

Correlates of Parental Dysfunctionality and Depressive Disorder among Adolescents in Bungoma County, Kenya

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Abstract

Physical and psychological well-being of family members is significantly determined by family functioning and its impairment affects the family. Since there is a bidirectional process between parents and their offspring, parental dysfunctionality has a negative impact on adolescents' mental health. This study therefore sought to examine the correlates of parental dysfunctionality and depressive disorder among adolescents in Bungoma County, Kenya. From the total sample size of 368 respondents, 338 subjects constituting 91.7% response rate participated in the study. The composition of the 338 participants included 169 parents and 169 adolescents where 121, 71.6% were female and 48, 28.4% male adolescents with the mean age $16.8 \pm (SD: 1.704)$. Frequency of female parents/guardians was also higher 101, (59.8%) as opposed to their male counterparts (68, 40.2%). The parents/guardians' mean age was $44.0 \pm (SD: 11.74)$ accordingly. Parental dysfunctionality was assessed in terms of parental Intimate Partner Violence (IPV), parental alcohol use and parental depressive disorder (DD). Results from this study indicated that 63.3% of the parents and guardians reported experiencing some form of IPV with the most prevalent form of IPV being psychological abuse at 56.8%, followed by emotional abuse at 34.9%, physical abuse at 32.5% and sexual violence at 21.3%. Whereas the prevalence of alcohol use disorder was at 4.8% and alcohol dependency was at 3.6%. The prevalence of depressive disorder among parents was at 49.1%, and among the adolescents at 67.5%. Pearson correlation test was used to test the correlation between the two variables. The result showed a positive and significant relationship between parental DD scores and presence of IPV ($r = .499, p \leq .001$). However, there was no significant correlation between the parental dysfunctionality markers and adolescent DD ($p > 0.05$). This shows parental dysfunctionality does not relate to adolescent DD. This present study concluded that parents/guardians' DD was associated with higher chances of IPV.

Keywords: *Correlates, parental dysfunctionality, depressive disorders (DD), adolescents*

Introduction and Background

There is emerging data that depressive symptoms increase significantly during adolescence (Blakemore, 2019). Depression amongst adolescents is on the increase and studies have indicated that depression in adolescents affects approximately 40% of the population (Terna, 2014). It has been argued that both genetic influence and environmental factors play a vital role in the development of depressive symptoms during adolescence (Hannigan et al., 2017). Therefore, Goodman (2020) argued that parental depression may influence adolescents' depressive symptoms due to the evocative gene-environment correlations. There is empirical evidence to support an assumption that depression is associated with parents' state of mind and parenting of adolescents (Doyle et al., 2015). More so, the affected parent-child interactions may represent a crucial pathway for parental depression to the emergence of mental disorders in adolescents (Vismara et al., 2019).

Further, it has been observed that adolescents growing up in homes where parents perpetrate intimate partner violence (IPV) are at risk of developing emotional and behavioural problems (Fulu et al., 2017). Adolescents witnessing Intimate Partner Violence in the home may develop aggressive behaviors, self-isolation, difficulties in keeping peer relationships, engaging in harmful behaviours, drug, and alcohol use. Witnessing intimate partner violence amongst parents may also trigger mental disorders such as anxiety, PTSD and depressive disorders in their adolescents (Weymouth et al., 2019). Additionally, findings from a meta-analysis study by Niccols et al. (2012) suggest that parental alcohol use can have a profound impact on adolescents' mental health, which might precipitate adolescents increased emotional and behavioural difficulties. Knudsen et al. (2015) examined the relationship between heavy alcoholic parents and adolescent problematic behaviour. The results from the study showed that maternal heavy alcohol use was associated with the child's internalizing and externalizing behaviour.

