

**SINGLE PARENTING A RISK FACTOR FOR
DEPRESSION IN ADOLESCENTS**

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ABSTRACT

The purpose of the present research was to find out the level of Depression among adolescents, living in single parent family. It was hypothesized that the adolescents with single parent due to; Death, Divorce, Separation and Lack of physical presence would have more depression as compare to adolescents living with both parents. Sample of the present research consists of 240 adolescents, 120 males and 120 females, ranging from 12 to 17 years of age. Short Demographic Information Form (DIF) use to select the required groups and Revised Child Anxiety and Depression Scale (RCADS), was used to assess the level of depression among the adolescents. For the purpose of statistical analysis "One way Analysis of Variance" (ANOVA) was applied to determine the differences between both parent group and sub-categories of single parent groups. SPSS-17.0 was used to calculate statistics. The results showed the significant differences $[F (4, 235) = 23.375, p<.05]$ in level of depression between adolescents living with both parent and single parent groups.

Key Words: Single Parent families, Depression, Adolescents, Divorce, Separation, Death, Lack of Physical Presence

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INTRODUCTION

Single parenting is a very sensitive issue in family system. It brings risk factor for emotional and behavioral problems in children and adolescents. According to Encarta Encyclopedia “Family is a group of people living together and functioning as a single household, usually consisting of parents and their children”.

Traditionally, the family has been defined as unit consists of two or more people, who are related by blood, marriages or adoption and who live together to form an economic unit, bear and raise children (Benokraitis, 1996). According to Dodson (1977) healthy family provides healthy atmosphere for children. In healthy families; children respect to one another, feel their responsibilities and role, learn interaction skills; fulfill their biological and emotional needs. Appropriate boundaries impose by the parents are permeable and adaptable such as; they allow both emotional contact and independence, according to the need and development of child.

The aim of this study is to find out the level of Depression in Pakistani adolescents due to single parenting. There are several reasons for single parenting. This research focused on single parenting due to Death, Divorce, Separation, and Lack of physical presence of a parent, and its effect on child personality.

Before describing effect of single parent, it is necessary to describe the positive direction of child’s development. Research in child development and early childhood education has demonstrated that the quality of child care have a profound, long-term impact on child’s development (Hayes et al., 1990). Rousseau (1911) describes that the child is important as an individual who sees, feels and thinks differently from adults, and that’s why a child intellectual and emotional life is important for future. Now a day the family is viewed as a system in which influences do not travel in a single direction. Instead they flow back and forth between family members. After a long period of time the mutual influences between child and parents set up a cycle that can be either caring or destructive (Maccoby, 1984). Some time unusual events affect directly on child’s growth. According to Papalia (1990) non-normative events have major impact on a person’s life. Non normative events are unusual events that are not expected and he is not prepared for them, so, it is quite difficult to accept them. He needs

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special help to adapt them. Single parenting is one of the non normative events in child's life.

Evidences show that the pattern of early attachment influences to cope with new experiences. If there is a strong attachment between mother and child at early childhood child feel secure himself and his personality develop normally. Aainsworth (1979) concludes that early attachment depends on the responses of the mother to the needs of child. There is no significant difference between Parent/adolescent relationships and parent / child relationship. Majority of teenagers view their parents as key source of affection and support (Furman & Buhrmester, 1992; Lempers & Clark-Lempers, 1992). Mother, father and child, all affect one another, not only for socialization but also for emotional and behavioral stability within the family or in society (Sigelman, 1999). The importance of parental role could not be exempted from family system. Hardy et al. (1997) the children who lived with both parents were more likely to have finished high school, economically self-sufficient, and to have a healthier life style. Now the focus of interest is to describe the effects of single parenting affect on adolescents mood. Causes of single Parenting are; Death, Divorce and Separation, and Lack of physical presence.

The first kind for single parenting is death of a parent. It's a natural phenomenon one cannot avoid it. There are some psychological problems in children and adolescents due to the loss of either mother or father, such as Depression, Post traumatic disorder, increased level of anxiety and skin galvanic responses. Sandler at el. (2008) sudden parental death is associated with an increased risk for child mental health. Few more Studies show that parental death causes the risk for depression and post-traumatic stress disorder. It is found that bereaved offspring's are at increased risk for adverse outcomes (Melham, & Brent, 2008). Ahmed and Munaf (1991) conclude that the mean state of anxiety and the mean galvanic skin responses, under the stressful situation are higher in loss group.

