

Perceived Parental Care, Self-Esteem and Depression among Adolescents in Makurdi Secondary Schools

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Abstract

This study was aimed at exploring whether perceived parental care and self-esteem relates to depression among adolescents in Makurdi. An ex-post-facto design was adopted. Three hundred and sixty two (362) students participated in the study. Three measuring instruments were also used for data collection. Findings indicate that, perceived parental care and self-esteem relates to depression among adolescents in Makurdi. The finding also showed a strong correlation between the three variables. Based on the findings it was therefore recommended that, clinical psychologist and counseling psychologist must be aware of the role parental care has on their children and how self-esteem influences adolescent depression. Parents' involvement in the treatment of depression should also be considered. School administrators and counsillors as well as psychologist should educate parents on styles of parenting.

Keywords: Parental care, Self-esteem, Depression and Adolescents

Introduction

Depression is one of the most widespread mental disorders among adolescents' population, secondary to alcohol abuse (Kiringlen, Torgersen and Crammer, 2001) in Western society. Depression is an affective, or mood disorder. It is an illness that immerses its sufferers in a world of self blame, confusion and hopelessness. It is an illness of the mind. Some could argue that depression is a way of coping with life's pressures (Schwartz, 1993). In the past, depression was not recognized to exist among adolescents. However, researchers studying depression suggest that depression exist among adolescents (Loh, Marian and Badiah, 2010).

Depression in adolescents has been acknowledged as a problem (Nunley, 2001). Depressive symptoms are often viewed as normal adolescents' behavior or moodiness. Adolescents with depressive symptoms have difficulty expressing how they feel and may use other means of expression such as acting out which often interpreted as misbehavior. Early psychoanalytic formulations presumed that young adolescents did not have the psychological structure (e.g. super ego functions) to truly experience depression, clinical and empirical evidence revealed that adolescents do indeed suffer from both depressive symptoms and depressive disorders. In fact, depression in adolescent was overlooked rather than "masked" possibly because of disruptive behaviours and co morbid disorders were more salient than were depressive symptoms. Depression is a serious problem that impacts every aspect of adolescents' life. It can lead to drug abuse, self-loathing and pregnancy, violence and even suicide. Depression can destroy the very essence of adolescents' personality causing an overwhelming sense of sadness, despair or anger. Usually, adolescents rely on parents, teachers, or caregivers to recognize his or her suffering and get him or her treatment.

Depression in adolescents is increasing on an alarming rate and statistics on adolescent depression are sobering. Studies have indicated that depression in adolescents affects approximately 35-40% of the adolescent's population, most alarming among adolescents. One among five may suffer from depression (Ruston, Forcier and Schectman, 2002). The impact of depression is detrimental to the psychological well-being of the people including adolescents, which will bring adverse effect to a country's progress. Risky perceptions in the present study refer to adolescents' perceptions towards parental care and risky appraisals refer to low self-esteem. There are three main factors related

to the cause of depression, which are biological, psychological, and environmental. Each factor contributed differently to depression for adolescents. Yet, studies have revealed that self-esteem has always been quite a strong factor that relate to adolescents' depression (Cheng & Yusoof, 2010; Resenberg, Schooler and Schoenbach, 1989). Perceived parental care, whether paternal or maternal or both, have also been evident to be related to depression (Bean, Barber & Crune, 2006; Kim and Cain, 2008). Even though, depression can affect anyone regardless of age, race, sex, or culture, we cannot deny that sex differences do exist in depression. A common justification for the sex differences is that females are more expected to admit when they are questioned about their symptoms of depression.

Many factors influence adolescents' depression. Among such factors are academic work, stress, anxiety, selfesteem, parental care, etc. However, this study focuses on two of this factors which are parental care and selfesteem. Perceived parental care – refers to the perceived emotional experience of caring, nurturance, concern or simply love of parents for their adolescents (Rohner, 2007).

Categorizing parents according to parental demandingness and responsiveness creates a typology of four parenting styles, i.e. indulgent (permissive), authoritarian, authoritative and uninvolved (Maccoby and Martin, 1983). Each of these parenting styles reflects different naturally occurring patterns of parental values, practices and behaviours. Parents are perhaps the most influential persons that one will ever encounter in life. Their impact is both profound and enduring. Strategies which parents use to guide and discipline their children affect their academic, social and emotional development/well-being. Parents' lack of care and affection for their adolescents' children increases the possibility of adolescents' depression.

