A Comparison of Mental Health of Females Belonging to Single and both Biological Parents.

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Abstract
The study was conducted on 60 female students of Kinnaird College for Women, Lahore. 30 girls living with single parents and 30 living with both biological parents were included in the study with their age ranging from 18-23 years. Convenient sampling technique was used in the study. First of all permission was taken from the administrative authorities. Individual testing was carried out on the subjects. The questionnaires were administered one after another. The data was analyzed by the use of different statistical techniques such as mean, standard deviation and t-test and it was found that females living in single parent families had more depression and hopelessness than females living with both biological parents.

INTRODUCTION
Mental health is a state of emotional well being which enables one to function comfortably within society and to be satisfied with one’s own achievements. Mental health also refers to the ability of the individual to carry out his/her social role and to be able to adapt to his/her environment. (Cadman, et al. 2005). Death is referred as a cause of permanent loss, because the children cannot rebuild their lives and have no chance to meet the lost parent again in their lives. So they feel helpless and hopeless which can lead to depression (Beck 1967). They may start thinking that future is hopeless and they cannot do anything to make it better. Sometimes sense of guilt is produced in depressed children by the defense mechanism of denial and self-blaming, consequently, they evaluate themselves in a negative way which may further increase their depression. Beck (1978) describe hopelessness and negative self-evaluation as an underlying cause in reducing motivation to engage in actions that might reduce depressive symptoms. It has been observed that depression is the main problem faced by most of the members of the single parent families.

Compared with adults whose parents are alive, children who lose a parent experience a significant increase in psychological distress symptoms. Moreover the gender of the parent matters. For example increasing distress is seen following a mother's or a father's death, but the increase is somewhat larger following a mother's death. Depression is one of the most frequently occurring illnesses in Pakistan (Ali 2001). Frequent crying, unexplained nervousness, low self-esteem, rigid demands, estrangement of friends and family and lack of energy are few vital signs of depression. (Bilotta 1999). Depression during adolescence was also associated with lower psychosocial functioning in young adulthood. Bipolar disorder is more common in adolescents than in younger children. Bipolar disorder in children can, however, be more severe than in adolescents. It may also co-occur with, or be hidden by, attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), or conduct disorder (CD). According to the National Institute of Mental Health, 20-40% of adolescents with major depression develop bipolar disorder within five years after having depression.

Hopelessness has been defined as having a negative expectation of oneself and the future and one of the core characteristics of depression. It is a psychological construct that has been observed to underlie a variety of mental health disorders. (Beck & Steer 1993). Wineski (2000) reported the saddest and most documented of all problems associated with the single-parent family are those which affect the children. These children clearly show the burden of a very difficult situation. They achieve less, are absent from school more, and have more disciplinary problems than two-parent children. Some are withdrawn and marked by sadness. Some turn their aggression inward. Others turn their aggression outward. Both alternatives open the door for alcohol abuse. Pakistani children are emotionally and economically dependent on their parents, therefore, death of a parent deprives them of a primary source of protection, guidance, love, advice and a role model for their own parenting style.
Thus, it may be hypothesized that they would experience the trauma of the death of their parent/parents more intensely as compared to the children in the western society which promotes the process of separation, individuation and self-actualization at a much earlier stage of development. Papalia (1990) describes that children growing up with one parent do not have two adults who can share child-rearing responsibilities, take them to out-of-school activities, serve as gender role models and demonstrate the interplay of personalities. Life circumstances may increase risk for adolescent mental disorder and physical illness. In particular, various stressful life events and economic difficulties representative of family adversity can contribute to the impaired physical health of adolescents through various mechanisms (Bradley & Corwyn 2002).

**LITERATURE REVIEW**

Hetherington (1988) conducted a study to explore the impact of divorce, single parenting and step parenting on children. The sample consisted of the entire student body of the only high school in a rural community in eastern Washington. A total number of 416 students took part in the study of which 233 were male students (56%) and 183 female students (44%). The students ranged in age from 14 to 19 years with a mean age of 16.1 years. Fifty-nine percent (n=246) lived in first-marriage families, and 14.4% (n = 60) lived in single-parent households. Another 15.1% or 63 lived with a stepfather and mother, and 4.8% or 20 lived with a father and stepmother. Almost 7% or 27 lived in other family forms such as with a grandparent, other relative or "friend." In addition, the majority of children living in a lone parent or in a stepfamily had experienced parental divorce. Of the total sample 90.9% reported that their parents' first marriage ended in divorce, while 9.1% experienced death of a parent. Several instruments were used in this study. Two measures were used to assess the dependent variable (self-esteem). The Rosenberg Self-Esteem Scale was used to measure global self-esteem. The Gecas Self-Evaluation Scale examines two aspects of self evaluation: sense of power (efficacy) and sense of worth.

