



## Research paper

## Parental bonding and adolescents' depressive and anxious symptoms in Pakistan

Amna Khalid<sup>a,b,\*</sup>, Farah Qadir<sup>c</sup>, Stella W.Y. Chan<sup>d</sup>, Matthias Schwannauer<sup>e</sup><sup>a</sup> School of Health in Social Science, University of Edinburgh, Edinburgh EH8 9AG, United Kingdom<sup>b</sup> Department of Behavioral Sciences, Fatima Jinnah Women University, The Mall, Rawalpindi, Pakistan<sup>c</sup> Quaid-e-Azam International Hospital, Rawalpindi, Pakistan<sup>d</sup> Section of Clinical Psychology, School of Health in Social Science, University of Edinburgh, Edinburgh EH8 9AG, United Kingdom<sup>e</sup> Head of Clinical & Health Psychology, School of Health in Social Sciences, University of Edinburgh, Edinburgh, United Kingdom

## ARTICLE INFO

## Keywords:

Parental bonding  
Pakistan  
Adolescents  
Depression  
Anxiety  
Well-being  
Structural Equation Modeling

## ABSTRACT

**Introduction:** A quantitative cross sectional study was carried out to investigate the role of parental bonding in relation to depressive and anxious symptoms among secondary school adolescents in Pakistan. The study also aimed to investigate the construct validity of the parental bonding inventory in the cultural context of Pakistan. **Methods:** The sample consisted of 1124 adolescents recruited from eight secondary schools in Rawalpindi, Pakistan. Urdu translated versions of Parental Bonding Instrument (Qadir et al., 2005) and Hospital Anxiety and Depression Scales (Mumford et al., 1991) were administered in classroom settings. Confirmatory factor analysis (CFA) and Structural Equation Modeling (SEM) were used to analyze the data. **Results:** Results from the CFA of the Urdu version of the Parental Bonding Instrument supported a modified version of the three factor model proposed by Kendler (1996) consisting of warmth, protectiveness and authoritarianism. Based on SEM, we found a significant relationship between low parental warmth and depression symptoms among adolescents, whereas maternal protectiveness was a significant predictor for anxiety. Parental authoritarianism was not a significant predictor for depression or anxiety. **Discussion:** Findings of this study indicate that parental bonding is a central construct within a developmental framework in the cultural context of Pakistan, and is important when considering long-term psychosocial functioning of individuals. It should be explored further in clinical populations of Pakistani adolescents to ascertain significance of these constructs for interventions.

## 1. Introduction

Parent-child bonding is crucial in adolescents as they strive towards autonomy (Moretti and Peled, 2004). This bonding is an individual's interpretation of their relationship with their parents (Cassidy, 2008). There is robust evidence suggesting that parental bonding plays a significant role in predicting adolescents' psychosocial functioning (Doyle et al., 2000, 2002; Moretti and Holland, 2003).

The Parental Bonding Instrument (PBI) is a widely used self report measure of parental bonding developed by Parker et al. (1979) to capture the parenting behaviors in two dimensions consisting of *care* (warmth, emotional closeness, and empathy) and *overprotection* (control, intrusion and the level of independence and autonomy). However, the two factor structure of the instrument showed inconsistent findings across different studies demonstrating a superior fit of a three-factor structure (Cubis et al., 1989; Gomez-Beneyto et al., 1993; Kendler et al.,

1997; Murphy et al., 1997). Kendler (1996) also proposed a three factor solution for the 16 item version of PBI comprising of *warmth*, *protectiveness* and *authoritarianism* which has demonstrated a good fit in three subsequent confirmatory factor analytic studies (Sato et al., 1999; Terra et al., 2009; Uji et al., 2006). In a Japanese sample, Uji et al. (2006) found support for a three factor model using exploratory factor analysis but preferred a four factor structure consisting of *care*, *indifference*, *overprotection* and *autonomy* based on the superior fit of the four factor model in confirmatory factor analysis. These factor analyses have shown inconclusive results in the factor structure of PBI across and within cultures, particularly for the control *dimension*. This suggests that perceptions of parenting behaviors differ in different populations and may have differential effect on mental health of adolescents. Assuming the factor structure to be applicable across different cultures can significantly affect the authenticity of the study outcomes therefore, the empirical question on the applicability of a construct needs to be

