

## Behavioral disorders in adolescent girls with single parent

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### ABSTRACT

The overall objective of this article was to compare behavioral disorders among adolescent girls with single-parent and normal families in Tehran. Causal-comparative research method (after the event) was used, and the population included all the female students in middle school of 6th district in Tehran. The sample consisted of 57 adolescents with single parent (who lived with their mothers) and 60 cases of normal adolescents. The instrument used for present study was YSR (youth self report) form of Aachen Bach questionnaire. Analysis of questionnaire data was done by means of descriptive statistics (mean and standard deviation) and inferential statistics (t-test). The results indicated that the means of all scores measured symptoms in single - parent group were higher than normal, however, with taking into consideration the differences among means and calculated t values, the significant differences only existed in somatization symptoms and conduct disorder between two groups.

**KEYWORD:** behavioral disorders, adolescent girls, single-parent family

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### 1- INTRODUCTION

The family is one of the most significant contexts associated with the development of children and adolescents. It is the setting where important values, norms, attitudes and patterns of behavior are formed (Tomcikova, Madarasova Geckova (2009) [21] and the children's health are provided (Brockmann, 2013) [2]. On the other hand; it can also be a space where different developmental disturbances taken its roots. In addition to the protective factors a family might provide to adolescents, some dimensions of family life may also have a negative impact on the health of adolescents and might lead to various emotional and behavioral problems. In this context, Sweeting and West distinguished three dimensions in family life which might play a role not only as protective factors, but also as risk factors: family structure, family culture (includes parenting style, family cohesiveness, parental support, etc.) and family conflicts (parent-child conflicts). Many studies found an association between these dimensions (impaired structure of the family, improper parenting style, insufficient support or family conflict) and different negative outcomes, like poor well-being and behavioral problems. [21]

Several recent studies confirm that the change in family structure, especially the divorce, might increase risk of problems in children and adolescents. Children and adolescents in divorced families exhibit more externalizing (e.g. antisocial and aggressive behavior, substance use) and internalizing (e.g. anxiety, depression) problems compared with those in intact families. [7, 10, 17, 20] These children are at higher risk of health problems, premature mortality (Fagan & Churchill, 2012) [5] school drop-outs, substance abuse, premarital sex and teenage pregnancies as well as neglected children (Hamid, Salleh, 2013) [8]. The death of a parent is a profoundly stressful form of childhood adversity, increasing the short- and long-term risk of mental health problems. Emerging researches suggest that it may also disrupt biological regulatory systems and increase the risk of long-term physical health problems. (Luecken, Roubinov, 2012)[13]. Studies that have compared the death of a parent and divorce, they often found that the effects of divorce were larger than parental death. (McLanahan, Tach, Schneider, 2013) [15]. only in cases that extremely high levels of parental marital conflict and their associated problems were indissoluble, the damage caused by the divorce of parents was lesser than staying together. (Walberg, Mrozek, 2009) [22]. Given that patterns of family structure have undergone significant changes over the past several decades, with the most notable of these changes being the substantial increase in the proportion of children growing up in single parent families (Parke, 2003) (Phillips TM, 2012)[18] as well as extensive researches in recent decades have shown that the incidence of behavioral problems among children in single-parent families are more than intact families and always the behavioral and affective disorders are shown considerable stability over time and are responsible for many of the negative trends in population health (Fagan P, Churchill A, 2012)[5], evaluation of prevalence of behavioral disorders in children and adolescents to identify the causes and ways to prevent and treat them, seems to be important. Therefore, this study attempted to compare behavioral disorders in adolescent girls with single-parent and normal.

## 2-MATERIALS AND METHODS

### 2-1-Sample

The population in this article consisted of all the middle school female students of the 6th district in Tehran in 2014. In this study, two groups of students were selected from the population: the first group of adolescent girls with single-parent families who live with their mothers (single parent due to death or divorce) and the second group of adolescent girls with two-biological parent families. To select a sample of students, multi-stage sampling procedure was used. After determining the 6th district as the population, 7 public School of its and then a few classes from each school were selected randomly and based on the study case, students that live with single-parent ( mothers) were identified. Two-parent Students in the number of single-parent students from the same class were selected randomly. The sample included 57 students in single-parent families (mother-headed families that 47 of them with divorced father and 10 of them with died father) and 60 two-parent students and a total of 117 students participated in this study.

### 2-2- Measure

The instrument employed in this research included Aachen Bach questionnaire based on DSM -YSR form- which has high validity and reliability not only in Iran but also in other countries in the world.

Aachen Bach scales based on DSM as well as based on experience have three forms of CBCL (Child Behavior Check List), TRF (Teacher Report's Form), YSR (Youth Self Report) that the disorders assessed in all three forms are exactly as the same as each other: emotional problems, anxiety problems, attention deficit / hyperactivity disorders, oppositional defiant disorders, conduct disorders and somatization disorders.

