

Parental Involvement and Mental Well-Being of Indian Adolescents

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This study examined the association between parental involvement and mental well-being among the 6721 school-going adolescents aged 13 to 15 years who participated in India's nationally-representative Global School-based Student Health Survey (GSHS) in 2007. Parental involvement (homework checking, parental understanding of their children's problems, and parental knowledge of their children's free-time activities) was reported by students to decrease with age, while poor mental health (loneliness, insomnia due to anxiety, and sadness and hopelessness) increased with age. Age adjusted Logistic regression models showed that high levels of reported parental involvement were significantly associated with a decreased likelihood of poor mental health.

Key words: *Adolescents; India mental health; Parenting.*

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Psychosocial development during adolescence is often accompanied by new stresses, behavioral changes, and relationship problems. Parental involvement in the lives of their adolescent children can help young people to learn how to cope with stressors and maintain physical and mental health. Indeed, high levels of parental involvement and a strong bond between youth and their parents have been found to be associated with a decreased risk of youth depression and loneliness in high-income countries [1-3]. However, research regarding the applicability of these results in different cultural contexts is limited [4,5]. This study provides information about the mental health of school-going adolescents aged 13-15 years in India and the association between parental involvement and child mental well-being.

METHODS

The Global School-based Student Health Survey (GSHS), which assesses the health behaviors of middle school children, is conducted in participating low- and middle-income countries by national governments in collaboration with the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) [6].

The 2007 India GSHS used a two-stage cluster sampling design to sample 75 nationally-representative Central Board of Secondary Education (CBSE) schools (including government schools, independent schools,

Kendriya Vidyalayas, and Jawahar Novodaya Vidyalayas), of which 74 (99%) agreed to participate [7,8]. Within each of the participating schools, several classrooms (usually grades 8, 9, or 10) were randomly sampled, and all students in these classrooms were invited to complete a self-report survey during one class session. Participation was voluntary, and no identifiable information was collected. A total of 8130 students completed the survey, for an 85% participation rate [7]. For this analysis, only data from the 6721 students who were ages 13 to 15 and reported their sex are included.

The mental well-being of students in the past 12 months was measured with key questions about loneliness ("How often have you felt lonely?"), anxiety ("How often have you been so worried about something that you could not sleep?"), and symptoms of depression ("Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing your usual activities?") [9]. The questions about loneliness and anxiety used a five-point response scale with possible answers of always, most of the time, sometimes, rarely, and never. Responses of always or most of the time were coded as markers of poor mental well-being. The question about symptoms of depression had possible answers of yes and no, with yes indicating poorer mental health status. A fourth question asked about the number of close friends, and an answer of zero close friends was considered a sign of low mental well-being.

Parental involvement was assessed with three questions about the students' perceptions of their parents' involvement in their lives in the past 30 days: "How often did your parents or guardians check to see if your homework was done?", "How often did your parents or guardians understand your problems and worries?", and "How often did your parents or guardians really know what you were doing with your free time?" [9]. These questions used a five-point response scale for frequency, with possible answers of always, most of the time, sometimes, rarely, and never. Responses of always or most of the time were considered to indicate a high level of parental involvement.

Chi-square tests were used to identify differences in responses between age and sex groups. As several differences were observed, age- and sex-adjusted multivariate logistic regression models were used to examine the associations between individual mental health variables and individual parental involvement variables. Due to multicollinearity and interaction between variables, no models included more than one mental health variable or more than one parental involvement variable. Any student missing a response for a particular question was excluded from analysis involving that variable. All statistical analyses were conducted using SPSS, version 19 (IBM, New York, USA).

RESULTS

About half of the students reported that their parents checked their homework, understood their problems, and knew how the student spent free time most of the time or always (**Table I**). Less than 10% reported being lonely or anxious, but nearly one in four reported symptoms of depression. Older children reported lower levels of

parental involvement and higher levels of poor mental health than younger students.

More girls than boys reported high levels of parental understanding and parental monitoring. Girls also reported more symptoms of poor mental health, with the highest rates of reported loneliness, anxiety, and depression occurring among girls who reported low levels of parental involvement. Age-adjusted logistic regression models showed that high levels of parental involvement were consistently associated with a decreased likelihood of poor mental health for both boys and girls (**Table II**).

DISCUSSION

This study shows that mental health concerns, especially symptoms of depression, are common among Indian adolescents and increase with age. These findings from nationally-representative data are similar to previous, smaller studies from several Indian states [10-12].

