Parental Involvement and Depressive Symptoms among Adolescents

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Abstract

Adolescent depression is an increasingly important problem in modern society. One of the key determinants of adolescent depression is parental involvement. It has been established that parental involvement and high-quality parent-child relationships play a protective role in psychosocial well-being of children while parental neglect and abuse are risk factors for depression. However, different forms of parental involvement might have different effects on children's psychological well-being. In particular, some kinds of parental control may have adverse effects. In this paper, we study the association between parental control and positive parental involvement with depression using survey data of middle and high school students from a Russian region ($N = 1364$). We find that, independently, all forms of parental involvement are negatively associated with depression. However, only positive involvement is a protective factor against depression, while parental control is not associated with depression after controlling for the other forms of parental involvement. These results could be used in developing prevention and education programs for parents.

Keywords: parental involvement, adolescence, depression, protective factors, parental control .

Introduction

Depression is one of the leading causes of illness and disability among adolescents (WHO 2008). About 13%–17% of adolescents aged 12–15 report symptoms of depression, and about 8.6% report having seriously considered suicide in the past year (Bitsko et al. 2018; Lawrence et al. 2015). Preventing depression requires a better understanding of associated protective and risk factors.

One of the key determinants of depression is the family context. It is well known that

parental involvement and parent-child relationships impact adolescents' well-being. Different forms of family interactions such as parental involvement (Tammariello et al. 2012), relations satisfaction (Chen et al. 2019), or common activities (Lambert et al. 2014) play an important role in the children's depression and other psychosocial outcomes. High levels of parental involvement (homework control, monitoring of free time, and seeking to understand children's problems) are associated with significantly lower odds of depression and suicidal thoughts for both boys and girls (Tammariello et al. 2012).

Adolescents who are satisfied with their parent-child relationships are at lower risk of mental illness and report higher emotional well-being (Chen et al. 2019; Davids et al. 2017; Yap et al. 2014). Children's happiness is positively associated with good connections with family, friends, peers, and teachers at school (Lambert et al. 2014). Parental warmth, monitoring, effective and consistent discipline, and good family communication and help protect a child from depression and support their emotional well-being (Brent et al. 2009; Sheeber et al. 2007; Chen et al. 2019).

At the same time, impaired parent-child dynamics may be related to the progress of depressive disorder in adolescence. Such factors as parental abuse and neglect, low attachment, lack of warmth, and inter-parental conflict increase the risk of depression, lead to lower recovery rate from depression, and increase likelihood of (attempted) suicide among adolescents (Yap et al. 2014; Rueter et al. 1999; Stice et al. 2004; Hale et al. 2008; Rengasamy et al. 2013; Dardas et al. 2018; Norman et al. 2012).

While the relationship between parental involvement and depression is well established, the role of parental control is less clear and the evidence is contradictory. In relation to control, several constructs are discussed: *parental knowledge* – knowledge about where children are, and what and with whom they do; *parental monitoring*, including active surveillance and covert control of children's activity, plans, relationships, friendships, etc. (Walters 2019); and *parental control* – a set of practices that are implemented to ensure that the activities of the child for specific requirements [Grolnick, Pomerantz, 2009].

In studies of the early and mid-20th century, parental control was understood primarily as dominance, interference and pressure exerted by parents on a child, but later the concept was developed, and now is understood as a set of parental practices implemented to ensure that the child's activity meets certain requirements (Grolnick and Pomerantz 2009). Researchers often distinguish between psychological control (influencing the feelings and thoughts of a child, attempts to interfere in his psychological and emotional development) and behavioral control (guiding the actions of a child, regulating his behavior through requirements and setting rules) (Barber, 1996). A closely related concept is parental monitoring which includes active supervision and covert monitoring of children's activities, plans, friendships, time spent doing homework, watching TV, home conditions conducive to learning, the need to come home after school etc. (Walters 2019).

Some studies find the positive contribution of parental control to the children's well-being. For example, a survey of 17,643 Finnish adolescents showed that the less parents knew about the whereabouts and friends of their children, the more common were the depressive symptoms (anxiety, psychosomatic symptoms and other maladjustment outcomes) (Fröjd et al. 2007). On the other hand, it was found that there are different types of control, and parental use of psychological control (understood as intrusiveness, pressure, induction of the feelings of guilt and shame, conditional love, etc.) could damage the sense of safety, decrease self-esteem, and

lead to depression. It is perceived by children not as a form of care and close relationships, but as a patronizing, persistent, egoistic, controlling communication style provoking the feeling of guilt (Barber and Harmon 2002; Soenens and Vansteenkiste 2010).

In this paper, we explore how parental control and other kinds of parental involvement are associated with depressive symptoms among adolescents. The study was conducted in the Republic of Sakha (Yakutia), a large region in north-eastern Siberia (Russia).

