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The Association Between Parenting Styles and Parent–Adolescent Communication with Adolescent Mental, Behavioral, and Sexual Health Outcomes

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ABSTRACT

Adolescence is a sensitive period of rapid biological, psychological, and social changes. Adolescent health, particularly in the realms of psychological, behavioral, and sexual well-being, is influenced by various factors, among which parenting styles and the quality of parent–adolescent communication are of fundamental importance. This review aimed to systematically examine the association between these two factors and adolescent health outcomes. This narrative review was conducted via a systematic search of international and domestic databases for articles published from 2000 to 2024. After screening, 13 relevant studies were included and analyzed using content-narrative analysis. The findings conclusively demonstrated that the authoritative parenting style (characterized by warmth, responsiveness, and reasonable monitoring) is the strongest protective factor against risky behaviors, delinquency, loneliness, and psychological problems in adolescents. In contrast, authoritarian and permissive styles were associated with more negative outcomes. Furthermore, while parental monitoring was linked to reduced risky behavior, effective communication about sexual issues was only impactful within the context of a high-quality relationship based on an authoritative style. The moderating role of cultural and socioeconomic factors was also confirmed. In conclusion, an authoritative parenting style and open, trust-based parent–adolescent communication are the cornerstones of promoting comprehensive adolescent health. Designing and implementing intervention programs to promote this parenting style and strengthen communication skills within families is a strategic necessity in the field of adolescent health.

Keywords: Parenting Style; Parent-Adolescent Communication; Sexual Health; Adolescents; Risky Behavior

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Introduction

Adolescence, as a sensitive stage of rapid biological, psychological, and social transitions, accounts for approximately 18% of the global population [1]. Notably, the vast majority of adolescents—around 85%—reside in developing countries, underscoring the global priority of addressing their health, particularly in critical domains such as sexual and reproductive health [2, 3]. Adolescent health, and

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especially the health of adolescent girls due to their pivotal role in shaping future generations, is recognized as a key factor in breaking the cycle of poverty and advancing sustainable development [4].

This stage, accompanied by profound physical and psychological changes, exposes adolescents to a wide spectrum of choices ranging from health-promoting behaviors to high-risk activities [5, 6]. One of the fundamental needs during this period is access to accurate and comprehensive sexual health education, which can prevent unintended pregnancies, sexually transmitted infections, and adverse psychosocial consequences [7]. However, evidence indicates a significant gap in this area, as adolescents often acquire incomplete or inaccurate information from unreliable sources such as peers and media [8]. Although the responsibility for sexual health education is shared among families, schools, and health systems, the family plays an irreplaceable and essential role in shaping healthy sexual attitudes and behaviors [9–12].

The quality of family interactions—particularly parenting styles and the nature of parent–adolescent communication—is a key determinant of adolescent health outcomes [13]. According to Baumrind's theory, the authoritative parenting style, characterized by warmth, responsiveness, and reasonable expectations, consistently predicts positive outcomes such as greater self-control, improved academic performance, reduced engagement in risky behaviors, and better psychological well-being compared to authoritarian (high control, low warmth) and permissive (high warmth, low control) styles [14, 15]. Furthermore, open, continuous, and trust-based communication about values and sexual issues, especially when embedded within supportive and high-quality relationships, can delay sexual initiation and protect against risky behaviors [16, 17].

Nevertheless, research indicates that these associations are not simple or linear. Findings are sometimes contradictory; for instance, while parental monitoring has consistently been identified as a protective factor, the impact of sexual communication alone—without considering the overall quality of the parent–child relationship—is not always significant [18]. This suggests that the effectiveness of communication depends on a foundation of trust, acceptance, and supportive parenting. Moreover, contextual factors such as culture, social norms, and socio-economic status play moderating roles in these relationships, highlighting the importance of considering the specific context of each society [19, 20].

In recent years (2020–2024), emerging studies have emphasized the role of high-quality parent–adolescent communication in reducing loneliness, depression, and risky sexual behaviors [21–24].

