

## Relationship between Father Involvement in Parenting and Adolescent Mental Health

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### Abstract

**Introduction:** Adolescence is a critical developmental stage that is vulnerable to mental health problems. Globally, about 14% of adolescents experience mental health issues, and in Indonesia, the prevalence reaches 34.9%. A study in Makassar City also revealed that 47.9% of adolescents aged 15–18 years suffer from mental health problems. Family factors, particularly father involvement in parenting, play an important role in maintaining adolescent mental health.

**Objective:** To analyze the relationship between father involvement in parenting and adolescent mental health.

**Method:** This quantitative study employed a descriptive analytic design with a cross-sectional approach. The sample consisted of 78 tenth-grade students at SMA Negeri 3 Makassar. Data were collected using questionnaires on father involvement and adolescent mental health, and analyzed using the Chi-square test.

**Result:** Most respondents were female (65.4%) and aged 15 years (61.5%). Adolescent mental health levels were categorized as very good (26.9%), good (59%), and poor (14.1%). Father involvement was mostly at the moderate level (70.5%), followed by high (17.9%) and low (11.5%). The Chi-square test showed a p-value of 0.000, indicating a significant relationship between father involvement in parenting and adolescent mental health.

**Conclusion:** Father involvement in parenting has a significant impact on adolescent mental health. Higher father involvement is associated with better adolescent mental well-being. Strengthening the role of fathers, both emotionally and physically, is essential to support adolescents' psychological well-being.

**Keywords:** adolescent, fathers, mental health, parenting

## Introduction

Adolescence is a critical and sensitive developmental period during which more than half of mental health problems first emerge (Lukoševičiūtė-Barauskienė et al., 2023; Santre, 2022; Scheiner et al., 2022). This phase is marked by rapid physical, emotional, cognitive, and social changes that can increase vulnerability to psychological distress. Good mental health is a fundamental aspect that supports psychosocial, academic, and social development in adolescents (Suswati et al., 2023; Daka et al., 2025; García-Carrión et al., 2019; Schlack et al., 2021). Adolescents with stable mental health tend to show better school performance, healthier social interactions, stronger emotional regulation, and a lower risk of developing risky behaviors. Conversely, untreated mental health issues during adolescence can lead to long-term impacts such as poor academic achievement, substance use, self-harm, and the onset of chronic mental disorders in adulthood (Fazel et al., 2021; Jones et al., 2022).

According to the World Health Organization (WHO), approximately 14% of adolescents aged 10–19 years worldwide experience mental health disorders. This global situation is reflected in Indonesia, where adolescent mental health problems continue to rise and have become a significant public health concern (Juliansen et al., 2024; Pandia et al., 2021; Wahdi et al., 2023). Results from the Indonesia-National Adolescent Mental Health Survey (I-NAMHS) showed that 34.9% of adolescents experience mental health issues (Maula et al., 2023). This number reflects nearly one in three adolescents facing conditions such as anxiety, depression, or behavioral issues. Furthermore, local studies in Makassar City revealed an even higher prevalence, with 47.9% of adolescents aged 15–18 years suffering from mental health problems (Jabir, 2024). These data indicate that adolescent mental health, both nationally and locally, is an important issue requiring serious and immediate attention.

Adolescent mental health problems are diverse, ranging from stress and anxiety to depression (Pham et al., 2024). Various contributing factors include academic pressure, peer conflict, family dysfunction, social media exposure, and hormonal changes. One critical factor frequently highlighted in the literature is the quality of family relationships, particularly the level of communication and emotional closeness between adolescents and their parents. The lack of openness to parents, often due to limited trust or fear of being judged, is one factor that contributes to mental health problems among adolescents (Aulia et al., 2020; Anderson et al., 2025). Good communication between adolescents and parents has been shown to reduce emotional distress and serve as a protective factor against mental health disorders (Elgar et al., 2021). In this context, the role of fathers is particularly crucial.

In traditional perspectives, fathers are often seen only as providers. However, modern research emphasizes that fathers also serve as role models, protectors, caregivers, and emotional guides. Fathers' emotional and physical presence has been shown to provide adolescents with a sense of safety, comfort, and happiness (Gunawan et al., 2022; Majid & Abdullah, 2024). When fathers actively participate in their children's lives—through communication, shared activities, emotional support, and consistent discipline—adolescents tend to exhibit better emotional regulation and self-esteem.