Adolescents' depression may also have a link to self-esteem. Self -esteem is the ability to be assured of one's own abilities, talents, worth, value as well as having personal acceptance, approval and respect for one-self. Studies conducted in 1990s revealed that depression and low self-esteem occur with disproportionately high among adolescents (Orth, Robbins and Meier, 2009). Low self-esteem also means the development of a poor or negative self-image. Such beliefs can become a self-fulfilling prophecy of expecting to fail (Riddick, 1996). Although most adolescents experience difficulty in developing positive self-esteem, research indicate that adolescents who maintain positive self-esteem report more positive affective states, greater wellness, more life satisfaction, and fewer depressive symptoms (Dixomrayle, 2005). Therefore, if adolescents have high self-esteem, they may report lower levels of depression.

Providing a better understanding of perceived parental care and self-esteem as correlates of adolescent depression is another focus of this investigation. Very little research on this topic has been conducted in this part of Nigeria. This study is a right step in the right direction at this point in time where adolescents consistently found to be at the fore front of political, religious and ethnic conflict.

Research Questions

- i. Would measures of parental care significantly relate with depression among adolescents?
- ii. Will self-esteem significantly relate with depression among adolescents?

Empirical Review

Parental Care and Adolescent Depression

In relation to the care dimension of parenting, past research examined various aspects or dimensions of parenting in explaining adolescents' outcome. (Bean, Barber & Crane, 2006), have revealed that behavioural aspect of parenting is frequently associated with adolescent's behavioural problems while the emotional aspect of parenting is associated with adolescents' emotional problems. Ayvazian (1996), investigated whether parenting styles is related to child motivation, low level of depression, problem behavior and self-esteem. The investigator found that there exist positive relationship between parenting style and level of depression and problematic behavior of the child. Jackson and Schemes (2005) conducted a study in which authoritative parenting was found to be associated with positive outcomes for children and adolescents. In their study, university students who perceived their parents as

authoritative showed low depression and better universal adjustment during the student's transition and throughout university. These relations were mediated by student's level of optimism. In another study, they found that high school students perceived their parents as authoritative were low on depression.

Dwairy (2004) found significant association between parenting styles and depression. He found positive correlation to exist between authoritarian parenting style and depression. It is observed that authoritarian style lead to higher level of depression among children and adolescent whereas, negative correlation has been found between permissive parenting style and depression. Findings from the review showed that no peer review studies were found by the researcher that was conducted in Makurdi, Nigeria that addresses perceived parental care and adolescent depression. Therefore, the following hypothesis was formulated.

Hypothesis 1: There will be a significant relationship between measures of parental care and depression among adolescents.

Self-Esteem and Adolescent Depression

With regards to self-esteem, Dubois and Hirsch (2000) suggested that self-esteem plays a secondary or supporting role in depression. That depressed mood and low self-esteem occur with disproportionately high prevalence among adolescents. Also, recently emerging studies suggest that low self-esteem contributes to the development of depression (Orth, Robings & Meier, 2009). Low self-esteem contributes to the development of a poor or negative self-image such beliefs can become a self-fulfilling prophecy of expecting to failing. Although most adolescents experience difficulty in developing positive self-concepts, research indicates that adolescents who maintain positive concepts with higher self-esteem tend to report more positive affective states, greater wellness, more life satisfying and fewer depressive symptoms (Dixon-Rayle, 2005). Therefore, if adolescents have high self-esteem, they may report lower levels of adolescents' depression. According to Siyez (2008) self-esteem influences certain behaviours during the development confusion of adolescence. Thus, self-esteem functions as a predisposing factor to depression. Liu (2003) revealed that self-esteem was a complete mediator in the relationship between parental care and depressive symptoms.

Based on the literature review, the study formulated the following hypothesis.

Hypothesis 2: There will be a significant relationship between self-esteem and depression among adolescents.

Methodology

Ex-post-facto research design was adopted for this study, while three (3) questionnaires were used for the collection of data among the participants of the study. 3 X 2 factorial design was used in the study. A total of 362 participants were used for the study. Their age ranges from 12-18 years. Sex of participants indicates that male participants were 192 (53.0%) while female 170 (47.0%).

Measures

Parental Care Scale

Parental care scale developed by Baumrid (1971) was used for gathering information on participants' perceived parental care. The 20-item scale measures the styles of parenting, what children perceive as the styles or approaches that their parents dominantly use in taking care of them. These include, Authoritarian parenting, permissive parenting, and authoritative parenting style. The summated score used as the observed variable for parental care in which higher scores indicate higher level of perceived parental care. The test has internal reliability coefficient of .86.

Self-Esteem Scale

Respondents' level of self-esteem was assessed by using the Rosenberg self-esteem scale (1965). The scale is a 10item scale that measures self-esteem. Rosenberg self-esteem scale refers to the global self-worth of individuals. Participants gone through a list of statements dealing with their feelings about themselves and select a most accurate response on a response format consisting of 1=Strongly Disagree to 4=Strongly Agree. However, reversed items are scored in a reverse order ranging from 1=Strongly Agree to 4=Strongly Disagree. The summated score used as the



observed variable for self-esteem in which higher scores indicate higher level of self-esteem and lower scores indicate low self-esteem. Rosenberg (1965) reported a reliability coefficient of .71 for the self-esteem scale.

