

Mental Health Status of Adolescents in Relation to Perceived Parental Support

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The aim of the present study is to examine the relationship of perceived parental psychological and instrumental support along with various mental health problems of adolescents. The present study was carried out on 400 adolescents (200 boys and 200 girls) with age range of 15 to 19 years. Results revealed that girls perceived more instrumental parental support (both paternal and maternal) than boys. On psychological support (paternal and maternal), boys and girls emerged to be more or less equal. Most of the associations of parental support, along with various mental health problems, were found negatively significant. Perceived paternal psychological support emerged as a significant predictor for most of the mental health problems. The present study provides the conclusion that parental support is related to better mental health status of adolescents.

Keywords: Parental psychological support, Parental instrumental support, Mental health, Anxiety, Depression, Somatic symptoms, Social dysfunction

Parent-adolescent relationships have long been considered by researchers and clinicians as important for adolescents' mental health. The transition from childhood to adolescence often presents several challenges, as adolescents rapidly develop physically, emotionally, socially, and cognitively. Although most families are able to manage this developmental transition easily, sometimes, the task of establishing a relationship can be difficult and result in negative affect and less closeness in the relationship. The World Health Organization (WHO, 2007) defines adolescence as the period of life between 10 and 19 years of age. Various challenges of this age, coupled with changing peer and family interactions, may lead, in some cases, to mental health problems, which generally include interpersonal sensitivity, loneliness, depression, anxiety, hostility, somatic symptoms, and are sometimes associated with suicide (Grant, Compas, Stuhlmacher, Thurm, McMahon, & Halpert, 2003; Repetti, Taylor, & Seeman, 2002). Srinath, Girimaji, Gururaj, Seshadri, Subbakrishna, Bhola and Kumar (2005) reported that 12.5 per cent of children and adolescents were suffering from mental and behavioural health problems in India.

The mental health of adolescents is associated with genetic and environmental factors (Beauchaine & Hinshaw, 2008; Deb, Chatterjee & Walsh, 2010). Among environmental factors, various parenting practices were found to be associated with mental health problems such as punitive discipline (yelling, nagging, threatening), inconsistent discipline, and lack of warmth or positive involvement, physical aggression (hitting, beating), insufficient monitoring and ineffective problem-solving modeling (Larzelere, 2000). Parental support plays an important role in parent-child relationship.

Parental support consists of variables such as acceptance, nurturance, open communication, responsiveness, and expressive affection (Barber & Thomas, 1986; Rohner, Khaleque & Cournoyer, 2005). It refers to gestures or acts of caring, acceptance, and assistance that are expressed by a parent toward a child (Shaw, Krause, Chatters, Connell, & Ingersoll-Dayton, 2004). The parent-child relationship serves as the context within which important health-enhancing social and psychological development takes place. For instance, if parents provide children with a caring and supportive environment, then children may generalize this learning experience. As they age,

they may seek out environments in which social support is readily available (Caspi & Elder, 1988). Conversely, if parents are neither helpful nor available, then children may develop lifelong patterns of withdrawal from and avoidance of others (Bowlby, 1980). Several multidimensional typologies of supportive behaviours have been proposed for adolescents (Barrera, Chassin, & Rogosch, 1993; Crockett & Russell, 2009; Young, Miller, Norton, & Hill, 1995). Most typologies include at least two forms of perceived support: *emotional support* or *psychological support*, defined as behaviours that communicate the adolescent is cared for and loved and *instrumental support*, defined as practical and financial assistance to help with specific tasks.

Children whose parents provide full support report fewer psychological and physical symptoms during their childhood than do children who receive less parental support (Barber, Stolz, Olsen, & Maughan, 2005; Laible & Carlo, 2004). Parents who exhibit acceptance of adolescents' expressions of negativity affect rather than minimizing and criticizing adolescents' feelings facilitate adolescents' emotion regulation by allowing them to learn, through trial and error, to tolerate negative affect, thus, reducing adolescents' sensitivity to anxiety (Thergaonkar & Wadkar, 2007) and other health-related problems.