\* Corresponding author at: Department of Behavioral Sciences, Fatima Jinnah Women University, The Mall, Rawalpindi, Pakistan

E-mail addresses: [khalid.a@fjwu.edu.pk](mailto:khalid.a@fjwu.edu.pk) (A. Khalid), [drfarahqadir@yahoo.co.uk](mailto:drfarahqadir@yahoo.co.uk) (F. Qadir), [stella.chan@ed.ac.uk](mailto:stella.chan@ed.ac.uk) (S.W.Y. Chan), [m.schwannauer@ed.ac.uk](mailto:m.schwannauer@ed.ac.uk) (M. Schwannauer).

investigated rather than assumed (Cheung and Leung, 1998). Therefore in order to explore the effect of parental bonding on mental health it is pivotal to examine the validity of the construct in the culture.

Irrespective of the lack of consensus regarding the dimensions of parental bonding there is a general consensus in the literature that optimal parenting lowers the risk of developing psychopathology; Adam et al., 1994; Canetti, Bachar, Galili-Weisstub et al., 1997; Rey, 1995; Dale et al., 2010; Rikhye et al., 2008). Warmth from parents as measured by PBI is associated with lower levels whereas parental control is associated with higher levels of depressive and anxious symptoms among adolescents in cross-sectional (Reitz et al., 2006) and longitudinal studies (Raudino et al., 2013). There are however, some limitations of the current literature. Firstly, previous studies mainly focused on maternal bonding. Secondly, most of the studies employed samples that were predominantly from Western cultures. Relatively fewer studies have examined the relationship between perceptions of parenting and adolescent psychopathology across different ethnic and cultural groups. Distinct differences have been observed between collectivist and individualist cultures (Papps et al., 1995). Studies indicated the collectivist cultures to report non-optimal parental bonding as measured by Western instruments (Dinh et al., 1994). In some of these cultures, parental control did not predict depression, whereas separateness from parents did (Aydin and Oztutuncu, 2001) in others strong parental control and warmth seemed to coexist (Dekovic et al., 2004). Studies examining differences in parenting across Caucasian Americans and Asian American culture show that Caucasian American parents emphasize on their child's ability to build a "sense of self" while Asian American parents stress the importance of developing a sense of connectedness with their families (Wang and Leichtman, 2000). Asian culture has been reported to support over-protection and strictness (Chung, 1997) which could have a positive function within the culture. These studies highlight the need to explore these aspects further to enhance our understanding of parenting and mental health.

Islamic Republic of Pakistan is an Eastern collectivist society (Routamaa and Hautala, 2008). Individual and socio-political lives of the people of Pakistan are heavily directed by the traditional Islamic values. Pakistani society values parental reverence, emphasis is placed on conforming to the rules and societal norms to sustain authority of the parents (Fulgini et al., 1999). Considering these socio-familial dynamics it is inevitable that many aspects of an adolescent's life in Pakistan would differ from their counterparts in the West. However, much of our understanding of psychosocial development in adolescents and their mental health outcomes are based on Western theorization of these concepts. It is unclear whether the literature developed through theory and research in the Western cultures would also be applicable for the Pakistani adolescent population.

To explore this line of research further the aims of the present study are two-fold: First, it aimed to examine the construct of parental bonding among Pakistani adolescents by carrying out Confirmatory Factor Analysis of the 16 item version of PBI; Second, it aimed to use Structural Equation Modeling (SEM) to test the hypothesis that warmth from mother and father will be negatively associated with symptoms of depression and anxiety in Pakistani adolescents whereas protectiveness and authoritarianism will be positively correlated with these symptoms.