Depression Scale

Depression was assessed using the Center Epidemiological Studies Depression Scale for Children (CES-DC), developed by Weissman, (1980). The 20-item scale measures depression among children and adolescents. In this scale, participants were given a list of feelings and behaviours and were asked to indicate how often they have felt this way during the past week. Responses to each of the depression items were scored on a 1 to 4 scale, 1="not at all" and 4= "A lot". Higher scores indicate increasing levels of depression. The test has alpha reliability coefficient of 0.80.

Procedure of Administration

In administering the questionnaires to adolescents, purposive sampling technique was used. The researcher with the help of teachers in the selected secondary schools used for the study administered the questionnaires to senior secondary school students. To ensure that research ethics were adhered to, the questionnaire contained an introductory note seeking respondents' co-operation in answering the questionnaire. The introductory note also informed respondents of their right to discontinue with the research.

Method of Data Analysis

The data collected from the respondents were subjected to statistical analysis of hierarchical regressions.

Results

In testing the research hypotheses raised in the present study, hierarchical regression and bivariate correlation analyses were used. Depression was regressed on the predictor variables (parenting styles and self-esteem while the demographic variables of age, sex, class of study and religion were the control variables. The results of hierarchical regression are presented on Table 1, while that of the bivariate correlation are on Table 2.

Independent variable	Dependent Variable							
Sex	Depression							
	Step 1 (β)	Step 2 (β)	Step 3 (β)					
	023	.003	.055					
Age	.132*	.125*	.110*					
Class of study	.003	.007	.030					
Religion	017	028	016					
Authoritarian parenting style		.148*	024					
Authoritative parenting style		107*	.096*					
Permissive parenting style		119*	.007					
Low self-esteem			498*					
High self-esteem			.152					
R^2	.018	.050	.438					
Adj. R ²	.007	.031	.424					
ΔR^2	.018	.032	.388					
F- ratio	1.674	2.671*	30.530**					

Table 1: Hierarchical Regression of Depression	on Parenting Styles and Self Esteem Controlling
for Demographic Variables.	



Δ F-ratio	1.674	3.944*	121.665**
* p<.05 ** p<.01			

Table 2: Mean,	Standard I	Deviation and	l inter-correlation	among variables

Variables	Mean	STD	1	2	3		4	5	6	7	8	9	10
Sex	1.47	.500	-										
Age	15.64	1.545	093	-									
Class of study	2.36	.630	.079	240	-								
Religion	1.10	.296	083	.052	068	-							
Authoritarian	3.73	1.44	117	.109	100	.092	-						
Authoritative	5.37	1.16	206	009	.056	034	066	-					
Permissive	3.29	1.82	.140	.062	082	.116	.243	.110	-				
Low self esteem .55	.498	644	074 .0)67	023	169 .0	2522	- 42					
High self esteem .93	1.06	.628	.016 -	.080	.012 .1:	53 .0	18 .20	29	71	-			
Depression	120.32 12	.122	033	.133*	029	*00	$8^* .080^*$.117*	.14	6**64	4** .628*		

In step one of the hierarchical regression analysis, sex, age, class of study and religion had no significant joint influence on depression ($R^2 = .018$, F = 1.67, p > .05). The results in step one also showed no significant independent contribution of sex, class of study and religion on depression. However, age had a significant positive influence on depression ($\beta = .132$, p < .05). This means that an adolescent age has significant influence on depression. Likewise in bivariate correlation (Table 2) age was found to correlate significantly and positively with depression (r = .133, p < .05). In step two, the parenting styles were entered along with the demographic variables and all had significant joint influence on depression ($R^2 = .050$, F = 2.671, p < .05), accounting for .050 or 5.0% variance in depression. The inclusion of the parenting style variables resulted in 3.2% variance change ($\Delta R^2 = .032$) from what was in place when only the demographic variables were introduced. It is observed that authoritarian parenting style, ($\beta = .107$, p < .05) and permissive parenting style ($\beta = ..19$, p < .05) contributed independently in a negative direction in the joint prediction of depression. The bivariate correlation coefficient for authoritarian parenting style (r = .080, p < .05) also indicated a positive relationship. The bivariate correlation also showed authoritative parenting styles (r = .013, p < .05) and permissive parenting (r = .003, p < .05) correlate negatively with depression.