Several studies have suggested that the behaviour of father and mother can have differential effects on the psychological adjustment of their children (Veneziano, 2000). Some research has suggested that paternal acceptance is equally important as maternal acceptance (Rohner & Veneziano, 2001). Studies comparing paternal and maternal influence found that paternal acceptance was related to children's social and academic competence (Musitu & García, 2004), children's mental health (Amato, 1998) and children's personality disorders (Rohner & Brothers, 1999). Notwithstanding these studies, the possible influence of fathers' behaviour has been largely ignored.

It is generally agreed that gender differences exist in most parent-child relationships. Differential sex role socialization theory and the gender

intensification hypothesis (Block, 1983; Hill & Lynch, 1983) suggest that girls are more likely to adopt more nurturing, family-oriented attitudes and skills, whereas boys are more likely to be granted greater autonomy and time outside home to explore ways to function more competently in the world outside the family. With respect to mental health, adolescent girls, relative to adolescent boys, are less likely to be physically aggressive and are more likely to report internalizing problems (Mangrulkar, Whitman & Posner, 2001; Moffitt, Caspi, Rutter, & Silva, 2001).

Though previous studies have provided an understanding about positive influence of parental support on adolescents' mental health status, most of the studies are conducted in Western culture. Indian studies related to parental factors mostly emphasized their association with academic school success and competence (Lakshmi & Arora, 2006); social development (Sharma & Vaid, 2005); self-identity (Sapru, 2006); and emotional autonomy (Tung & Dhillon, 2006). However, there is scarcity of empirical studies linking parental support and adolescents' mental health in India. Few studies have examined the differential impact of paternal and maternal support on adolescents' mental health. Studies indicated the differential impact of psychological (intrinsic) and instrumental (extrinsic) perceived parental support on various psychological outcomes which need to be focused on mental health.

Objectives:

1. To examine and compare the perceived parental support (paternal and maternal), and mental health problems (e.g., anxiety, depression, somatic symptoms and social dysfunction) among adolescent boys and girls.
2. To examine the relationship of perceived parental support with mental health status of adolescents.
3. To examine the relative significance of perceived paternal and maternal (psychological and instrumental) support in predicting mental health status of adolescents.

Hypotheses:

1. There would be significant gender differences regarding perceived paternal (psychological and instrumental) and maternal (psychological and instrumental) support among boys and girls.

2. Boys and girls would significantly differ with regard to various mental health problems.

3. Adolescents' perceived parental support would be negatively associated with mental health problems (e.g., anxiety, depression, somatic symptoms and social dysfunction) among adolescents.

Method**Sample:**

The present study was carried out on 400 adolescents within the age range of 15 to 19 years. Sample included equal number of boys (N=200; Mean age=16.01) and girls (N=200; Mean age=16.06) studying in different government and private high schools and intermediate colleges of Varanasi. Adolescents belonging to middle socioeconomic status were selected in the sample. The participants had both parents alive and were staying together.

Measures:

Parental Support Scale: It was constructed by the researchers to measure adolescents' perception of paternal and maternal support. Same types of items were used in the scales of father and mother separately. This scale comprised 15 items in which all items were positively scored. Items were rated on a five point rating scale namely, absolutely true, mostly true, often true, rarely true, and absolutely not true. Each item was scored from 5 to 1. A higher score represents high perceived parental support. Initially, 18 items were finalized on the basis of review of literature. Item analysis of this questionnaire has been done by 'corrected item-total correlation' method. Based on low corrected item-total correlation, three items were deleted from the questionnaire to enhance internal consistency between items. Reliability of this scale was computed by using Cronbach's alpha coefficient method and its value was found to be

.89. Exploratory factor analysis (principal component analysis with varimax rotation) was done to determine if there was more than one identifiable support construct. Using the results, two factors emerged from this analysis—psychological support consisted of variables, such as encouragement, appreciation, being pleased with the child, trust, care, and love. Instrumental support included external expressions of support, such as taking the child to picnic, external reward, and buying the child something special. Cronbach's alpha coefficient value was found to be .84 for the first factor (psychological support) and for the second factor (instrumental support), it was .82.