Previous studies have consistently highlighted that father involvement in parenting is positively correlated with children's psychosocial development, including adolescent mental health (Ayuningrum, 2021; Baig et al., 2021; Puglisi et al., 2024). High levels of father involvement can enhance independence, self-confidence, academic motivation, and psychological well-being. Conversely, low involvement may negatively affect adolescents, particularly girls, who may experience lower self-esteem and increased emotional vulnerability (Semešiová et al., 2024; Zein & Aulia, 2024; Alifa & Handayani, 2021; Opondo et

al., 2017). Studies also indicate that fathers who are emotionally absent or overly authoritarian may contribute to psychological pressure, internalizing problems, rebellious behavior, and decreased adolescent mental health quality (Azman et al., 2021; Pan et al., 2024; Sadoughi, 2024). In addition, inconsistent or harsh parenting practices from fathers have been associated with heightened stress, anxiety, and emotional instability among adolescents (Kim et al., 2020; Li et al., 2023).

Preliminary interviews conducted at SMA Negeri 3 Makassar further support these findings. Out of seven students interviewed, five reported frequently experiencing unexplained anxiety, unhappiness due to their fathers being too busy with work, or distress caused by overly strict parenting styles. These adolescents expressed difficulty in sharing their problems with their fathers, often feeling unheard or invalidated. This situation reflects the strong link between father involvement and adolescent emotional well-being. Limited father–child interaction may lead adolescents to suppress their emotions, increasing the risk of loneliness, sadness, and chronic stress (Wang et al., 2023). Conversely, adolescents who feel supported by their fathers tend to show healthier coping mechanisms and a greater sense of belonging.

Based on the above, this study aims to analyze more deeply the influence of father involvement in parenting on adolescent mental health, offering evidence that could support promotive and preventive strategies to enhance adolescent psychological well-being. Understanding this relationship is essential for developing targeted interventions that strengthen family roles, particularly fathers, in supporting adolescents during this critical developmental stage.

## **Objective**

This study aims to analyze the relationship between father involvement in parenting and adolescent mental health.

## **Method**

### ***Design and setting***

This study employed a quantitative method with a descriptive-analytic design and a cross-sectional approach, in which data were collected at a single point in time. Conducted at SMA Negeri 3 Makassar, Kecamatan Mamajang, Kota Makassar, Sulawesi Selatan, from November to December 2024.

### ***Population and sampling***

The study population comprised all 10th-grade students, totaling 360 individuals. The sample size was determined using the Taro Yamane formula with a 10% precision level, resulting in 78 respondents. Sampling was carried out using quota sampling based on inclusion and exclusion criteria. The inclusion criteria were 10th-grade students at SMA Negeri 3 Makassar who agreed to participate, while the exclusion criteria were students whose fathers had passed away and those who were absent during the data collection period.

The variables in this study consisted of independent and dependent variables. The independent variable was father involvement in parenting, which encompassed various paternal roles such as economic provider, friend and playmate, teacher and role model, monitor and disciplinarian, protector, advocate, resource, and caregiver. This variable focused on the extent to which fathers were involved in fulfilling their children's material, emotional, social, and educational needs. The dependent variable was adolescent mental

health, measured through two main dimensions: psychological distress and psychological well-being. Mental health in this study reflected the adolescents' emotional condition, happiness, life satisfaction, and ability to cope with stressors and challenges they encountered.

### ***Instrument and measurement***

Adolescent Mental Health was measured using the Mental Health Inventory (MHI-38), which consists of 38 items covering two dimensions: psychological distress and psychological well-being. This instrument uses a Likert scale, has good validity, and demonstrates a Cronbach's Alpha reliability coefficient of 0.919.

Father Involvement was measured using a questionnaire based on J. Heart's theory, consisting of 32 items encompassing eight aspects: economic provider, friend and playmate, teacher and role model, monitor and disciplinarian, protector, advocate, resource, and caregiver. This instrument demonstrated a Cronbach's Alpha reliability coefficient of 0.756.

### ***Data collection and analysis***

Prior to implementation, the researcher obtained approval from the Institute for Research and Community Service (LPPM) of Universitas Graha Edukasi Makassar and the school authorities. After receiving approval, the researcher coordinated with one teacher at SMA Negeri 3 Makassar, who acted as a facilitator during the research process. Data collection was carried out by research assistants. The assistants entered the designated classes, introduced themselves, and explained the objectives and procedures of the study. Subsequently, they distributed informed consent forms to the students. Respondents who agreed to participate were then given the father involvement and adolescent mental health questionnaires to complete independently. Once completed, the questionnaires were collected by the research assistants and handed over to the principal investigator for processing and further data analysis.

Univariate analysis was used to describe the frequency distribution and percentage of father involvement in parenting and adolescent mental health. Bivariate analysis was conducted to examine the relationship between father involvement and adolescent mental health using the Chi-square test. The relationship was considered statistically significant if the  $p\text{-value} \leq 0.05$ .

