

“Parental Practices and Their Impact on the Mental Health of High School Students: A Field Study on a Sample of First-Year High School Students”

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Abstract:

The current study aims at investigating the impact of parental practices on the psychological health of 1st year high school students. To test the study hypotheses, the researcher applied a Nouha Mohammed El Khatib' Scale (2014) and psychological health scale of Zaima Abdullah Hadj Mohammed (2010) on a sample consisted of 100 students. The findings were as follows,

-There is a parity between the positive parental practices and the negative ones by parents of the sample members.

-The psychological health level is high among first year high school students.

-There are differences in psychological health degrees due to the difference in the types of parental practices (positive-negative) among first year high school students. The psychological health degrees due to the positive parental practices were higher than those caused by the second type of practices.

Keywords: parental practices; psychological health.

1. Introduction:

At its core, education aims to modify behavior and bring about desired changes, as individuals constantly need to improve their behavior. By nature, individuals are influenced by their surroundings, acquiring both positive and negative behavioral patterns, and they inherently make mistakes (Abdel Aal, 2013, p. 2).

The development of an individual's identity includes self-awareness, the values they adopt, and the attitudes they choose to determine their future way of life. Parents, through their positive attitudes towards their children, help them develop a clear and independent sense of identity (Maqhout, 2014, p. 16). Since the family is the first institution of life, it fosters a child's sense of security and acceptance. A harmonious childhood reflects a relatively conflict-free family life, where parents play a crucial role in shaping their children's personalities. Imbalanced parenting methods may make children prone to psychological disorders.

If there is a dysfunction in family structure and parenting styles, it will lead to an increase in behavioral problems. This situation may prompt children to seek love and acceptance outside the family. The parenting methods employed can have either positive or negative effects, depending on the specific style used (Al-Balhi, 2008, p. 5).

In this context, studies have shown that most psychological problems in children primarily stem from the family. These issues include a father's harshness, a mother's ignorance, lack of proper guidance, failed family relationships, the absence of healthy role models, and lack of dialogue. Parents need family counseling to learn proper educational methods to guide their children's behavior (Fayez Bashir, 2012, p. 3).

For an individual to develop a healthy social upbringing, they need a family characterized by relationships of affection, love, empathy, and warmth, whether in the relationships between the spouses or their relationships with their children. A family that provides such an environment is aware of its responsibilities and understands that its role is not limited to providing housing, clothing, food, and other material needs (Khattara, 2022, p. 40).

The general family atmosphere can be one of the factors that contribute to the development of minds and creativity in children, through the care, attention, and levels of freedom provided to them, in addition to the warm and positive interaction among family members.

This is supported by Sander Radou's psychoanalytic perspective, which attributes behavioral deviations, such as drug abuse, to various causes, including "deviation disorder" or deficiencies in personality development during adolescence. These issues often result from disrupted relationships with the mother, father, and the external world during childhood, which were not addressed or mitigated during the child's development (Al-Balhi, 2008, p. 4).

A study by Khalifa (2013) conducted on third-year high school students confirmed that proper parenting methods and the children's perception that their parents are interested in them, and their success have a significant positive impact on their mental health and motivation to learn. In contrast, the findings of Hijab's (2012) study on elementary school students revealed that improper parenting methods cause psychological distress in children and negatively affect their development and learning (Khattara, 2022, p. 40).

This highlights the importance of parental practices, especially during adolescence, a sensitive and challenging stage crucial for the development and formation of an individual's personality, helping them become psychologically well-adjusted and an active member of their family and society.

In this vein, the results of Karlin's (1996) exploratory study, which aimed to identify the factors behind psychological instability and improper behavior in children, showed that incorrect parental practices that make a child feel rejected were among the main factors leading to psychological disorders in children (Al-Balhi, 2008, p. 4).

Similarly, the study by Arredaud, Elder, Campbell, Baquer, and Deurken (2006) found that positive parenting practices (warmth and democracy) and a healthy home environment were associated with mental health and good adaptation, while negative parental practices (punishment, strict control, and authoritarianism) were associated with poor adaptation (Mohamed El-Sayed, 2011, p. 101).

