

Perceived Paternal Care and Self-Esteem as a Predictor of Depressive Symptoms among Adolescent Boys in Selected Schools in Kiambu County, Kenya

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Abstract

Perceived paternal care is attributed to the development of depression among adolescents. Depression is characterized by moodiness, low interest in activities, acting out and aggressiveness. The objective of this article is to establish the relationship between perceived paternal care and development of depression among adolescent boys. Many studies have examined how parenting styles contribute to the development of depression in the context of both parents, that is, the mother and father. Few studies seem to focus on assessing how paternal care predicts the development of depression among boys in Kenya. An investigation on the relationship between paternal care and depression was therefore ideal. Pearson correlation coefficient was used to examine the relationship between paternal care and development of depression. Stratified random sampling was used to select four boys' schools. Purposive sampling was then used to select 87 boys who had fathers. Perceived parental care was assessed using the Paternal Nurture scale. Depression was assessed using the Center Epidemiological Studies Depression Scale for Children (CES-DC). The findings of the study revealed that there is a negative correlation of ($r = -.239$) between perceived paternal care and depression among adolescent boys. The findings of this study will help mental health practitioners to develop interventions that incorporate parents in addressing the psychological needs of adolescents.

Key words: paternal care, depression, and adolescent

Introduction and Background

According to Abege (2014), depression among adolescents is a serious problem and increasing at an alarming rate. Depression can be destructive to the personality of an adolescent causing a sense of unhappiness, misery or anger. It impacts every aspect of an adolescent's life and can lead to violence, drug and substance abuse, and suicide. More often than not, many adolescents rely on parents, teachers, or caregivers to recognize their distress. Depressive symptoms among adolescents are seen as normal behaviour or moodiness. Moreover, adolescents use other means

of expressing their distress such as acting out which is always misinterpreted as indiscipline. This is because adolescents experience challenges in expressing depressive symptoms.

The National Institute of Mental Health (NIMH, 2016) explained that depression causes symptoms that affect feelings, thought process and engagement in daily activities. Moreover, if one has persistent sad mood, feelings of hopelessness, irritability, feelings of guilt, decreased energy and fatigue, thoughts of suicide attempts and difficulty in sleeping, they might be suffering from depression. According to Holmes (2017) adolescents might not understand the symptoms associated with it. More often than not, parents always misread mental health symptoms particularly depression among adolescents. For instance, an adolescent who is acting out, engages in antisocial activities, is more moody than usual, and is having difficulty progressing in school, might be dealing with depression.

Kutchner (2017) mentioned that depression in Africa is a burden, with about half of all depressions beginning before age 25. This age category falls in the adolescent and youth bracket. Most adolescents in developing countries do not seek help, have limited access to efficient or appropriate mental health care, and there is a lot of stigma and cultural beliefs surrounding mental health. The author continued to explain that there is a great need to emphasize on the importance of early identification of depression among young people. Addressing depression among young people will pay a population dividend and increase not only manpower but also a healthy population.

Many factors influence adolescents' depression. Such factors include academic work, which is associated with pressure to perform in school; stress, which can emanate from the home environment due to conflicts between parents; anxiety emanating from the many bodily changes that the adolescents are experiencing, self-esteem, which is a vulnerability factor of depression, and parental care, which can be characterized by rejection, aggression, low support and hostility from attachment figures (Rohner, 2007). However, the focus of this paper is on perceived paternal care as a predictor of depression symptoms among adolescent boys.

