

# Influence of Parental Availability on the Psychosocial Wellbeing of Adolescents in Kandara Sub-County, Murang'a, Kenya

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## Abstract

This study aimed at determining the influence of parental involvement on psychosocial wellbeing of adolescents in Kandara, Murang'a County, Kenya. The objective was to determine the extent to which parental availability influences the psychosocial wellbeing of adolescents. Theories used were Erikson's Theory of psychosocial stages of Development (Macleod, 2012) and Bronfenbrenner's Ecological Systems Theory (Guy-Evans, 2020). Target population was 16,280 adolescents with a sample size of 390 adolescents from 18 secondary schools, 18 parents and 18 teacher counselors selected through random systematic sampling. The study employed descriptive survey research design, SPSS version 26 was used in data analysis, chi square test statistics used to test the null hypothesis at  $\alpha = 0.05$ . Descriptive statistics were used in analyses of the quantitative data and results expressed in percentages and frequencies and findings presented in graphs and tables and quantitative data was analyzed thematically. Findings showed a significant relationship between parental availability and adolescent's psychosocial wellbeing  $0.000 < p < 0.05$  thus null hypothesis was rejected. Recommendations included providing support, counseling programs for adolescents and parents to enhance adolescent's psychosocial wellbeing.

## Key words

Support; Communication; Availability; Self-esteem; Interpersonal Relationships, Discipline

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## INTRODUCTION

The stage of adolescence is quite critical in their development as many of them have been known to experience psychosocial distress worldwide with rates varying across many countries (Bista, Thapa, P; Sapkota, D; Sulman, B; Paras, K; and Pokharel,; 2016). Globally 20% of adolescents have been known to experience at least one or more behavioral problem and half of the mental problems begin at 14 years or below (Bista et al; 2016). Additionally, in U.S.A and Canada, mental health among the adolescents is said to be a public issue. Further, study indicates that in India adolescents who may be experiencing mental health problems amount to 14-40% and adds that in South-Asian countries, the state of mental health and its care system is worse than in the developed countries. In Nepal for example, 17% of adolescents were found to suffer psychosocial dysfunctions which is detrimental to the psychosocial wellbeing. In Africa, psychosocial distress has been found among the adolescents in Nigeria (Alika, Akanni and Akanni, 2016). In Zambia Seter and Mazyanga (2015) found that 15.5% of the adolescents experienced psychosocial distress. The stated problems may be attributed to the biological, psychological and social transformation associated with this stage. Several barriers like social economic status, family structure, gender, parenting style, employment and health may contribute to lack of parental involvement which may impair the adolescents' psychosocial wellbeing. Psychosocial wellbeing is therefore very important in determining the self-esteem, good interpersonal relationships and discipline in adolescents (Harter, 1990). In contrast psychosocial distress may result in impairment of the individual which may lead to negative behaviors in adolescents such as alcohol abuse, low academic achievement, delinquency and early pregnancy (Gilborn, Apicella, Brakarsh, Dube, Jemiso, 2006). Parental involvement is therefore vital in facilitating development of well-adjusted adolescents who are able to cope with challenges of life and events (Cripps and Zylowski, 2009).

## METHODOLOGY

### Research Design

The research methodology employed was descriptive survey design. The target population comprised of all the 16,280 adolescents with a sample size of 390 adolescents obtained through stratified random and systematic sampling and using  $(n=N/(1+N(e)^2))$  formula to estimate the sample size for subjects in the age bracket 13 to 18 years.

### **Data Collection Instruments and analysis**

Data Collection Instruments comprised demographic forms, adolescent questionnaires which comprised of 7 items with 5-point Likert scale ranging from never to always with such items like (parent consoles me when I am upset). The expected reliability had a co-efficient of  $p < 0.9$ . Adolescent Questionnaire for Interventions comprised of 14 open-ended statements related to community, school and government intervention strategies and parents. Parent's interview guide on intervention strategies was used to collect data on availability in adolescents. Teacher interview guide for the school counselors with open ended statements was used to collect data on parental availability as well as interventions. Collection of interview information was carried out by the researcher. The instruments were piloted in Gatanga sub-County which had different participants from the one involved in the research. Data collection procedure involved obtaining approval letters from relevant authorities including NACOSTI, MKU University and County Director of Education. The researcher conducted interview on parents and teacher counselors to reinforce the responses from the adolescents. The researcher was assisted by the teacher counselor in collecting the measurement scales and questionnaires after they have been filled up.