General Health Questionnaire (GHQ) constructed by Goldberg and Hollies (1979), was used to assess four dimensions of mental health, viz. anxiety, depression, somatic symptoms, and social dysfunction. It consists of 28 items. This is a four-point rating scale. Each item is scored from 1 to 4. The response alternatives have been arranged in such a way that higher scores on each dimension indicate greater health problems. Item-total correlation of each subscale ranges from 0.40 to 0.85 and the alpha-coefficient ranges from 0.75 to 0.84.

Procedure:

The aforesaid psychometric measures were administered to participants individually. Instructions related to each scale were clearly explained to each participant before the actual administration of the said scales and their queries (if any) were attended appropriately. In addition to it, each participant was requested to ensure that they have responded to all items of scales. After the collection of scales from the participants, responses were scored according to above mentioned method. The obtained data were analyzed by using mean, SD, t-ratio, Pearson's r, and regression analysis (step wise method).

Results

Results in terms of mean, SD, and t-value for perceived parental support (psychological and instrumental) were presented separately for paternal and maternal support scores of boys and girls in Table-1.

Table 1. Means, SDs in parenthesis, and t Values for Perceived Paternal and Maternal Support Scores of Adolescents

		Gender		t
		Boys (N=200)	Girls(N=200)	
Perceived Paternal Support	Psychological support	30.43(4.45)	30.23(5.88)	.384
	Instrumental support	28.70(6.84)	30.45(7.12)	2.515**
Perceived Maternal Support	Psychological support	31.50(3.44)	31.84(4.37)	.852
	Instrumental support	30.16(7.07)	32.18(5.51)	3.192**

**p<0.01

Table 2. Means, SDs in parenthesis, and t Values for Various Mental Health Problems among Adolescents

	Gender		t
	Boys(N=200)	Girls(N=200)	
Anxiety	11.85(4.30)	12.09(4.14)	.557
Depression	11.13(4.32)	11.11(4.12)	.047
Somatic symptoms	11.89(3.69)	12.52(3.42)	1.76
Social Dysfunction	13.40(3.33)	14.18(3.40)	2.33*
Total GHQ Scores	48.28(12.91)	49.91(11.79)	1.31

*p<0.05

Results indicate that girls perceived more paternal instrumental support, maternal instrumental support, and maternal psychological support than boys. Boys perceived more paternal psychological support than girls. Boys and girls did not differ significantly on perception of paternal and maternal psychological support. There were significant differences between the groups for perceived paternal instrumental support and perceived maternal instrumental support, with girls receiving higher scores than boys. Thus, the first hypothesis which assumes significant gender difference in perception of paternal (psychological and instrumental) and maternal (psychological and instrumental) support was partially supported by the findings of the present study.

Table- 2 represents mean, SD, and t value for various dimensions of mental health among boys and girls.

Results reveal that girls had higher scores for anxiety, somatic symptoms, social dysfunction, and total GHQ scores than that of boys, whereas boys had higher scores for depression than that of girls. There was significant difference between the groups for social

dysfunction, with girls receiving higher scores than boys. There was no significant difference between the groups for anxiety, depression, somatic symptoms, and total GHQ scores. Thus, the second hypothesis which assumes significant gender difference regarding mental health was partially supported by the findings of the present study.

Pearson's correlation was used to investigate the relationship between the dimensions of perceived parental support (paternal and maternal) and dimensions of mental health. The results of the obtained relationship for boys and girls have been presented in Table 3. The results of coefficient of correlation indicate that paternal psychological support and paternal instrumental support were found to be significantly negatively correlated with anxiety, depression, somatic symptoms, social dysfunction, and total GHQ scores among boys and girls ($p > 0.01$). Maternal psychological support was found significantly inversely associated with anxiety, depression, social dysfunction, and total GHQ scores among boys, while it was found to be negatively significantly associated with all the mental health

Table 3. Correlation Coefficients of Two Subfactors of Perceived Paternal and Maternal Support along with Various Dimensions of Mental Health Problems