The effects of depression are adverse and it is a major killer among youths aged 15-29 years (Nyamori, 2015), with the numbers of suicide and attempted suicide cases among teenagers on

the increase in Kenya. These rates of suicide are highly attributed to unresolved depression, and use of drugs and alcohol among adolescents. The cases of suicide among boys are higher compared to girls. Poor parenting and adolescents' not receiving parental support as they prepare to become adults are also factors attributed by suicide cases. In Kenya, depression has been observed to be on the increase among adolescents in schools. According to Khasakhala, Ndetei, Mutiso, Mbwayo, and Mathai (2012), depressive symptoms were found to be as high as 43.7% among adolescents in high schools in Kenya, implying that the incidences of depression among adolescents are on the rise. It was noted that adolescents who perceived their fathers as being less caring exhibited depressive symptoms. In addition, there was a strong correlation between perceived paternal acceptance and depression among adolescents, and perceived paternal acceptance was found to be a protective factor against depression.

According to Kiage and Oketch (2017), the impacts of depression can cause adolescents to suffer greatly and function poorly at school and in the family. It leads to poorer academic functioning or declined performance in educational activities. Additionally, it is one of the leading causes of death among adolescent boys aged 15-29 years old. Thus, early occurrences of adolescent depression exert profound long-term effects on their functioning and produce negative impact on their academic performance and advancements (DeRoma, Leach, & Leverett, 2009). There is a strong correlation between depression and anti-social behaviors. Adolescents, who are depressed end up using drugs, engage in petty theft and exhibit aggressive behaviours. They are also perceived to engage in violent and non-violent crimes and promiscuous sexual behaviours (Naylor, 2008).

It is therefore clear that recognizing and treating major depression among adolescents and its variants in the early stages is important in reducing future negative impact. Depression disorders with pediatric onset are more chronic and debilitating than depression beginning in adulthood (Cook, Peterson, & Sheldon, 2009). However, reduction of negative impact in the future can only be achieved if an investigation is done on how paternal behaviours influence depressive symptoms among boys, which has received less attention as compared to depression among girls and women.

Perceived parental care is defined as the emotional experience of caring, acceptance, affirmation, concern and love of a father to an adolescent (Rohner, 2007). A parent's influence and impact on any child is both intense and lasting. Interventions that parents (fathers and mothers) use to guide adolescents affect their emotional development. Parents affect the social and emotional well-being of adolescents. A parent's lack of care and acceptance for their adolescents' increases the likelihood of adolescent depression (Abege, 2014).

Parental acceptance and depression are correlated, Garcia, Manongdo, & Ozechowski (2014) in their study determined the relationship between paternal acceptance and depression and found out that paternal acceptance was significantly related to depressive symptoms. When education and marital status were included, the links between youth depression and parenting variables were established to have a correlation. Father's love is specifically associated with specific aspects of offspring's development and adjustment. Both father and mother's involvements were related to offspring's happiness but father's involvement proved to be a significant contributor to the well-being of adolescents. Additionally, father's involvement has no discriminatory impacts on sons and daughters (Flouri & Buchanan, 2003).

The notion of parental care means that adolescents who have loving and accepting parents, unlike those with parents who are rejecting and uncaring, are likely to possess a positive outlook towards life, experience less psychological distress, have high self-worth, have the ability to manage negative emotions, are individuated and have a positive perspective towards life (Kim & Rohner, 2003; Rohner, 2004). This would suggest that adolescents have a profound need for care, warmth, approval and affection. The absence of warmth, care and affection especially from fathers is sufficient to generate emotional consequences. If fathers lack care, adolescent boys are likely to perceive themselves as unworthy and not deserving. Thus, paternal care and acceptance enhances both the social and emotional health of the adolescents and reduces the presence of depressive symptoms among them (Abdullah, Lau, & Ooi, 2015). Parents are the most influential persons in an adolescent's life. Their impact is both intense and enduring. Moreover, strategies that parents use to guide and discipline their children affect their social and emotional development. The implication is that parents' lack of care and affection for their adolescent children could increase the possibility of adolescent depression (Restifo, Akse, Guzman, Benjamin, & Dicks, 2009).