Quantitative and qualitative data was analyzed using Statistical Package for Social Sciences (SPSS) version 26 computer package. Quantitative data analysis was done using descriptive statistics and data expressed as percentages and frequencies and findings presented in form of charts and tables. The qualitative data was coded, categorized, organized and analyzed thematically according to the objectives and used in reinforcement and interpretation of the quantitative data. The chi square inferential statistics at  $\alpha = 0.05$  was used in the

generalization of results to the general population that the sample represented. Ethical considerations included providing informed consent, confidentiality and not causing harm to the subjects.

## RESULTS, DATA ANALYSIS AND DISCUSSION

### Demographic information

Demographic information included the adolescent gender, age, birth order and family structure.

and response rate was 383 adolescents that translated to 98.2% which was appropriate for the research. According to gender male were 162 (42.3%) and females 166 (43.3%) males and missing were 55 (4.4%). According to family structure 29 (19.9%) of male adolescents are from single parent families 110 (75.3%) from dual parenthood and 7 (4.8%) from other type of families. In females, 40 (26.5 %), were from single parents, 106 (70.2%) from dual parents and 5 (3.3%) from other type of families. In terms of birth order, first born comprised of 44 (28.8 %) where females were 53 (33.5%), middle born males were 72 (47.1%) and females 67 (42.4%) and lastborn males were 35 (22.9%) and females 35 (22.2%). There were 2 (1.3%) males and 3 (1.9%) who were born alone.

In testing whether there is a relationship between parental availability and psychosocial wellbeing of adolescents, inferential statistic chi-square was used to test hypothesis that “There is no statistically significant relationship between parental availability and psychosocial wellbeing of the adolescents”. The table showing frequencies of adolescent responses are as presented in Table 1. The table shows the sum of responses for all items for all categories added together to obtain the individual category totals and overall total responses.

**Table 1: Adolescent Response Frequency on Parental Availability**

Item	Never	Rarely	Very rarely	Often	Very often	Always	Total
1	47	64	48	64	42	98	363
2	63	78	49	65	39	56	350
3	166	40	39	31	23	61	360

4	48	36	25	52	47	146	354
5	15	24	22	55	63	175	354
6	132	59	35	36	31	59	352
7	29	23	35	57	56	157	357
Total	500	324	253	360	301	752	2490

To obtain the observed frequency the total number of each category of responses were divided by the number of items (N=7) to get the average response of each category. The total of the observed frequencies is as presented in Table 2

**Table 2: Adolescents Observed Responses Frequency on Parental Availability**

Respondents	N	R	VR	O	VO	A	Total
Frequency	71	46	36	51	43	107	354

Key: N= Never, R= Rarely, VR=Very rarely, O = Often, VO=Very often, A=Always

To obtain the expected frequency, the total of the observed frequency was divided by the number of categories (354/6). To calculate the chi square statistic the formula shown below was used.

$$X^2 = \frac{\sum(O-E)^2}{E}$$

Where  $X^2$  = chi Square Statistic, O= Observed Frequency and E = Expected Frequency.

The results were used to calculate the chi square statistic as presented in Table 3. The expected frequency was calculated and results are as presented in Table 3.

**Table 3: Chi Square Calculation Table on Adolescents' Responses on Parental communication.**

Adolescent Responses	Observed Frequency(O)	Expected Frequency (E)	O-E	(O-E) <sup>2</sup>	$\frac{\sum(O-E)^2}{E}$
N	71	59	12	144	2.4
R	46	59	-13	169	2.9
VR	36	59	-23	529	8.97

O	51	59	-8	64	1.08
VO	43	59	-16	256	4.39
A	107	59	48	2304	39.05
Total	354				58.79

$N=354$ , Calculated chi square  $X^2=58.79$ , Critical value  $=36.42$ ,  $Df=24$ ,  $\alpha=0.05$ ,  $p\text{-value} = 0.00$

To obtain the critical value or tabulated chi square value, the degree of freedom at level of significance  $\alpha=0.05$  were used. Degree of freedom (df) was got by multiplying number of rows less one by number of columns less one. Number of rows were 7 while number of columns were 5. Hence degree of freedom  $= (7-1) (5-1) = 6 \times 4 = 24$ . From chi square table the critical value at df 24 and  $\alpha=0.05$  is 36.42. The calculated chi square ( $X^2$ ) is greater than the critical value. The p- value was determined from the formula in Excel tables and was found to be 0.00. The p- value  $< 0.00 < 0.05$  lies in the rejection region. The calculated chi square value and p- value lies in the rejection region. This means that the null hypothesis that there is no statistical significance between parental availability is rejected and accept that there is a significant relationship between parental availability and adolescent psychosocial wellbeing. Multiple sets in the SPSS package were used to analyze data on intervention in the community, teacher counselors, government and parents.