Data and Methods

Participants and procedures

The study is based on the survey of school students of one municipal district in the Republic of Sakha (Yakutia), Russia, a mostly rural, sparsely populated region. Participation in the survey was voluntary. Every school in the district received an invitation to participate in the survey with the link to an online questionnaire.

Students from the 5th–11th grades (11–17 years old), from all the district’s schools were informed about the study. We recommended that school principals gather students in computer classes in order for students to fill in the questionnaires, so that everyone had the opportunity to participate in the survey, regardless of whether they had a computer or internet access at home. The school administration and parents did not have access to the students’ answers. At the beginning of each questionnaire, the respondents were presented with an informed consent form. If the respondents did not agree with the terms of participation in the study, they could not fill out the questionnaire. In total, 1364 students completed the questionnaire (56% girls), which is 46% of all students in grades 5–11 in the district. Among the respondents, 16% studied in the 5th grade, 16% – in the 6th grade, 16% – in the 7th grade, 13% – in the 8th grade, 16% – in the 9th grade, 11% – in the 10th grade and 12% – in the 11th grade.

Measures

Depression

We used the Patient Health Questionnaire scale (PHQ-8), which is used to assess the severity of depressive symptoms (Spitzer et al. 1999). Several studies show that it has good sensitivity and specificity for detecting depressive disorders (Kroenke et al. 2010; Wells et al. 2013). It includes eight items, each of which is scored from 0 to 3, generating a severity score of 0 to 24. Scores of 5, 10, 15, and 20 represent the cut-off points for mild, moderate, moderately severe and severe depression, respectively.

Parental involvement

We measured two aspects of parental involvement: positive parenting practices and parental control. To measure positive parenting practices we used a scale based on the Alabama Parenting Questionnaire (Shelton et al. 1996). Participants were asked about the frequency of four activities on a 5-point scale (from 0 – “never” to 5 – “every day”): help with homework, common activities with parents, friendly conversations, and conversations about school.

Table 1: Indicators of Parental involvement
Question Scale

<i>Positive parenting practices</i>		
Help with homework	“Your parents help you with homework when you have difficulties”	Never / once a month or less often / once every 1 or 2 weeks / several times a week / daily
Common activities	“You take part in interesting activities with your parents”	
Conversations about school	“Your parents ask about your day at school”	
Friendly conversations	“Your parents friendly chat with your”	
<i>Parental control</i>		
Homework control	“Your parents make sure you do your homework”	Never / once a month or less often / once every 1 or 2 weeks / several times a week / daily
Control over the use of gadgets	“Does your family have any rules about the time during which you can: watch TV / use a smartphone / use a tablet / watch a video (on a smartphone, tablet, computer) / play computer games?”	The number of rules in the family regarding the time of using gadgets (score from 0 to 5)

We measured two activities related to parental control: parental control over homework and control over the use of gadgets. Students were asked a series of yes-no questions about the rules related to the use of gadgets. We then computed the total number of gadget-use related rules in the household. The degree of agreement between questions regarding the use of gadgets was 0.816 (Cronbach’s Alpha).

All indicators of parental involvement are presented in Table 1.

Results

According to the PHQ-8 scale, 15.3% of respondents have moderate symptoms of depression (10–14), 5.9% moderately severe (15–19) and 2.1% severe (20–24). The level of depression symptoms of students in this sample is consistent with results from other studies which re-

Table 2: Correlations between depression score and parental involvement indicators (we used Spearman’s correlation coefficient because Indicators of parental involvement are measured on an ordinal scale)

Indicators of parental involvement	Spearman’s ρ [95% CI]
Help with homework	−0.245** [−0.300; −0.190]
Common activities	−0.267** [−0.322; −0.212]
Conversations about school	−0.161** [−0.218; −0.104]
Friendly conversations	−0.215** [−0.270; −0.160]
Homework control	−0.172** [−0.229; −0.115]
Control over the use of gadgets	−0.130** [−0.185; −0.075]

*** – $P < 0.001$

ported the prevalence of moderate/moderately severe/severe depression to be 17-28% (Leung et al. 2020; Tsehay et al. 2020; Burdzovic and Brunborg 2017). Consistent with the results of previous studies (Leung et al. 2020; Burdzovic and Brunborg 2017), symptoms of moderate, moderately severe and severe depression are more prevalent among high school students (grades 8–11, 14–17 years old) than among middle school students (grades 5–7, 11–13 years old; (28.4% vs 17.9%) (Young et al. 2010), and among girls (30.8% vs 14.3%; on average the depression score is higher for girls (7.4 vs 5.3, $P < 0.001$)).