The theoretical framework that informed this study was the parental acceptance- rejection theory. This theory was preferred because it has been considered effective in other countries and could therefore be experimented in Kenya. Parental acceptance-rejection theory (PART theory) was developed by Rohner (1986) and is an evidenced-based theory of socialization and lifespan development that seeks to predict and explain major causes, consequences, and other connections of interpersonal acceptance and rejection within the United States and worldwide. The theory emphasized that paternal acceptance impacts greatly on adolescents' mental development, social adjustments, emotional stability and positive worldview (Khaleque & Rohner, 2002).

Methodology

The researcher used stratified random sampling to select four (4) schools. All the schools under study were public sub-county schools. Purposive sampling was used to select the participants in form three and form four who had fathers. A total of 87 respondents were selected for the study.

The instruments used were Paternal Nurturance Scale (PNS) & Depression Scale (CES-DC).

The Paternal Nurturance Scale (PNS) used in this study was developed by Buri, in 1989 from the United States of America. PNS is a 24-item measure on paternal nurturance from the point of view of a child of any age. It is represented as expression of warmth, care, love, affirmation, and support to the child. PNS assessed nurturance, as perceived by adolescents, in line with the researcher's topic on paternal care.

Furthermore, the presence of depression was assessed using the Center Epidemiological Studies Depression Scale for Children (CES-DC). CES-DC was developed by Weissman (1980). The scale is a 20-item scale that measures depression among children and adolescents. In this study, the researcher included two items to assess levels of irritability and aggression making the total number of questions on the scale 22.

Regarding data analysis, descriptive and inferential statistics were utilized. Descriptive statistics was used to measure mean, mode, median and standard deviation of paternal care and depression. Pearson's correlation was used to assess the relationship between paternal care and depression. Analyses were done using the Statistical Package for Social Sciences (SPSS) version 20.

Results

This section presents the demographics of the respondents that is, the respondent's' class, age, paternal level of education, paternal marital status, religious affiliation and perceived social class. The total sample size for the study was eighty-seven (87). All the respondents in the study were male, drawn from forms three and four students in the respective schools. Form four students were 41 representing 47.1% while form three students were 46 representing 52.9% of the respondents, respectively. The study had more form three students as compared to those in form four.

Table 1:0 Respondents Age

Age	Frequency	Percentage
16-18 years	79	90.8%
18-20 years	7	8%
20 years & above	1	1.1%
Total	87	100%

The age of the respondents in this study ranged from 16 to 20 years. Students aged 16-18 years were 90.8%, students aged 18-20 years were 8% while one student was 20 years old.

Table 1.1: Paternal marital status

Marital Status	Frequency	Percentage
Married	66	75.9%
Divorced	5	5.7%
Single	11	12.6%
Separated	3	3.4%
Widowed	2	2.3%
Total	87	100%

The respondents were asked to indicate the marital status of their fathers. A majority of the respondents (75.9%) indicated that their fathers were married, 5.7% stated that their fathers were divorced, 12.6% indicated that their fathers were single, 3.4% indicated their fathers were separated, while 2.3% indicated that their fathers were widowed.

Table 1.2: Paternal education levels

Education Level	Frequency	Percentage
Primary	26	29.9%
High	30	35.6%
College	14	16.1%
University	14	16.1%
Missing system	2	2.3%
Total	87	100%

The respondents were asked to indicate the level of education their parents have attained. Levels of education were categorized as primary school, high school, college and university. The results revealed that 30.6% of the respondents' parents had attended primary school, 36.5% have attended high school, and 16.5% have gone to college while 16.5% have gone to university. There was a similar percentage for those paternal figures that have attained college and university education.

Table 1.3: Religious affiliations

Religious Affiliation	Frequency	Percentage
Christian	83	95.4%
Muslim	4	4.6%
Total	87	100%

The respondents were asked to indicate the religious affiliation of their paternal figures. The findings reveal that 95.4% of the respondents identified their fathers as Christians, while 4.6% were Muslims.