## Result

Table 1. Respondents' Characteristics Based on Gender, Age, Parents' Marital Status, and Living Arrangements (n = 78)

Variable	f	%
<b>Gender</b>		
Male	27	34.6
Female	51	65.4
<b>Age</b>		
14 years	3	3.8
15 years	48	61.5
16 years	27	34.6
<b>Parents' Status</b>		
Intact	69	88.5
Divorced	9	11.5
<b>Living with</b>		
Both parents	63	80.8
Mother	3	3.8
Father	2	2.6
Others	10	12.8

Based on Table 1, the majority of respondents in this study were female, accounting for 51 participants (65.4%), while 27 participants (34.6%) were male. Most respondents were 15 years old, comprising 48 individuals (61.5%), followed by 27 respondents (34.6%) aged 16, and 3 respondents (3.8%) aged 14. In terms of family background, the majority of respondents came from intact families (69 respondents or 88.5%), whereas 9 respondents (11.5%) had divorced parents. Regarding living arrangements, most respondents lived with both parents (63 respondents or 80.8%), while a smaller proportion lived only with their mother (3 respondents or 3.8%), father (2 respondents or 2.6%), or with others (10 respondents or 12.8%).

Based on Table 2, out of 78 respondents, 11 (14.1%) had poor mental health, 46 (59.0%) had good mental health, and 21 (26.9%) had very good mental health. This indicates that most respondents had good mental health.

Table 2. Distribution of Respondents by Mental Health Category (n = 78)

Mental Health	f	%
Poor	11	14.1
Good	46	59.0
Very Good	21	26.9

Based on Table 3, most fathers were moderately involved in parenting, with 55 respondents (70.5%), followed by high involvement in 14 respondents (17.9%), and low involvement in 9 respondents (11.5%). Table 5.3 indicates that most fathers were moderately involved in parenting (70.5%).

Table 3. Distribution of Respondents by Father's Involvement in Parenting (n = 78)

Father's Involvement	f	%
Low	9	11.5
Moderate	55	70.5
High	14	17.9

Based on Table 4, respondents with low father involvement mostly (77.8%) had poor mental health, respondents with moderate father involvement predominantly had good (65.5%) and very good (29.1%) mental health, and respondents with high father involvement tended to have good (57.1%) and very good (35.7%) mental health. The Chi-square test shows a p-value = 0.000 ( $p < 0.05$ ), which indicates a relationship between father involvement in parenting and adolescent mental health.

Table 4. The Relationship of Father's Involvement in Parenting on Adolescents' Mental Health at SMA Negeri 3 Makassar (n = 78)

Father's Involvement	Mental Health						Total		p-value
	Poor		Good		Very Good				
	f	%	f	%	f	%	f	%	
Low	7	77.8	2	22.2	0	0	9	100.0	0.000
Moderate	3	5.5	36	65.5	16	29.1	55	100.0	
High	1	7.1	8	57.1	5	35.7	14	100.0	
Total	11	14.1	46	59.0	21	26.9	78	100.0	

## Discussion

The findings of this study highlight the significant role of father involvement in adolescent mental health. Based on Table 4, as many as 7 respondents (77.8%) with low father involvement reported poor mental health. These results are consistent with research showing that paternal involvement and emotional regulation contribute significantly to adolescent psychological well-being (Dewi & Widyastuti, 2024; Zheng et al., 2026). Father involvement provides emotional support, security, and confidence, which are crucial in shaping resilience during adolescence. Conversely, the lack of paternal presence has been linked to negative outcomes such as anxiety, low self-esteem, and even depression (Syafiqoh & Pranoto, 2022).

This finding also aligns with Erikson's psychosocial development theory, which emphasizes the importance of parental figures in building identity and emotional stability. Supportive fathers help adolescents navigate the identity crisis typically faced during this developmental stage, thereby fostering healthier emotional development (Branje et al., 2021; Suppiej et al., 2025). Moreover, Ayuningrum (2021) emphasized that supportive paternal roles significantly reduce stress and anxiety in adolescents, while Suswati et al. (2023) found that strong emotional bonds with fathers enhance adolescents' coping mechanisms and overall mental health.

In general, this study also revealed that the majority of respondents had good (59.0%) and very good (26.9%) mental health, while only 14.1% exhibited poor mental health. These

results suggest that most adolescents demonstrated emotional stability and the ability to cope with life stressors, in line with the theory that mental health encompasses an individual's capacity to adapt to life's changes and challenges (An et al., 2024; Javier-Aliaga et al., 2025). Nevertheless, the presence of adolescents with poor mental health reflects vulnerability influenced by both internal and external factors, including personality traits, psychological conditions, social environment, and insufficient paternal involvement.