Methodology

The total sample size for this study was 368; a composition of 184 parents and their 184 adolescents using Charan and Biswa's (2013) formula to calculate the sample size. The total number of respondents was 338, and the same were recruited into the study. These 338 respondents constituted a 91.7% response rate that comprised 169 parents/guardians and 169 adolescents. Adolescents aged 14 to 21 years, male and female who were in Form Two and Three of their secondary education were recruited into the study. The composition of the 338 participants included the 169 parents and 169 adolescents where 121(71.6%) were female and 48 (28.4%) male adolescents with the mean age $16.8 \pm (SD: 1.704)$. The frequency of female parents/guardians was also higher (101, 59.8%) as opposed to male counterparts (68, 40.2%). The parents/guardians mean age was $44.0 \pm (SD: 11.74)$ accordingly.

This study used both researcher-generated socio-demographic questionnaires and standardized instruments to collect data from the participants. The standardized instruments include Beck Depression Inventory – second edition (BDI-II) to assess depressive disorder, Alcohol Use Disorders Identification Test (AUDIT) to determine the severity of alcohol use among parents, and Modified Egna Minnen Beträffande Uppfostran (EMBU-C) Questionnaire to determine the parental dysfunctionality. All the standardized assessment tools had high psychometric properties, which have been validated across the globe.

Results

Table 1 : Respondent's (Adolescents) Socio-demographic Profiles

Variable			
		Frequency (n= 169)	Percentage (%)
Gender	Male	48	28.4%
	Female	121	71.6%
Age (years) adolescents	14-16	75	44.4%
	17-19	94	55.6%
Education Level	Form 2	79	46.7%
	Form 3	85	50.3%
	NR	5	3.0%
If Both Parents are Living together	Yes	131	77.5%
	No	35	20.7%
	NR	3	1.8%

Table 1 presents socio-demographic characteristics of adolescents. In terms of participants' gender, the frequency of female participants was higher (121, 71.6%) as opposed to male (48, 28.4%). Age distribution showed that the frequency of participants aged 17-19 was higher (94, 55.6%) compared to those aged 14-16 (75, 44.4%). Concerning the participants' level of education, the participants in Form 3 was slightly higher (85, 50%) compared to Form 2 (79, 46.7%) and NR (5, 3.0%). As regards to whether participants' parents live together or not, the participants who responded "Yes" to the inquiry was significantly higher (131, 77.5%) compared to participants who responded "No" to the inquiry (35, 20.7%) and "No Response" (3, 1.8%).

Table 2: Distribution of Parents' Socio-demographic Characteristics

Variable		Outcome 169[100%]	
		Frequency (n)	Percentage (%)
Gender	Male	68	40.2%
	Female	101	59.8%
	NR	1	0.6%
Age of the parents / guardians (Years)	24-28	16	9.5%
	29-39	34	20.1%
	40-50	70	41.4%
	51-61	22	13.0%
	>62	17	10.1%
	NR	10	5.9%
Religion	Christian	153	90.5%
	Muslim	13	7.7%
	NR	3	1.8%
	Married	135	79.9%

Marital Status of the parents / guardians	Single/	1	0.6%
	Widowed	15	8.9%
	Divorced/Separated	14	8.3%
	NR	4	2.4%
Type of Marriage	Monogamous	119	70.4%
	Polygamous	39	23.1%
	NR	11	6.5%
No of Children	No child (Parents)	4	2.4%
	1-3	34	18.4%
	4-6	83	49.2%
	7-9	40	23.7%
	>10	11	6.6%
Occupation Status of the parents	Employed	41	24.3%
	Self employed	105	62.1%
	Unemployed	14	8.3%
	NR	9	5.3%
Kind of Housing	Permanent	28	16.6%
	Semi-Permanent	131	77.5%
	NR	10	5.9%

Table 2 presents the socio-demographic characteristics of the parents. Distribution of gender showed that the female participants (parents/guardians) was higher at (59.8%) as opposed to male at 40.2%. Age distribution showed that frequency of parents/guardians 40-45 years was higher at (41.4%) compared to those aged 29-34 at 20.1%, aged 51-61 years at 13%, above 62 years at 10.1% and aged 24-28 years at 9.5%. As regards parents'/guardians' religion, the frequency of Christian religion affiliation was significantly higher at 90.5% as opposed to Muslim at 7.7%. The marital status of the parents/guardians of the participants indicated that those who were married had higher frequency at 79.9% compared to the widowed at 8.9%, divorced/separated at 8.3% and single parents at 0.6%. Also, concerning the type of marriage of the parents/guardians, the frequency of monogamous marriage was higher at 70.4% compared to polygamous marriage at 23.1%.