Given the inconsistencies and occasional contradictions in existing findings regarding the complex interplay between parenting styles and communication across multiple adolescent health outcomes, as well as the necessity of accounting for cultural and contextual factors, an integrative review appears essential. Accordingly, the aim of this narrative review is to systematically examine the associations between parenting styles and parent–adolescent communication with adolescent mental, behavioral, and sexual health outcomes. Through a critical analysis of the available evidence, this review seeks to provide a clearer framework for understanding these relationships and to inform the design of evidence-based educational and supportive interventions in the field of adolescent health.

Materials and Methods

This study employed a narrative review approach with the aim of systematically examining the associations between parenting styles and parent–adolescent communication with adolescent mental, behavioral, and sexual health outcomes. The research process was designed and implemented in the following stages.

1. Search Strategy and Study Identification

To identify the available evidence, a systematic search was conducted across reputable international and domestic databases. The international databases included PubMed, Scopus, Web of Science, CINAHL, and ScienceDirect, while the domestic databases comprised SID, IranDoc, and Magiran. The search covered the period from January 2000 to December 2024, ensuring inclusion of both foundational studies and the most recent evidence.

Search keywords were selected using the MeSH thesaurus along with commonly used terms in related articles, and were combined through Boolean operators (AND, OR, NOT). The search strategy was tailored to the structure of each database. An example of the keyword combination used in PubMed was as follows: ("Parenting style" OR "authoritative parenting" OR "authoritarian parenting") AND ("Parent-adolescent communication" OR "sexual communication") AND ("Adolescent sexual behavior" OR "risky sexual behavior" OR "adolescent mental health")

The initial search results from each database are summarized in Table 1.

Table 1. Initial Search Results Across Databases

Database	Initial Results
PubMed	285
Scopus	321
Web of Science	194
CINAHL	113
ScienceDirect	176
SID	45
IranDoc	32
Magiran	29
Total	1195

2. Inclusion and Exclusion Criteria

Studies were screened according to the following inclusion criteria:

a) Relevance to the objectives of the review (examining the association between parenting styles or parent–adolescent communication with adolescent mental, behavioral, or sexual health outcomes).
b) Publication in either English or Persian.
c) Publication within the time frame of 2000 to 2024.
d) Conducted on adolescent populations aged 10–19 years.
e) Clear research design (quantitative, qualitative, cross-sectional, longitudinal, interventional, or systematic review).

Studies were excluded if they:

a) Were duplicate publications.
b) Lacked access to the full text, even after contacting the authors.
c) Were published in non-research formats (e.g., letters to the editor, case reports, or conference abstracts without full text).
d) Focused on populations outside the adolescent age range.
e) Did not employ a clear research methodology or were based solely on personal opinions.

3. Screening and Final Study Selection

All identified records (n = 1195) were imported into EndNote X9 for reference management and removal of duplicates. The screening process was conducted in accordance with the PRISMA guidelines and proceeded in three stages. The PRISMA flow diagram is presented as Figure 1.

Title and Abstract Screening: Two independent researchers reviewed all titles and abstracts based on the predefined inclusion and exclusion criteria. Irrelevant articles were excluded at this stage. Full-Text Review: The full texts of articles selected in the previous stage were independently assessed by the same two researchers.

Disagreement Resolution: Any disagreements at either stage were resolved through joint discussion, and when necessary, by consulting a third researcher as the final arbiter.

Final Inclusion: Following these procedures, a total of 13 studies were deemed eligible for inclusion in the review.

4. Data Extraction and Analysis

Key data from the 13 final studies were extracted independently by two researchers using a standardized data extraction form. The extracted information included the year and country of the study, research design, sample size and demographic characteristics, measurement instruments, independent variables (parenting styles and communication components), dependent variables (mental, behavioral, and sexual health outcomes), and the main findings.

The extracted data were analyzed using narrative content analysis and organized into three predefined analytical themes:

• The role of parenting styles in adolescent mental and behavioral health

• The role of parent–adolescent communication in sexual health and the prevention of risky behaviors

• The interaction between parenting style and communication quality and its implications for adolescents

To enhance validity and minimize bias, all stages of data extraction and analysis were conducted independently by two researchers and finalized through discussion and consensus.