A modified, shortened version of Olson's FACES questionnaire was also used. This measure assesses adolescent perception of family functioning. Demographic information was obtained from both the adolescent and the adult male living in the household, or if in a single-parent or "other" family structure, the child's legal guardian. Multiple regression analysis and mean differences (t) tests were used to determine the best predictors of level of self-esteem as measured by the dependent variables (sense of power, sense of worth, and global self-esteem). These statistical procedures were used to examine the influence of sex, family structure, and adolescent perception of family functioning on level of self-esteem for the entire sample. Because of the limitations of sample size for adolescents residing in stepfamily families (n = 20), multiple regression could not be used. Instead a series of t tests and Pearson correlation coefficients were performed to examine differences in groups and relationships between variables. The findings showed that only sex was a significant predictor of sense of power or self-efficacy. Males reported a significantly higher sense of power than did females.

Neither family structure nor perception of family functioning significantly predicted sense of power. Perception of family functioning, however, was found to be a significant determinant of worth. Adolescents' sense of worth was greater when they perceived their family as functional. The findings suggest that for adolescents in stepfather families, time spent in a single-parent household, duration of the stepfamily, perception of family functioning and sex were all significant predictors of one's sense of power or efficacy. No significant differences were found between male and female adolescents regarding sense of power, worth, or global self-esteem for those residing in stepmother families. The analyses also indicate there was as significant correlation between length of time spent in a single-parent household and the one's sense of power. Thus, teens currently residing in a stepmother family who spent more time in a single-parent household reported feeling less powerful.

Stevens (1984) conducted a study to investigate the effects of parental loss and gender on adolescents coping with stress. The sample included fatherless (N =20), motherless adolescents (N=20), and those having both parents alive (N=40). It was hypothesized that adolescents with single parent would differ in the way they cope with stress as compared to those with both parents alive. It was also hypothesized that there would be gender differences, as well as interactive effect of parental loss and gender on coping strategies used by adolescents. For assessment Coping Strategies Questionnaire (CSQ) was used. One-way Analysis of Variance, t-test analysis, and Multivariate Analysis of Variance (MANOVA) were used to analyze the data. Findings indicated significant differences between adolescents of single parents (by death) and those having their both parents alive in use of religious-focused coping and active distractive coping. Significant gender differences were found on active practical coping and avoidance coping strategies in adolescents.
Results also revealed interactive effect of parental loss and gender on coping strategies used by adolescents. Overall, it was revealed that avoidance coping was used most frequently and active distractive coping was used least frequently by adolescents. Hameed (1994-1996) conducted a study to explore the manifestation of depression and psychological adjustment of the male and female children of the single parents (by death). A sample of 120 (60 male and 60 female) children of the single parents was selected from six different institutions of Lahore city. A personal History Questionnaire, Beck Depression Inventory (BDI- Urdu Version) and student's form of the Bell's Adjustment Inventory (BAI- Urdu Version) were administered to each subject. The research findings (X =3.70, N=20, p<.05) indicate that both male and female children who have experienced their mother's death manifest more depression (X=7.56 and X=0.30, respectively) and psychological adjustment problems (61.78 and X=46.98, respectively) as compared to the children who have experienced their father's death. Furthermore, females with their fathers as single parents manifested more depression (X=22.70 and X=8.87, respectively) and appeared to be less adjusted (X=46.06 and X=46.20 respectively) than the females with mothers as the single parent.

Moreover, females manifested more depression (X=22.70 and X=12.43, respectively) than males when they have experienced their mother's death. Males had more depression (X=11.73 and X=8.87 respectively) than females in case of their father's death. An average positive relationship (r=0.46) was found between depression and psychological adjustment problems of the children of single parents (either mother or father alive). Moreover, female children of the single parents showed a positively high relationship (r=0.71) between depression and psychological adjustment problems.

