

PARENTAL DEPRESSION, STRESS, ANXIETY AND CHILDHOOD BEHAVIOR PROBLEMS AMONG SINGLE PARENT FAMILIES

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ABSTRACT

Objective: To explore the relationship of single parenting with depression, stress and anxiety among parents, and also whether it contributes to behavior problems among children of these families.

Design: Between subjects study design.

Place and duration of the study: This study was conducted at department of Behavioral sciences Fatima Jinnah Women University, Rawalpindi, Pakistan from February 2011 to July 2011.

Subjects and Methods: The sample consisted of 63 parents of school children including 33 single parents and 30 from two-parent families as comparison group. Instruments included demographic information form, Depression Anxiety and Stress Scale (DASS), and Strength and Difficulties Questionnaire (SDQ) for childhood behavior problems. *t*-test assessed for difference between mean scores. Pearson correlation was used to see the relationship between DASS scores and SDQ.

Results: Single parents had higher mean scores on subscales of Depression, Anxiety and Stress from comparison group. The statistically significant difference was observed for childhood behavior problems among both groups as assessed by SDQ. The Pearson correlation coefficient between scores of SDQ and DASS is also not significant.

Conclusion: Single parenting might be related to higher degrees of stress, depression and anxiety among parents, and can contribute to the childhood behavior problems in present sample.

Key Words: Single parents, depression, anxiety, stress, childhood behavior problems

INTRODUCTION

Single parent families represent that the mother or father is parenting single handedly. Most of single parent families are the result of marital discord, divorce, or surrogate mothers, while others are the result of an unforeseeable occurrence, such as a death, separation and lack of physical presence¹. Single parents juggle with many responsibilities including financial provision, house-keeping, and parenting and also lack a supportive spouse to turn to for counsel, co operation, and comfort which contribute to their stress. Even the relatively privileged single parents find it difficult to manage and get little support for themselves and to look after their children². Along with having a dual responsibility in their households, stress and anxiety may also result from various social pressures. Social pressure may also include those of general societal expectations. That is, the society expects

single parent families to be 'more susceptible to problems than are two parent biological families³. Eventually the professional help is sought for mental health reasons by single-parents two or three times more often according to existing data⁴.

Family structure also plays an important role in child's early life, as children depend upon their parents for their needs of food, clothes shelter and other physical necessities, attention, affection, physical contact and play. The brought up of a child in this situation brings suffering for both parents and children. The evidence from previous researches suggests that single parent family increases the risk of emotional and behavioral problems among children. Studies show that children of divorced families reveals more conduct problems, and symptoms of psychological maladjustment, lower academic achievement, trouble getting along with their parents, and more social difficulties and poorer self concepts than the children who lives in intact two parent families^{2,5-7}.

However despite of evidence available in western literature there is an extreme paucity of available data from Pakistani population regarding single parent families and possible psychological outcomes of single parenting. The objective of present study is to generate some data from Pakistan in order to fill the gaps in exist-

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ing information about parents living single life. Present research investigates whether there is any difference for scores of depression, stress and anxiety among single-parent and two parent families, and also whether single parenting is related to childhood behavioral problems. The hypothesis of the study include; 1): Depression, anxiety and stress would be higher among single parent as compared to two-parent families; 2): The children of single parents would have more behavioral problems (emotional problems, conduct problems, hyperactivity and peer relationships problem) than the children living with two parent families. Conducting this study will help in understanding the consequences of single parenthood for both parents and children among Pakistani families. The study will also help drawing attention of Pakistani mental health professionals towards the issue of single parenting and its psychological outcomes.

SUBJECTS AND METHODS

The sample for the present study consisted of 63 parents (including 33 single parents and 30 two-parents from intact families as control group) of school children with age range 7-14 years. The selection of schools was dependent on the institution's willingness to participate, as well as the presence or absence of single parents. Four schools from Rawalpindi provided consent and hence participated in study. On special request a list of students who belonged to single parent families were also provided by administration of these schools was also provided. After that parents of these children were contacted. Single parent group included those who live with one parent because of divorce, separation, death and lack of physical presence of parent. The single parent group included 33 parents (29 mothers and 4 fathers). The control group included 30 parents (23 mothers and 7 fathers), two parent intact families recruited from the same schools. The questionnaires were delivered to the parents of these children with a request to fill it for the research purpose with a clear statement regarding confidentiality of the data.

Instruments

Demographic information form (DIF)

Demographic information form consists of basic information of the participants including age, sex, parental work status, income level, marital status of parents and in case of single parent whether living with mother or father, and the possible reason of being single (i.e., death, separation, divorce or lack of physical presence).

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire⁸ is a brief mental health screening questionnaire for 4 -16 year olds. In the present research parent version (also called P4-16) was used. SDQ parent report form has been translated and validated rigorously in Urdu by the develop-

ers⁹. It measures some positive and some negative attributes. It exists in several versions to meet the needs of researchers, clinicians and educationists. Each subscale is consisting of five items; Emotional symptoms, Conduct problems, Hyperactivity / inattention, Peer problems, Pro social behavior. All subscales except pro social, are summed together to generate a total difficulty score (0-40). A total difficulty score can also be calculated by summing the scores on the emotional symptoms, conduct problems, hyperactivity, inattention, and peer problems subscales (range 0–40). Total difficulty score and subscale scores can be used both as continuous scores or can be categorized as normal, borderline and abnormal⁹.