	Anxiety		Depression		Somatic symptoms		Social dysfunction		Total GHQ scores	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	(N=200)	(N=200)	(N=200)	(N=200)	(N=200)	(N=200)	(N=200)	(N=200)	(N=200)	(N=200)
Paternal psychological support	-.314**	-.253**	-.327**	-.385**	-.271**	-.196**	-.352**	-.286**	-.383**	-.362**
Paternal instrumental support	-.285**	-.213**	-.303**	-.312**	-.183**	-.198**	-.328**	-.311**	-.333**	-.331**
Maternal psychological support	-.162*	-.161*	-.239**	-.304**	-.044	-.166*	-.251**	-.178*	-.211**	-.262**
Maternal instrumental support	-.072	-.168*	-.084	-.280**	-.013	-.164*	-.152*	-.271**	-.088	-.282**

*p<0.05 **p<0.01

Table 4. Results of Step-Wise Multiple Regression Analysis Using Various Dimensions of Parental Support as Predictor and Various Mental Health Problems as Criterion

Model	Variable	R	R ²	R ² adj.	R ² change	Beta	F Ratio
1. Criterion variable: Anxiety	i. Paternal psychological support	.277	.077	.074	.077	-.277***	33.02***
2. Criterion variable: Depression	i. Paternal psychological support	.354	.126	.123	.126	-.354***	57.20***
	ii. Maternal psychological support	.369	.136	.132	.011	-.120**	31.31**
3. Criterion variable: Somatic symptoms	i. Paternal psychological support	.227	.051	.049	.051	-.227***	21.56***
4. Criterion variable: Social dysfunction	i. Paternal psychological support	.312	.097	.095	.097	-.312**	42.88***
	ii. Paternal instrumental support	.331	.110	.105	.012	-.158*	24.46***
5. Criterion variable: Total GHQ scores	i. Paternal psychological support	.366	.134	.132	.134	-.366***	61.47***

*p<0.05 **p<0.01 ***p<0.001

problems among girls. Maternal instrumental support was found inversely associated with only social dysfunction dimension of mental health among boys, while it was found negatively significantly correlated with all the mental health problems among girls.

Thus, the overall pattern of correlation coefficients supported the third hypothesis which assumes that parental support would be negatively associated with mental health problems among adolescents. To examine the relative

significance of various dimensions of paternal and maternal support in predicting various components of mental health, a set of stepwise multiple regression analysis were conducted using dimensions of parental support as predictor variables and various mental health problems as criterion variable. The obtained results have been presented in Table 4.

An examination of the Table 4 reveals that paternal psychological support emerged as the best significant predictor of all mental health

problems. It is also evident from the table that the beta coefficients for all the significant predictors were negative. A comparison of the explained variance indicated that paternal psychological support emerged as a stronger predictor of total GHQ scores and depression as compared to the other dimension of mental health (anxiety, somatic symptoms and social dysfunction). Paternal psychological support explained 13.4 % of the total variance in total GHQ scores and 12.6% of the total variance in depression, whereas its contribution to anxiety, somatic symptoms, and social dysfunction were 7.7%, 5.1%, and 9.7% of the total variance respectively. Maternal psychological support explained 1.1% of the total variance in depression and paternal instrumental support explained 1.2% of the total variance in social dysfunction. Thus, findings of regression analysis suggested that perceived paternal support (mainly psychological) emerged as a more significant predictor of adolescents' mental health status than maternal support.

Discussion

The findings of the present study indicated that girls perceived more instrumental support (both paternal and maternal) than boys, whereas psychological support (both paternal and maternal) was perceived more or less equally by both boys and girls. This finding is consistent, regarding instrumental support but not consistent regarding psychological support with the previous study by Crockett and Russell (2009) who reported that boys and girls differently perceived parental psychological and instrumental support. It is important to note that most of the conclusions about the association between parenting style and adolescents' psychosocial outcomes are based on parent or observer reports of parenting. This study is based on adolescents' perceptions of parental support, as adolescents' perceptions may influence how they respond to parental behaviours.

Results revealed that girls were more likely to have symptoms of social dysfunction than boys and the result is consistent with the previous study which explained that girls were at a greater risk for negative health outcomes while boys moved into a lower risk level during this time (Mangrulkar,

Whitman & Posner, 2001). Another possible explanation may be that girls perceive differential treatment by parents (i.e., male siblings having more liberties and less responsibilities than they do), which, in turn, may have an adverse impact on their mental health (McHale, Crouter, Kim, Burton, Davis, Dotterer, & Swanson, 2006).