Results

From a total of 1,195 studies initially identified, 13 studies met the inclusion criteria after screening and were ultimately deemed eligible for inclusion in this narrative review.

The findings derived from the analysis of these studies are organized and presented under three predefined analytical themes.

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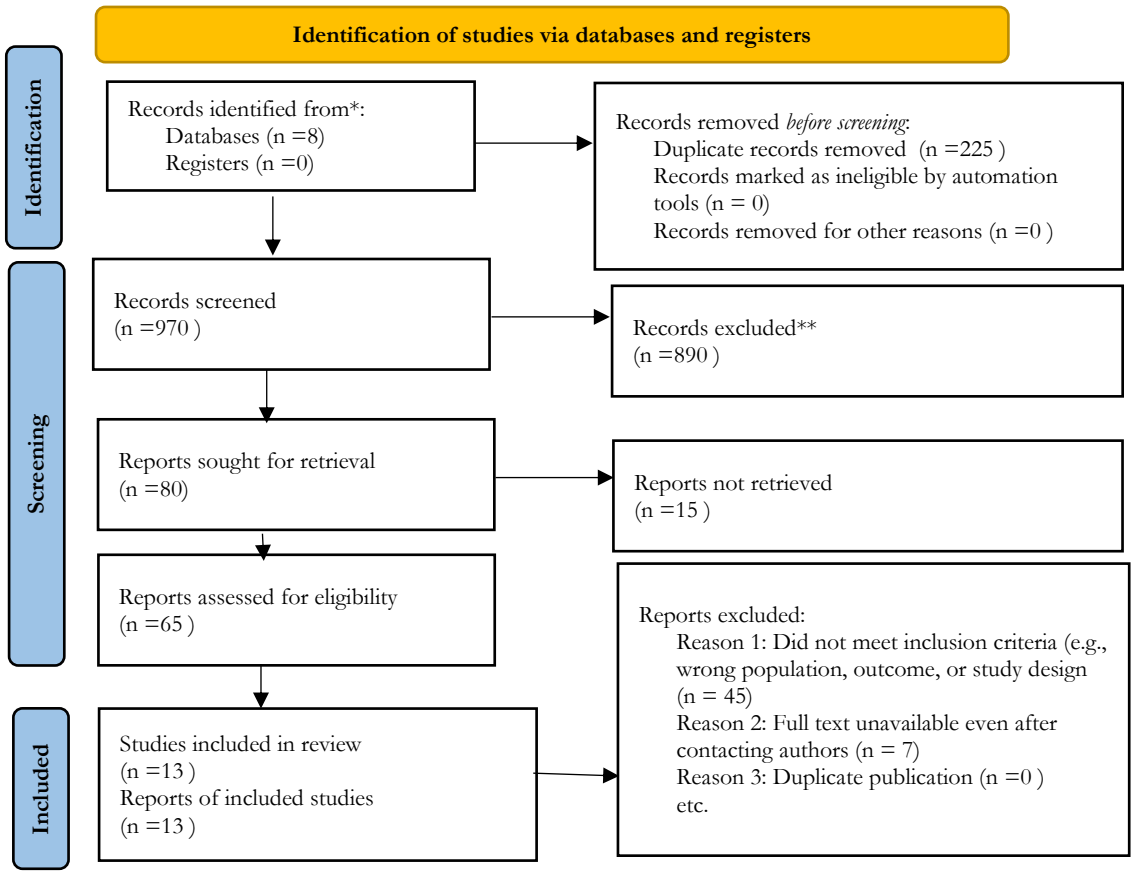

Figure 1. PRISMA Flow Diagram

1. The Role of Parenting Styles in Adolescent Mental and Behavioral Health

Evidence consistently demonstrates that the authoritative parenting style serves as the strongest protective factor against mental and behavioral problems among adolescents. In contrast, authoritarian and permissive parenting styles are more frequently associated with adverse outcomes.

