Effects of Parental Attitudes Among a Group of High School Students in İstanbul

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ABSTRACT

Introduction: Current study aimed to investigate the possible relations between parental attitudes and depression in a sample of mid-pubertal, high-school students under the light of several sociodemographic variables.

Methods: With the permission of Ministry of National Education, a total of 391 students from second and third grades in a state high school and occupational high school in Sisli area included in the study. Sociodemographic Questionnaire, The Parental Bonding Instrument (PBI), and Beck Depression Inventory (BDI) were administered.

Results: Among the students in the sample, 25.6% (n=100) had significantly higher depression scores and girls had significantly higher mean BDI scores than boys (p=0.001) reflecting the presence of depression. Adolescents with depression also had higher scores of

maternal protection than adolescents without depression (p=0.02). On the other hand, adolescents with depression had lower scores of both maternal and paternal interest than adolescents without depression (p=0.02 and p=0.03, respectively). We also found that boys had higher levels of nicotine – alcohol and substance abuse where girls had higher levels for suicidal attempts and self harming behaviors (p<0.05).

Conclusion: Depression onset was found to be associated with parental attitude which does not promote autonomy and independency. Warm, accepting and concerned parental attitude that promotes secure attachment was found to be protective against depression. Parental attitudes must be of concern when working with adolescents and dealing with the problems seen in this vulnerable phase of the life.

Keywords: Parental attitude, adolescence, depression, alcohol, drug, suicide

INTRODUCTION

While puberty is an indicator of a physical and mental change, the concept of pubescence refers to the starting phase of puberty, i.e., when the secondary sexual features develop. The first scientific work on the psychology of puberty was written by Hall in 1904 (1). According to Hall, puberty is a very crucial period when the human personality begins to attain its final form and that might change the course of future life. It was Hall who first emphasized that such a period involves big commotions and storms (1).

In the first half of the twentieth century, it was believed that puberty was a period challenging the limits of pathology and full of clashes and conflicts; but then, especially in the 1960s, it was argued that puberty was in fact a comfortable and slow transition period away from pathology, depression, and conflict. In our day, puberty, which is mostly considered a kind of transition period, starts with the adolescence age and ends with the formation of adult identity. In other words, an individual enters into puberty as a child and goes out from puberty as an adult.

Depression is believed to be the most important mental health problem of puberty (2,3). It is reported that the incidence of depression in this period varies between 5% and 20% (4). In terms of sex, studies conducted set forth that there were no sexual difference in depressive disorder and depressive indications during pre-puberty (5). However, as of the initiation of puberty, both depressive indications and depressive disorders were found to be more in girls than in boys (6). As a result of studies conducted on major depressive disorders in children and adolescents, it was found that the functional disorder was more in adolescents and changes of appetite and weight were observed frequently, and it was ascertained that the self-mutilative behaviors could be seen in depression. The researchers indicated that physical grievances and crying was more frequent in girls, just as the suicide attempts (7).

In recent times, parent and child relationship are one of the most widely studied subject in this field. According to this model, depression is a situation that is closely correlated with a weak parent–child relationship. Studies conducted on adolescents experiencing depression

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Received: 04.10.2012 **Accepted:** 16.04.2013

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indicate that their manner of interaction within the family is conflicting, rejecting, and ignoring (8). It is suggested that weak parent support, parent pathology, and conflict within the family, which are counted among the risk factors of depression, are also correlated with the negative response to depression therapy. It is stated that failures in relationships with family members are influential ethological impacts on the onset of depressive indications during puberty (9).

There are studies indicating that the problems encountered in family life, the perception of weak communication, relationship with a parent, and insufficient emotional support are some of the risk factors of suicidal thoughts and attempts. It is reported that depressive adolescents tend to perceive their parents as unsupportive and abusive and that the risk of repetition of depression seizures in adolescents living in conflicting families increases (5). Clinical studies revealed that the children of over controlling, over critical, punishing parents as well as of parents who are not satisfied with the success of their children are raised as self-criticizing individuals (10). It was demonstrated that the perception of adolescents as being over protected by their parents is correlated with depressive indications in adolescents (11).

In Turkey, studies on parent attitudes and their impact on adolescents are very limited. The aim of this study is to investigate the possible relations between parental attitudes and depression, nicotine–alcohol, substance use, and suicidal and self-mutilative behaviors in a sample of mid-pubertal, high school students under the light of several sociodemographic variables.

