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## Parent's mental health associated with behavioral problems among adolescents of Dharwad, Karnataka

Dahun Massar

Assistant professor, School of social work

Martin Luther Christian University, Block 1- Dongktieh Nongrah, Shillong-793006, India

Email: [dahunmassar@mlcuniv.in](mailto:dahunmassar@mlcuniv.in)

### ABSTRACT

*A correlation study approach was used to see whether there is a relationship between the mental health of the parents and the behaviours of their children. The study population consisted of adolescent-parent dyads (N=245) from both urban and rural of Dharwad taluk in northern Karnataka. The attributes were evaluated using a self-reported questionnaire, the Strength and Difficulties Questionnaire (SDQ) and the Depression, Anxiety, and Stress Scale (DASS). The mean of adolescents externalizing problems in urban regions ( $8.4 \pm 3.6$ ,  $p > .05$ ) is significantly lower than those in rural areas ( $9.5 \pm 4.3$ ,  $p > .05$ ). Parental stress, anxiety, and depression were found to have a significant correlation with adolescents' pro-social behaviour ( $r = -0.37^{**}$ ,  $p > .01$ ), externalizing problem ( $r = 0.32^{**}$ ,  $p > .01$ ), and internalizing problem ( $r = 0.26^{**}$ ,  $p > .01$ ), indicating that the mental health of parents affects the behaviour of their offspring. The study demonstrates that the degree of behavioural problems among adolescents in rural and urban areas varies. In order to improve positive youth development, it is important to focus on the well-being of parents, since this plays a significant role in determining the developmental stage of children at every level. Adolescent health and well-being also require effective remedial measures.*

**Keywords:** Adolescence, Externalizing problem, Internalizing problem, Prosocial behaviour, parent's mental health

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### INTRODUCTION

An important time for personal growth is adolescence, when people experience a range of environmental, social, and personal influences that influence how they behave. During this stage of growth, a variety of risky behaviours, such as substance abuse, violence, and other delinquent actions, usually surface. Even in the early stages of adolescence, these risky behaviours are prevalent (Johnston et al., 2008). Studies have demonstrated that drug abuse and school delinquency are a cluster of adolescent behaviours associated with a poor course through adolescence and adulthood (Bradshaw et al., 2010). Adolescent problem behaviour is defined as externalizing and internalizing issues that frequently impede normative social development, making it a clinically relevant occurrence. The behaviours associated with externalizing disorders are typically aggressive, energetic, and disruptive. These kinds of actions are thought to be a significant risk factor for the development of a number of problematic behaviours later in life, including violence, delinquency, and adult criminality. On the other hand, internalizing behavioural issues, or an individual's internal psychological, emotional, and affective beliefs and behaviours, can also occur in teenagers. Inhibition, despair, withdrawal, anxiety, and fearfulness are examples of problems that typically have a greater internal psychological environment impact on a child than they do on the outside world. Internalizing problem behaviours under stressful circumstances reveal a deficiency in abilities necessary for day-to-day functioning (Walker et al., 2004).

Adolescent peer relationships undergo enormous internal changes in addition to being more difficult (e.g., cliques) and complicated (e.g., peer pressure). Additionally, as teens attempt to define their young adult position, family ties may also become more tense and contentious. Parents frequently struggle to connect with teenagers and don't know how to support them during the turbulent adolescent years. In addition to having a detrimental effect on adolescents' adjustment, the ensuing high levels of parental stress also put parents at a higher risk of developing mental health issues of their own, particularly depression. Numerous studies have demonstrated that children of depressed parents are more likely to have internalizing as well as externalizing symptoms and disorders because their rates of difficulties are higher than those of the normative population (England and Sim, 2009). As a result, finding risk factors for behavioural issues has attracted a lot of scholarly attention. Furthermore, it has long been known that one of the key determinants of adolescents' psychosocial adjustment is parenting (Fernandez et al., 2012). Since Freud proposed that an infant's emotional bond with their mother serves as the basis for all other relationships in the future, the idea of the importance of parents has been extensively documented (Ireland and Power, 2004). Research has continuously shown that parenting plays a significant role in preventing child and adolescent psychopathology for over fifty years. Adolescence is a challenging time for parents and children alike, so it's especially critical to recognize how important it is to continue providing excellent parenting during this phase. This study focuses on the influence of parents on their adolescent kids because parenting during adolescence continues to shape behaviours into adulthood.