Delinquency and Risky Behaviors

Consistent findings indicate that delinquent adolescents are predominantly raised in families characterized by authoritarian or permissive parenting styles, whereas adolescents with more adaptive behaviors are generally raised by authoritative parents [26, 29]. This highlights the protective role of the authoritative style, which combines emotional support with rational supervision. One study further demonstrated that the mean level of risk-taking among adolescents raised under this style was significantly lower [30]

Behavioral and Emotional Problems

The permissive parenting style, characterized by insufficient supervision, is significantly associated with an increase in adolescents' behavioral problems [27]. In contrast, the neglectful style produces the most detrimental outcomes and is linked to higher levels of depression and anxiety among adolescents [28, 35].

Positive Development

The authoritative parenting style has repeatedly been reported to yield positive outcomes, including better academic achievement, greater social competence, and reduced substance abuse [29]. Notably, successful educational interventions promoting this style have led to a substantial reduction in adolescents' engagement in risky behaviors [36].

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Table 2. Summary of Characteristics and Key Findings of Included Studies (n = 13)

Ref	Author(s)/ Year	Country	Design	Sample Size	Measuremet Tools	Key Findings
25	Laili et al. (2024)	Not specified	Analytical cross-sectional	121 students	Researcher-developed checklist	Significant effect of authoritarian style on adolescents' sexual behavior (p=0.027).
26	Bleakley & Hennessy (2022)	–	Review	–	–	Delinquents mainly from authoritarian/permissive families; normal adolescents from authoritative families.
27	Chigbu et al. (2022)	Nigeria	Correlational	1200 adolescents	Parenting Style Questionnaire (PSQ), Sexual Behavior Questionnaire (SBQ)	Positive direct relationship between parenting styles and adolescent sexual behavior (r=0.23).
28	Zubaidah et al. (2020)	Indonesia	Cross-sectional	226 adolescents	Researcher-developed checklist	Significant association between parenting style and premarital sexual behavior.
29	Viner et al. (2012)	–	Review	–	–	Delinquent adolescents more often from authoritarian families with lower self-esteem.
30	Poulsen et al. (2010)	USA	Correlational	1518 parents	Researcher-developed checklist	Lower risk-taking among adolescents raised under authoritative parenting.
31	Wamoyi et al. (2010)	Tanzania	Cross-cultural comparative	–	–	Different effects of authoritative parenting on violence and delinquency across cultural contexts.
32	Zarei (2010)	Iran	Correlational	150 adolescents	Parenting Styles Questionnaire (PSDQ), Adolescent Risk-Taking Questionnaire	Permissive style inversely related to "harm avoidance"; authoritative style linked to reduced "risk-seeking novelty."
33	Namisi et al. (2008)	South Africa	Cluster randomized trial	14,944 adolescents	Researcher-developed checklist	Parental monitoring = reduced risky sexual behavior; direct sexual talk = no significant protective effect.
34	Lali-Faz et al. (2008)	Iran	Cross-sectional	416 adolescent girls	Parenting Styles Questionnaire (PSDQ), UCLA Loneliness Scale	Authoritative style (warmth & autonomy) strongest predictor of reduced loneliness.
35	Roy et al. (2007)	–	Review	–	–	Positive behavioral outcomes for authoritative parents; negative outcomes (depression/anxiety) for neglectful parents.
36	Mahmoudi et al. (2007)	Iran	Intervention	92 students	Researcher-developed checklist	Educational intervention promoting authoritative style reduced adolescents' risky behaviors.
37	Mahajan & S. N. (2005)	India	Cross-sectional	200 parents	Behavioral Problems Questionnaire	Significant positive association between permissive parenting and increased adolescent behavioral problems.

Cultural Influences

The impact of parenting styles may vary across cultural contexts. For instance, authoritative parenting was associated with reduced violence in one African study [31], whereas in a sample of African American adolescents it showed no significant effect on delinquency [31]. These findings underscore the moderating role of socio-cultural factors in shaping the outcomes of parenting styles.