Divorce and separation are the most common reason for single parenting. Research shows the significance of this risk factor. This kind of single parenting is the root cause of the disturbed society. Walker (1985) the primary source of tension and trouble for adolescents were; the relationships with friends and family. A person who is affected by a crisis, trauma, or disaster is responsible for the crisis to the other members of family. There are several intervening factors involves in broken families, O'Neill (2002) concluded that

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“The decline of the both-parent or married-couple family has resulted in poverty, ill health, educational failure, unhappiness, anti-social behavior, isolation and social exclusion for thousands of women, men and children”.

An increase in depression, rebelliousness and smoking initiation are also reported. Waller Stein and Kelly (1980) found a relationship between divorce and behavioral patterns characterized by increased “withdrawal” and depression in children. Major depressive disorder occurs twice as often among people who live alone than people living with others. The rate of depression and suicide attempts is higher in children who have in divorced and separated families (Karel, 1997).

Another important cause of single parenting is lack of physical presence of a parent. It caused difficulty in adjustment, behavioral dysfunction or delinquency, increase relational problems and suicidal attempts. Elshtain (1993) found that three out of four teenagers’ suicide due to the absence of a parent. Beatty (1995) boys in the absence of father show more dysfunction, difficulties in peer relationship adjustment. According to Coley and Medeiros (2007) non-resident fathers who have more regular contact and conversations with their children, and take greater responsibility for their children’s care and behaviors had showed relative decreases delinquency and problem behavior in adolescents, over a 16-month period in their levels. Hammermeister and Peterson (2001) found that young people from single-parent families had the lowest levels of indicator of well being.

As discussed above there are several psychological and social problems due to single parenting. It is the dire need to support such kind of families. In developed countries these families are economical supported by the Government. But underdeveloped countries ignore the public assistant program or institutions. In such countries most of the females depend on their parents for their basic needs. The single parenting problems could be minimized by strong relationship with the family. Some people seem better able to tolerate stress or recover from losses than others. Investigators find that familial factors such as maternal or paternal support and coping style may serve as buffer against depression in stress. According to Kendler et al. (1993b) people who have closer relationship with their parents are better able to develop mutual relationship with others, which may provide them with a resistance against depression when faced with disturbing life events. Research also shows that proper family integration can decrease the depression and stress (Barnett & Gotlib, 1988). It was thus

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hypothesized that there will be significant differences in the level of depression between adolescents living with both parent group and single parent groups.

METHOD

Participants

240-participants (120 male and 120 female) were selected on the basis of demographic information for this research. The sample was selected through purposive sampling. The whole group was divided into two broad categories;

1. Living with both parents group; including 60 adolescents (30 male and 30 female).
2. Living with single parent group; divided into following sub categories; Death/loss 60 Adolescents (30 male 30 female), Divorced 40 adolescents (20 male 20 female), Separation 40 adolescents (20 male 20 female) and Lack of Physical presence group 40 adolescents (20 male 20 female). Variable including age range of participants is between 12 to 17 years. The mean age was 16.54 and 16.89 respectively. The variable of single parenting was determined on the basis of living with one parent since birth to five years of age.

Table 1
Research Design

| Test Administered | Sample | Groups | | | | | |
|----------------------------------|--------|---|-----|-----|-------------|-------------------|----|
| | | Single Parent | | | Both Parent | | |
| | | Death | Div | Sep | LPP | Biological Parent | |
| DIF | ————→ | Administration of DIF on whole class room | | | | | |
| Break | ————→ | 10 minute Break for selection of require sample | | | | | |
| Selection of the required Sample | Total | 240 | 60 | 40 | 40 | 40 | 60 |
| | Male | 120 | 30 | 20 | 20 | 20 | 30 |
| | Female | 120 | 30 | 20 | 20 | 20 | 30 |
| (RCADS) | | Scale Administration | | | | | |

Div=Divorce, Sep= Separation, LPP= Lack of Physical Presence, DIF= Demographic Information Form

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Measures

Demographic Information Form (DIF)

Demographic information Form consist of basic information of the participants, which helps the examiner to select the required group as current age, age when separated from parents, gender, family structure, parental status of job, and income group, living with both parents, living with mother or father, as well as death, separation, divorced, lack of Physical presence group.