Furthermore, the table shows the frequency of the number of children the parents/guardians had at the time of the study; frequency of parents/guardians with 4-6 children were higher at 49.2% compared to those with 7-9 children at 23.7%, then with 1-3 children at 18.4% and more than 10 children at 6.6%. In terms of occupation of the parents, the self-employed were higher at 62.1% compared to those employed at 24.3% and unemployed at 24.3%. The table also presents the kind of housing the parents/guardians of the participants lived in. Frequency of semi-permanent housing was higher at 77.5% as opposed to permanent housing at 16.6%. The housing that families lived in helped to measure and assess the socio-economic status of the family.

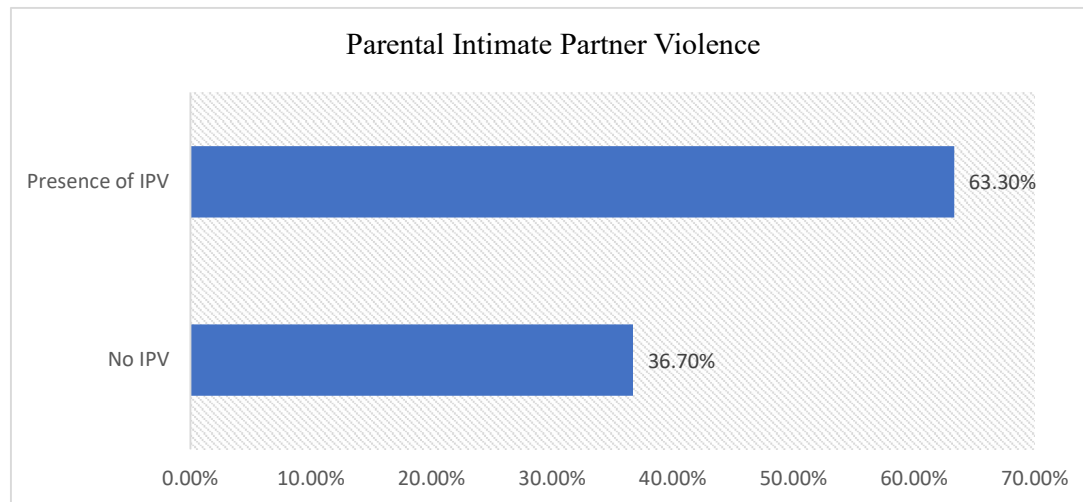
Figure 1: Parental Intimate Partner Violence (IPV)**Figure 1: Occurrence of Parental IPV**

Figure 1 represents the frequency of the first marker of parental dysfunctionality, which was the IPV. As illustrated in Figure 1, the prevalence of parents who reported experiencing some form of IPV in their relationships was at 63.3%. This is evidence that there was a high occurrence of IPV among the parents who participated in the study.

Table 3: Types of IPV Experienced by the parents/guardians

Variable	Outcome Out of 169	
	Frequency (n)	Percentage (%)
Physical Abuse	55	32.5%
Psychological Abuse	96	56.8%
Emotional Abuse	59	34.9%
Sexual Violence	36	21.3%

Table 3 presents the types of IPV experienced by the parents/guardians of the adolescents. As indicated in the table, the frequency of psychological abuse was higher at 56.8% compared to emotional abuse at 34.9%, physical abuse at 32.5% and sexual violence at 21.3%. This implies that the parents/guardians of the participants experienced more psychological abuse than other forms of IPV.