## METHODOLOGY

**Study design:** To ascertain the relationship between the mental health of parents and the behaviours of adolescents, a correlation research design was used.

**Sampling unit:** Parents-adolescents dyads in Dharwad, northern Karnataka's rural and urban areas comprised the study's population. The participants' selection criteria included being adolescent girls and boys with intact families. A cluster of randomly selected students from both government and private schools made up the study's sample. A total of 360 adolescents took part in the research. In addition, the parents of the teenagers who took part in the study were specifically chosen based on their literacy and their status as an intact family's parent. All of the adolescents received a questionnaire intended for parents. A total of 245 participants-141 urban parents and 104 rural parents-returned completed questionnaires out of 360 sets distributed to adolescents. As a result, the study's final sample consisted of 245 parent-adolescent pairs.

**Study Tools:** The Strength and Difficulties Questionnaire (SDQ) by Goodman (1997), a quick behavioural assessment tool for children aged 4 to 17. Using the SDQ, risk symptoms related to the adolescent's behaviour during the previous six months were examined. With the exception of items 7, 11, 14, 21, and 25, the scale has 25 items that are graded on a 3-point scale from 1 (not true) to 2 (maybe true) to 3 (definitely true). These things have been "reverse-scored." Five subscales, each with five items, make up the scale. These subscales include the following: conduct issues, peer problems, emotional symptoms, hyperactivity, conduct problems, and pro-social scale (v). The externalizing scale ( $\alpha = 0.84$ ) comprises two subscales: hyperactivity and conduct difficulties, whereas the internalizing scale ( $\alpha = 0.79$ ) is composed of two subscales: emotional symptoms and peer problems. The final score has a

range of 0 to 20. Higher the scores higher are the behaviour issues. Pro-social behaviour is indicated by higher scores on the pro-social scale ( $\alpha=0.78$ ). The 42-item Depression, Anxiety and Stress Scale (DASS) by Lovibond & Lovibond (1995), a self-report tool was use to assess the three negative emotional states of tension/stress, depression, and anxiety of adults. It is a four-point rating scale from 0 (did not apply to me at all) to 1 (applied to me to some extent), 2 (applied to me to a substantial degree), and 3 (applied to me very much). The total score for each sub-scale, which ranges for depression (0 to >28), stress (0 to >20), and anxiety (0-34) accordingly, is calculated by adding the scores of each item. The results are classified as normal, mild, moderate, severe, and extremely severe. Higher the scores higher are the parent's mental health issues. The observed reliability indices for stress ( $\alpha = 0.79$ ), anxiety ( $\alpha = 0.76$ ), and depression ( $\alpha = 0.87$ ) were observed.

Statistical analysis: SPSS-16 was used to analyse the data. To determine the degree to which adolescents behaviour outcomes and parents' stress, anxiety, and depression are related, bivariate correlation was used. The relationship between independent (personal traits & parental mental health) and dependent variables (behaviour issues) was ascertained using linear regression analysis. Each of the dependent variables (pro-social behaviour, externalizing and internalizing difficulties) was regressed onto two blocks of independent factors (individual characteristic and parental mental health). To ascertain how extraneous circumstances impact behaviour outcomes, each block had new independent variables in addition to the independent variables from the preceding block. Age, gender, and ordinal position were the individual factors that were regressed onto the behaviour outcomes (prosocial, externalizing, and internalizing difficulties) in the first block. The results of the behaviours were regressed using individual factors and parental mental health in the second block. The relative strength of each independent variable on the dependent variable is ascertained using the R-Squared and standardised regression coefficients ( $\beta$ ).

## RESULTS AND DISCUSSION

### Characteristics of the respondents

The findings of the study showed that 57.6 percent of the respondents were from urban area and 42.4 percent were from the rural areas. It was more than 50 per cent of urban and rural adolescents were in age group of 12 to 13 year-old and higher percentages of both urban (57.4 %) and rural (53.8 %) adolescents were female. Among urban adolescents 41.1 per cent were first born and 41.3 per cent of rural adolescents were middle born child.

