



The longitudinal effects of parental monitoring and self-control on depression in Korean adolescents: A multivariate latent growth approach

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ABSTRACT

The purpose of this study was to examine the longitudinal effects of parental monitoring and self-control on depression. To address this purpose, this study investigated the interrelationships among depression, perceived parental monitoring, and self-control—as well as their developmental changes from the eighth to the twelfth grades—by repeated assessment of 3449 Korean adolescents. The data from Korea Youth Panel Survey (KYPS) of the eighth graders who were followed for five years were analyzed using latent growth modeling. The univariate latent growth models showed that adolescents experience an increase in both parental monitoring and self-control but a decline in depression over the five years. In addition, the multivariate latent growth model suggested that the initial level of parental monitoring had significant effects, both directly and indirectly through self-control, on the initial level of depression. The linear changes in parental monitoring were associated with the linear changes in self-control; likewise, the linear changes in self-control were related to those in depression. These results imply that parental monitoring and self-control need to be emphasized as a strategy in order to prevent or alleviate adolescents' depression.

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1. Introduction

Depressive symptoms among adolescents are a significant health problem worldwide. Recent research conducted in the U.S. estimates that 20–40% of American adolescents report experiencing depressive symptoms (Peterson, Compas, & Brooks-Gunn, 1992; Repetto, Zimmerman, & Caldwell, 2004). According to surveys on the prevalence of depressive symptoms in Korean adolescents, almost 40% of middle school and high school students have experienced probable depressive symptoms, and 21.2% have experienced definite depressive symptoms (Cho et al., 2001). Depression is one of the major predictors of suicide, and is highly related to other problems of maladjustment such as low self-esteem and self-efficacy (Kerr & Stattin, 2000), behavioral problems (Needham, 2007), and poor academic performance (Jacobson & Crockett, 2000). Adolescent depression is a serious problem and has been a major focus for adolescent mental health literature.

Depression has been believed to change during the course of development, and longitudinal studies have examined these changes empirically (Cho, 2009; Garber, Keiley, & Martin, 2002; Kim & Cicchetti, 2006). However, these developmental changes may vary across individuals, and the change pattern of depression can be better understood by identifying the factors that explain these interindividual differences.

According to previous studies, parental and individual factors are the major ones that affect adolescent depression. In this study, we focused on parental monitoring and self-control, which are regarded as protective factors, as they have been found to have a positive impact on the psychological and social adjustment of adolescents. However, most studies that examined the relationships between adolescent depression and these factors were cross-sectional. In addition, predictors were treated as time-invariant variables, even if the studies were longitudinal. In this study, we would like to confirm the intraindividual changes in depression and the longitudinal relationships among depression, parental monitoring, and self-control in Korean adolescents using multivariate latent growth analyses. Specifically, we focus on the properties of all the variables that show changes over time. The specific research questions in this study can be summarized as follows: First, what are the developmental changes in Korean adolescent depression, parental monitoring, and self-control? Second, what are the relationships between these developmental changes in Korean adolescent depression, parental monitoring, and self-control?

2. Literature review

2.1. Development of adolescent depression, parental monitoring, and self-control

Previous studies have shown that depression in adolescents tends to change over time. These results seem to be consistent regardless of region or culture across Eastern and Western countries (Cho, 2009;

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Garber et al., 2002; Kim & Cicchetti, 2006). Developmental research indicates that the level of depression changes as follows: low during early childhood, increasing moderately during adolescence, and decreasing again during early adulthood (Wickrama, Conger, & Abraham, 2008). According to a longitudinal study with Korean adolescents, depressive symptoms appeared to decrease as age increased during late adolescence, from ages 15 to 18 (Cho, 2009). This pattern of changes is related to developmental changes. In other words, as children enter early adolescence, they experience increased stress due to the rapid and various changes, resulting in the increase of depressive symptoms. However, as children move to late adolescence and early adulthood, stress decreases, and the possibility of depression reduces (Ge, Lorenz, Conger, Elder, & Simons, 1994; Larson, Moneta, Richards, & Wilson, 2002). In addition, intraindividual changes over time (i.e., growth trajectories) of adolescent depression may vary between individuals depending on the initial level of symptoms and the rate at which adolescents experience changes. Previous research has confirmed that the interindividual differences of initial levels and rates of changes in depressive symptoms during adolescence (Ge et al., 1994).

The changes of depression is also supposed to be affected by parental monitoring, one of the protective factors that can alleviate depression, which includes how much parents know about their children, such as where their children are, whom their children are with, and what their children are doing (Steinberg, Darling, & Fletcher, 1995). While parental monitoring is also expected to change over time, only a few studies examine the changes, and the results are not in agreement. For instance, Laird, Pettit, Bates, and Dodge (2003) insist that parental monitoring decreases while others posit that it increases at first and, then, decreases from childhood to adolescence (Moilanen, Shaw, Criss, & Dishion, 2009). In Korea, although studies on the changes of parental monitoring have not been conducted yet, parental monitoring would increase during adolescence considering the characteristics of Asian cultures. In Asian cultures, including Korea, there are strong emphases on obedience, conformity, a sense of community, and a competitive drive that puts high value on educational achievement (Feldman, Rosenthal, Mont-Reynaud, Lau, & Leung, 1991; Yi, Wu, Chang, & Chang, 2009). Therefore, parental monitoring is expected to increase depending on a child's educational achievement, adaptation in high school, and parenting effectiveness.