Depression, Anxiety and Stress Scale (DASS)

To assess parental psychopathology Depression Anxiety Stress Scale(DASS)¹⁰ was used. The DASS is a 42-item self report instrument designed to measure the three related negative emotional states of depression, anxiety and tension/stress. Urdu version of DASS has been used in previous studies and its psychometric properties are well established¹¹.

Statistical analysis

To test the study hypothesis, data was analyzed by using SPSS 13.0. SDQ and DASS total scores and scores of subscales can be treated both as continuous and categorical data. In present analysis continuous scores for both scales are been used. Independent sample t-test was used to calculate mean difference between two groups for both parental variables and childhood behavioral problems.

RESULTS

Table 1 shows that there is no statistically significant difference for any of the demographic variables between group of single parents and the control group. Table 2 indicates that there is a statistically significant difference between mean scores of single parent group and comparison group for total scores of DASS as well as mean scores for the subscales including scales of depression, anxiety and stress. The findings from table 3 indicate that children of single parent and two parent families differ significantly for total scores on Strength Difficulties Questionnaire (SDQ). However, no statistically significant mean difference was observed among children of single parents as compared to the children of comparison group on the any of the subscales including emotional problems, conduct problems, hyperactivity, and peer problems. Table 4 represents a secondary analysis which was to explore the relationship of parental depression and childhood behavior problems. Correlation between total scores of DASS and SDQ was positive but not statistically significant.

Table 1
Sample characteristics (N= 63)

Demographics	Single Parents Group M (SD)/ N(%)	Two Parents Group M(SD)/ N(%)	t/X²	P-Value
Parent's Age	44.3(3.23)	45.29(3.30)	0.94	.35 n.s
Child's age	12.15(1.39)	11.80(1.03)	1.13	.26 n.s
Monthly Income	26807.69(11289.00)	23444.44(1421.82)	1.00	.32 n.s
Parent's education				
Illiterate & less than 10 years	4	7		
10-12 years	12	7	5.49	.139 n.s
14 years	8	8		
16 year and higher	4	0		
Child's gender				
Male	15	16	.390	.53 n.s
Female	18	14		
Parent's gender				
Male	4(12.1%)	7(23.3%)	1.37	.24 n.s
Female	29(87.9%)	23(76.7%)		

*P<0.05

Table 2

Mean differences for anxiety, depression and stress between two parent and single parents (N=63)

Scales	M	SD	T-Value	P-Value
DASS total score				
Single parent group	38.92	23.09	2.86	.001*
Two parent group	22.33	18.89		
Depression scale				
Single parent group	13.97	12.18	3.58	.001*
Two parent group	5.10	5.42		
Anxiety scale				
Single parent group	12.26	11.24	2.22	.035*
Two parent group	6.86	6.47		
Stress Scale				
Single parent group	17.10	10.01	2.50	.015*
Two parent group	11.04	8.13		

*P<0.05

Table 3**Mean differences between single parenting and childhood behavior problems (N=63)**

Scale	M	SD	T-Value	P-Value
SDQ total score				
Single parent group	24.21	4.50	2.36	.02*
Two parent group	20.57	6.36		
Emotional problems				
Single parents group	2.91	2.26	0.93	.89 n.s
Two parent group	2.35	2.27		
Conduct problems				
Single parent group	3.24	1.45	.68	.91 n.s
Two parent group	2.97	1.74		
Hyperactivity				
Single parent group	4.00	1.64	-.75	.82 n.s
Two parent group	4.35	1.85		
Peer problems				
Single parent group	4.44	1.88	.41	.64 n.s
Two parent group	4.25	1.60		

*P<0.05

Table 4**Correlation between DASS total score and SDQ total scores (N=63)**

Scales	M	SD	Pearson Coefficient(r)	P-Value
DASS	30.47	22.47	0.08	.58 n.s
SDQ	22.68	15.60		

*P<0.05

DISCUSSION

The results of the present study indicate that depression is higher among single parent as compared to two parent families. The findings are consistent with the data from other studies showing that single parents suffer disproportionately higher rates of major depressive disorder and substantially elevated levels of psychological distress, symptoms of depression, and anxiety compared to parents from intact families^{4,12-14}.

Total score on SDQ for childhood behavior problems were higher for the children from single parent families than children from comparison group. A large amount of existing data from other culture shows the similar findings^{2,5-7}. This difference was no more statistically significant when scores of subscales were compared. How-

ever it should be noted that despite of being statistically non significant, results still show a consistent pattern of higher average mean for all subscales except for hyperactivity on SDQ. The relationship of DASS total scores and SDQ total score was also not statistically significant which is contrary to previous findings. However these results of present study should be interpreted with some precaution keeping in view the small sample size. There is a possibility of the trends been masked due to small sample size. Future work should explore it further with larger sample sizes to make these trends clearer. Also the present study was only limited to children of 7 to 14 years. Future work should also explore the role of family structure and single parenting for behavioral and emotional problems of adolescents. Larger sample size can also help us to look further for the differential outcomes

in terms of gender. Larger data would also help to look for any possible difference between subgroups of single parents (i.e., widows, fathers living abroad, divorce etc).

Although being small in scope, this study provides a preliminary data and draws attention of practitioners and researchers towards the relatively neglected area of single parenting and its possible outcomes. Family structure variable should be studied in future to see how and what exactly causes the problem (e.g., trauma, attachment with the other parent or economic and social pressures of single parents). Since the present study shows that depression stress and anxiety is higher among single parents and childhood behavior problems are also higher among these families, it provides a foundation for future studies to explore some more important questions, for example, whether the age of the child at the time of separation or disruption plays its role, and also whether self reported emotional problems can be different from parent reports, and whether are effected differently than boys.

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