Revised Child Anxiety and Depression Scale (RCADS)

The RCADS is a 47-item self report questionnaire, with scale corresponding to Separation Anxiety Disorder (SAD), Social Anxiety (SA), Generalized Anxiety Disorder (GAD), Panic Disorder (PD), Obsessive Compulsion Disorder (OCD) and Major Depressive Disorder (MDD). The RCADS require respondent to rate how often each item applies to them. Items are scored 0 to 3 corresponding to “never,” “sometimes,” “often,” and “always” (Chorpita et al., 2002). The item set and factor definitions that demonstrated structure, consistent with DSM-IV anxiety and depressive disorders. The current research is only focused to describe the variable of Major Depressive Disorder (MDD).

Procedure

The entire sample was collected from different colleges of Karachi, (Pakistan). The procedure followed for the purpose of data collection was identical for the college students. With the consent of college authority, the researcher approached students (Male/Female) who were enrolled in 11th grade year academic level in colleges. Prior to the administration of the scale participants were informed the nature of the study and their right to refuse to participate. The consenting participants were given Demographic information form (DIF). On the basis of demographic information participants were selected for the required categories; as 1- control group who were living with both real biological parents. 2- Single parent group including sub categories of death, divorce, separation and lack of physical presence group. The participants belong to each groups were requested to complete the RCADS. This scale was administered in supervised setting no one case was allowed to take form home. Following Instructions were given to the participants: “Fill up these forms with

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the correct information, Answer each item as accurately as you can, Answerers will be strictly confidential, mentioning the name is optional, Read all the instructions carefully before starting”.

Statistical Analysis

For the purpose of statistical analysis “one way analysis of variance” (ANOVA) was applied to determine the differences between both parent group and sub-category of single parent groups. Statistical Package of Social Sciences (SPSS) version-17.0 was used to calculate results.

Operational definitions

Both parents group: The adolescent who are living with his/her real or biological parents since their birth.

Single parent group: The adolescence those are living with their single parent either his/her father or mother since any time from birth to 05 years of their age. Single parenting may caused due to the following four reasons: Divorce, Separation, death and lack of physical Presence of a parent.

Depression: RCADS considered Major Depressive Disorder characterized by DSM-IV. “A depressed mood or the loss of interest or pleasure in nearly all activities, change in appetite or weight, sleep and psychomotor activities, decreased energy, worthlessness, difficulty in concentrating and making decisions and related symptoms” (APA-DSM-IV).

RESULTS

Table 2

Showing Difference in Level of Depression between adolescents Living in Both Parents and Single parent groups

| | Sum of Squares | df | Mean Square | F | Sig |
|-----------------------|-----------------------|-----------|--------------------|----------|------------|
| Between Groups | 1855.267 | 4 | 463.817 | | |
| Within Groups | 4662.983 | 235 | 19.842 | 23.375 | .000 |
| Total | 6518.250 | 239 | | | |

Table 3
Showing Mean Difference in Level of Depression between adolescents living in Both Parents and Single parent groups

| Groups | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Min. | Max. |
|----------------------------------|-----|-------|----------------|------------|----------------------------------|-------------|------|------|
| | | | | | Lower Bound | Upper Bound | | |
| Both Parent | 60 | 7.90 | 3.251 | .420 | 7.06 | 8.74 | 1 | 17 |
| Death | 60 | 13.33 | 4.456 | .575 | 12.18 | 14.48 | 6 | 28 |
| Divorce | 40 | 14.68 | 4.779 | .756 | 13.15 | 16.20 | 5 | 25 |
| Separation | 40 | 14.48 | 4.820 | .762 | 12.93 | 16.02 | 6 | 30 |
| Lack of Physical Presence | 40 | 14.75 | 5.242 | .829 | 13.07 | 16.43 | 4 | 29 |
| Total | 240 | 12.63 | 5.222 | .337 | 11.96 | 13.29 | 1 | 30 |