We find that the severity of depressive symptoms is correlated with all measures of parental involvement. Stronger parental involvement is associated with a lower level of depression symptoms (see Table 2). The strongest associations are observed in the cases of the frequency of common activities and help with homework.

Our results and previous research show that symptoms of depression tend to increase with age (Young et al. 2010), while the level of parental involvement (in particular, school involvement) decreases (Im et al. 2016). We analyze associations between parental involvement and depression separately for different age groups to make sure that the association is not explained by age as a confounding factor. Analysis by age shows that significant relationships remain for almost all measures of parental involvement (see Table 3).

In order to uncover a potential role of different types of parental involvement, we conducted an exploratory factor analysis¹ of those indicators that were measured uniformly on a five-point scale. Using the method of principal components, we have identified three factors that explain 79% of the variance. Factor loadings (Varimax rotation) are shown in Table 4.

We defined three factors to distinguish different types of parental involvement. Factor 1 “Help and common activities” is associated with the most resource-intensive positive parenting practices: helping with homework and engaging in common activities with a child. Factor 2 “Friendship with a child” combines positive parenting practices that are supposedly less time-consuming for a parent and are associated with maintaining friendly relations with the child, interest in their activities and life (conversation about school and friendly conversations).

¹The possibility of classical factor analysis on ordinal variables is based on the proximity of correlation matrices. The average relative difference in the values of the Pearson and Kendall correlation coefficients is less than 15%.

Table 3: Correlations between depression score and indicators of parental involvement for different age groups

Indicator of parental involvement	Spearman's correlation coefficient		
	grades 5-7	grades 8-9	grades 10-11
Help with homework	-0.158**	-0.264**	-0.255**
Common activities	-0.219**	-0.271**	-0.341**
Conversations about school	-0.140**	-0.223**	-0.135*
Friendly conversations	-0.185**	-0.228**	-0.243**
Homework control	-0.164**	-0.130*	-0.145*
Control over the use of gadgets	-0.083	-0.114*	-0.143*

** – $P < 0.01$, * – $P < 0.05$

Table 4: Values of factor loadings

Indicators of parental involvement	1	2	3
Homework control	0.234	0.114	0.928
Common activities	0.803	0.317	0.077
Help with homework	0.808	0.099	0.311
Conversations about school	0.083	0.845	0.274
Friendly conversations	0.350	0.767	-0.085

Table 5: Severity of depressive symptoms regressed on different types of parenting involvement, child’s grade and gender

	B	S.E.	P
(Constant)	4.230	0.669	< 0.001
Year of studies	0.162	0.075	0.031
Gender (1 – girls; 0 – boys)	2.059	0.279	< 0.001
Factor ”Help and common activities”	−1.107	0.142	< 0.001
Factor ”Friendship with a child”	−0.823	0.137	< 0.001
Factor ”Educational control”	−0.228	0.142	0.109
Control over the use of gadgets	−0.066	0.088	0.451

$$R^2 = 0.137; \text{ Adjusted } R^2 = 0.133; F = 31.354 (P < 0.001); N = 1189$$

Factor 3 “Educational control” is most strongly associated with the practice of controlling and regulating parenting behavior: control over homework.

In order to analyze the effects of the identified types of parental involvement and variables that were not included in the factor model on depressive symptoms we built an OLS linear regression model.

The results demonstrate that after controlling for positive parenting practices the association between controlling practices and depressive symptoms becomes insignificant (see Table 5). This applies both to the “Educational control” factor and to the variable “Control over the use of gadgets”. At the same time the association between positive parenting practices and depressive symptoms is negative and significant.

Conclusions

In this paper we analyzed how different types of parental involvement, positive parenting practices and parental control are associated with depressive symptoms in adolescents. Our results indicate that the severity of depressive symptoms is associated with all measured indicators of parental involvement. Children whose parents are more involved tend to be less depressed. The strongest correlations are found in case of the most resource-intensive types of parental involvement: help with homework and engaging in common activities with a child. Indicators of good parent-child relationships (practices of friendly conversations with a child, and conversations about school) and practices of parental control are also negatively correlated with depression. However, these associations are weaker. After controlling for other types of parental involvement, the association of practices of parental control with depressive symptoms becomes insignificant.

In this study we considered only two types of parental control: control over homework and control over the use of gadgets. The control over other areas of the child’s life could be differently associated with depression. It is also important to note that we considered only the presence or absence of controlling practices without examining how exactly they are carried out. According to some studies (Barber and Harmon 2002; Soenens and Vansteenkiste 2010),

different types of control can have different effects on the psychological well-being of children. It should be also noted that we only consider the correlation between parental involvement and the depression and this design does not allow to establish a causal link between variables. While our results could be considered as an indication that parental involvement affects children, it is important not to forget about the potential for reverse causation: good childhood outcomes make parenting easier (Chen et al. 2019).

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