When self esteem was introduced in step 3, there was significant joint prediction of depression ($R^2 = .438$, F = 30.530, p < .001), with all the variables accounting for 43.8% variance. But self-esteem variable accounted for only 38.8% variance change ($\Delta R^2 = .388$). Independently, low self-esteem ($\beta = .498$, p < .05) positively predicted depression while high self-esteem ($\beta = .152$, p > .05) was not found to predict depression. However, bivariate correlation showed a significant negative relationship between low self-esteem (r = -.644, p < .01) and depression while high self –esteem had a significant correlation with depression (r = .628, p < .01).

Discussion

The main goal of this present study was to determine the relationship between perceived parental care, self-esteem and depression. Past research on the topic of parental care and self-esteem on depression has focused on developed countries and many on only maternal acceptance and depression (Garber, Robinson and Valentiner, 1997) and few

or no research at all has been carried out in Makurdi on this topic. The present study investigated parental care, selfesteem and depression among adolescents to fill that gap. The findings from this study suggest that parental care is essential in the emotional development of early adolescents.

When all the independent variables were coded and analyzed using SPSS package, there were significant contributors to depression among adolescents. It is also pertinent to note that results of the study appear to lend substantial support to the hypotheses formulated.

As pointed out in the result of the analysis, this study reviewed that authoritarian parental care influence depression in a positive direction. What this result entails is that the more authoritarian parental care, the higher the level of depression among adolescents. But correlation between permissive parental care and adolescent is negative that is, the more permissive parental care, the lesser experiences of depression among adolescents. No significant correlation is found between authoritative parental care style and depression. The findings is in line with the work of Bean (2006); Garber (1997). They found a significant relationship between parental care and depression. In particular they found direct path from paternal and maternal support to depression. Also in line with the findings of this study is the work of Reiss Hetherigton, Plomin and Howe (1995) who examine the effect of different parenting styles on adolescent depression and anti-social behaviour and compared it with the influence of environmental influences along side with genetic influences.

Result of the study also showed that high self-esteem has a significant but negative influence on depression while low self-esteem among adolescents show significant (i.e. positive correlation) relationship with depression. What this result entails is that adolescents who have low self-esteem will have higher tendency to experience depression. In addition adolescent with high self-esteem will have low tendency to experience depression. These associations are in agreement with past findings on the same issue. For example, Dubois and Hirsh, (2000) found that self-esteem plays a supporting role in depression. Also, Orth et al, (2009) in their study found that low self-esteem contributes to the development of depression. Most adolescents experience difficulty in developing positive self-concepts, this study indicates that adolescents who maintain positive concepts with higher self-esteem will tend to report more positive affective states, greater wellness, more life satisfaction and fewer depressive symptoms.

Implications of the Study

The findings of this study have practical implications for clinical psychologist, counseling psychologist, school administrators and parents. First this study is expected to facilitate researchers to conduct more studies about adolescent depression. From the practitioner's perspective, clinical psychologist and counselling psychologist should draw management /treatment plan to adolescents who perceived themselves as lacking parental care and low self-esteem which may possibly serve as a predisposing and precipitating factor to depression. Although cognitive behavioural therapy is a common approach in treating depression, self-learned emotional regulation strategies such as cognitive reappraisal can be taught to adolescents in schools. Cognitive reappraisal refers to the modification of thoughts in a situation (Gross and John, 2003). Low self-esteem has a positive correlation with depression. This by implication means that school administrators, teachers and counselors should attach greater importance to the presence of low self-esteem in adolescent with the aim of increasing the possibility for adolescents' growth and to function across their life span. Factors that interfere with the development of positive self-esteem must be obliterated for the prevention of emotional and psychological distress (such as depression) among adolescents.

Limitations and suggestions for future Study

The first limitation of the study was that of self-report data. The study was confined to a small group of research participants, all of whom were in the same town, therefore, limiting the geographical scope of the study. The findings from this study suggest possibilities for future research. Firstly, parental care was a perceived construct in the present study which might have neglected the obvious truth of the actual parenting. Therefore, future studies should include an inter-rater assessment to capture actual parenting. Secondly, the population used was adolescent in Makurdi metropolis perhaps a survey of adolescent depression should extend to other cities in the state.

Conclusion



Based on the findings, the study concluded that parental care plays a significant role in adolescence depression. It was also concluded that low self-esteem influence depression in adolescents while high self-esteem was not found to influence depression.

Recommendations

Based on the findings from this study, parents, school administrators, teachers and counsellors should be aware of the role parental care and self-esteem play in adolescent depression. The present study shows that parenting care styles have an impact on adolescent depression. Therefore, it is recommended that, parents be educated on the need to provide the right parenting care for their adolescents as their care will go a long way in enhancing adolescents self-esteem, thus reducing depression in adolescents.

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