



Original Article

A comparative study of the difficulties and strengths of single-parent, orphan, and ordinary adolescents

*Davod Ghaderi¹; Marzyeh Kavehiei²

¹Department of Psychology, Sarab Branch, Islamic Azad University, Sarab, Iran.

²MA. in Clinical Psychology, Urmia Branch, Islamic Azad University, Urmia, Iran.

Abstract

Introduction: Given the arising number of single-parent and orphan adolescents and the related issues, the present study was conducted to compare the strengths and difficulties of single-parent, orphan, and ordinary adolescents among first-grade high school students.

Materials and Methods: The method used in the present study was causal-comparative. Among the adolescents of Urmia city-Iran and according to Morgan table, 380 first-grade high school students in the second academic semester of 2018-2019 were selected using multistage cluster sampling. Twenty five single-parent adolescents were identified. In order to select orphan adolescents living at "Home for children" according to Morgan table using simple stochastic sampling, 59 cases were selected. Data collected through Strengths and Difficulties Questionnaire (SDQ). MANOVA and LSD post hoc test were used to analyze the results.

Results: The index of difficulties and strengths had a significant difference in these three groups ($P < 0.01$). According to the mean of the three groups for emotional symptoms and conduct problems, it was concluded that single-parent adolescents had higher scores compared to ordinary and orphan groups ($P < 0.05$).

Conclusion: It seems that single-parent adolescents in emotional symptoms and conduct problems had worse conditions compared to orphan and ordinary adolescents.

Keywords: Adolescents, Conduct problems, Orphan, Single-parent

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Introduction

The demographic structure of families is changing, and this change can alter the philosophical bases of relationships (1). Many young people feel that marriage is an old and restrictive tradition (1). Parents often believe that if marital relationships cannot provide them with happiness, their children will adapt to new family relationships instead of suffering from the undesirable and long-lasting consequences of divorce or the thoughts related to that (1). This issue has led to an increase in the number of orphan or single-parent families in

societies. In 1970, 84 percent of children were living with their families, while by 2009 just 60 percent of them were in such a condition. In 2009, just 29 percent of African-American children lived with their parents, while 50 percent lived just with their mothers. In addition, 58 percent of Hispanic children were born to married parents, while 25 percent lived just with their mothers (2). In addition to attitudinal changes concerning family nature, another factor that has altered family structure is divorce. In America, there were more than 1 million divorced children in 1988 (3).

*Corresponding Author: Department of Psychology, Sarab Branch, Islamic Azad University, Sarab, Iran.

d.ghaderipsy@gmail.com

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Since that time divorce rate has increased such that in 2009 in America, just 45.7 percent of children who reached the age of 17 years lived with their parents (4). In Iran in 2015, 20 percent of marriages led to divorce, and this rose to 25 percent in 2016, which shows the rising trend of divorce in this country (5). Structural changes in the family can have different effects on adolescents especially negative ones (1). The literature review in this field suggests that compared to those in ordinary families, single-parent adolescents have a lower level of education and a higher level of risky behaviors, alcohol consumption, and addiction at higher ages (6). A study conducted on Turkish adolescents showed that compared to those who live in ordinary families, single-parent adolescents are less assertive and more aggressive and submissive (7,8). Adolescents who grow up in single-parent families face higher levels of stress and parental conflicts and lower levels of parents' mental health (9,10). Venkatesan's study showed that adolescents who grow up in ordinary families generally have fewer conduct problems than who grow up in single-parent families (11). On the other hand, it was revealed that orphan adolescents encounter various emotional and conduct problems compared to ordinary adolescents (12). For instance, they are more aggressive and possess less emotional knowledge (13). Orphan children and adolescents had more behavioral disorders and lower life satisfaction and self-esteem than children in ordinary families (14). Also, it has been revealed that behavioral disorders such as hyperactivity and conduct problems are more noticeable among single-parent and orphan children and adolescents than those living in ordinary families (15-18).

The review study of Waddoups, Yoshikawa, and Strouf emphasizes the negative aspects of orphan adolescents (19). It is worth mentioning that some studies have demonstrated that there is no significant difference between orphan and ordinary-family children in terms of emotional and behavioral disorders (20). On the other hand, some studies have put more emphasis on the positive aspects of orphan children. Bender et al. have emphasized the strengths of orphan adolescents (21). In their studies, Tweeda, Biswas-Dienerb, and Lehman concluded that many orphan individuals could identify their personal strengths. The most frequently mentioned strengths include social intelligence,

kindness, persistence, originality of character, and a sense of humor. The rest of the strengths, which are often named, include personal skills (for example, music, sports, etc.), occupational skills, intelligence, and education (22).

