondents (59.1%). Meanwhile, 12 respondents (27.3%) were in the moderate mental health category, and only a small proportion of respondents—6 adolescents (13.6%)—were categorized as having good mental health. This distribution illustrates that more than half of the adolescents in this study experienced suboptimal mental health conditions.

Overall, the descriptive results in Table 1 reveal a tendency toward a high proportion of poor mental health among adolescents, despite the majority of respondents being raised under a democratic parenting style. These initial findings indicate the need for further analysis to statistically examine the relationship between parenting styles and adolescents’ mental health in the subsequent bivariate analysis stage.

Tabel 2. Relationship Between Parenting Style and Adolescents’ Mental Health

| Variables              | Mental health |     |          |      |      |      | Total |     | pvalue |
|------------------------|---------------|-----|----------|------|------|------|-------|-----|--------|
|                        | Good          |     | Moderate |      | Poor |      | n     | %   |        |
|                        | n             | %   | n        | %    | n    | %    |       |     |        |
| <b>Parenting Style</b> |               |     |          |      |      |      |       |     |        |
| Democratic             | 0             | 0   | 8        | 47,1 | 9    | 52,9 | 17    | 100 | 0,003  |
| Authoritarian          | 1             | 6,7 | 4        | 26,7 | 10   | 66,7 | 15    | 100 |        |

|            |   |      |   |   |   |      |    |     |  |
|------------|---|------|---|---|---|------|----|-----|--|
| Permissive | 5 | 41,7 | 0 | 0 | 7 | 58,3 | 12 | 100 |  |
|------------|---|------|---|---|---|------|----|-----|--|

Based on the analysis presented in Table 2, it is evident that the majority of adolescents across all parenting style categories were classified as having poor mental health. In democratic and authoritarian parenting styles, the proportions of poor mental health were 52.9% and 66.7%, respectively, while in permissive parenting the proportion was 58.3%. Variations in mental health distribution were also observed in the good and moderate categories within each parenting style group. The Chi-Square test yielded a p-value of 0.003, which is lower than  $\alpha = 0.05$ , indicating a statistically significant relationship between parenting style and adolescents' mental health. These findings suggest that differences in parenting styles are associated with variations in adolescents' mental health conditions.

This study shows that the majority of adolescents were categorized as having poor mental health, even though most of them experienced democratic parenting (Fakhriyani, 2019). This finding reinforces the notion that adolescent mental health is a complex condition influenced by multiple factors rather than a single determinant (WHO, 2025). Adolescence is a developmental stage characterized by significant biological, psychological, and social changes (Saputro, 2018), which increase adolescents' vulnerability to stress and emotional disturbances (Aziz et al., 2021). Academic pressure and social demands further contribute to the decline in adolescents' psychological well-being (Alfitha et al., 2023). This condition is supported by regional health data showing an increase in mental health problems among adolescents (Dinkes Sumsel, 2023). Therefore, the findings of this study highlight the urgency of addressing adolescent mental health in a comprehensive manner (Yusrani et al., 2023).

The results demonstrate a significant relationship between parenting style and adolescent mental health (Devita, 2020). Parenting style plays an important role in shaping adolescents' emotional regulation and adaptive capacity (Asidah et al., 2025). Theoretically, democratic parenting provides emotional support and open communication between parents and children (Agustina & Appulembang, 2017). However, the findings indicate that democratic parenting does not always directly correspond to good mental health outcomes (Lutiyah et al., 2023). External environmental factors, such as school-related stress and peer influence, may weaken the protective effects of positive parenting styles (Maula et al., 2023). The interaction of these factors creates a complex dynamic of adolescent mental health (Gruebner et al., 2017). Thus, the relationship between parenting style and mental health is contextual and multidimensional (Ningrum, 2023).

In the authoritarian parenting category, the proportion of poor mental health was found to be the highest compared to other parenting styles (Taib et al., 2020). Authoritarian parenting is characterized by strict control and limited communication between parents and children (Utami & Raharjo, 2021). Such conditions hinder the development of adolescents' autonomy and self-confidence (Noor et al., 2023). Adolescents exposed to controlling parenting are at higher risk of anxiety and stress (Ministry of Health of the Republic of Indonesia, 2022). Prolonged anxiety can negatively affect both physical and psychological health (Agnesya, 2024). Unmanaged emotional pressure increases vulnerability to mental disorders (Fajaruddin & Sahrul, 2024). Therefore, authoritarian parenting constitutes a significant risk factor for adolescent mental health problems (Asidah et al., 2025).