METHODS

Sample and Pattern

This research is a cross-sectional one. With the permission of Ministry of National Education, students from second and third grades in a state high school and occupational high school in Sisli area were included in the study. Two hundred and fifteen students were screened at the state high school and 176 students were screened at the occupational high school, totally making 400 students. During the assessment, four students who left one or several of the instruments empty and five students who marked the replies on the same column and gave multiple replies to the same question were excluded from the study. After the exclusion of these nine students, 391 students in total were included in the study. The instruments used in the study were applied in groups to the students in the classrooms at the selected schools. Before starting the implementation, students were provided with information about the research so that they can reply to the questions honestly and without any hesitation, and with this, the importance of research was emphasized. In addition, the students were strictly instructed not to write their names or surnames on the instruments, and it was stated that the obtained information would be used only by the researcher. During the implementation, the issues that were not understood were explained individually, without referring to a specific person. The implementations lasted about 45–50 min.

Instruments

Sociodemographic questionnaire: It was designed to be completed by the students and aimed to obtain sociodemographic information such as age, sex, parent education, and number of sisters or brothers of the students as well as the sequence among the children of family, family type, income level of their families, alcohol/substance, nicotine use, legal problem, discipline punishment, and the existence of, if any, suicidal and self-mutilative behaviors.

Parental bonding instrument (PBI): This instrument is one of the first instruments that was developed by Parker et al. (12), who adopted it as the basis of the Bonding theory of Bowlby (1969, 1973) (12). It is a self-assessment instrument and was translated into Turkish and subjected to validity and reliability tests by Kapçı et al. (13) in 2006. The instrument consists of 25 items and is separately evaluated for the mother and father. The instrument encompasses the care/control and over protection dimensions according to the perceived parental attitudes. The perceived parental attitudes are scored separately according to these two dimensions. The increase in the score of care subdimension involves care and a warm and understanding attitude, whereas the decrease in the same score involves insufficient care, failing to meet the needs of the adolescent, humiliate the child, cold manners, and criticizing or denying. Over protection was defined as not promoting independence or as controlling excessively.

Beck depression inventory (BDI): It is a self-assessment instrument developed by Beck in 1961 and consists of 21 items (14). It provides quadruplet Likert type measurement. Each item is scored between 0 and 3, and the total score is obtained by summing up these. The total score ranges between 0 and 63. During the validity and reliability study of the instrument adopted into Turkey by Hisli, the cutoff score was accepted as 17 (15).

Statistical Analysis

In this study, statistical analyses were performed using NCSS 2007 (Kaysville, Utah, USA) package program. In the assessment of data, beside the definitive statistical methods (average, standard deviation), the one-way variance analysis was also used in comparisons between the groups, Turkey's multiple comparison test was used in the comparison of subgroups, the independent t test was used in the comparison of pairs, and the chi-square test was used in the comparison of qualitative data. The results were evaluated on the meaningfulness level of $p < 0.05$.

RESULTS

Sociodemographic and Clinical Features

Out of the 391 students included in the study, 241 were girls (61.6%) and 150 were boys (38.4%). The students were aged between 16 and 18 years and the average age was 16.8 ± 0.46 years. Regarding the family status, it was found that the mother of 11 students was deceased (2.8%), the father of 12 students was deceased (3.1%), and the parents of 26 students (6.6%) were divorced. Regarding the family type, it was observed that 322 students (82.4%) belonged to a nuclear family, 19 students (4.9%) belonged to an extended family, and 50 students (12.8%) had a disintegrated family. It was found that 41 students (10.5%) smoked, 64 students (16.4%) used alcohol, and four students (1.0%) used substance. It was determined that 41 students (10.5%) received disciplinary punishment, 26 students (6.6%) attempted suicide, and 72 students (18.4%) made self-mutilative acts. When the depression aspect was investigated, it was found that the depression score was over the cutoff score in 100 students (25.6%). The use of nicotine (16% vs. 7.1%, $p = 0.005$), the use of alcohol (27.3% vs. 9.5%, $p = 0.0001$), and the use of substance (2% vs. 0.4%, $p = 0.03$) were found to be significantly higher in boys than in girls (Table 1). Attempt suicide and self-mutilative behavior was found to be significantly higher in girls than in boys (9.5% vs. 2%, $p = 0.004$ and 22% vs. 12.7%, $p = 0.02$, respectively) (Table 1). When the distribution of depression between the sexes were examined, it was found that depression incidence was significantly higher in girls than in boys (14.13 ± 9.01 vs. 11.11 ± 7.92 , $p = 0.001$) (Table 2). The depression scores were found to be significantly higher in ad-

olescents who use substance than in those who do not use (32.25 ± 13.05 vs. 12.83 ± 8.49 , $p=0.0001$). The depression scores of students who attempt suicide and exhibit self-mutilative behaviors were found to be significantly higher than the depression scores of students who do not attempt suicide or exhibit self-mutilative behaviors (18.27 ± 9.57 vs. 12.66 ± 8.58 , $p=0.002$ and 19.32 ± 9.69 vs. 11.61 ± 7.87 , $p=0.0001$, respectively).