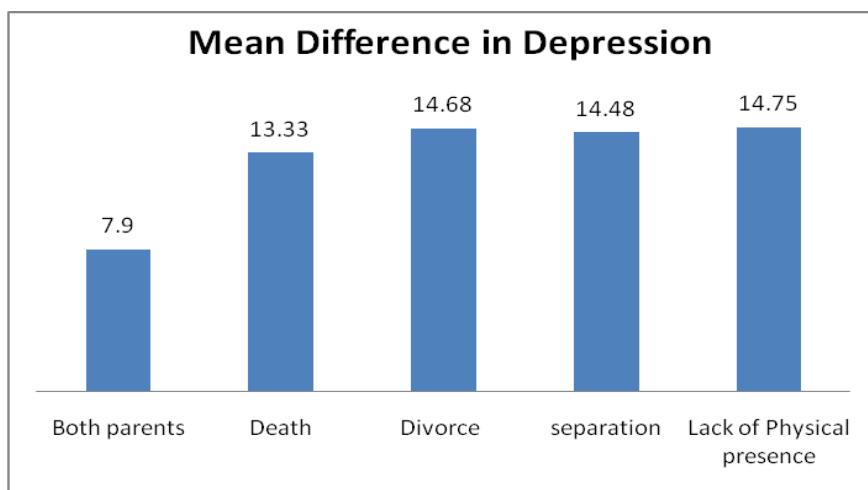


Figure 1. Showing Mean Difference in Level of Depression between adolescents living in Both Parents and sub-Categories of Single parent Groups

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DISCUSSION

There are several factors that increase depression in children and adolescents. This research focused on single parenting that enhances depression in adolescents. In the light of analysis of results it is significantly confirmed ($F=23.375$, $df = 4, 235$, $p<.05$) that level of depression is more in adolescents those belongs to single parent families then both parent families.

Single parenting is increasing throughout the world. It promotes tension, aggression, abusive language, selfishness, fears, depression and other psychological and behavioral problems in our new generation. It affects personality at earlier stage of development, and works like a slow poison, not only effects culture and values but also the psychological well being of youths. Depression is a mood disorder with symptoms such as low energy, irritability or aggression, and lack of pleasure in daily activities. Symptoms of depression can range from mild to severe. It can become chronic disorder with the passage of time.

In Pakistan types of common single parenting are; Death, Divorce, Separation and Lack of physical presence. Results evident that living with single parent even though alive but living at distant may give rise to development of depressive features like feeling of inadequacy, worthlessness, difficulty in concentrating and decisions making, sadness and loss of interest in activities. Single parenting hampers the natural and smooth process of personality development. Ge et al. (1996) suggest that a child like to do what is expected by his parents and be happy to get the acceptance and affection of his parent on the other hand lack of parental acceptance and affection contributes to depression and other psychological problems.

Death is a natural process. Results indicate that the adolescents who suffer from the death of a parent have more depression as compared to both parents group. Descriptive results also indicate a slight low mean in death group; it may be due to social attitude. Jalil and Asad (1998) studied paternal loss, sex-role orientation, self-esteem and locus of control. Results show that individuals belonging to loss group were of low self-esteem, low masculinity, low femininity and high mean of external locus of control.

Second major cause to develop depression is divorce and separation. A person could feel depression even in a normal family, and parents serve as

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protective factor. But in a single parent family it is difficult to cope with that situation immediately. The range of depression is higher in divorced and separation group, because this group has totally distorted relationships. As Amato (1993) says that divorce effects negatively on child development. According to Anable (1991) many children experience the trauma of parental divorce every year; children are vulnerable to emotional sequel in latency and early adolescents, as evidenced by lower self-esteem, declining sense of social competence, and a higher than usual propensity for substance abuse, depression and suicide. Munaf and Nazir (2001) found that self-esteem, aggression, was significantly low while depressed mood was significantly high in children of divorced women as compare to married women. Mitchell et al. (1983) found that academic achievement also found low of children those living with divorced or separated parents than the children those parents were neither divorced nor separated.