Regarding permissive parenting, this study found considerable variation in adolescents' mental health conditions (Sari & Rahmi, 2017). Permissive parenting is characterized by minimal boundaries and supervision of children's behavior (Taib et al., 2020). The lack of structure in parenting makes it difficult for adolescents to develop self-control and emotional discipline (Utami & Raharjo, 2021). This condition increases the risk of risky behaviors and psychological problems (Kurnaen & Yusuf, 2025). Adolescents raised with permissive parenting are more vulnerable to negative social environmental influences (Maula et al., 2023). Social pressure without adequate parental support

exacerbates adolescents' mental health problems (Deliviana et al., 2020). Thus, permissive parenting has important implications for adolescents' psychological well-being (Lutiyah et al., 2023).

The findings of this study also indicate that family socioeconomic factors contribute to adolescents' mental health (Dewi et al., 2021). Family economic conditions affect the quality of parenting and emotional stability within the household (Haryanti & Yuriah, 2025). Economic stress increases parental stress and negatively impacts parent-child relationships (Yang et al., 2024). Poor family relationships elevate the risk of mental health disorders among adolescents (Rubiyanto, 2022). Socioeconomic factors also influence access to mental health services (Gruebner et al., 2017). Limited access to services further exacerbates adolescents' psychological vulnerability (Aziz et al., 2021). Therefore, adolescent mental health must be understood within a broader socioeconomic context (WHO, 2025).

Overall, this discussion confirms that parenting style has a significant relationship with adolescent mental health within a multifactorial context (Notoatmodjo, 2018). Adolescent mental health is influenced by the interaction between parenting practices, social environment, and economic conditions (Gruebner et al., 2017). The findings strengthen evidence that adolescent mental health interventions should adopt a holistic approach (WHO, 2025). The roles of family, school, and health services are essential in maintaining adolescents' psychological well-being (Jorm et al., 2019). Promotive and preventive strategies need to be strengthened through cross-sector collaboration (Yusrani et al., 2023). Family- and school-based mental health education can enhance adolescents' coping abilities (Deliviana et al., 2020). Thus, this study provides a scientific basis for the development of adolescent mental health policies and programs (Australian Government, 2018).

## CONCLUSIONS

This study concludes that the majority of adolescents at SMP Muhammadiyah in the working area of UPTD Puskesmas Kemalaraja, Ogan Komering Ulu Regency, were classified as having poor mental health. The parenting styles experienced by adolescents varied, including democratic, authoritarian, and permissive styles, with democratic parenting being the most prevalent. Bivariate analysis revealed a statistically significant relationship between parenting style and adolescent mental health. Authoritarian and permissive parenting styles were associated with a higher proportion of poor mental health compared to democratic parenting. These findings indicate that parenting style is an important factor related to adolescents' mental health conditions. Therefore, efforts to improve adolescent mental health should comprehensively consider the quality of parenting within the family.

## REFERENCES

- Agnesya, N. (2024). Pengaruh Kecemasan pada Kesehatan Fisik Koneksi antara Pikiran dan Tubuh. *Circle Archive*, 1(4), 1–14.
- Agustina, A., & Appulembang, Y. A. (2017). Pengaruh Pola Asuh terhadap Kualitas Hidup Siswa Pelaku Tawuran. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, 1(1), 210–215. <https://doi.org/10.24912/jmishumsen.v1i1.351>
- Alfitha, A., Seruni, S., & Werdani, W. D. (2023). Pengaruh Banyaknya Tugas Terhadap Kesehatan Mental Mahasiswa Universitas Pendidikan Indonesia. *Medic Nutricia: Jurnal Ilmu Kesehatan*, 1(4), 71–80. <https://doi.org/10.5455/mnj.v1i2.644>
- Asidah, A. N., Janna, M., Septiani, R., & Situmoran, T. S. R. (2025). Literature Review: Pola Asuh Orang Tua terhadap Pertumbuhan Emosional Anak. *Vitalitas Medis: Jurnal Kesehatan Dan Kedokteran*, 2(1), 138–147. <https://doi.org/10.62383/vimed.v2i1.1165>
- Australian Governemnt. (2018). Department of Health Annual Report 2017–18. <https://www.health.gov.au/sites/default/files/department-of-health-annual-report-2017-18.pdf>