Self-control, another protective factor of depression, is the ability to utilize the appropriate behavior for what a situation demands, and to refrain from temporary impulses or desire for immediate satisfaction (Tangney, Baumeister, & Boone, 2004). Scholars mentioned the development of self-control with two assumptions (Bandura, 1986; Mischel, 1986). First, the behavior of young children is mostly controlled by external presences, such as parents. Second, the external control is internalized in part over time by choosing standards or norms that emphasize the value of self-control and promote the attainment of self-regulation skills. In addition, the ability to delay gratification, another form of self-control, increases over time (Mischel, 1986) because children learn how to control their thoughts and actions effectively as their ability of formal operation develops (Shaffer, 1996). Thus, self-control is expected to increase as children experience cognitive development and the internalization of values and norms during adolescence. According to Choi (2011), self-control increased linearly from ages 14 to 18 in Korean adolescents.

2.2. Linkages between adolescent depression, parental monitoring, and self-control

Studies indicate the linkages between developmental changes in adolescent depression, parental monitoring, and self-control. Previous research has shown that changes in depressive symptoms during adolescence and young adulthood differ between individuals (Ge et al., 1994). Major predictors of adolescent depression include parental (or familial) and individual factors. Among parental factors, parental

monitoring has been highlighted as a parenting behavior that reduces vulnerability to depression. In other words, when parental monitoring is high, the degree of depression appears low; this has been examined through many cross-sectional and longitudinal studies (Frojd, Kaltiala-Heino, & Rimpela, 2007; Jacobson & Crockett, 2000; Sagrestano, Holmbeck, Paikoff, & Fendrich, 2003). Parental monitoring can be a means by which to convey interest and concern for a child's well-being, and thus help to reduce the likelihood and severity of depression in adolescents by providing support and guidance (Hamza, 2010).

Self-control has been reported to reduce depression. Research revealed that self-control is closely related to psychological and social adjustments, and its absence can cause problems at all stages of development (Tangney et al., 2004). Children with high self-control tend to have lower levels of emotional excitement (Fabes, Carlo, Kupanoff, & Laible, 1999), and adults with high self-control experience fewer emotional problems (Gramzow, Sedikides, Panter, & Insko, 2000). In contrast, low levels of self-control tend to be associated with aggression, delinquency, violence, and criminal behavior in adolescence (Avakame, 1998). Self-control is associated with various psychosocial developments and adjustments in adolescents, and many studies on the relationship between problem behaviors, delinquency, and self-control in adolescents have been conducted so far (Gottfredson & Hirschi, 1990; Ko, 2005). However, few studies examine the relationship between self-control and emotional problems like depression. Interestingly, recent studies showed that self-control could help reduce emotional problems such as depression. For instance, Moon (2008) found that self-control had a significant effect on Korean adolescent mental health. In addition, according to studies on Korean adolescents, the higher the level of their self-control, the lower the level of their depression (Bae & Lee, 2009; Choi & Lee, 2008).

Meanwhile, parental factors have been known to affect self-control. According to Gottfredson and Hirschi (1990), parents should monitor the behaviors of children, be aware of their deviant behaviors, and give them punishment for such behaviors in order to nurture self-control. In other words, parental monitoring can support improvement of self-control. These parental influences are expected to continue from childhood into adolescence (Higgins, 2002; Kenny & Rice, 1995). Hong and Oh (2010) found that self-control in adolescents improved as parental attachment and monitoring increased. Choi and Lee (2008) suggested that parental monitoring (i.e., behavioral control) was one of the parental factors that affected depression, while adolescents' self-control showed a mediating effect between parental monitoring and depression.

In sum, while parental monitoring seems to affect depression directly and indirectly through self-control, there is lack of research that examines the relationships between changes in these factors in Korean adolescents. Therefore, this study examined the relationships among these changes longitudinally, controlling gender differences in depression, parental monitoring, and self-control (Kerr & Stattin, 2000; Schraedley, Gotlib, & Hayward, 1999; Tittle, Ward, & Grasmick, 2003).

3. Methods

3.1. Sample

The sample used for this study was obtained from a larger dataset, the eighth grade student panel of Korea Youth Panel Survey (KYPS). KYPS is a national effort to help identify the actual conditions and patterns of change in the various attitudes and behaviors that appear in the course of development, and to help explain the causes of such patterns targeting adolescents (National Youth Policy Institute [NYPI], n.d.). The research first surveyed eighth-grade youths in 2003, and a follow-up survey was carried out over six years, from 2003 to 2008 (one year after graduating from high school). A total of 3449 eighth-grade students and their

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