In the range of the studies mentioned earlier, especially those with the same aim and tools as this study, few cases can be found. Another aspect that has rarely been dealt with in this field is comparing behavioral and emotional disorders in which a distinction is drawn between single-parent and orphan children. Investigating the studies in this field shows that they have some conflicting results. Consequently, the present study aimed to assess the difference between single-parent, orphan and ordinary-family adolescents in terms of strengths and weaknesses while emphasizing their behavioral and emotional disorders.

Materials and Methods

This research is based on a causal-comparative or ex-post-facto study. The statistical population of this study consisted of all single-parent, orphan and ordinary-family adolescents of Urmia city-Iran who aged 12-14 years and they are at the first grade of high school in the second semester of the academic year 2018-2019. Among 1180 adolescents, according to Morgan's table, 380 students were selected using multistage cluster sampling. After randomized selecting two boroughs of Urmia city, as the final statistical population, from among the schools of these boroughs, four male and four female schools were chosen. Then two classes of each school were selected randomly. Twenty-five single-parent adolescents were identified. For selecting samples of 70 orphan adolescents who were living in "home for children" in Urmia, according to Morgan's table and simple stochastic sampling, 59 students were chosen as the final sample, and all members of the sample were homogenized based on demographic features, i.e., age and gender (Table 1). All of the cases participated voluntarily, and written consent was obtained from their parents if they were alive. The inclusion criteria included: aged 12-14 years, having mental health (based records and a general health questionnaire (GHQ)) (23), and studying at the first grade of high school. The exclusion criteria included unwillingness to continue cooperation at any stage. The participants completed the

questionnaires after getting permission from Department of Education of Islamic Azad University of Urmia.

Research instrument

A) *Demographic Checklist*: It includes demographic characteristics such as age, gender, and family condition.

B) *Strengths and Difficulties Questionnaire (SDQ)*: It designed by Goodman in 1997 in England based on International Statistical Classification of Diseases and Related Health Problems (ICD-10). This questionnaire has 5 subscales which are: emotional signs, conduct problems, hyperactivity, lack of attention, communication problems with peers and acceptable behaviors (strengths). This questionnaire assesses strengths and difficulties of children and adolescents with 25 questions including choices of "completely correct", "almost correct" and "incorrect". This

questionnaire has 3 forms for self-report, teacher and parents. In this study, the self-report form has been used which is typically employed for adolescents aged 11-16 years. Goodman in a study to assess the reliability of SDQ reported a Cronbach's alpha coefficient of 0.73 for that (24). The Persian version of SDQ has acceptable psychometric features and can be utilized as a good tool to identify Iranian children and adolescents' behavioral and emotional disorders (25).

Results

At first, the demographic features of the samples are presented in Table 1. However, it is necessary to mention that this table also shows the homogenization of the samples in terms of demographic features such as age and gender.

Table 1. Demographic characteristics and homogenization of the studied samples

Variables	Groups	M (SD)	Statistical test	P
Age (Year)	Single-parent adolescents	13.40 (2.58)		
	Orphan adolescents	13.01 (2.70)	F= 0.980	0.876
	Ordinary adolescents	14.28 (3.21)		
Gender	Single-parent adolescents	Number		
	Girl	12	$\chi^2= 0.04$	0.895
	Boy	13		
	Orphan adolescents			
	Girl	30	$\chi^2= 0.016$	0.899
	Boy	29		
Ordinary adolescents				
Girl	175	$\chi^2= 0.070$	0.754	
Boy	180			

In Table 1, the mean and standard deviation of the participants' age are presented separately. ANOVA test demonstrated no significant relationship between the three groups of orphan, single-parent, and ordinary-family adolescents, and the variable of age and all groups are homogenous in this respect. In addition, in Table 1, the number of samples was

specified according to gender. The Chi-square test after investigating the difference between these three groups revealed no significant difference between these groups in terms of the number of girls and boys, and they are homogenous in terms of gender variable. Finally, the descriptive data of the variables are presented in Table 2.