- Aziz, Z. A., Ayu, D., Bancin, F. M., Boangmanalu, W., Karo, S. I., Artika, R., & Fadhilah, N. (2021). Gambaran Kesehatan Mental Mahasiswa di Masa Pandemi Covid-19. *Jurnal Dunia Kesmas*, 10(1), 130–135. <https://doi.org/10.33024/jdk.v10i1.3256>
- Deliviana, E., Erni, M. H., Hilery, P. M., & Naomi, N. M. (2020). Pengelolaan Kesehatan Mental Mahasiswa bagi Optimalisasi Pembelajaran Online di Masa Pandemi Covid-19. *JURNAL SELARAS. Kajian Bimbingan Dan Konseling Serta Psikologi Pendidikan*, 3(2), 129–138. <https://doi.org/10.33541/Jsvol2iss1pp1>
- Devita, Y. (2020). Hubungan Pola Asuh Orang Tua dengan Masalah Mental Emosional Remaja. *Jurnal Ilmiah Universitas Batanghari Jambi*, 20(2), 503–513. <https://doi.org/10.33087/jiubj.v20i2.967>
- Dewi, Y., Relaksana, R., & Siregar, A. Y. M. (2021). Analisis Faktor Socioeconomic Status (SES) Terhadap Kesehatan Mental: Gejala Depresi di Indonesia. *Jurnal Ekonomi Kesehatan Indonesia*, 5(2), 3. <https://doi.org/10.7454/eki.v5i2.4125>
- Dinkes Ogan Komering Ulu. (2023). Profil Kesehatan Kabupaten OKU Tahun 2022. Baturaja: Dinas Kesehatan Kabupaten OKU.
- Dinkes Sumsel. (2023). Profil kesehatan Provinsi Sumatera Selatan tahun 2022. Palembang: Dinkes Provinsi Sumsel.
- Fajaruddin, M., & Sahrul, S. (2024). Karakteristik Kesehatan Mental Remaja Dalam Perilaku Self Harm. *Cetta: Jurnal Ilmu Pendidikan*, 7(4), 1–13. <https://doi.org/10.37329/cetta.v7i4.3605>
- Fakhriyani, D. V. (2019). Kesehatan Mental. Pamekasan: duta media publishing.
- Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and Mental Health. *Deutsches Ärzteblatt International*, 114(8), 121. <https://doi.org/10.3238/arztebl.2017.0121>
- Haryanti, Ita, & Yuriah, S. (2025). *Socio-Economic Analysis of Parents on the Practice of Providing Early Complementary Feeding to Infants Aged 6-12 Months in Tanjung Baru Village : A Cross-sectional Study*. *Lentera Perawat*, 6(2), 395–403. <https://doi.org/10.52235/lp.v6i2.497>
- Hastono, S. P. (2020). Analisis Data. Jakarta: Fakultas Kesehatan Masyarakat Universitas Indonesia.
- Irsa Taponi, Arie Wahyudi, & Chairil Zaman. (2024). Analysis of the Incidence of Acute Respiratory Infections in Children Under Five at Community Health Centres. *Lentera Perawat*, 5(2), 232–242. <https://doi.org/10.52235/lp.v5i2.359>
- Jorm, A. F., Kitchener, B. A., & Reavley, N. J. (2019). Mental Health First Aid Training: Lessons Learned from the Global Spread of a Community Education Program. *World Psychiatry*, 18(2), 142. <https://doi.org/10.1002/wps.20621>
- Kemkes RI. (2022). Bahaya Stress Berlebihan. Direktorat Jenderal Kesehatan Lanjutan. [https://keslan.kemkes.go.id/view\\_artikel/1788/bahaya-stress-berlebihan](https://keslan.kemkes.go.id/view_artikel/1788/bahaya-stress-berlebihan)
- Kurnaen, K., & Yusuf, H. (2025). Kajian Kriminologi tentang Tawuran Remaja Motif dan Konsekuensi Hukum (Studi Kasus Pembacokandi Bekasi Timur). *Jurnal Intelek Insan Cendikia*, 2(8), 15145–15157. <https://jicnusantara.com/index.php/jiic/article/view/4724>
- Lutiyah, L., Novryanthi, D., Hamidah, E., Dewi, S. K., Bahroen, S. U. A., & Hartati, S. (2023). Pola Asuh Orang Tua dan Kesehatan Mental Remaja. *Jurnal Kampus STIKes YPIB Majalengka*, 11(1), 65–73. <https://doi.org/10.51997/ab36h428>
- Maula, Y. N., Lina, N., & Neni, N. (2023). Hubungan Pola Asuh Orang Tua dan Lingkungan Teman Sebaya dengan Kesehatan Mental Remaja di SMA Negeri 2 Majalengka Tahun 2023. *Jurnal Kesehatan Komunitas Indonesia*, 19(2), 104–114. <https://doi.org/10.37058/jkki.v19i2.8642>
- Ningrum, R. I. (2023). Hubungan Pola Asuh Orang Tua dengan Gangguan Kesehatan Mental pada Remaja. *Media Husada Journal Of Nursing Science*, 4(3), 197–203. <https://doi.org/10.33475/mhjns.v4i3.160>
- Noor, R. V. M., Mariskha, S. E., & Umaroh, S. K. (2023). Gambaran Pola Asuh Orang Tua Pada Remaja Perokok Ditinjau dari Teori Diana Baumrind. *Motivasi Jurnal Mahasiswa Psikologi*, 9(1), 63–68.