Studies have shown that there are consistent and significant relationship between DSM diagnoses and scores of scales based on experience. For each one of three types of obtained scores are as follows: raw scores, percentile ranks and scores of T. In order to facilitate the understanding of the abilities and problems of the child, the child's performance in each of these three forms can be displayed on a profile. YSR form is completed by 11-18 years old adolescents. If an adolescent are not able to complete the form independently, someone else can read his form to record his answers. This form can be completed in 20-25 minutes. In each question, respondents are asked to grading emotional, behavioral and social problems (0 = not true, 1 = somewhat or sometimes true, 2 = completely or mostly true). 105 questions of questionnaire are related to behavioral and emotional problems and 14 questions measure behaviors that are socially desirable. (Achenbach & Rescorla , 2001) [17]

### 2-3- Procedure

To run the test after obtaining permission from the relevant authorities and sampling of schools, in coordination with school officials was referred to the schools. In each school after selecting the targeted students, because of students' sensitivity to emotional and family issues and confidentiality of student records, and because of single-parent adolescents were not distinguished among their classmates, questionnaires were distributed in groups and in the whole of class. The students were accompanied until their form's completion, necessary explanations were made for clarification and understanding. At the end of the meeting, single-parent adolescents questionnaires were separated from the rest of other students' questionnaires and per single parent, one of normal students' questionnaires in the same class was selected.

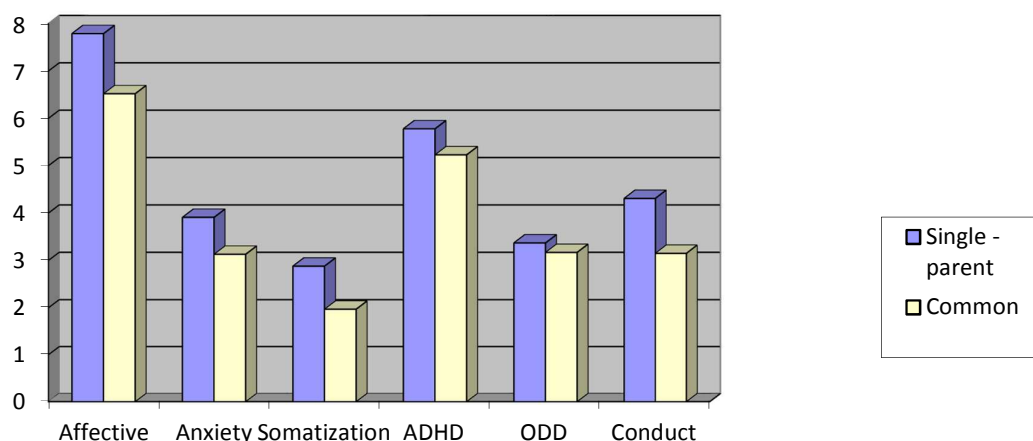
### 2-4- Statistical Analysis

In this study, causal-comparative method (after the event) was performed. In order to analyze the data, descriptive statistics (mean and standard deviation) and inferential statistics (t-test, because of comparing two groups) were used.

## 3- RESULTS

**Table 1:** Comparison of descriptive indicators of symptoms variables among single-parent adolescent girls and common

N	standard error of the mean	standard deviation	mean	symptoms	group
57	.68126	5.14343	7.7895	Affective symptoms	SINGLE - PARENT
60	.50951	3.94664	6.5167		COMMON
57	.36556	2.75992	3.9123	anxiety symptoms	SINGLE - PARENT
60	.24410	1.89080	3.1333		COMMON
57	.37802	2.85401	2.8772	somatization symptoms	SINGLE - PARENT
60	.23406	1.81301	1.9667		COMMON
57	.45816	3.45903	5.7719	ADHD	SINGLE - PARENT
60	.36233	2.80657	5.2333		COMMON
57	.28828	2.17643	3.3684	oppositional defiant disorder(ODD)	SINGLE - PARENT
60	.23907	1.85186	3.1667		COMMON
57	.50384	3.80394	4.3158	conduct disorder	SINGLE - PARENT
60	.29288	2.26861	3.1500		COMMON



**Graph 1:** Comparison of the mean of symptoms scores among single-parent adolescent girls and common

According to the findings, it can be seen that both groups have the lowest average somatization symptoms and higher average hyperactivity / attention deficit symptoms and highest average emotional symptoms.

**Table 2:** Comparison of symptoms in single-parent adolescent girls and common for inferential analyses

Sig. (2-tailed)	t	Degree of freedom	difference of standard error	Difference of means	symptoms
.135	1.506	115	.84504	1.27281	Affective symptoms
.076	1.789	115	.43548	.77895	anxiety symptoms
.041	2.071	115	.43976	.91053	somatization symptoms
.356	.927	115	.58101	.53860	ADHD
.590	.541	115	.37296	.20175	oppositional defiant disorder(ODD)
.045	2.025	115	.57566	1.16579	conduct disorder

Average scores for all symptoms were higher in single-parent adolescents but with reference to the above tables and according to calculated t values and the level of significance (  $\alpha=0/05$ ), it can be seen that there was a significant difference with 95% reliability between the two groups of single-parent adolescent girls and common only in two groups of somatization symptoms and conduct disorders.