The overall pattern of correlation coefficients indicated that perceived parental support was found to be inversely associated with mental health problems. Negative association of mental health problems with paternal psychological and instrumental support indicated that adolescents perceiving more paternal psychological and instrumental support possess better mental health status. It was also evident that adolescents who perceive more maternal psychological support exhibit less mental health problems. Girls perceiving more maternal instrumental support possess better mental health status, while boys who perceive more maternal instrumental support exhibit less social dysfunction. These findings extend support to the earlier observations that parental support was negatively associated with various mental health problems (Barber, Stolz, Olsen, & Maughan, 2005; Laible & Carlo, 2004). Results could be explained in the light of Indian culture where fathers mostly play the role of the breadwinner in the family in comparison to mothers. Few studies also revealed that boys were closer to their fathers than to their mothers (Larson & Richards, 1994). In previous studies, earnings of fathers was found to be positively associated with the educational attainment (Yeung, Duncan & Hill, 2000), and psychological wellbeing among adolescents (Amato, 1998), even when mother's earnings was controlled.

The results of regression analysis revealed that paternal psychological support emerged as a significant predictor of all mental health problems among adolescents. It indicates the importance of fathers' psychological support in determining mental health of adolescents. Fathers' instrumental support and mothers' psychological support were also found to be associated with less social dysfunctions and depression among adolescents respectively. This finding extends support to the earlier observations which

demonstrated that fathers influenced many aspects of adolescents' mental health and wellbeing (Flouri & Buchanan, 2003; Kenny & Gallagher, 2002). The results can be explained in the context of Indian culture which focuses instrumental support heavily by fathers. It implies that fathers showed their care by offering to buy things that adolescents needed, or taking them where they wanted to go. Regarding psychological support, mothers are often physically and verbally affectionate; fathers tend to express their love indirectly. Contemporary research suggested that middle-class fathers in urban areas of India are increasingly becoming more nurturing, affectionate, and interactive in the daily lives of their young children, suggesting a cultural shift in parenting approaches for fathers (Roopnarine, Talukder, Jain, Joshi, & Srivastav, 1990).

Maternal psychological support was not found to be more important predictor of mental health status among adolescents. Due to globalization of Indian markets, the role of family as a unit of Indian society is getting affected. During the early days, in extended families, mothers had more time with children by providing emotional support and quality time as other family members gave the necessary support in various household responsibilities. However, nowadays, in nuclear families, the situation is not the same. It was also documented in some studies that Indian mothers, as a socializing agent, were engaging in an authoritarian parenting style i.e. demanding and directive, but not responsive (Garg, Levin, Urajnik, & Kauppi, 2005; Jambunathan & Counselman, 2002; Rudy & Grusec, 2006).

The findings of this study must be viewed in the context of its limitations. Firstly, it relied solely on the self-report of adolescent participants. What the adolescent experienced and recalled may differ from what the parent and the family actually experienced. Secondly, the nature of the study was correlational, which makes it unable to determine causation. A third limitation of this study was regarding the generalization of the results on rural adolescents. Finally, many other factors (such as personality, parental monitoring, parental psychological control, peer influences, etc.) that are not studied here may influence

adolescents' outcomes as well. Future studies are urged to explore various cultural and socioeconomic background under more rigorous methodological conditions.

In sum, present study indicates that parental support is related to better mental health status of adolescents. Adolescents, who perceive their fathers and mothers as more psychologically and instrumentally supportive, exhibit fewer mental health problems than those adolescents whose parents do not support them. Additionally, the current study establishes the importance of fathers' influence in adolescents' parenting. The current study can contribute to future research in several ways. The findings of the present study contribute to the limited existing Indian literature on mental health associated with parental support. The current study contributes to the literature, depicting the importance of paternal behaviours. Present study may have educational and counselling implications. It may help to educate parents to recognize the continued importance of a healthy parent-child relationship.

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