- Notoatmodjo, S. (2018). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Peraturan Menteri Kesehatan Nomor 25 Tahun 2014 Tentang Upaya Kesehatan Anak (2014).
- Qifti, F., Malini, H., & Yetti, H. (2020). Karakteristik Remaja SMA dengan Faktor Risiko Diabetes Melitus di Kota Padang. *Jurnal Ilmiah Universitas Batanghari Jambi*, 20(2), 560–563. <https://doi.org/10.33087/jiubj.v20i2.950>
- Rubiyanto, A. (2022). Faktor-Faktor Yang Memengaruhi Kesehatan Mental Emosional Pada Lansia: Literature Review. Universitas Hasanuddin.
- Saputro, K. Z. (2018). Memahami Ciri dan Tugas Perkembangan Masa Remaja. *Aplikasia: Jurnal Aplikasi Ilmu-Ilmu Agama*, 17(1), 25–32. <https://doi.org/10.14421/aplikasia.v17i1.1362>
- Sari, M., & Rahmi, N. (2017). Faktor-Faktor yang Mempengaruhi Pola Asuh Orang Tua pada Anak Balita di Desa Batoh Kecamatan Lueng Bata Kota Banda Aceh. *Journal of Healthcare Technology and Medicine*, 3(1), 94–107. <https://doi.org/10.33143/jhtm.v3i1.262>
- Shalma, A. F., & Agustia, N. (2025). Pregnancy Prevention in Adolescence: A Scoping Review. *Lentera Perawat*, 6(2), 362–371. <https://doi.org/10.52235/lp.v6i2.481>
- Suriastini, W., Sikoki, B., & Listiono. (2020). Gangguan Kesehatan Mental Meningkatkan Tajam di Masa Pandemi COVID-19? SurveyMETER. <https://surveymeter.org/id/post/gangguan-kesehatan-mental-meningkat-tajam-di-masa-pandemi-covid-19>
- Taib, B., Ummah, D. M., & Bun, Y. (2020). Analisis Pola Asuh Otoriter Orang Tua terhadap Perkembangan Moral Anak. *Jurnal Ilmiah Cahaya Paud*, 2(2), 128–137. <https://doi.org/10.33387/cp.v2i1.2090>
- Utami, A. C. N., & Raharjo, S. T. (2021). Pola Asuh Orang Tua dan Kenakalan Remaja. *Focus: Jurnal Pekerjaan Sosial*, 4(1), 1–15. <https://doi.org/10.24198/focus.v4i1.22831>
- WHO. (2025). Mental Health. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Widyastuti, D. A., & Mulyana, S. (2018). Potret Nomophobia (No Mobile Phone Phobia) di Kalangan Remaja. *Jurnal Fokus Konseling*, 4(1), 62–71. <https://doi.org/10.52657/jfk.v4i1.513>
- Yang, Y., Niu, L., Amin, S., & Yasin, I. (2024). Unemployment and Mental Health: a Global Study of Unemployment's Influence on Diverse Mental Disorders. *Frontiers in Public Health*, 12, 1440403. <https://doi.org/10.3389/fpubh.2024.1440403>
- Yusrani, K. G., Aini, N., rul, Maghfiroh, S. A., & Istanti, N. D. (2023). Tinjauan Kebijakan Kesehatan Mental di Indonesia: Menuju Pencapaian Sustainable Development Goals dan Universal Health Coverage. *Jurnal Medika Nusantara*, 1(2), 89–107. <https://doi.org/10.59680/>