#### 4-DISCUSSION

Results suggest that residing in a single-mother family was associated with small increases in behavior problems and decreases in achievement and that residing in a social-father family was associated with small increases in behavior problems. Family structure transitions, in general, were associated with increases in behavior problems and marginally associated with decreases in achievement. (Magnuson & Berger, 2009) [14]

Using the 2003 National Survey of Children’s Health, this paper examines the physical and mental health of children by family structure. Children in step, single-mother, or grandparent-only families had poorer health than children living with two biological parents. Adjusted estimates showed that children in single-father families generally did as well as (for mental health) or better than (for physical health) children living with two biological parents. (Bramlett & Blumberg, 2007) [1]

With comparing the children of divorce and children of intact families, higher levels of externalized and internalized behaviors were exhibited. (Hoffmann, 2006; Harland et al., 2002; Paxton et al., 2007) [7-10-17]

Load and Shanahan (1996) and Fergusson et al (1994) found that family disruption and low socioeconomic status among children are related to behavioral and psychological disturbances as well as delays in cognitive development.(Gilman et al., 2014)[6]

Strong evidences suggest that father absence by increasing the externalized behaviors affect children's emotional and social growth negatively and its long-term consequences remain throughout their life. (Mc Lanahan et al, 2013)[15]

Harland et al. (2002) in the Netherlands showed that children of divorce are three times more likely than normal children exhibit external problems clinically. (Clark, 2006) [4]

People who experienced parental divorce in childhood, more likely they may suffer from cardiovascular disease, depression, less social relationships in adulthood that seems to be the explanation for high rates of premature mortality of them. (Larson and Halfon, 2013) [12]

In the very inefficient families, anti-social behaviors of children are reduced after divorce. However, children of divorce are more prone to anxiety, depression and anti-social behaviors compared to children of healthy families. (Fagan and Churchill, 2012) [5]

Even before marital breakup, children whose parents later divorce exhibit higher levels of anxiety/depression and antisocial behavior than children whose parents remain married. There is a further increase in child anxiety/depression but not antisocial behavior associated with the event of parental divorce itself. Finally, a significant interaction between parental divorce and predivorce levels of family dysfunction suggests that child antisocial behavior decreases when marriages in highly dysfunctional families are dissolved. (Strohschein, 2005) [19]

A national survey of Canadian children ( $N=4,474$ ) compared depression, antisocial behavior and hyperactivity at initial interview between children whose parents subsequently divorced and children whose parents remain married. Results confirmed that significantly worse mental health problems were among children whose parents later divorced. (Strohschein, 2012)[20]

Kim (2011) showed that the children of divorce would encounter with a great deal of stress since their parent decided to get divorced. These children had problems in interpersonal skills and showed more externalized behavioral problems and were more prone to feelings of anxiety, sadness, loneliness and low self-esteem. [11]

Asghari Hanjani in a study entitled "Comparison of behavioral disorders of children in high conflict, divorce and normal families of 4th district in Tehran" showed that there were differences in the prevalence of behavioral disorders (attention deficit hyperactivity, oppositional defiant disorders, generalized anxiety, depression and separation anxiety) among divorce and common children.[9]

Meta-analysis studies of Amato in 2001 indicated that on average, children of divorced parents in comparing with children of married families were exhibited more problems in contexts of academic achievement, self-confidence, sociability, communicating with friends, ill-treatment, depression and anxiety and physical problems that especially among those with a more negative view to the divorce were the most.(Amato & Keit,1991; Lueken & Fabricius, 2003) And also children of divorce reported their physical symptoms themselves.(Walczak & Burns, 1984) (Clark, 2006)[4] On the other hand it has been shown that anti-social and somatic symptoms occur as comorbidity in women. The two disorders may be linked by a common feature of impulsivity. (Kiel and Lyn Field, 2002) (Butcher, 2007)[3]

Amato, by comparing the children of divorce and married families, says that the differences are not very significant and yet may not be permanent, of course divorce have not the same affect on all children. But in studies, these differences are always statistically significant and children of divorce have more behavioral problems than children of married families.(Clark,2006)[4]

Additionally, the findings of this study showed higher levels of behavioral problems in single-parent adolescents. According to the analysis, it could be concluded with 95% reliability that the conduct and somatization symptoms were significantly higher in the single parent group.

## 5- CONCLUSION

The purpose of this study was to evaluate behavioral disorders of adolescent girls with single-parent living with their mothers. In the contemporary society that single-parent families are more common and because of the main problems developing in these children are behavioral disorders, attention to subject of this study seems important. The results of this study showed that the incidence of conduct and somatic symptoms were significantly higher in the single parent group. It is believed that investigating the causes of the problems and presenting strategies to improve conditions and increase social protection and attention to other issues related these groups of children can be effective in their health promotion and prevention of their problems.

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