Perceived paternal care was measured using a 24-item scale. Some of the indicators that the researcher identified for paternal care: were acceptance, affection, affirmation, and love. The first objective was to determine perceived paternal care among adolescent boys. The researcher sampled a few indicators that stood out in the study. The indicators are highlighted below: -

Table 2:0 Paternal Nurturance Scale

Agree% Disagree%

My father rarely says nice things about me	57%	43%
My father is often critical & nothing I do pleases him	28%	72%
I receive a lot of affirmation from my father	54%	46%
I feel like my father finds mistakes in me	44%	56%
My father does not understand me	34%	66%
My father loves me	82%	18%

The results of the study revealed that 57% of the adolescent rarely hear nice things from the fathers. Moreover, 28% of the adolescents mentioned that their fathers are critical and nothing they do seems to please them, it appears that adolescents perceive their fathers as those who criticize, hard to please and show toughness as they interact with their paternal figures. On the other hand, 46% explained that they do not receive any form of affirmation from their father's. This could possibly mean that fathers provide little approval to their adolescent boys while 44% mentioned that their fathers find in them a lot of mistakes and 34% of the adolescents feel not understood by their fathers. It was surprising to note that 82% of the boys stated that their fathers loved them.

Table 2.1: Descriptive Statistics of Perceived Paternal Care

Statistics	Values
N	87
Mean	3.7496
Median	3.9130
Mode	3.61
Range	3.26
Std. deviation	.73779

Table 2.1 highlights descriptive statistics of paternal care. The mean score of perceived paternal care was 3.74 while the median was 3.91, indicating that the respondents perceived their fathers to have high levels of care.

Table 2.2: Perceived paternal care levels

Categories	Frequency	Percentage
Low	15	17.3%
High	72	82.7%
Total	87	100%

Table 2.2 explains the general levels of perceived paternal care. Paternal care was categorized into high and low levels. The mean of all questions was calculated and a scale of (1-5). The scale categorized paternal care into two levels, 1-3 as low levels of paternal care and 3-5 as high levels of paternal care. The study revealed that 17.3% of the respondents perceived their fathers as those with low levels of care, while 82.7% perceived their fathers as those with high levels of care. This was a surprise because other studies state that fathers have low levels of care.

Depression was measured using the Center Epidemiological Studies Depression Scale for Children (CES-DC) which was developed by Weissman (1980). It is a 20-item scale that measures depression among adolescents. The second objective was to determine depressive symptoms among adolescent boys. The researcher sampled a few indicators of depression: sleeping, crying, sadness, irritability, difficulty in doing tasks, and perception of being a failure. The adolescents were to indicate if they experienced these feelings and behaviours in the previous week.

Table 2.3: Indicators of Depression

	Agree%	Disagree%
I felt down and unhappy	69%	31%
I felt like crying	45%	55%
It was hard to do things	74%	26%
I was irritated by little things	75%	25%
I didn't sleep well as I usually do	54%	46%
I thought my life as being failure	54%	46%

The results of the study revealed that 69% of the adolescent boys felt down and unhappy, which can be attributed by other external factors, and not necessarily depression. It was interesting to

note that 45% of the adolescents felt like crying. In addition, 74% had difficulty in getting things done which is an indicator of depression. High levels of irritability were noted among 74% of the adolescents. Lack of sleep was mentioned among 54% of the adolescents, while another 54% perceived themselves as being unsuccessful. The indicators highlighted are red flags among adolescents who have depressive symptoms.

Table 2.4: Descriptive Statistics of Depression

Statistics	Values
N	87
Mean	2.3339
Median	2.3636
Mode	2.36
Range	2.09
Std. deviation	.45119

Table 2.4 points out descriptive statistics of depression. The mean score for depression was seen to be 2.33 while the median was 2.36 indicating that the majority of the students had low depressive symptoms.

Table 2.5: Depression levels

Categories	Frequency	Percentage
Low	57	65.5%
High	30	34.5%
Total	87	100%

Table 2.5 shows the overall levels of depression among the respondents. The scale used to measure the levels of depression was 1.0-2.4 for low levels of depression while 2.5-4.0 was for high levels of depression. The findings revealed that 65.5% of the respondents had low depression levels while 34.5% of the respondents exhibited high levels of depression.