## 2. Methods

### 2.1. Participants

Participants were recruited from 8 secondary schools in Rawalpindi, Pakistan. 1124 adolescents studying in grades 6th through 12th were recruited. The sample included 621 (55.25%) boys and 503 (44.75%) girls between the ages of 11 and 18 (mean = 14.2, SD = 1.75). Participation was voluntary and written permission was obtained from the local government educational representatives, school representatives and participants. Both University of Edinburgh, UK and Fatima Jinnah Women University, Pakistan granted ethical approval for this study.

### 2.2. Measures

#### 2.2.1. Parental bonding instrument

(PBI 16 item; Kendler, 1996) is a self-report measure of perceived parental behaviors adapted from the 25 item original version (Parker et al., 1979). It has three proposed dimensions; warmth, protectiveness and authoritarianism. Items are rated on a four point likert scale ranging between 0 (very like) to 3 (very unlike) with higher score indicating the parenting attribute to be stronger. PBI is considered to be the most reliable measure of parent-child bond in both clinical and non-clinical settings (Enns et al., 2002). The 25 item PBI has been translated and administered among adult Pakistani female sample (Qadir et al., 2005), the present study used the 16 items of the same translated version. Perceptions of bonding with mothers and fathers were measured separately. The Cronbach's alpha for Warmth was 0.57 for the father and 0.61 for the mother, for Protectiveness the alpha was 0.48 and 0.50 and for Authoritarianism alpha for the father was 0.67 while for the mother it was 0.75.

#### 2.2.2. Hospital anxiety and depression scale

(HADS; Zigmond and Snaith, 1983). It is a screening tool indicating likelihood of depression and anxiety comprising of 7 items for measuring each. Although the scale was initially designed for use with adults but has also shown good psychometric properties with adolescents (White et al., 1999). The scale is scored on a four point likert scale ranging between 0 and 3. White et al. (1999) proposed a score of 7–9 for adolescents' possible depression and a score of 10 and above indicating probable depression. For anxiety sub-scale they proposed a score of 9 through 11 indicating the probable presence of anxiety whereas a score of 12 and above suggested the presence of anxiety. Since HADS is not a diagnostic tool therefore, the scores obtained on this measure only reflect depressive and anxious symptomatology. The present study used the Urdu translated version of HADS by Mumford et al. (1991). The Cronbach's alpha reliability estimate for depression subscale was 0.54 and for anxiety it was 0.67.

### 2.3. Procedure

Out of a list of secondary schools acquired from the Educational Directorate Islamabad, eight schools were selected using the Active Data Software. The questionnaires were administered in class during school times. Prior to administration information sheets and consent forms were distributed to the participants. Participants were informed that the information provided will be kept confidential and that they have the right to withdraw at any point.

### 2.4. Data analysis

Preliminary analysis was carried out in the Statistical Package for Social Sciences version 19 (SPSS). Mplus Version 7 (Muthen and Muthen, 1998–2012) was used for conducting the Confirmatory Factor Analysis CFA of the scale as well as building and testing the SEM model.

Some of the variables on PBI were non-normally distributed therefore non-parametric tests are reported. Robust maximum likelihood (MLM) estimator developed for non-normally distributed data for SEM was used. The following indices were selected to assess goodness-of-fit of the models: The Root-Mean-Square-Error-of-Approximation (RMSEA; best if less than 0.06), the Comparative Fit Index (CFI: best if close to 0.95 or greater), Tucker-Lewis Fit Index (TLI; Tucker and Lewis, 1973) (best if 0.90 or above) and the Standardized-Root-Mean-Square-Residual (SRMR; best if less than 0.08). A non-significant value of  $\chi^2$  is required as an indicator of the goodness of fit of the model. The  $\chi^2$  is however highly affected by the sample size such that larger sample size would increase  $\chi^2$  leading to an erroneous rejection of the model (Kline, 2005). Therefore, the present study used additional fit indices and Satorra-Bentler's Maximum Likelihood Mean Adjusted Chi Square  $\chi^2_{SB}$

Download English Version:

<https://daneshyari.com/en/article/8815789>

Download Persian Version:

<https://daneshyari.com/article/8815789>

[Daneshyari.com](https://daneshyari.com)