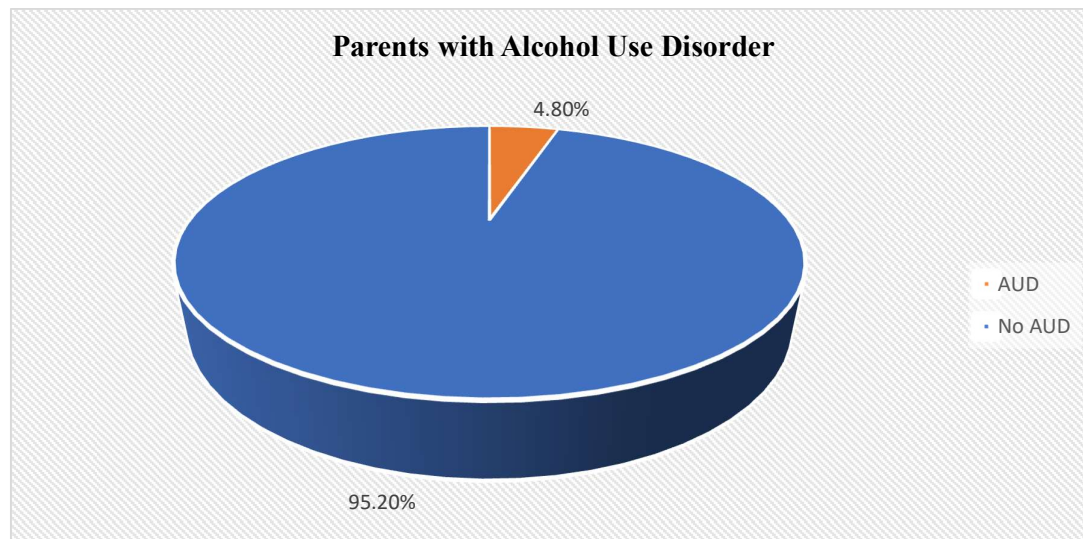
Further analysis of similarity of the IPV shows cumulatively, 28 (16.6%) of the parents reported experiencing the four forms of abuse namely physical abuse, psychological abuse, emotional abuse, and sexual violence. Parents who experienced only one form of abuse were 43 (25.4%), while the remaining 36 (21.3%) experienced two or three forms of abuse.

Table 4. Parents' AUDIT Scores Interpretation

Variable	Outcome 169	
	Frequency (n)	Percentage (%)
0-7 (Low risk)	14	8.3%
8-15 (Medium Risk)	13	7.7%
16-19 (High Risk)	2	1.2%
20-40 (Dependence)	6	3.6%
No Alcohol Use	131	79.3%
Total	169	100.0%

The second marker of parental dysfunctionality was the alcohol use which was assessed using the Alcohol Use disorder identification test (AUDIT.) As shown in Table 4, more than three-quarters of the parents 134 (79.3%) reported no alcohol use. However, it was found that six (3.6%) had alcohol dependency.

The rate of alcohol use disorder was calculated based on the total number of respondents who were at high risk and those that had alcohol dependence. As illustrated in Figure 2, the Alcohol Use Disorder (AUD) comprises 8 (4.8%) parents. Parents with low to medium risk of alcohol use disorder were 27 (16.0%).

**Figure 2: Parents with AUD**

Parental Depressive Disorder

Table 5: Parents' BDI Scores Interpretation

Variable	Outcome 169/100%	
	Frequency (n)	Percentage (%)
0-13 (Normal Range)	84	49.7%
14-19 (Mild Depression)	34	20.1%
20-28 (Moderate Depression)	31	18.3%
≥29 (Severe Depression)	18	10.7%
NR	2	1.2%
Total	169	100.0%

Another marker of parental dysfunctionality was parental depressive disorder (DD). Depression levels were assessed using the Beck's Depression Inventory, and the results are

presented in Table 5. Almost half of the parent respondents, 84 (49.7%), were found to be at the normal range (not having any depression). A fifth, 34 (20.1%) had mild depressive disorder, while 31 (18.3%) were within the moderate range and the least were 18 (10.7%) with severe depression. Overall, the mean score was 14.8 (SD. 10.7) which shows that, on average, parents were experiencing mild depression.