Therefore, based on all the prementioned data, this research paper attempts to answer the following questions:

- ✓ What type of parental practices are directed towards first-year middle school students?
- ✓ What is the level of mental health among first-year high school students?
- ✓ Are there differences in mental health levels attributable to the type of parental practices among first-year high school students?

2. Hypotheses:

- The parental practice which is directed to the first-year high school student is positive.
- The first-year high school student psychological health degree is high.
- There are differences in the degrees of psychological health attributable to the type of parental practices (positive-negative) among first-year high school students.

3. The Objectives of the Study:

- ✓ Identifying the type of parenting practices given to the first-year high school student.
- ✓ Measuring the degree of psychological health for the first year high school student.
- ✓ Showing that there are differences in psychological health degrees due to the type of parental practice (positive or negative) for the first-year high school student.

4. Importance of the Study:

The importance of the study lies in its focus on certain parental practices that affect children's personalities by revealing patterns of parenting that are related to mental health. Thus, it provides a scientific contribution to psychological research that can help develop formative guidance programs for parents. These programs aim to improve the quality of parental practices to achieve the mental health of children, enabling them to be psychologically and socially well-adjusted individuals capable of managing their lives and future. Consequently, these individuals will be productive and effective members of their society.

5. Definition of Major Concepts:

5.1. Parental Practice:

Terminologically: It refers to the techniques, procedures and methods followed by parents to raise their kids sociologically and to turn them from being just biological creators to becoming social creators. (Mustapha, 2004, p. 138)

As defined by Ibrahim Yacine El Khatib and Zouhdi Mohammed Aid (2003), it is the sum of the techniques followed by parents or who replace them to control their children's behaviors in the everyday life situations. It also refers to conscious and unconscious reactions which feature the way parents treat their kids during their usual interaction. Meanwhile, some others defined it as the rearing techniques followed to raise the child and the different procedures which parents rely on to do so. (El Ratimi2020, p. 260)

Procedurally: It refers to the degree students obtain when answering the paragraphs of the parental treatment scale by Nouha Mahmoud El Khatib (2014).

5.2. Psychological Health:

It is defined by Hamed Abdusalem Zahran as a proximately permanent status in which a person is psychologically compatible (personally, emotionally, socially with him/her self or his/her environment) and feels happiness with oneself and with others. He/she can be able to fulfill him/herself, exploit his/her capacities, face living requirements, have an integrated personality, and have good morals to live in safety and peace. (Zahran, 2005, p.9)

Whereas, Abdulatif (2013) defined it as the person's permanent status in which he/she feels stable and psychologically compatible in addition to his/her feeling of happiness with oneself and others; thus, he/she becomes able to fulfill and appreciate him/her self as to exploit his/her capacities maximum. (Abdulatif, 2013, p. 76)

Procedurally: It is the degree obtained by the student based on his/her answers to the paragraphs of the psychological health scale of Zaima Abdulah-Hadj Mohammed (2010).

6. Field Procedures:

6.1. Research Methodology:

Due to the privacy of our research, we relied on the comparative descriptive method, which is one type of descriptive methods commonly used in comparative psychology and comparative education. These studies, also known as causal-comparative studies, are based on a research method that involves a set of procedures aimed at understanding the characteristics and interpreting the differences between two or more groups in a specific variable. This is done based on differences in the independent variable and similarities in the other variables that affect the dependent variable (Bashir Saleh Al-Rashidi, 2000, pp. 79-88).

6.2. Sample of the Study:

The process of sample selection is considered one of the key steps in data and information collection. Therefore, the convenience sampling method was chosen for the research sample due to the facilitations provided to us by the director of Okba Ibn Nafie High School in Algiers, Algeria.

Convenience sampling is one type of non-probability sampling, which does not allow for estimating sampling errors and can be subject to sampling bias. Therefore, the information gathered from the sample cannot be generalized back to the target population. It is a technique where the sample is drawn from the accessible or readily available part of the target population or the suitable element (Batcherji, 2015, p. 197).

The sample of the study consisted of 100 first year high school students (50 females, 50 males). They have been selected conveniently from Okba Ibnu Nafiaa high school, Algiers. Their ages are between 15 and 16 years old.