Lack of physical presence is another source of vulnerable to depression. Parents were alive but living far-away. This is a blind factor. Due to lack of availability of one parent on various occasion children and adolescents may feel awful to cope in with multiple situations; as in school, in social affairs or to make decisions in conflicting areas, lack of supervision due to multiple responsibilities and overburden. Most of the crimes occur due to the family disturbance and lack of parental support. In a study of 3,400 middle school children indicated that not living with both biological parents enhance the risk of having an affective disorder (Cuffe et al., 2005).

Conclusion

With the reference to above-mentioned results, it is quite clear that level of depression is high in single parent group.

Research in child development and early childhood education has demonstrated that the quality of childcare have a profound, long-term impact on child's development.

There are some psychological problems in children and adolescents due to the death of a parent, such as Depression, Post traumatic disorder, increased level of anxiety and skin galvanic responses.

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Divorce and separation are the most common reason for single parenting. Research shows the significance of this risk factor. This kind of single parenting is the root cause of the disturbed society.

Lack of physical presence of a parent caused difficulty in adjustment, behavioral dysfunction or delinquency, increase relational problems and suicidal attempts.

Family integration, close family relational support (grand parents) and link with separated or divorce parents could minimize the negative outcomes.

Recommendations

The emotional problems of adolescents living with both parents should also be explored for example; with the reference of parenting style. Further, effect of joint and nuclear family system on single parenting is also required to be further investigated. Investigation of parental discord and harmony on adolescent's emotions and behavior will be also gives important information.

REFERENCES

Ahmed, F. Z. & Munaf, S. (1991). Loss and Anxiety. *Pakistan Journal of Psychology*, 22 (2), 3-23.

Ainsworth, M. D. S. (1979). Infant-mother attachment. *American Psychologist*, 34, 932-937.

Amato, P. R. (1993). Children adjustment to divorce; theories, hypothesis, and empirical support. *Journal of marriage and family*, 55, 23-38.

American Psychiatric Association (1994). *Diagnostic Statistical Manual (DSM-IV)* 1400 street, N.Y., Washington DC 20005

Anable, K. E. (1991). Children of divorced: Ways to heal the wounds. *Clinical Nurse Specialist*, 5 (3), 133-137.

Barnett, P. A. & Gotlib, I. (1988). Psychosocial Functioning and depression. Distinguishing among antecedents' concomitants and consequences. *Psychological Bulletin*, 104, 97-126.

Siddiqui and Sultana

Beaty, L. A. (1995). Effects of paternal absence on male adolescents' peer relations and self-image. *Adolescence, 30* (120), 873-880.

Benokritis, N. V. (1996). *Marriages and families Changes, Choices and Constraints*. Prentice Hall, p. 323.

Chorpita, B. F., Yim, L., Moffitt, C., Umemoto, L. A., & Francis, S. E. (2002). *Assessment of symptoms of DSM-IV anxiety and depression in children: a revised child anxiety and depression scale*. Department of Psychology, University of Hawaii.

Coley, R. L. & Medeiros, B. L. (2007). Reciprocal longitudinal relations between non-resident father involvement and adolescent delinquency. *Child Development, 78*, 132-147.

Cuffe, S. P., McKeown, R. E., Addy, C. L., & Garrison, C. Z. (2005), Family Psychosocial Risk Factors in a Longitudinal Epidemiological Study of Adolescents. *Journal of American Academic Child Adolescent Psychiatry, 44*, 121-129.

Dodson, L. S., & Kurpius, D. J. (1977). Family counseling a system approach. Muncie, IN: *Accelerated Development*. p 61-62.

Elshtain, J. B. (1993). Family Matters: The Plight of America's Children. *The Christian Century, 7*, 14-21.

Encarta® Encyclopedia Reference Library, Microsoft® (2003). © 1993-2002 Microsoft Corporation. All rights revised.

Furman, W., & Buhmester, D. (1992). Age and sex difference in perception of networks of personal relationship. *Child Development, 63*, 103-115.

Ge, X., Best, K. M., Conger, R. D., & Simons, R. L. (1996). Parenting behaviors and the occurrence & co-occurrence of adolescent depressive symptoms and conduct problems. *Developmental Psychology, 32*, 717-31.