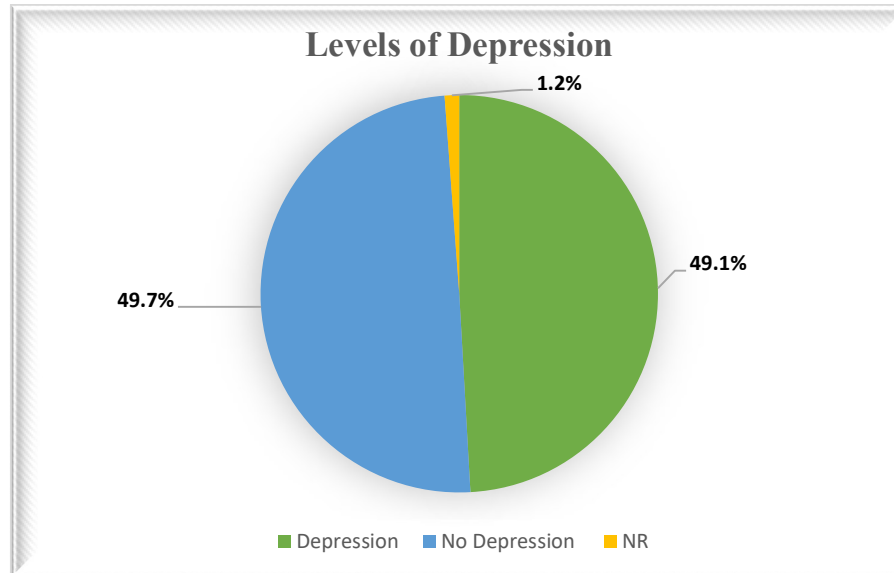


Figure 3: Levels of Depression among the Parents

The prevalence rate of DD was calculated based on the total number of respondents who had mild to severe depression. As illustrated in Figure 3, there was minimal difference between parents who were depressed and the parents who were not; the prevalence was 49.1%.

Adolescent Depressive Disorder

Table 6: Adolescent Respondents BDI Scores Interpretation

Variable	Outcome 169/100%	
	Frequency (n)	Percentage (%)
0-13 (Normal Range)	55	32.5%
14-19 (Mild Depression)	39	21.3%
20-28 (Moderate Depression)	45	26.6%
≥29 (Severe Depression)	30	17.8%
Total	169	100.0%

Adolescent depressive disorder was the second dependent variable and was assessed using Beck's Depression Index. As indicated in Table 6, 55 (32.5%) had normal range of DD, followed by 45 (26.6%) with moderate depression, 39 (21.3%) with mild depression and 30 (17.8%) with severe depression. Cumulatively, 94 (53.8%) of respondents scored normal range (not having any depression) to mild depression while 75 (44.4%) reported moderate to severe symptoms of depression. Overall, the mean score was 17.8675 (SD. 11), indicating that the adolescents had moderate to severe depression.