Aspects and Impacts of Parental Attitudes

While no statistically meaningful difference was observed between girl and boy students in terms of the mother's excessive protection and care/control, it was determined that the mother's excessive protection score was higher in girls than in boys, and but the care/control score was lower in girls than in boys. Likewise, while no statistically significant difference was observed between girl and boy students in terms of the father's excessive protection and care/control scores, it was determined that the father's excessive protection score was higher in girls than in boys, and but the care/control score was lower in girls than in boys (Table 2). No statistically significant impact of the parental attitude on the use of alcohol and suicidal behavior in adolescents was detected. However, it was found that the parental care/control scores of the students receiving disciplinary punishment were found to be significantly lower than the students not receiving disciplinary punishment (25.27 ± 5.77 vs. 26.71 ± 4.15 , $p=0.046$ and 23.85 ± 6.91 vs. 25.71 ± 5.43 , $p=0.046$, respectively). The mother's excessive control scores of the group experiencing depression was found to be significantly higher than those of the group not experiencing depression (11.03 ± 3.89 vs. 9.95 ± 3.99 , $p=0.02$). The average mother's care/control score of the depression group was found to be lower to statistically significant extent than the group not experiencing depression (25.55 ± 5.21 vs. 26.9 ± 3.98 , $p=0.02$). The father care/control scores in the group experiencing depression were found to be significantly lower than those in the group not experiencing depression (24.36 ± 6.46 vs. 25.91 ± 5.27 , $p=0.03$) (Table 3).

DISCUSSION

The current study aimed to investigate the possible impact of parental attitudes on adolescent behaviors in a sample of mid-pubertal, high-school students under the light of several sociodemographic variables. The findings obtained from the study indicate that approximately 25.6% of the students participating in the study ($n=100$) were diagnosed with depression. In the study, the cutoff score was considered as 17. The fact that 25.6% of the students participating in the current study had a score indicative of depression is consistent with the findings of other studies that investigated the commonness of depression among adolescents. Studies conducted on the incidence of depression among adolescents reported that the incidence of depression among the aforementioned age group varied between 5% and 30% (16,17). In current study, the mother's excessive protection score, representing an attitude not promoting independence and autonomy, was found to be higher to statistically meaningful extent in students who experienced depression than in those who did not experience depression ($p=0.02$). This finding supports the conclusion arrived in the study conducted by Parket et al. (11) that the perception of adolescents as being "over protected by their parents" was related to the indications of depression in adolescents.

Furthermore, the care/control scores of both fathers and mothers of adolescents having depression, which represents sufficient care, understanding, and accepting attitude, were found to be considerably lower to statistically meaningful extent than those who do not have depression ($p=0.02$

Table 1. Comparison of sociodemographic variables in terms of gender

Sociodemographic variables	Female n=241 n (%)	Male n=150 n (%)	χ^2	p
Smoking				
No	224 (92.9)	126 (84)	7.8	0.005
Yes				
Alcohol				
No	218 (90.5)	109 (72.7)	21	0.0001
Yes	23 (9.5)	41 (27.3)		
Substance use				
No	240 (99.6)	147 (98)	5.29	0.03
Yes	1 (0.4)	3 (2)		
Suicide attempt				
No	218 (90.5)	147 (98)	8.4	0.004
Yes	23 (9.5)	3 (2)		
Self-mutilative behavior				
No	188 (78)	131 (87.3)	5.3	0.02
Yes	53 (22)	19 (12.7)		

Table 2. Comparison of parental attitudes and Beck Depression Inventory scores between genders

Parental attitude	Female n=241 (Mean $\pm$ SD)	Male n=150 (Mean $\pm$ SD)	t	p
Mother				
Over protection	10.35 $\pm$ 4.11	10.02 $\pm$ 3.77	0.80	0.423
Care/control	26.53 $\pm$ 4.02	26.6 $\pm$ 4.86	-0.16	0.872
Total	36.88 $\pm$ 6.71	36.62 $\pm$ 7.11	0.36	0.716
Father				
Over protection	9.7 $\pm$ 4.44	9.02 $\pm$ 4.12	1.52	0.130
Care/control	25.31 $\pm$ 5.57	25.83 $\pm$ 5.73	-0.89	0.376
Total	35.02 $\pm$ 8.18	34.85 $\pm$ 8.31	0.19	0.849
BDI score	14.13 $\pm$ 9.01	11.11 $\pm$ 7.92	3.37	0.001

BDI: Beck Depression Inventory; SD: standard deviation

Table 3. Relationship between parental attitudes and depression

Parental attitude	Depression (-) (Mean $\pm$ SD)	Depression (+) (Mean $\pm$ SD)	t	p
Mother				
Over protection	9.95 $\pm$ 3.99	11.03 $\pm$ 3.89	-2.36	0.02
Care/control	26.9 $\pm$ 3.98	25.55 $\pm$ 5.21	2.37	0.02
Father				
Over protection	9.29 $\pm$ 4.3	9.87 $\pm$ 4.4	-1.14	0.25
Care/control	25.91 $\pm$ 5.27	24.36 $\pm$ 6.46	2.51	0.03

SD: standard deviation

and $p=0.03$). There is no study conducted in Turkey on PBI, which we used in our study. In the study by Özbaran et al. (18), "family life and child raising instrument" was used and the protective attitude in the form of "excessive motherhood" in the families of adolescents with depression was found at a high level.