2. The Role of Parent–Adolescent Communication in Sexual Health and Risk Prevention

The quality of communication is a key factor in determining its effectiveness. While parental monitoring has consistently been associated with a reduction in adolescents' engagement in risky sexual behaviors [33], direct and explicit conversations about sexual issues alone do not necessarily provide the same protective effect [33]. This suggests that the content of communication, without a supportive and high-quality relational context, has limited impact.

Quality of Communication and Psychological Outcomes

Open and continuous dialogue is effective only when it occurs within a relationship grounded in trust and intimacy. A study conducted among adolescent girls demonstrated that the components of warmth–support and autonomy granting, characteristic of the authoritative parenting style, were the strongest predictors of reduced feelings of loneliness [34].

3. Interaction Between Parenting Style and Communication Quality

The effectiveness of parent–adolescent communication is largely dependent on the overall parenting style.

Relational Context: Findings indicate that effective communication on sensitive topics such as sexual issues is primarily possible and impactful within authoritative family relationships, which combine emotional support with structure. In other words, adolescents' acceptance of parental messages depends on their perception of parents as trustworthy, responsive, and supportive figures.

Complexity of Relationships: Several studies suggest that different dimensions of parenting styles may influence distinct aspects of adolescents' risky behaviors. For instance, one correlational study reported that permissive parenting was associated with lower "harm avoidance," whereas authoritative parenting was linked to reduced "risk-seeking novelty" [32]. These findings emphasize the complexity and multidimensional nature of these relationships

Discussion

This narrative review, based on the analysis of 13 eligible studies, clearly demonstrates that two key factors—parenting style and the quality of parent–adolescent communication—play a central role in shaping multiple dimensions of adolescent health outcomes. The findings reaffirm the superiority of the authoritative parenting style while also highlighting the complexity of these relationships and the significant influence of cultural context and communication quality.

1. Superiority of the Authoritative Style and Its Mechanisms

Consistent with a broad body of prior research, the present findings indicate that the authoritative parenting style—characterized by a combination of emotional support and reasonable expectations—represents the strongest protective model against delinquency, risky behaviors, loneliness, and psychological problems [26, 29, 34]. The mechanism of this effect likely operates through the enhancement of adolescents' self-regulation, self-esteem, and problem-solving skills [30]. In contrast, authoritarian (high control without support) and permissive (support without structure] styles were each associated with negative outcomes in distinct ways. Authoritarian parenting tends to foster fear and emotional suppression, whereas permissive parenting, marked by unclear boundaries and insufficient monitoring, predisposes adolescents to impulsive behaviors and emotional difficulties [27, 28]. Notably, even educational interventions designed to promote authoritative parenting directly reduced adolescents' engagement in risky behaviors [36], underscoring the modifiability of this factor and the importance of investing in parent-training programs.

2. Parent–Adolescent Communication: Quality Over Quantity

One of the key findings of this review is the distinction between the quantity and quality of communication. While parental monitoring, as an observable behavior, showed a strong association with reduced engagement in various risky behaviors [33], the effectiveness of content-specific dialogue (e.g., discussions about sexual issues) was entirely dependent on the qualitative context of the relationship. Evidence indicated that the mere transmission of information, without a relational

foundation of trust, acceptance, and intimacy, does not yield significant protective effects [33]. This implies that effective dialogue is itself a product of supportive parenting, most often within the authoritative style. In such contexts, the components of warmth–support and respect for adolescent autonomy not only facilitate communication but are also directly associated with reduced feelings of loneliness and improved psychological well-being [34].

3. Complex Interaction with Contextual Factors: The Role of Culture and Setting

The results of this review clearly do not support a universal or uniform model for the impact of parenting styles. Studies have shown that the outcomes of a particular style (such as the authoritative style) may vary across cultures or even among ethnic subgroups within the same country [31]. These findings emphasize the importance of cultural sensitivity in both the design of interventions and the interpretation of results. Factors such as prevailing social norms, family structure, and socioeconomic status can act as moderating variables that shape the relationship between parenting and adolescent outcomes. Therefore, the promotion of authoritative parenting must be accompanied by a deep understanding of local contexts and cultural values.