This study also showed that high levels of parental involvement with both male and female adolescent children are associated with reduced odds of poor mental health among those children. A similar study of students aged 14-16 years in Finland found that parental knowledge of how children spent their free time was a significant predictor of reduced odds of depression and anxiety [1], but this finding cannot necessarily be generalized to other parts of the world. Thus, this study provides an important new perspective on adolescent mental health in India. The differences in the strength of the associations for boys and girls may be a function of sons and daughters interacting differently with their parents and perceiving parental support differently.

TABLE I PREVALENCE OF EXPOSURES AND OUTCOMES IN THE STUDY POPULATION

	By age (y)				By sex		
	13 (n=2010)	14 (n=2642)	15 (n=2069)	P value	Female (n=2997)	Male (n=3724)	P value
<i>Parental involvement factors</i>							
Parents checked homework [§]	49.9%	45.3%	42.0%	<0.001*	45.2%	46.0%	0.839
Parents understood problems	59.1%	58.7%	55.8%	0.006*	59.1%	57.0%	0.023*
Parents knew how the student	53.1%	51.6%	49.3%	0.003*	53.7%	49.5%	<0.001*
<i>Mental health factors</i>							
Lonely [#]	6.2%	9.2%	9.9%	<0.001*	9.9%	7.4%	<0.001*
Insomnia due to anxiety [#]	6.1%	7.3%	8.8%	0.005*	8.4%	6.6%	0.005*
Sad and hopeless \geq w in past year	20.1%	25.2%	26.6%	<0.001*	23.1%	24.9%	0.120
No close friends	10.6%	11.9%	9.6%	0.038*	10.6%	11.0%	0.724

[§]always or most of the time in past 30 days; [#]always or most of the time in past year;

WHAT THIS STUDY ADDS?

- School-going Indian adolescents who report high levels of parental involvement in their lives tend to report lower levels of depression, loneliness, and anxiety.

There were several potential limitations of this study. The GSHS only includes data from children who attend school, so the results cannot be generalized to all adolescents in India, and parental involvement levels and mental health symptoms were assessed based on students' self-reports, which were not validated with direct observation or parental reports.

Even so, this study suggests that parental involvement is an important factor for positive child mental health for both boys and girls. Healthcare providers should encourage parents to be actively involved in their adolescent children's lives, since healthy mental well-being in adolescence plays a key role in positive physical and psychological development.

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TABLE II RELATION BETWEEN PARENTAL INVOLVEMENT (ALWAYS OR MOST OF THE TIME VS. LESS OFTEN) AND POOR CHILD MENTAL HEALTH.

	<i>Parents checked homework</i>		<i>Parents understood problems</i>		<i>Parents knew how the student spent free time</i>	
	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>
<i>Loneliness</i>						
% with loneliness#	8.0	6.3	7.0	5.5	7.5	6.8
% with loneliness#	11.5	8.4	14.7	10.3	13.1	7.9
Adjusted odds ratio	0.69 (0.54, 0.90)*	0.76 (0.59, 0.98)*	0.45 (0.35, 0.58)*	0.51 (0.39, 0.66)	0.54 (0.42, 0.70)	0.86 (0.66, 1.11)
<i>Insomnia due to anxiety</i>						
% with anxiety#	7.5	6.2	7.1	5.4	7.2	6.6
% with anxiety#	9.0	7.3	10.5	8.7	10.2	6.8
Adjusted odds ratio	0.84 (0.64, 1.10)	0.85 (0.66, 1.11)	0.66 (0.50, 0.86)	0.60 (0.46, 0.78)	*0.68 (0.52, 0.90)	0.98 (0.75, 1.28)
<i>Sadness & hopelessness</i>						
% sad & hopeless#	16.8	21.5	18.7	21.5	18.5	22.5
% sad & hopeless#	29.5	29.2	31.9	31.2	30.6	29.2
Adjusted odds ratio	0.49 (0.41, 0.59)*	0.67 (0.58, 0.78)*	0.50 (0.42, 0.59)	0.61 (0.52, 0.71)	0.52 (0.43, 0.62)	0.71 (0.61, 0.83)
<i>No close friends</i>						
% with no close friends#	10.5	9.4	9.7	9.8	10.0	10.5
% with no close friends#	11.0	12.4	12.6	12.8	11.3	11.7
Adjusted odds ratio	0.94 (0.74, 1.07)	0.73 (0.59, 0.90)*	0.74 (0.58, 0.94)*	0.74 (0.60, 0.91)*	0.87 (0.68, 1.11)	0.89 (0.72, 1.11)

among those with high parental involvement; \$ among those with low parental involvement.

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