The results further support Bronfenbrenner's ecological systems theory, which states that the family, as part of the microsystem, directly influences child development. Fathers who are emotionally disengaged may create environments that are less conducive to psychosocial growth (Lubis et al., 2024; Tong & An, 2023). Bowlby (1988) also highlighted that emotional attachment between parents and children, especially with fathers, is critical in developing a sense of security and mental stability (Khadka, 2022).

This study demonstrates that father involvement plays a crucial role in ensuring adolescents' mental health and well-being. While most adolescents in this study showed good mental health, a notable proportion still struggled with psychological difficulties, largely linked to insufficient paternal engagement. These findings emphasize the importance of strengthening father-child relationships to promote adolescents' emotional resilience, self-confidence, and psychological stability, thereby preventing risks such as anxiety, depression, and identity crises.

The study found that adolescents' mental health is strongly linked to the level of their fathers' involvement in parenting. Low paternal involvement was associated with poorer mental health outcomes, while moderate to high involvement contributed to greater emotional well-being, confidence, and stability. Overall, the results highlight the important role fathers play in supporting their children's psychological health and resilience.

The results suggest that a father's active participation in parenting plays a vital role in shaping adolescents' emotional and psychological development. When fathers are more involved, providing emotional support, communicating openly, and engaging in daily activities, their children are more likely to experience stronger mental health, greater self-esteem, and emotional stability. Conversely, limited father involvement appears to increase adolescents' vulnerability to stress, low mood, and other mental health challenges.

These findings imply that fathers are not just secondary caregivers but key contributors to their children's overall well-being. They also highlight the importance of promoting paternal engagement through family, school, and community initiatives to help prevent mental health issues and strengthen family bonds.

### ***Compare to Previous Studies***

This study's findings align with previous research showing that active father involvement positively influences adolescents' mental health and well-being. Similar to earlier studies, it confirms that supportive, engaged fathers foster greater emotional stability and confidence, while low involvement or authoritarian parenting increases psychological distress. However, this study adds local evidence from Makassar City, highlighting that paternal engagement is a crucial protective factor for adolescent mental health in the Indonesian context.

### ***Implications***

This study implies that enhancing father involvement is essential for promoting adolescent mental health. Practically, programs should encourage fathers' active and emotional engagement through communication and shared activities. Clinically, mental health interventions should include fathers in prevention and treatment efforts. Policy-wise, initiatives such as parenting education and workplace support for fathers can strengthen family well-being. Theoretically, the findings reinforce the father's pivotal role in adolescent development and call for further research on how paternal involvement shapes psychological outcomes.

### ***Limitations***

This study was limited by the sample size was relatively small (78 students) and restricted to a single school in Makassar, limiting generalizability to other regions or populations. Data were collected using self-report questionnaires, which may introduce response bias due to social desirability or subjective perceptions. Additionally, the study focused solely on paternal involvement, without considering the potential influence of maternal roles or broader family dynamics.

### ***Future Research***

Future studies should use larger and more diverse samples across multiple regions to enhance generalizability. Employing longitudinal or mixed-method designs is recommended to better understand causal links and capture deeper emotional dynamics in father–child relationships. Researchers could also explore interactions between paternal and maternal involvement, cultural factors, and socioeconomic conditions affecting adolescent mental health. Lastly, intervention-based studies evaluating the effectiveness of programs that promote father engagement would provide valuable insights for policy and practice.

### ***Conclusion***

This study demonstrates that father involvement in parenting has a significant influence on adolescent mental health. Adolescents with low paternal involvement tended to have poorer mental health, while moderate to high involvement was associated with better psychological well-being. These findings underline the crucial role of fathers in fostering adolescents' emotional resilience, self-confidence, and stability.



Strengthening father–child relationships should be prioritized through open communication, emotional support, and active participation in daily life. Schools, health professionals, and policymakers are encouraged to develop family-based programs and interventions that promote paternal engagement as a protective factor for adolescent mental health.

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### **Author Contribution**

All authors contributed substantially to this research and manuscript. M. Alfian Rajab was responsible for the study design and initial manuscript drafting. Rindani Claurita Toban conducted data analysis and interpretation of the findings. Astri Yuliandini and Nadia Frisilia Ramadani data collection. All authors reviewed and approved the final version of the paper and agree to be accountable for all aspects of the work.

### **Conflict of Interest**

The authors declare that there is no conflict of interest regarding the publication of this article.

### **Ethical Clearance**

This study adhered to the ethical principles outlined in the Guidelines and Standards of Health Research Ethics issued by the Ministry of Health of the Republic of Indonesia (2021) and was based on the fundamental principles of the Belmont Report: Respect for Persons, Beneficence, and Justice.

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