The table below shows the study sample:

Table 01. *Distribution of the Study Sample Based on Gender.*

Students	Females	Males	Sum
Number	50	50	100

Percentage	50%	50%	100%
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Table 01 shows that the number of female students is 50 which is the same as the number of male students which indicates the sample homogeneity.

6.3. Research Tools:

The researcher in this study relied on two major scales:

6.3.1. The Parental Practice Scale:

The scale was developed by **Nahla Mahmoud Al-Khatib** in 2014 after reviewing the theoretical literature related to parental practices, especially as outlined by **Baumrind** in 1966. **Baumrind** is considered one of the pioneers in this field, proposing three parenting styles: authoritative, authoritarian, and permissive.

Previous studies related to this variable, such as the study by **Dawood and Yahya(1999)**, **Al-Hamdi's** study (2004), **Rihaani et al.'s** study (2009), and **Al-Majali's** study (2006), have focused on positive parental practices. In this scale, Nahla Al-Khatib focused solely on positive parental practices, selecting appropriate items for this dimension of parental practices, reformulating them to suit her study, and initially developing the scale containing a set of items measuring positive parental practices as perceived by children. The initial version of the scale included 23 items measuring the overall degree of positive parental practices.

Correction of the Scale:

The scale is answered by selecting one of the five grades. Always takes the number (5), mostly takes the number (4), sometimes takes the number (3), rarely takes the number (2), never takes the number (1).

Validity and Reliability of Scale:

The external reliability of the scale was confirmed by presenting it to 10 judges from the faculty members at Arab universities in Oman, as well as to psychologists and guidance counselors. The judges indicated a series of modifications that Nahla Mahmoud Al-Khatib had made in 2014, which were consulted to revise and formulate the scale in its final form. The most prominent modifications suggested by the judges included deleting paragraph (22) because it was redundant with paragraph (3) and deleting paragraph (17) because it was redundant with paragraph (1). Additionally, a new paragraph was added to the scale, which states 'My parents encourage me to participate in school activities.' Furthermore, some paragraphs were rephrased, and errors were corrected. Considering these modifications, the scale in its final form consists of (22) paragraphs.

Moreover, the construct reliability was verified by extracting the correlation coefficients between the paragraphs and the total score on a sample of (40) male and female students in the tenth grade from mixed schools in Western Amman, which were not part of the pilot sample. The scale's paragraphs were analyzed, and the correlation coefficient of each paragraph with the total score of the scale was calculated. The correlation coefficients ranged from (0.31-0.65), all of which were significant at the 0.05 and 0.01 levels.

In the current study, the researcher relied on the reliability of internal consistency after applying the scale to a sample of 35 male and female students. We calculated the correlation coefficient between each item and the total score of the scale. The correlation coefficients ranged from (0.41 to 0.68), all of which were significant at the 0.05 and 0.01 levels of significance.

As for the research validity, Nahla Mahmoud Al-Khatib verified it using the test-retest method by administering the test and re-administering it after two weeks to the same sample. The Pearson correlation coefficient between their estimates on both occasions was calculated to be 0.89. Additionally, the validity coefficient was also calculated on the same sample in the first application using the internal consistency method according to the Cronbach's alpha equation, which was 0.82. These values were considered suitable for the study purposes (Nahla, 2014).

In this study, the researcher relied on the method of variance after applying the scale to the same sample of 35 male and female students. This was done by applying Cronbach's alpha coefficient to the entire scale. Consequently, the Cronbach's alpha coefficient was calculated to be 0.73, indicating good reliability of the scale.

6.3.2. Psychological Health Scale:

To determine the psychometric properties of the Children's Mental Health Scale in the study community conducted by researcher Zaima Abdullah Haji Mohammed (2014), the modified version of the scale consisting of 45 items was applied. This was done under the guidance of experts to a sample of 40 students selected from the study community. Following this, the researcher ensured the validity and reliability of the scale as follows:

Validity and Reliability of the Scale: To assess the overall validity of the Children's Mental Health Scale when applied to students, confirmatory factor analysis was conducted on all items in the modified version guided by the experts, totaling 45 items. The results of this analysis revealed saturation of 38 items into five factors (sub-dimensions), indicating that seven items did not saturate into any factor. The researcher decided to remove these items, resulting in a final scale of 37 items. These items represent the final version of the scale.