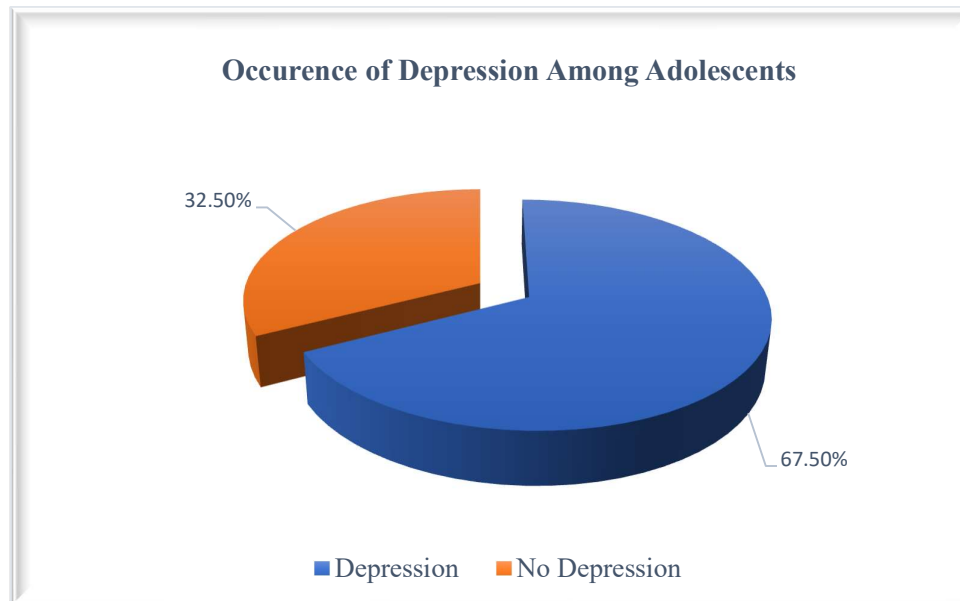


Figure 4: Occurrence of Depression among the Adolescents

The occurrence rate of DD amongst adolescents was calculated based on the total number of respondents who had mild to severe depression. As illustrated in Figure 4, the prevalence was 67.5%.

Parental Dysfunctionality Markers (IPV, Alcohol Use Disorder and Parent DD)

The parental dysfunctionality markers were IPV, AUD and parental DD. Pearson's correlation test was used to determine the relationship between parental dysfunctionality markers (based on assessment scores) and the results were as indicated in Table 7. There was a positive and significant relationship between parental DD scores and presence of IPV ($r = .499$, $p \leq .001$). This meant that as the parental DD scores of respondents increased then IPV scores also increased (with reference to 1). The implication is that depression in participants was associated with higher chances of IPV.

Table 7: Correlation Test on Parental Dysfunctionality Constructs

		IPV	Alcohol Use	Parents DD
IVP	<i>R</i>	1		
	<i>P</i>			
	<i>N</i>	107		
Alcohol Use	<i>R</i>	-.038	1	
	<i>P</i>	.856		
	<i>N</i>	26	35	
Parents DD	<i>R</i>	.499**	.145	1
	<i>P</i>	.000	.404	
	<i>N</i>	107	35	167

Further, Table 7 also shows that there was a positive and significant relationship between PTSD severity and DD scores ($r = .509$, $p < .001$), meaning that as the DD scores increased, the PTSD scores also increased. The implication was that depressed participants were more likely to also suffer from post-traumatic stress disorder.

The Relationship between Parental Dysfunctionality and Adolescent Depressive Disorders (DD)

Table 8: Correlation between Parental Dysfunction and Adolescent DD

		IPV	Alcohol use	Parents DD	Adolescents DD
Adolescents DD	<i>r</i>	-.084	-.060	-.034	1
	<i>p</i>	.395	.733	.667	
	N	104	35	164	166

The main objective of this study was to evaluate the correlates between parental dysfunctionality and adolescent Depressive Disorder (DD). Parental dysfunctionality was measured by the following markers: parental IPV, AUD, and DD, while the adolescent Depressive Disorders (DD) were assessed using Beck's Depression Inventory (BDI-II). Being that the variables to be measured were continuous (assessment score), Pearson correlation was used to determine the relationship. The Pearson coefficient *r* was used to determine the degree (strength) of the relationship. The value ranges from -1 to +1; a value of 0 implies no relationship, value of 1 is perfect positive correlation and -1 is a perfect inverse correlation. Values between 0.5 and 1 indicate strong correlation, 0.3 and 0.5 moderate correlation and 0.1- 0.3 weak correlation. As indicated in Table 8, there was no significant correlation between the parental dysfunctionality markers and the adolescents DD ($p > 0.05$). This shows parental dysfunctionality does not relate to adolescent DD.

Discussion

Findings from this present study showed the prevalence of intimate partner violence among the parents of the participants at 63.3% and that the most prevalent form of IPV was psychological abuse at 56.8%, followed by emotional abuse at 34.9%, physical abuse at 32.5% and sexual violence at 21.3%. According to WHO statistics on a growing number of population-based surveys on prevalence of IPV from more than 24 adults in 10 countries, the statistics issued by WHO (2019) affirmed that IPV is widespread where 49% had reported having experienced physical violence, 59% had reported sexual violence, and 75% reported experiencing psychological/emotional abusive acts from intimate partners. In another study on prevalence and determinant of IPV among 400 adult women in Nigeria aged 18-73 years revealed a lifetime prevalence of IPV at 73.3% (Oluwole et al., 2020). These findings seem to suggest that intimate partner's violence among parents/guardians of adolescents should be a public social problem and clinicians should pay more attention to the phenomenon. This is a sequel to the high prevalence of the occurrence among adults, which is capable of causing psychological disorders on both the parents and children or adolescents watching them.