Table 2. Descriptive statistics results for subscales of adolescents' difficulties and strengths

Dimensions	Group	Number	M	SD
Emotional symptoms	Orphan adolescents	59	1.2	0.518
	Single-parent adolescents	25	1.72	0.891
	Ordinary adolescents	355	1.20	0.551
Conduct problems	Orphan adolescents	59	1.54	0.773
	Single-parent adolescents	25	2.00	0.913
	Ordinary adolescents	355	1.57	0.814
Hyperactivity	Orphan adolescents	59	1.20	0.581
	Single-parent adolescents	25	1.52	0.823
	Ordinary adolescents	355	1.39	0.669
Communication problems	Orphan adolescents	59	1.53	0.653
	Single-parent adolescents	25	1.68	0.690
	Ordinary adolescents	355	1.57	0.731
Sociable behaviors	Orphan adolescents	59	1.08	0.385
	Single-parent adolescents	25	1.16	0.473
	Ordinary adolescents	355	1.17	0.479

MANOVA was used to compare difficulties (emotional signs, hyperactivity, conduct problems, and problems with peers) and strengths (socially-accepted behaviors) among single-parent, orphan and ordinary-family adolescents. The obtained results from MANOVA will be presented in the following sections. At first, and to satisfy one of the main assumptions of MANOVA, the results of

Levene's test based on the homogeneity of the variances are presented in Table 3.

The results shown in Table 3 suggest that the variances are homogenous, and there is no significant difference between the variances under investigation. Thus the homogeneity of variances has been considered as a precondition ($P>0.01$).

Table 3. Levene's test of equality of error variances

	F	df1	df2	P
Emotional symptoms	4.271	2	436	0.023
Conduct problems	0.991	2	436	0.372
Hyperactivity	3.284	2	436	0.042
Communication problems	1.346	2	436	0.261
Sociable behaviors	3.104	2	436	0.046

Table 4. Significant results of multivariate analysis of variance

Effect	Value	F	Hypothesis df	Error df	P	Partial Eta Squared	
Group	Pillai's Trace	0.65	2.90	10.000	866.000	0.001	0.32
	Wilks Lambda	0.63	2.91	10.000	864.000	0.001	0.33
	Hotelling's Trace	0.56	2.93	10.000	862.000	0.001	0.33
	Roy's Largest Root	0.56	4.94	5.000	433.000	0.001	0.54

The table above shows the significant results of ANOVA. This table shows that the multivariable impact is significant, and the minimum impact rate is 0.32. The general rule

of MANOVA is that if this index is more significant than 0.14, it shows a high impact rate.

Table 5. Results of multivariate analysis of variance between groups

Source	Dependent variable	Type Sum of Squares	df	Mean Squares	F	P	Partial Eta Squared
Group	Emotional symptoms	6.304	2	3.152	9.678	0.001	0.043
	Conduct problems	4.411	2	2.205	3.323	0.03	0.015
	Hyperactivity	2.324	2	1.162	2.610	0.07	0.012
	Communication problems	0.420	2	0.210	0.407	0.666	0.002
	Sociable behaviors	0.336	2	0.168	0.771	0.463	0.004

The results presented in Table 5 show that the three groups of single-parent, orphan and ordinary-family adolescents are significantly different in terms of emotional signs (the amount of F with a degree of freedom of 2 and the impact rate of 0.043 was equal to 9.678) and conduct problems (the amount of F with a

degree of freedom of 2 and the impact rate of 0.015 was equal to 3.323). Following that, given that the groups were not homogenous, a post-hoc LSD test will determine the possible variable differences between the groups under investigation.

Table 6. Results of LSD post hoc test for group differences in the studied variables

Emotional symptoms				
	Group	Mean Deference	Std. Error	P
Orphan adolescents	Single-parent	-0.517*	0.136	0.001
	Ordinary	0.001	0.08	0.994
Single-parent adolescents	Orphan	0.517*	0.136	0.001
	Ordinary	0.517*	0.118	0.001
Ordinary adolescents	Orphan	-0.001	0.08	0.994
	Single-parent	-0.517*	0.118	0.001
Conduct problems				
Orphan adolescents	Single-parent	-0.458*	0.194	0.019
	Ordinary	0.032	0.115	0.778
Single-parent adolescents	Orphan	0.458*	0.194	0.019
	Ordinary	0.425*	0.169	0.012
Ordinary adolescents	Orphan	0.032	0.115	0.778
	Single-parent	-0.425*	0.169	0.012