Conclusion

The findings of this narrative review provide compelling evidence that the authoritative parenting style—characterized by a combination of warmth and emotional support, responsiveness to adolescents' needs, and consistent expectations with rational monitoring—represents the most effective and healthiest model of parenting, serving as a cornerstone for adolescents' mental, behavioral, and sexual health. This style is not only associated with significant reductions in risky behaviors, delinquency, and feelings of loneliness, but also with positive outcomes such as higher self-esteem, improved academic achievement, and greater social competence. In contrast, authoritarian and permissive styles, each in distinct ways, are linked to a wide range of emotional and behavioral problems during adolescence.

An additional important point is the critical distinction between the quantity and quality of communication. Findings indicate that mere discussions about sexual issues are insufficient; such dialogue becomes effective only when embedded within a high-quality parent–adolescent relationship characterized by openness and trust—features intrinsic to the authoritative style. Within this context, parental monitoring emerges as a key component that, alongside effective dialogue, plays a complementary and reinforcing role in preventing risky behaviors.

Practical Implications

Based on the findings of this study, the following practical recommendations are proposed at different levels:

1. At the family and parental level:

• Organize training workshops on authoritative parenting skills for parents, with emphasis on strengthening non-defensive communication, active listening, rational monitoring, and the establishment of clear yet flexible rules.

• Promote the culture that discussions about puberty and sexual health should not be limited to one-off conversations, but rather become a natural and continuous part of family interactions.

• Increase parents' awareness of the importance of combining emotional support with the gradual granting of autonomy to adolescents, as a means of preventing loneliness and fostering self-efficacy.

2. At the educational system and school counseling level:

• Incorporate sexual health and healthy relationship education programs into school curricula, prioritizing the role of the family and in collaboration with school psychologists.

• Identify adolescents at risk (e.g., those from families with authoritarian or permissive parenting styles) and provide early counseling interventions for them and their families.

3. At the policy-making and public health planning level:

• Design and implement national programs promoting authoritative parenting through mass media and social networks.

• Empower health workers and community health providers in underserved areas to deliver simple and practical training for parents on parenting styles and effective communication with adolescents.

• Conduct further intervention-based research to evaluate the effectiveness of authoritative parenting education programs within the cultural context of Iran.

Limitations

Despite efforts to compile comprehensive evidence, this narrative review is subject to several limitations:

1. Nature of studies: Many of the included studies were cross-sectional or correlational, which, although

useful in identifying associations, are insufficient for establishing causal relationships between parenting style and adolescent outcomes.

2. Measurement diversity: The heterogeneity of instruments used to assess parenting styles and behavioral outcomes across studies limited the possibility of conducting a quantitative meta-analysis and hindered direct comparison of results.

3. Cultural generalizability: Although domestic studies were included, caution is required in generalizing findings derived from other cultural contexts (particularly Western) to the Iranian setting, highlighting the need for more locally grounded research.

4. Reporting bias: In some studies, data were collected based on self-reports from adolescents or parents, which may have been influenced by social desirability bias.

Despite these limitations, the present findings provide a valuable framework for understanding the importance of parenting style and communication quality in adolescent health and pave the way for future research.

Authorship contribution statement

All authors have reviewed and approved the final version of the manuscript. HS conceived and designed the study. HS, PP and MH conducted the study and collected the data; HS, PP and MH performed the data analysis and interpretation.

Ethical Consideration

Throughout all stages of this review, ethical principles of research were strictly observed, including accurate citation of original sources, adherence to academic integrity, avoidance of plagiarism, and transparency in reporting both the process and the findings.

Declaration of Competing Interest

The authors have no conflict of interests related to this article.

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Data Availability

This study is a narrative review and does not include any new, primary data. All data supporting the findings of this study are derived from previously published articles and sources, which are cited within the manuscript. Therefore, no additional data are available.

Declaration of Generative AI

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of tables, or their corresponding captions.

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