Another marker of parental dysfunctionality is alcohol use; from this study, the prevalence of alcohol use disorder was 4.8% and alcohol dependence disorder at 3.6%. More females were assessed in this study which may have a contribution to the lower percentages of those that use alcohol. However, this finding seems to concur with a previous study (Blazer & Wu, 2011) where overall prevalence of alcohol use disorder was found to be at 4.8% and alcohol dependency was at 1.9% and sub-threshold dependence was at 7%. Another study among adults in the USA indicated that 5.3% of adults ages 18 and older had AUD (National Institute of Alcoholism, 2021). However, a significantly higher statistic was reported by the National Survey on Drug Use and Health (NSDUH) (2017) that almost 74%

of American adults are suffering from a alcohol use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

This study also found the prevalence of depressive disorder among parents/guardians at 49.1% and higher significantly among the adolescents at 67.5%. This finding is similar to a review on depression in adolescence where a comparison was made with that of adults. Beirão et al. (2020), in that review, reported a higher prevalence of depression in adolescents than that of adults. Similarly, Fallucco et al. (2015) found a prevalence of depression among parents of the participants at 53%, while 71% of the adolescents in the study had depression. This finding was very close to the findings from this study. Results from the Pearson correlation test showed a positive and significant relationship between parental DD scores and presence of IPV ($r = .499$, $p \leq .001$). However, there was no significant correlation between the parental dysfunctionality markers and adolescent DD ($p > 0.05$). This shows parental dysfunctionality does not relate to adolescent DD. These findings concur with several other studies that found IPV as a predictor of depression (Oluwole et al., 2020). A study among female population samples who had experienced IPV in Sweden reported a significant association with symptoms of depression (Lovestad et al., 2017). Also, it has been argued that adolescents witnessing IPV at home might trigger depression symptoms (Weymouth et al., 2019) though there are conflicting data on this.

Conclusion

In conclusion, this study aimed to evaluate the correlates of parental dysfunctionality and depression in adolescents. This study found that the prevalence of IPV was high among parents/guardians, there was low prevalence of Alcohol Use Disorder and dependency. Prevalence of depressive disorder was higher among the adolescents compared to their parents/guardians. There was a significant and positive correlation between depressive symptoms and IPV among parents/guardians whereas, there was no correlation between parent's dysfunctionality and adolescents' depressive disorder. This present study concluded that parents/guardians' DD was associated with higher chances of IPV but does not relate with adolescent's DD. This study therefore suggests an investigation into the mediating factors of DD among adolescents whose parents were perceived to be dysfunctional.

Recommendations

Community-based trauma interventions need to be gender responsive. These should include children, adults, young boys and girls, the disabled etc. There is a need for intervention strategies by clinicians, teachers, public health officials and government administrators. The community is a rich resource in its own healing and mental well-being. The community-driven intervention is therefore likely to be successful. This would be through a participatory approach that involves engaging the community around meaningful conversations about adolescent DD. This kind of conversation will unearth the underlying assumptions, beliefs and other factors that contribute to adolescent DD.

For mental health practitioners and first line respondents in the field, there is a need to connect the wider family to treatment as opposed to focusing on the individual. To uncover the underlying issues that have an impact on the family's mental health, psychiatrists are encouraged to engage the adolescent client's family systems. Referral systems should be put in place for collective and collaborative treatment plans. This is to mean practitioners such as psychologists, social workers, doctors, psychotherapists, psychiatric nurses and clinical officers should collaborate in the treatment of a client.

Peer counseling should be encouraged in schools and training provided in order to strengthen the practice. Adolescents relate better with their peers than with the adults around them. A skilled team of peer counselors at high school level will go a long way in reducing the high levels of DD amongst their peers.

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