The reliability of internal consistency for Paragraphs:

To ensure the reliability of the scale, the researcher relied on the reliability of internal consistency of the scale by calculating the Pearson correlation factor between the grades of each paragraph and the overall degree of the sub-scale below. coefficients between each paragraph and the overall degree of interaction and integration with others (0.30-0.50), between each paragraph and the overall degree of the initiative dimension with the assistance of others (0.32-0.56), and between each paragraph and the overall degree of the self-confidence dimension (0.29-0.57), Between each paragraph and the overall degree of the social status dimension (0.30-0.50), between each paragraph and the overall degree of the academic achievement dimension (0.30-0.65), All of these transactions have a function at the indicative level of 0,05 and 0,01.

In this study, the researcher relied on the internal consistency reliability after applying the scale to a sample of 35 male and female students. We calculated the correlation coefficient between each dimension and the total score of the scale. The results were as follows:

Table 02. *The Correlation Coefficient Between the Dimension and the Degree of Psychological Health.*

Dimension	R	Dimension	R
Interaction with others	0.56**	Academic Achievement	0.35*
Self Confidence	0.42**	Helping others	0.60**
Social Status	0.36*	/	/

*Significant at the level of 0.05 **significant at the level of 0.01

We note that the correlation coefficients between each dimension and the total score of the scale ranged from 0.35 to 0.60, all of which were significant at the 0.05 and 0.01 levels. Therefore, the scale is valid and suitable for application.

To ensure the stability of the sub-dimensions of the Children's Mental Health Scale in its final version, Zaima Abdullah applied both Cronbach's alpha and Spearman-Brown equations to the survey sample data. The results of this procedure yielded the following outcomes:

Table 03: *The results illustrate the Validity coefficients for the dimensions of the Children's Mental Health Scale."*

Validity	Coefficients	Number of Paragraphs	Sub Dimensions
Spearman-Brown	Cronbach's alpha		

0.73	0.78	11	Interaction with others
0.72	0.75	8	Self confidence
0.72	0.68	7	Social status
0.78	0.80	8	academic achievement
0.60	0.66	4	Helping others
0.81	0.85	38	Total degree of psychological health

It becomes apparent that the validity coefficients for the scores of all dimensions in the scale are greater than 0.60, confirming the appropriateness of these dimensions in the final version of the scale for measuring students' mental health (Zaima, 2010, p. 86).

In the current study, we relied on the internal consistency method after applying the scale to our survey sample. This was done by calculating Cronbach's alpha coefficient for the entire scale, yielding a value of 0.77. Additionally, Cronbach's alpha coefficient was applied to the subscales (Interaction and integration with others, Self-confidence, Social status, Academic achievement, Initiative to help others), resulting in values of 0.79, 0.76, 0.87, 0.81 and 0.77, respectively. These coefficients indicate good reliability and demonstrate that the scale is valid.

7. Discussion and Interpretation of the Study Results:

7.1. Discussion and Interpretation of the First Hypothesis Testing:

The first hypothesis states that parental practices directed towards first-year high school students are positive. To test this hypothesis, we did the following:

We identified the type of parental practices by adopting the mean estimated at (83.80). Consequently, we obtained the following categories:

- The category of negative parental practices ranged from (23-83).
- The category of positive parental practices ranged from (84-115).

To determine the type of parental practices directed towards children, we applied the K2 goodness-of-fit test. The results are illustrated in the following table:

Table 04. Differences Coefficients between Positive and Negative Parental Practices

Type of Parental Practice	Sample	Percentage	Khi-deux Value	Significance Level
Negative PP	48	48%	0.16	Not significant at the significance level of 0.05.
Positive PP	52	52%		

From Table 4, it is evident that the value of Chi-square was estimated at 0.16, which is not significant at the 0.05 level of significance. This is even though the number of individuals in the sample who are subjected to positive parental practices, estimated at 52, is greater than the number of individuals subjected to negative practices, estimated at 48. This implies that there is an equality between the types of parental practices followed by parents with school-going children. It can also be said that the research sample is exposed to negative practices, which are interpreted as positive practices.