Table 1 displays the percentage distribution of teenage behaviours in urban and rural areas. Majority of urban (43.3 %) and rural (47.1 %) adolescents exhibited borderline level followed by normal level of pro social behavior. For externalizing problems, higher percentages (48.2 %) of urban adolescents were in normal level while of rural adolescents, 30.8 per cent were in abnormal level compared to only 16.3 per cent of urban adolescents were in abnormal level. Likewise, for internalizing problems, 52.5 per cent of urban adolescents were in normal level while of rural adolescents, 41.3 per cent were in borderline level of internalizing problems. The mean of rural adolescents' externalizing problems was significantly higher compared to urban adolescents.

**Table 1. Percentage distribution of adolescents' behavioral problems by locality**

Category	Prosocial behavior		Externalizing problems		Internalizing problems	
	Urban	Rural	Urban	Rural	Urban	Rural
Normal	57(40.4)	32(30.8)	68(48.2)	36(34.6)	74(52.5)	41(39.4)
Borderline	61(43.3)	49(47.1)	50(35.5)	36(34.6)	45(31.9)	43(41.3)
Abnormal	23(16.3)	23(22.1)	23(16.3)	32(30.8)	22(15.6)	20(19.3)
Mean	6.04	5.59	8.41	9.50	7.78	8.31
SD	2.01	1.85	3.62	4.32	4.46	3.94
't' value	1.80		2.12*		0.96	

Figures in parenthesis indicate percentage, \*significance at 0.05 level

### Relationships between independent variables with adolescents' behavior problems

Table 2 shows the relationships between independent variables with adolescents' behavior problems. Regarding socio-demographics variables, age showed a strong correlation with prosocial behavior ( $r=0.18$ ,  $p>.05$ ) and internalizing problems ( $r=0.32$ ,  $p>.01$ ). Gender and ordinal position showed no relationships with any of the selected variables. Parent's depression were significantly correlated with pro social behavior ( $-0.34^{**}$ ,  $p>.01$ ) externalizing problem ( $0.32^{**}$ ,  $p>.01$ ), and internalizing problem ( $0.26^{**}$ ,  $p>.01$ ) respectively. Likewise, parent's anxiety and stress level were negatively correlated with pro-social behavior and positively correlated with externalizing and internalizing problems.

**Table 2: Relationships between selected variables with adolescents' behaviors**

Variables	1	2	3	4	5	6	7	8	9
Age	1								
Gender	-0.07	1							
Ordinal position	-0.06	-0.13	1						
Depression	0.03	-0.01	0.12	1					
Anxiety	0.05	0.04	-0.01	0.41**	1				
Stress	0.04	0.10	-0.00	0.54**	0.70**	1			
Pro social behavior	0.18*	0.19	-0.09	-0.34**	-0.17*	-0.35**	1		
Externalizing problems	-0.05	-0.27	-0.11	0.32**	0.29**	0.24**	-0.36**	1	
Internalizing problems	0.32**	0.06	0.07	0.26**	0.18*	0.35**	-0.23**	0.05	1

\*, Significant at the 0.05 level\*\*, Significant at the 0.01 level

### Association of selected variables with adolescents' behavior problems

Linear hierarchical regression model revealed (table 3) the association between adolescents' characteristics, parental mental health with adolescents' behavior problems. Model 1 shows the association between individual characteristics and adolescents' behavior problems, age was found to be a significant associated factor of internalizing problems ( $\beta=0.29$ ,  $p<.01$ ) while gender emerged as significant factors of pro social ( $\beta=-0.22$ ,  $p<.01$ ) and externalizing problems ( $\beta=0.32$ ,  $p<.01$ ) and ordinal position ( $\beta=-0.16$ ,  $p<.05$ ) appeared as significant factors of externalizing problems. When parental mental health factors were included in model 2, age ( $\beta=0.29$ ,  $p<.01$ ) remained significantly related to externalizing ( $\beta=-0.14$ ,  $p<.05$ ) and internalizing problems ( $\beta=0.26$ ,  $p<.01$ ) while gender for pro social behavior ( $\beta=-0.24$ ,  $p<.01$ ) and externalizing problem ( $\beta=0.34$ ,  $p<.01$ ). Ordinal position ( $\beta=-0.18$ ,  $p<.05$ ) existed significantly for externalizing problems. Parents' depression was significantly associated to pro social behavior ( $\beta=-0.30$ ,  $p<.01$ ) and internalizing problems ( $\beta=0.32$ ,  $p<.01$ ) while parents' anxiety emerged as significant associated factors of externalizing problems ( $\beta=0.23$ ,  $p<.05$ ). In addition, stress was significantly related to pro social behavior ( $\beta=-0.33$ ,  $p<.01$ ). The final model (R squared) explained 29.4 % of the variation in pro social behavior, 27.4 % in externalizing and 26.7% in internalizing problems.