In foreign literature, it was reported that adolescents raised in Mexican–American families whose parents show warmer, accepting, and supportive attitude showed less depressive indications, whereas adolescents raised in families involving conflicts and disagreements between the parents and adolescents showed more depressive indications (19). There are studies suggesting that adolescents who had unsolved conflicts with their parents experienced many problems and, especially, emotional problems (20,21). The finding of the current study that low parent care, as perceived by the adolescents, was correlated with depression is consistent with the findings of Meadows et al. (9) who suggested that the social support of parents is important for mental health in both sexes. Similarly, Milne et al. (22) reported in their studies that excessive mother care and control was correlated with depression in adolescents. Insufficient parent care and over-protecting attitude of the mother during childhood and puberty were found to be correlated with adult depression. Also in the study by Puig-Antich et al. (23), it was found that during depression in childhood and puberty, parents usually adopted a careless, angry, punishing, and humiliating attitude.

In the current study, it was determined that 41 (10.5%) students used tobacco, 64 (16.4%) students used alcohol, and four (1.0%) students used substance. In the study conducted by Çuhadaroglu et al. (24), the smoking rate of students aged 15–17 years was found to be 11.4%, the alcohol use rate was found to be 14.9%, and the substance use rate was found to be 1%. The rates obtained in the current study are similar to those of aforementioned study. That the rates of tobacco use were found to be lower than those of alcohol use, suggesting a reflection of the preventive measures against the use of tobacco, which has increased in recent years.

When the sociodemographic data and gender differences are concerned, the study by Ögel et al suggested that the use of alcohol, substance, and tobacco was higher in high school boys than in high school girls (25,26). The study by Güler et al. (27) conducted on high school students revealed that the rate of tobacco use was more frequent in male students. Similarly, the current study found the rates of tobacco use, alcohol use, and substance use to be more frequent in boys than in girls. When the correlation between the use of alcohol, substance, tobacco, and depression are concerned, the average depression scores of those who use tobacco and substance was found to be higher than those not using them ($p=0.05$). Kessler et al. (28) determined a positive correlation between the depressive symptoms and the use of addictive drugs in the research they conducted on 5721 high school students. Wells et al. (29) ascertained that there is a positive correlation between depression and the use of tobacco in adolescents. Pullen et al. (30) reported that the incidence of depression among 217 adolescents aged 15–16 years increases with the age and that there is a positive correlation between the incidence of depression and the use of tobacco.

In the current study, it was determined that 26 students (6.6%) attempted suicide and 72 students (18.4%) performed self-mutilative actions. In the current study, suicide attempt and self-mutilative actions were found to be more frequent in girls and this result is consistent with the findings of some previous studies (31,32). In this study, the average depression scores of the students who stated that they attempted suicide were higher to a statistically meaningful extent than those who did not attempt suicide ($p=0.002$).

In this study, it was determined that 41 students (10.5%) received disciplinary punishment. When parental attitude is concerned, it was found

that disciplinary punishment was correlated with insufficient care by the parents.

In conclusion, depression and parental attitudes and some demographic aspects of mid-puberty high school students were evaluated in this study and the correlation of all these components with each other was investigated. The score of mother's over-protective attitude, which does not promote independence and autonomy, was found to be considerably higher in adolescents with depression than in adolescents without depression. In addition, the care/control scores, representing sufficient care, affection, and acceptance of both mothers and fathers, were found to be lower in adolescents with depression than in those without depression. This result indicates the importance of parental bonding and parental attitudes in the onset of depression. On the other hand, the rates of tobacco, alcohol, and substance use were found to be higher in male students, whereas those of suicide attempt and self-mutilative actions were found to be higher in girl students. Taking into consideration parental attitudes is of great importance in order to better understand adolescents and to solve problems likely to occur during this period.

The biggest limitation of this study is that it was conducted in a single region and in a small sample. For this reason, further studies are warranted about this subject matter on a larger sample in different provinces and regions.

Conflict of Interest: The authors declared no conflict of interest.

Financial Disclosure: The authors declared that this study has received no financial support.

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