Studies with differing results from ours include Al-Bulaihi's study (2008), which indicated that parent's resort to the best parenting methods, namely guidance, encouragement, and tolerance (Al-Ritmi, 2020, p. 263). This is also consistent with Al-Ritmi's study, which revealed that parent's resort more to democratic parenting methods than authoritarian ones. According to the researcher's perspective, this is because Libyan families strive to raise a democratic generation capable of bearing responsibility, armed with values that reject harshness and dominance, adhere to goodness and security, respect rights and duties, believe in peaceful coexistence, reject hatred, resolve conflicts through dialogue and discussion,

and understand that authoritarianism leads to the child becoming weak-willed, negative, fearful, hesitant in decision-making, and lacking self-confidence (Al-Ritmi, 2020, pp. 269-270).

7.2. Discussion and Interpretation of Second Hypothesis Testing:

The second hypothesis states that the level of mental health is high for first-year high school students. To test this hypothesis, we did the following:

We identified the levels of mental health by adopting quartiles. The first quartile was estimated at 45, and the second quartile was estimated at 180. Consequently, we obtained the following categories:

- Low level of mental health ranged from (45-90)
- Moderate level of mental health ranged from (91-135)
- High level of mental health ranged from (136-180)

To determine the level of mental health among individuals in our sample, we applied the K2goodness-of-fit test. The results are illustrated in the following table:

Table 05.*The Differences Significance between the Levels of Psychological Health among Students*

Levels of psychological health	sample	percentage	Khi-deux value	Significance level
low	11	11%	23.04	significant at the significance level of 0.01.
medium	19	19%		
high	70	70%		

From Table 5, it is evident that the value of Chi-square was estimated at 23.04, which is significant at the 0.01 level. This indicates statistically significant differences between the levels of mental health among first-year high school students. This difference favored the high level, suggesting that our study sample exhibits a high level of mental health, thus confirming the second hypothesis of our research.

This can be interpreted by the fact that individuals in our sample are exposed to parenting practices that tend towards positivity. While parents sometimes resort to negative practices, they predominantly rely on positive practices. This positive influence on children's mental health is reflected in the majority of our sample exhibiting a high level of mental health. This positively impacts the psychological and social adjustment of children as well as their academic performance. This can be attributed to Algerian families being aware of the necessity and importance of providing their children with all their needs, including food, security, warmth, love, compassion, understanding of the different stages of their development, softness in dealing with them, guidance, counseling, listening, dialogue, etc. All of these contribute to the healthy physical, mental, and psychological growth of children, thus enhancing their mental health.

Contrary to our findings, studies such as Roddenbery and Renk (2010) have found that the mental health level of university students is low.

7.3. Discussion and Interpretation of the Third Hypothesis:

The third hypothesis states that there are differences in the levels of mental health attributed to the type of parental practices among first-year high school students. To test this hypothesis, we did the following:

We ensured the normality of the distribution of mental health scores (dependent variable) by adopting the Kolmogorov-Smirnov test, which yielded a value of 0.06, indicating non-significance at the 0.05 level. This indicates that the distribution is normal.

We identified the type of parental practices by adopting the mean estimated at 83.80. Consequently, we obtained the following categories:

- The category of negative parental practices ranged from (23-83)
- The category of positive parental practices ranged from (84-115)

After confirming the normality of the distribution of mental health scores and identifying the categories of parental practices, we tested the homogeneity of the two groups by applying the Levene's test for homogeneity. The F value was estimated at 0.15, which is not significant at the 0.05 level, indicating that there are differences between the category of negative parental practices and the category of positive parental practices.