**Table 3. Regression model for the association between selected variables and behavior problems of adolescents**

Variables	Model 1			Model 2		
	Standardized Regression Coefficients( $\beta$ )			Standardized Regression Coefficients( $\beta$ )		
	Pro social behavior	Externalizing Problems	Internalizing Problems	Pro social behavior	Externalizing Problems	Internalizing Problems
Individual factors						
Age	-0.08	-0.11	0.29**	-0.11	-0.14*	0.26**
Gender	-0.22**	0.32**	0.15	-0.24**	0.34**	0.14
Ordinal position	0.06	-0.16*	0.14	0.01	-0.18*	0.10
Parent's mental health						
Depression				-0.30**	0.13	0.32**
Anxiety				-0.13	0.23*	-0.01
Stress				-0.33**	0.08	0.11
F value	3.19*	6.44**	5.78**	9.29**	8.43**	8.14**
R Square	0.065	0.124	0.112	0.294	0.274	0.267

\*significance at 0.05 level, \*\*significance at 0.01 level

## Discussion

The findings showed that adolescents in rural areas were more likely than those in urban areas to experience behavioural issues. To support this, Reijneveld et al. (2010) found similar results, demonstrating that behavioural issues were more common in families residing in impoverished neighbourhoods regardless of the socioeconomic status of the individual and among young adolescents in deprived areas relative to favourable areas. However, in general, behavioral problems among adolescents were associated with low socioeconomic status and marital discord. As findings suggested that rural adolescents were at higher risk of behavioral problems than urban adolescents, this could be attributed to the factors that influence parenting practices. In turn, lack of monitoring may lead to externalizing problems such as antisocial behavior in adolescent boys (Patterson, 1993) and internalizing problems in adolescent girls (Jacobson and Crockett, 2000). Kim and Lee (2008) found that rural adolescents were more likely to engage in juvenile delinquency and school violence than urban adolescents and contended that adolescent counseling centers and violence prevention centers are scarce in rural areas compared to urban areas. Adolescents living in rural areas are thus more susceptible to conduct issues.

Psychological disorders in parents seem to have an impact on children's development, both directly and indirectly by influencing how adolescents view their parents' actions. According to research, there is a hereditary predisposition for emotional/behavioral disorders to emerge in infants and adolescents whose parents have psychological issues (Beardslee, Versage, & Gladstone, 1998). The study concludes a strong link between parental mental health and adolescents' behavioral outcomes, indicating that children whose parents experienced stress, sadness, or anxiety were also found to have behavioural issues. Interestingly, age as one tested variable showed that the pro-social behavior as age increases irrespective of gender and ordinal position. This may be a result of the maturation process that occurs during adolescence; as people get older, they tend to expand their social circles and friendships outside of their immediate circle. The mile stone of social relationships help ones to becoming a more responsible individual that fits the society.

Regression analysis also demonstrated the substantial impact of a subset of independent variables on the dependent variables. The final model's proportion of the variance ( $R^2$ ) showed that parents depression, stress and anxiety is linked to the pro-social behaviors, externalizing problem and internalizing problems. Children with a mentally ill parent may more frequently experience negative emotions, including anger, fear, and sadness. Hence, they are at elevated risk for both internalizing problems, such as depression and anxiety (e.g., Beidel and Turner 1997; Weissman et al. 2006), and externalizing problems, such as aggressive and rule-breaking behavior (e.g., Merikangas et al. 1998). Although research has clearly demonstrated poor outcomes for children and adolescents of parents with a psychological disorder, continued research concerning parental influences on child development reveal consistent risk and resilience factors related to child functioning (Forehand, Biggar, & Kotchick, 1998; Masten & Coatsworth, 1998).

In conclusion, the current study contributes to the growing body of research regarding the detrimental effects of parent's mental health on adolescents' behaviors. Based on the aforementioned findings, the study recommended that greater focus be placed on educating parents, particularly those in rural areas, about

maintaining their mental health in order to protect their children's welfare and that of the entire family. The study made clear how important it is to offer psycho-educational intervention programmes to parents and teenagers in order to improve mental health and foster resilience—the ability to deal effectively with hardships or challenging circumstances.

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**Conflict of Interest**

The authors declare that no competing interests exist

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