Table 3.0 Correlation between perceived paternal care and depressive symptoms

The third objective was to determine the correlation between perceived paternal care and depressive symptoms.

		Paternal Care	Depression
Paternal care	Pearson Correlation	1	-.239*
	Sig.(2-tailed)		.026
	N	87	87
Depression	Pearson Correlation	-.239*	1
	Sig. (2-tailed)	.026	
	N	87	87

*. Correlation is significant at the 0.05 level (2-tailed).

Pearson correlation coefficient was used to determine the relationship between paternal care and depression. A negative correlation was found, that is, $r = -0.239$, $p\text{-value} < 0.05$, indicating a significant relationship between paternal care and depression among adolescent boys. This means that when paternal care increases, depressive levels automatically decrease. The study revealed that adolescents who had low levels of paternal care had depressive symptoms.

Discussion

The respondents in this study comprised of 52.9% from three students and 47.1% from four students. In the study, 90.8% of the respondents were between 16-18 years. The study found out that 82.7% of the adolescents perceived their fathers as those with high levels of paternal care. This implies that most adolescents perceived their fathers to be warm, accepting, caring, loving and affectionate. The study revealed that 34.5% of the adolescents had high depressive symptoms while 65.5% of the adolescents had low depressive symptoms. Furthermore, 57% of the fathers did not say nice things to their adolescent boys. It seems that adolescent boys in the study hardly received praises or compliments from their fathers.

This can create a sense of rejection thus leading to development of depressive symptoms. Surprisingly, 82% agreed that their fathers loved them. This high percentage implies that perhaps it was not clear if the respondents understood the question or what the indicators of love were to them. The nature of love understood by the respondents might have been equated to provision of basic needs unlike emotional attachment from their paternal figures. Khasakhala et al. (2012) asserted that fathers are often perceived as providers and those who offer protection to the family. Adolescents who had protective fathers (their physical needs were provided) had fewer depressive symptoms while those who had fathers who were under-protective (don't care about their physical needs) had the presence of depressive symptoms.

The study revealed that 34.5% of the respondents had high depressive symptoms. Depression among boys was exhibited by the presence of irritability, lack of sleep, sadness, irritability and crying. Social demographic factors like education levels and marital status seemed to influence the presence of depressive symptoms among adolescents. Pearson's correlation coefficient showed a significant negative correlation between paternal care and depression. The analysis of data on perceived paternal care and depressive symptoms revealed a significant negative correlation of -0.239 . Thus, from this study, perceived paternal care was negatively correlated with depressive symptoms among adolescent boys.

Fathers play an important role in supporting the emotional development of adolescents. The findings also provide a great entry point in addressing the mental health needs of adolescent boys in Kenya. This study shows that boys had high levels of depression, which was exhibited by irritability, aggression, lack of sleep, inability to do tasks, and sadness. It was also noted that paternal rejecting behaviours influenced the development of depressive symptoms among adolescent boys.

The study found a significant negative relationship between paternal care and depression. It would be great to examine the indicators of love displayed by paternal figures towards their adolescent boys. This is because adolescents are bound to perceive love from their parents as providence and not emotional attachment, care, affection or support. Based on the study done by Ndeti et al. (2012), the prevalence of depression among adolescents' boys in Kenya seems to have risen.

Conclusion

In conclusion, it has emerged that all stakeholders play an integral role in the development of adolescents. Fathers need to understand how their behaviours affect the development of depression among adolescent boys by participating in trainings. Moreover, counselors, fathers and teachers should develop programs that build self-esteem among adolescents so as to reduce their vulnerability to depression. School administrators should embrace counseling programs that address mood and substance disorders. Counselors should organize intergenerational workshops to discuss parental factors that influence emotional development of adolescents.

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