After studying the homogeneity, we applied the t-test to study the differences between two homogeneous groups regarding the mental health of students with negative parental practices and the mental health of students with positive parental practices. The results are illustrated in the following table:

Table 06. *Differences Significance between A Group received Positive PP and Another one Received Negative PP.*

Psychological health results	sample	mean	Standard deviation	The critical value	T value	Significance level
Negative PP	48	136.85	14.56	98	5.41	Significant at the level of 0.01
Positive PP	52	151.75	12.92			

From Table 6, it is evident that the T-value was calculated to be 5.41, which is a significant value at the 0.01 level of significance. This indicates that there are differences in psychological health between the group of individuals with negative parental practices and the group with positive parental practices, with the latter showing higher psychological health. Thus, our third hypothesis is confirmed.

It is evident, therefore, that the more students are subjected to positive parental practices, the higher their level of psychological health becomes. They develop self-esteem, psychological and social harmony, and the ability to adapt in the school environment, and so on.

This is supported by Khalifa's study (2013) conducted on high school students, which found that positive parental practices and the children's perception of their parents' concern for their well-being and success have a significant impact on increasing their psychological health and motivation for learning.

Similarly, a study by Maqhoon Fatihah (2014) confirmed the significant importance of parental treatment methods in the lives of children in terms of their psychological and social formation. Since parents have the most direct and effective influence on their children's upbringing, harmful parental practices that evoke feelings of fear, inadequacy, and insecurity in children lead to psychological and social disorders that reflect on their academic, social, and personal lives. Conversely, constructive methods characterized by love, affection, understanding, harmony, and familial warmth contribute to the healthy upbringing of children, enhancing their psychological and social well-being and academic progress. Children who enjoy psychological well-being, as a result, reflect it in their academic and educational lives, leading them to achieve academic success and excellence and to continue that path. (Maqhoon, 2014)

As indicated by a study conducted by Khatara (2022), which aimed to uncover the nature of the relationship between parental treatment methods and psychological adjustment among fourth-grade students from three middle schools in the city of Ghardaia, it became clear that there is a positive relationship between positive parental treatment methods and psychological adjustment, as well as a negative relationship between negative parental treatment methods and psychological adjustment among fourth-grade students. (Khatara, 2022, p. 39)

Therefore, based on all the above, it is evident that negative parental practices have a negative impact on the growth and development of children's personalities and their psychological well-being, unlike positive parental practices characterized by democracy, non-authoritarianism, tolerance, dialogue, and consistency, which contribute to the development of a balanced personality in children characterized by psychological health and emotional stability. This increases their level of social and academic adjustment and consequently their motivation for learning. The opposite is also true.

This is corroborated by Al-Kanani and Al-Mousawi (1996), who pointed out that as a result of the harsh and authoritarian parenting style, children often grow up fearful of authority, shy, sensitive, feeling incompetent, lacking confidence, especially in test situations. They have a strong inclination to submit to others, unable to express their opinions and engage in discussions. They often make mistakes in the absence of authority, while in the presence of authority, they are fearful and intimidated. Moreover, they may vent their frustrations due to authoritarianism by encroaching on others' property and damaging it.

Conclusion:

The aim of this research was to uncover the types of parental practices adopted by parents towards their children and to measure the level of psychological health among students in the first year of secondary school. We also sought to determine the extent of the impact of parental practices on the psychological health of students. The results led to the following conclusions:

Parental practices towards students in the first year of secondary school are both positive and negative, meaning there is variability in the types of parental practices within our sample.

The level of psychological health is high among students in the first year of secondary school.

There are differences in psychological health scores attributed to the type of parental practices (positive-negative) among students in the first year of secondary school, with positive parental practices showing favorable results.

Based on the results of our research, we conclude that positive parental practices have a positive impact on children's psychological health. Gentle, caring, tolerant, guiding, and attentive interactions through listening and dialogue help build a balanced and integrated personality. This leads us to suggest the following:

Development of counseling programs for parents to improve their educational practices towards children and develop their educational skills to cope with various behavioral problems exhibited by children.

Raising awareness among families through various media about the importance of adopting proper methods and practices in raising children to avoid raising emotionally and behaviorally disturbed individuals.

Educating parents about the importance of dialogue with their children and its role in building their self-confidence and sense of comfort and security, as well as identifying various problems and difficulties faced by children and helping them overcome these obstacles.

Raising awareness among parents about the importance of equality with their children, avoiding discrimination and differentiation between them.

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