Discussion

The results of Table 6 show that single-parent adolescents obtained higher scores in emotional signs and conduct problems than orphan and ordinary ones, and they are also in more appalling conditions ($P < 0.01$). The present study was designed and implemented to compare the strengths and difficulties of single-parent, orphan, and ordinary adolescents. The

results showed that there is a significant relationship between these three groups in terms of strengths (socially-acceptable behaviors) and difficulties (emotional signs, conduct problems, hyperactivity, and communication problems), and it was revealed explicitly that single-parent adolescents scored significantly better on emotional signs and

conducted problems' variables and they were in worse conditions compared to orphan and ordinary-family adolescents. The findings of the present study concerning the worse conditions of single-parent adolescents compared to ordinary-family ones in terms of emotional signs and conduct problems were consistent with the findings of the studies conducted by Usakli (7), Langton and Berger (16), and Venkatesan (11). Usakli assessed 75 single-parent and 75 ordinary-family Turkish children and conclude that single-parent children are emotionally more aggressive, more submissive, and less assertive than ordinary-family children (7). This issue shows that children and adolescents' ability to express emotions does not develop well in single-parent families and these children do not learn how to express emotions correctly. The mechanism of learning the correct way of expressing emotions usually develops well in families through parental training but since the adolescents who grow up in single-parent families face higher levels of stress and parental conflicts and lower levels of parental mental health (8,9), they do not receive such training completely. Langton and Berger conducted a study on American parents and children stated that single-parent adolescents have worse conditions in terms of emotional, physical and behavioral health compared to those who live with their both parents (16). Furthermore, Venkatesan assessed 300 single-parent and ordinary-family children and adolescents in the age range of 6-18 years and revealed that the adolescents who grow up in ordinary families have fewer behavioral disorders compared to single-parent ones (11). Therefore, it can be concluded that partial and inefficient training of parents due to being in difficult mental conditions influences adolescents' emotional and behavioral disorders. Being raised and supported just by a single parent can be stressful for the children of these families (26), and in such conditions, children and adolescents seek social support to reach welfare (26), and of course, single-parent children are deprived of such supports when they are required, and this can lead to emotional or behavioral disorders.

The present study also suggests that single-parent adolescents are in worse conditions than orphan ones in terms of emotional signs and conduct problems. Some researchers in their studies have concluded that orphan adolescents are in worse emotional and behavioral

conditions than ordinary-family ones (11-13,16,17). However, some others have concluded that there is no significant relationship between orphan and ordinary-family adolescents in terms of emotional and behavioral traits (18), and finally, some studies conducted by other researchers suggest that orphan adolescents are in suitable conditions (19,20). The literature review in this field suggests that single-parent adolescents are in worse conditions than ordinary-family adolescents in terms of emotional and behavioral traits. However, the existence of such a difference between orphan and ordinary-family adolescents cannot be confirmed. Single-parent adolescents are in a conflicting situation for having or not having a family with both parents, and they continually remain in this situation. On the other hand, as mentioned earlier, these single parents cannot usually play their roles appropriately. However, orphan adolescents are in a condition in which they have gotten rid of such conflicts and accepted the new conditions and do not expect their other parents to return. Another noteworthy point is that most past studies that have regarded orphan children's emotional and behavioral traits worse than the ordinary-family ones have been conducted on children while this study was implemented on adolescents. When someone reaches adolescence and cognitively develops more, they can identify their own emotional and behavioral traits and accept and modify them.

The results of the present study results were not consistent with some other studies in this field regarding the lack of any difference between hyperactivity variability between single-parent, ordinary-family, and orphan adolescents (14-17). For example, in a study performed by Salehi, Emamipoor, and Haji Hasani, 122 single-parent adolescents were compared with 122 ordinary-family adolescents in Tehran city-Iran. They revealed that behavioral disorders such as hyperactivity and conduct problems are more prevalent among single-parent children and adolescents (15). Langton and Berger obtained almost the same results in a study done on American adolescents (16). Also, a study conducted on adolescents aged 11-17 years by Bhat et al. in Kupura orphanage revealed that orphan children and adolescents have more behavioral disorders than ordinary-family ones (17). It is worth reminding that the present study has been done on adolescents, but most of the previous

studies have focused on children or children and adolescents combined. The tools utilized to assess emotional and behavioral disorders in the studies, as mentioned earlier, were different from what was used in this study, and taking advantage of SDQ in this study was among its novelties. The other noteworthy point is that any social and cultural differences can significantly affect the results of these studies.

The present study had its limitations. Some of these limitations include: Being impossible to choose the sample using a simple stochastic sampling method for single-parent adolescents, focusing on adolescents in Urmia city, implicit limitations of the causal-comparative method, which are, of course, inevitable. It is suggested that broader statistical populations be studied

and a distinction be drawn between mother-parent and father-parent families in this regard.

Conclusion

Single-parent adolescents had more weak points and less strength in compared to orphan and ordinary-family ones. Also, it was confirmed that orphan adolescents are almost in the same condition as ordinary adolescents in difficulties and strengths dimensions.

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