Lanhart and Chudzinski (1994) conducted a study to investigate the family structure of children with emotional/behavioral problems and receiving treatment in a mental health agency. The sample consisted of 30 children belonging to the two different treatment programs at the agency. All 30 were labeled SED (seriously emotionally disturbed) and 14 among them were SBH (severe behavior handicap). The sample ranged in age from 7-18 years. Twenty three of the subjects were males and seven females all of whom have been under treatment for at least one year. Each child's family structure was observed and recorded. Family structures included traditional families in which both biological parents were present and non-traditional families which included single parent families with one biological parent living in the home, families with one biological parent and that parent's significant others, step-parent families, and guardianship families with neither of the child's biological parents living in the home. Chi-square was used to find frequencies of traditional and non-traditional family structures. It was found that 17% of the children lived in traditional family structures and 83% of the children lived in non-traditional families. All children living in non-traditional families had parents who were divorced or died, none were separated. Results revealed that children with emotional/behavioral problems lived in non-traditional family structures.

Reber (1995) aimed to explore that children living with both parents have a better ability to form friendly relationships with other children, have better social adjustment and better personality development, since parental reinforcement is better than self reinforcement. Results indicated that there are differences in children growing up with parents, surrogate parents and in orphans. Santrock (1998) conducted a research to investigate the effects of parental death and gender on psychosocial problems of children. The sample included father-less, mother-less and those having both parents alive (N= 40 each). Equal number of male and female participants was included. It was hypothesized that there would be differences among father-less, mother-less and those having both parents alive in psychosocial problems. It was also hypothesized that there would be gender differences among children in psychosocial problems.

Mooney Problem Checklist: Junior High School Form (1950) (translated into Urdu) was administered on the children to assess psychosocial problems. One Way Analysis of Variance (ANOVA), t-test analyses, chi-square analyses and Multivariate Analysis of Variance (MANOVA) were used to analyze data. Findings indicated significant differences between children of single parent (by death) and those having their both parents alive on psychosocial adjustment. Significant gender differences were found in psychosocial problems in children. Results also revealed interactive effects of parental death and gender on psychosocial problems of children. It can be implicated that death of either of the parents as well as gender of the child are likely to be contributing factors in psychosocial problems of children. Chodorow (1999) demonstrated that parental divorce has negative impact on the psychological well being of children.
It was hypothesized that a mean score of need for achievement and self-esteem of children of divorced women would be lower than the children of married women and a mean score of depressed mood and aggression would be more in children of divorced women than the children of married women. In order to test these hypotheses CAT was administered on 30 children of divorced women including 15 children of working women and 15 children of non-working women. Control group also consisted of 30 children of married women comprising 15 children of working and 15 children of non-working women. The age of these children was between 6-12 years. T-test was administered and indicated that the mean score of self-esteem of children of divorced women was significantly lower than the mean score of self-esteem of children of married women. The mean aggression and depressed mood scores were significantly higher in the children of divorced women than the mean aggression and depressed mood scores of children of married women. Whereas there was no significant difference in the mean scores of need for achievement of children of both the groups.

OBJECTIVES OF THE STUDY
1. To find out the difference in depression of females belonging to single and both biological parents.
2. To explore the difference in hopelessness of females belonging to single and both biological parents.
3. To identify the effect of family structure (joint or nuclear) on depression of females living with single and both biological parents.
4. To find the effect of family structure (joint or nuclear) on hopelessness of females living with single and both biological parents.

HYPOTHESES OF THE STUDY
H1: There is a significant difference in the depression of females belonging to single and both biological parents.
H2: There is a significant difference in the hopelessness of females belonging to single and both biological parents.
H3: There is a significant difference in depression of females living in a nuclear and a joint family structure.
H4: There is a significant difference in hopelessness of females living in a nuclear and a joint family structure.