Hammermeister, J., & Peterson, M. (2001). Does Spirituality Make a Difference: Psychosocial and Health-Related Characteristics of Spiritual wellbeing. *American Journal of Health Education, 32* (5), 293-297.

PAKISTAN JOURNAL OF PSYCHOLOGY

Hanford, H. A., Mattison, R., Humphrey II. F. J., & McLaughlin, R. E. (1986) Depressive Syndrome in Children Entering a Residential School Subsequent to Parent Death, Divorce, or Separation. *Journal of the American Academy of Child Psychiatry*, 25 (3), 409-414.

Hardy, J. B., Shapiro, S., Mellits' E. D., Skinner, A. E., Marie, N. (1997). Self Sufficiency at Ages 27 to 33 Years: Factors Present between Birth and 18 Years that Predict Educational Attainment among children Born to Inner-city Families. *Pediatrics*, 99, 80-87.

Hayes, C. D., Palmer, J., & Zaslow, M. (Eds.). (1990). *Who cares for America's children? Child care policy for the 1990s*. (Panel on Child Care Policy, prepublication copy). Washington, DC: National Academy of Sciences, National Research Council. (ED 319 523)

Jalil, S., & Asad, N. (1998). *Study of relationship among childhood paternal loss, sex-role, orientation, self-esteem and locus of control in male and female students*. Unpublished dissertation. Institute of Clinical Psychology, University of Karachi. Pakistan.

Karel, M. J, (1997). Aging and depression. Vulnerability and stress across adulthood. *Clinical Psychiatry Review*, 17, 847-879.

Kendler, S. K., Neale, M. C., Kessler, R. C., Heath, A. C., & Eaves, L. J. (1993b). The lifetime history of major depression in women: Reliability of diagnosis and heritability. *Archives of General Psychiatry*, 50 (11), 863-870.

Lempers, J. D. & Clark- Lempers, D. S. (1992). Young, Middle and Late Adolescents' Comparison of functional importance of five significant relationship. *Journal of youth and adolescence*, 21, 53-96.

Maccoby, E. E. (1984). Middle childhood In The Context Of The Family. In W. A. Collins (Ed.) *Development during middle childhood*, Washington, DC; National Academy, p 191.

Matas, L., Arend, R. A., & Sroufe, L. A. (1978). Continuity of adaptation in the second year: the relationship between the quality of attachment and later competence. *Child Development*, 49, 547-556.

Siddiqui and Sultana

Melham, N., & Brent, D. A. (2008). Sudden Death of a Parent Raises Risk of Depression, Post-Traumatic Stress Disorder for Surviving Children, Pitt Researchers Find. *Medical News Today*, retrieved on 5-11-2010 from; <http://www.medicalnewstoday.com/articles/106331.php>

Mitchell, S. K., Hammond, M. A., & Bee, H. L. (1983). Parent's marital stability and cognitive performance, academic achievement and behavior problems in school age children. *Paper presented at the biannual meeting of the society for research in child development*. Detroit.

Munaf, S. & Nazir, S. (2001). *Psychological reaction to Divorce of divorced women and their children*. Unpublished Dissertation, Institute of Clinical Psychology, University of Karachi. Pakistan.

O'Neill, R. (2002). CIVITAS: Children of Divorce & Separation, Consequences of father absence. In M. N. Ozawa (Ed.) (1989), *Women's life cycle and economic insecurity*, New York: Praeger.

Papalia, D. E. (1990). *A Childs World, Infancy through adolescence*, McGraw-hill, Inc. 10-46.

Rousseau, J. (1911). *Emile* (B. Foxley, Trans.). London: Dent. (Originally published 1762).

Sandler, W. I., & Boat, T. A. (2008). Pediatricians Should Be Aware of Parents' Problems, Available Services. Arizona State University, *Archives of Pediatric and Adolescent Medicine*, 162 (5), 487-488.

Sigelman, C. K. (1999). *Life-span Human Development* (3rd ed.) Books /Cole publishing Company, 396-428.

Wallerstein, J. S., & Kelly, J. B. (1980). *Surviving the breakup: how children and parents cope with divorce*. New York: Basic Books.

Walker, J. (1985). Adolescent Stress and Depression. *Unpublished raw data*. Retrieved from, <http://www.extension.umn.edu/distribution/youth>