## DISCUSSION

The purpose of the study was to determine the influence of parental involvement on the psychosocial wellbeing in adolescents. Hypothesis test showed  $p < 0.00 < 0.05$  was in rejection region and chi square ( $X^2$ ) greater than the critical value. Hypothesis showed that “there is a statistically significant relationship between parental availability and psychosocial wellbeing in adolescents was rejected. When parents are always available during dinner as evidenced by 98 (27%) of the adolescents this provide an opportunity for adolescents and parent to interact (Tatiana and Pearson, 2006). Findings indicate aspects of parental availability as social emotional, physical which raises the self-esteem, interpersonal relationships and discipline of adolescents. However, when the parents are not available as indicated by 47 (12.9%) during dinner, the adolescents feel rejected thus

affecting their psychosocial wellbeing leading to engagement in unhealthy sexual behavior, antisocial, engage in drug and alcohol abuse.

### **5.3 Implication of the Study.**

The finding showed that parental availability is statistically significant to psychosocial wellbeing of adolescents. This implies that parental availability is related to self-esteem, interpersonal relationships and discipline of the adolescents and therefore can affect the physical, emotional and social availability of the adolescents. This can be understood by the fact that adolescents at this stage prefer autonomy thus seeking independence from their parents. When parents avail themselves during meals, enjoy entertainment like watching movies together, the adolescents acquire high-self-esteem and are able to interact with peers. On the other hand, when parent deprives the adolescent of physical, emotional and social availability, the adolescents develop low self-esteem and are unable to measure up with peers thus affecting interpersonal relationship. The parents therefore should be provided with training on good parenting, counselling and financial support to enhance their parental availability. In matters of discipline the parent should keep close monitoring, supervision and guidance on the adolescents being good models, trained in parenting skills and counselling skills to instill psychosocial health to their children. On intervention measurers finding showed that majority of adolescents 110 (62.9%) stated none on parental training in the community. This indicates that most parents lack the necessary skills in parenting which is in disagreement with Wasik (2016) who stated that there are programs in the community that provide training to the parents. Teacher counselor reported guidance and counselling services as important in building self-esteem (100%), improvement of academic performance (33.3%) though the findings. However, finding indicate inefficiency of teacher counselors in providing guidance and counselling due to heavy workload 5 (35.7%), shortage of time 8 (57.1%) and students resistance (21.4%) the vital service to the adolescents.

### **Conclusion**

According to the purpose of the study, the findings indicate that there is a strong relationship between parental involvement and psychosocial wellbeing in adolescents. Findings indicate parental low economic status as the major cause of lack of parental availability. Most parents are busy in economic engagement as they solicit for finances to support their families. Other parents are ignorant of the need to be available to their children while authoritarian style inhibit health parent-child interaction. Lack of parental availability can pose a lot of difficulties in adolescents in terms of loneliness, isolation and withdrawal. Unavailability of parents results in lack of supervision, monitoring and guidance of adolescents. Left alone, the adolescents can join gangs, engage in drug abuse, promiscuity and delinquency. The adolescent will lack social skills required for healthy interactions thus affecting their self-esteem, discipline and interpersonal relationships as aspects of psychosocial wellbeing. The parents should therefore be sensitized on need of providing quality time to their children through organized programs and mass media to provide awareness on the need of parental availability. Guidance and counselling should be initiated to assist the parent on the need for involvement and instilling coping mechanism to adolescents who have negative behavior, low self-esteem and discipline to enhance psychosocial wellbeing. To address the challenges encountered by the adolescents and lack of parental involvements there are several strategies that has been put in place. However, the intervention strategies indicated in the findings are highly inadequate. Lack of parental involvement therefore has continued to impair the psychosocial wellbeing in adolescents.

### **Recommendations**

In line with the findings the government should enact policies to ensure parental availability bringing up of children and set up counselling and training centers in the community where parents can access counselling services to empower them on strategies providing knowledge on the importance of parental availability in the raising of children. The media should set up programs on parenting to create awareness and sensitize parents about good parenting practices such as availability.



### Suggestions for Further Research

1. The researchers should conduct a similar study in other districts in order to compare their findings with this study.
2. A further research can be carried out to determine other factors such as gender, environment and adolescent characteristics that affect parental involvement other than availability of parents.
3. Research should be conducted on other components of psychosocial wellbeing other than self-esteem, interpersonal relationships and discipline such as anxiety, post-traumatic stress disorders and peer relationships.
4. The method of collecting data should be revised to avoid self-report which can result to bias and invalidity of data.

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