METHODOLOGY
SAMPLE:
In the present study sample of 60 undergraduate females with an age range of 18-23 years was selected. 30 were living with single parent families and 30 with both biological parents. The sample was drawn from Kinnaird College for Women, Lahore. The subjects were living in either a nuclear or a joint family set up. They belonged to four different socio-economic classes, upper socio-economic class with monthly family income of $91,000 and above; upper-middle socio-economic class with a monthly family income of $71,000-$90,000; middle socio-economic class with a monthly family income of $51,000-$70,000 and a low socio-economic class having a monthly family income of $31,000-$50,000. Moreover information was gathered about their birth order, number of siblings, parent’s education and occupation and psychological and medical problem if they have any.

INSTRUMENTS
Beck Hopelessness Scale (BHS) and The Beck Depression Inventory Second Edition (BDI-II) were used as tool for the study.

RESULTS
Hypothesis 1
H1: There is a significant difference in the depression of females belonging to single and both biological parents.

Hypothesis 2
H1: There is a significant difference in the hopelessness of females belonging to single and both biological parents.
Table 4.1: Means, SDs, Se, t-value and p-values of Depression and Hopelessness of Single Parent Female & Both Parents female

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Single Parent</td>
<td>30</td>
<td>16.03</td>
<td>11.82</td>
<td>2.15</td>
<td>3.621</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Both Parents</td>
<td>30</td>
<td>7.56</td>
<td>4.91</td>
<td>0.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Single Parent</td>
<td>30</td>
<td>6.70</td>
<td>5.21</td>
<td>0.95</td>
<td>4.589</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Both Parents</td>
<td>30</td>
<td>1.83</td>
<td>2.56</td>
<td>0.46</td>
<td></td>
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</tr>
</tbody>
</table>

The hypothesis 1 was supported as table 4.1 shows that there is a significant difference (p < 0.05) in depression of females belonging to single and both biological parents.

The hypothesis 2 was accepted as the results revealed that there is a highly significant difference (p < 0.05) in hopelessness of females belonging to single and both biological parents.

**Hypothesis 3**

**H1:** There is a significant difference in depression of females living in a nuclear and a joint family structure.

**Hypothesis 4**

**H1:** There is a significant difference in hopelessness of females living in a nuclear and a joint family structure.

Table 4.2: Means, SDs, SEs, t-value and p-values of Depression and Hopelessness scores of Nuclear Family and Joint Family

<table>
<thead>
<tr>
<th></th>
<th>Family Status</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Nuclear</td>
<td>40</td>
<td>10.50</td>
<td>0.838</td>
<td>1.32</td>
<td>-1.446</td>
<td>.154</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>20</td>
<td>14.40</td>
<td>12.33</td>
<td>2.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Nuclear</td>
<td>40</td>
<td>03.98</td>
<td>4.14</td>
<td>0.65</td>
<td>-.669</td>
<td>.506</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>20</td>
<td>04.85</td>
<td>5.87</td>
<td>1.31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis 3 is not supported by the findings of the study because the difference in depression of females living in a nuclear and a joint family structure is insignificant as indicated by the p-value (p > 0.05)

Hypothesis 4 is rejected because table 4.2 shows that there is an insignificant difference in hopelessness of females living in a nuclear and a joint family structure.

**Estimated Marginal Means of Depression**

![Figure 4.1: The marginal means of depression of females belonging to single and both biological parents and living in nuclear or joint family set up.](image)

**Figure 4.1:** The marginal means of depression of females belonging to single and both biological parents and living in nuclear or joint family set up.
DISCUSSION

The study aimed to explore the difference in the mental health of females belonging to single parent and both biological parents.

Hypothesis 1

H1: There is a significant difference in the depression of females belonging to single and both biological parents.

The research hypothesis was supported as the t-test analyses revealed that there was significant difference in the depression level of females belonging to single and both biological parents. As the mean depression value of females belonging to single parent and both biological parents was 16.03 and 7.56 respectively and p value of depression was 0.001< 0.05, it showed that females living in single parent families experienced much more depression than females living with both biological parents. The results are in line with the findings of Lanhart and Chudzinski (1994) as they found that adolescents and children living with single parents had more emotional and behavioral problems than children living with both biological parents.

Generally it is seen that females who experience their mother’s death have more depression than those who experience theirs father’s death. A similar pattern of results was reported by Clausen (1996) in her study to explore the manifestation of depression and psychological adjustment of the male and female children of the single parents (by death). She found that females with their fathers as single parents manifested more depression and appeared to be less adjusted than the females with mothers as the single parent. Moreover, females manifested more depression than males when they have experienced their mother's death. Males had more depression than females in case of their father's death. An average positive relationship (r=0.46) was found between depression and psychological adjustment problems of the children of single parents (either mother or father alive). Moreover, female children of the single parents showed a positively high relationship (r=0.71) between depression and psychological adjustment problems.
Hypothesis 2
H1: There is a significant difference in the hopelessness of females belonging to single and both biological parents.

The alternate hypothesis was supported as the t-test analysis revealed that there is a highly significant difference in the hopelessness of females belonging to single and both biological parents. As the mean value of hopelessness was 6.70 and 1.83 for females of single and both biological parents respectively and p value of hopelessness = 0.000 < 0.05 showing that the hopelessness level of females living with single parents was different from females belonging both biological parents.

Brown (2002) conducted a study to investigate the effects of parental loss and gender on adolescents coping with stress and revealed that avoidance coping was used most frequently and active distractive coping was used least frequently by adolescents.

Hypothesis 3
H1: There is a significant difference in depression of females living in a nuclear and joint family structure.

The alternate hypothesis is not supported because the t-test analyses reveal that there is an insignificant difference in depression of females living in a nuclear and a joint family structure. The mean depression of females living in joint family structure was only slightly greater than mean depression of females living in nuclear family structure. P-value of depression of both the family structures was 0.154 > 0.05, therefore the difference in depression of females living in a nuclear family structure and joint family structure was seen as insignificant.

Although it is seen that females living in joint family setup undergo many problems, thereby having depression as a consequence, but the findings suggest that the difference is insignificant. The results of the study showed that there was a difference in the scores of females living in both the types of family structures, but it was an insignificant difference.

Hypothesis 4
H1: There is a significant difference in hopelessness of females living in a nuclear and a joint family structure.

Our alternate hypothesis is rejected because the t-test analyses revealed that there is an insignificant difference in hopelessness of females living in a nuclear and a joint family structure. Family structure, be it nuclear or joint did not had a great impact on feelings of hopelessness experienced by females belonging to single parent or both biological parents. The mean hopelessness score of females living in nuclear family set up was 3.98 and of those living in joint family set up were 4.85. This showed that the difference in hopelessness of females living in the two different family structures is very slight. Hopelessness is a negative belief regarding oneself and the future. When an individual is stressed, finding no way out of a tensed situation, hopelessness develops especially during adolescence and becoming very critical. Adolescence is considered to be a time of storm and stress; therefore even a minor negative experience may be significant in triggering hopelessness among adolescents.

CONCLUSION
The main aim of the study was to compare the mental health of females belonging to single parent and both biological parents. While comparing the mental health of both the categories of females, the main focus was on comparing their depression and hopelessness level. The Beck Depression Inventory and the Beck Hopelessness Scale was used to find their depression and hopelessness scores. Mean, standard deviation and t-test was employed on the gathered data and it was found that females living in single parent families had more depression and hopelessness than females living with both biological parents. The study also explored the difference in the depression and hopelessness of females living in a joint and a nuclear family structure and revealed that females belonging to single parent families and living in joint family structure had slightly high level of depression and hopelessness than those belonging to both biological parents and living in a joint family structure but the difference was insignificant.

RECOMMENDATIONS
Several research limitations exist which may limit the generalizability of the findings of this study. Firstly, through convenient sampling, only females were selected as the study subjects. Hence our results cannot be generalized to both genders. So, males and females both should be included for such studies in future. Secondly, the research participants were selected from only one college and this may limit the generalizability of the findings to other colleges and universities of different standards.
Therefore, sample should be selected from various places. Thirdly, it also highlights the need for the tools to be
developed in Urdu language so that those who are not much highly qualified to read and understand English can
be made a part of such studies. Moreover, cross-sectional research can be conducted on the residents of rural and
urban communities and other variables such as their aggression and coping can be taken into account.

The study’s time duration should be extended so that it becomes possible for the researcher to study more
variables and make his/her study more elaborate and extensive. As the study highlights that female of single
parents have more depression, it gives them an opportunity to examine their own thought processes which
provoke feelings of hopelessness in them, thereby causing depression. They should then consult counselors and
psychotherapist to help them in cognitive restructuring and becoming more hopeful and optimistic in life.

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