

Difficult Communication with the Father or Not Having or Not Seeing the Father: Effects on Teens' Risk Behavior and Well-being

Inês Camacho, Margarida Gaspar de Matos², Gina Tomé³, Celeste Simões⁴

¹ University of Lisbon, CMDT/UNL,
Lisbon, Portugal
Email: [Inmcamacho {at} gmail.com](mailto:Inmcamacho@gmail.com)

² University of Lisbon, CMDT/UNL,
Lisbon, Portugal

³ University of Lisbon, FMUL,
Lisbon, Portugal

⁴ University of Lisbon, CMDT/UNL,
Lisbon, Portugal

ABSTRACT--- *This study aimed to investigate the influence that “having a difficult communication with parents” and “not seeing or not having parents” may have on risk behaviour (drunkenness and bullying) and on the perception of school performance, happiness, health perception and physical and psychological well-being.*

Methods: In the context of European study HBSC-Health Behaviour in School-Aged Children, the study included a total of 4877 students attending the 6th, 8th and 10th grade in public schools in Portugal, with an average age of 14 years old.

The results revealed that young people that do not have or never see their father tend to get drunk more often, their perception of academic ability is more frequently below the average and they tend to feel more unhappy. Compared to those, pupils reporting having a father at home but a difficult communication with him less frequently got drunk, like better attending school, have a better perception of academic ability, are more happy and have a better perception of health. Significant differences were not found regarding mothers.

Although a difficult communication with fathers affect adolescent's health, well being and their engagement in risk behaviour, the situation is in general still worst when they do not have or do not see their fathers at home.

Keywords— Father, Mother, Communication, Adolescents, Risk Behaviour and Well-Being.

1. INTRODUCTION

Positive familiar relationships are related with higher levels of adjustment in adolescence (Field, Diego, & Sanders; 2002; Branje, Van Aken, & Van Lieshout, 2002) and less involvement in risk behaviours (Mounts, 2002; Ardel & Day, 2002; Laeheem, Kuning, Mcneil, & Besag, 2009). Parental involvement that includes interaction, monitoring and concern for the young has shown to be protective with regard to involvement in risky behaviors (Hindelang, Dwyer, & Leeming, 2001).

In a sample of 392 first-year college students, even those who have less contact with parents and feel an approximation to their group of friends still have an important influence of their parents in their lives, in the choices they make, particularly those choices related to alcohol consumption. When parents know what their children do in their spare time, young people have a lower tendency to relate to others who consume alcoholic drinks (Abar & Turrissi, 2008; Grossrau- Bree, Kuntsche, & Gmel, 2010) and involved on violent behaviours such bullying (Spriggs, Iannotti, Nansel, & Haynie, 2007).

Communication between parents and children emerged as protective factor, a fact evidenced in the study by Turrissi, Jaccard, Taki, Dunnam and Grimes (2001), parents talk easily with their children about consumption of alcohol and its consequences, young people have lower rates of alcohol consumption. In a study aimed to verify the influence of the family (communication with parents and parental monitoring) on consumption of substances (alcohol, tobacco and psychoactive substances) in Portuguese adolescents, it was found that young people who

never tasted alcohol, never been drunk, do not smoke and who did not consume drugs in the last month are referred more often as having an easy communication with parents and more parental monitoring. Adolescent's who don't have or see parents are those who engage more in risk behaviours. (Camacho & Matos, 2008).

A good relationship with the family is also associated to positive attitudes in the school environment (Carter, McGee, Taylor, & Williams, 2007). Piko and Kovács (2010) found that good academic results make adolescents feel successful, keeping them away from risk behaviours such as consumption of substances and influencing the connection between them and the school and teachers. These factors should be valued and encouraged among adolescents, to prevent involvement in harmful health behaviours.

The family seems to have an impact on the well-being of young people. Good communication, a secure relationship and joined activities with the youngsters will result in greater well-being and happiness (Joronen & Astedt-Kurti, 2005). For psychological symptoms, a good relationship with the family emerges as a protective factor with regard to the onset of psychological symptoms (Scharf, Mayseless, & Kivenson - Baron, 2004).

In a study by Gilman and Huebner (2006), with the aim of analyzing the variables associated to life satisfaction, using a sample of 490 students with an average age of 14, these authors found that a positive relationship with parents and friends, lower levels of anxiety and depression and high levels of hope could be found in the group with higher levels of satisfaction towards life. High levels of life satisfaction are related to psychological adjustment and positive behaviours. The positive social relationships within and outside the family, encourage the positive and healthy development of adolescents (Wilkinson, 2010).

On Adolescence, friends play an important role however often friends appear associated with risk behaviors. Some studies referred that more frequently adolescent's reported going out with their friends in the evenings, the more they likely report using cannabis (Kuntsche, Emmanuel; Simons-Morton, Bruce; Fotiou, Anastasios, et al.2009). Contexts surrounding the adolescent (family, and school) are extremely important for the young to grow healthily and happily. The effects of good or bad communication with parents on adolescents' lives, there is a clear gap in terms of studies that evaluate the influence of poor communication with parents and not seeing or not having parents, which are important due to the growing number of restructured families that often lead to this separation. Divorces are currently very common throughout the developed world. The divorce, usually involves a transfer in household membership and reorganization of family members' roles, which in turn interrupt family routines and could result in an uncertain family situation (Amato, 2005). Health problems, including psychosomatic complaints and risk behaviours seem to be more prevalent in exposed children. These findings have, to a certain degree, been related to the lost contact with the absent parent (Amato, 2005; Fröjd, Marttunen, & Kaltiala-Heino, 2011; Carlsund, Eriksson, Lofstedt, & Sellstrom, 2013). Contact and communication between parent and child seems to be crucial overcoming any negative effect of family split (Levin & Currie, 2010).

The school also appears as a factor that influences adolescent development. The school may influence the well-being and satisfaction with school academic performance (Karademas, Peppas, Fotiou & Kokkevi, 2008, Van Ryzin, Gravely, & Roseth, 2009; Creed, Mueller, & Patton, 2003). In order to examine the correlation between the school, communication with family and life satisfaction, and with a sample 881 young people aged between 14 and 20 years, found that talking with parents about their problems emerges as a protective factor. It might also find that young people who reported being happy with the school was young with a greater well-being. (Piko, Hamvai, 2010)

This study aims at verifying the different influence on risk behaviours (drunkenness and bullying), on the relationship with the school, on the perception of happiness, on the perception of health and on physical and psychological well-being of two situations: do not having or seeing father/mother and having father/mother at home but reporting a difficult communication with them. Father and mother will be addressed separately. The study's main hypothesis is that teens who do not have or do not have parents present are more likely to have risk behaviours, worse relationship with the school, are less happy and less well-being, when compared with teens who have parents at home but report difficult of communicate with them.

2. METHODS

Procedure

The sampling unit used in this survey was the class. In each school classes were randomly selected in order to meet the required number of students for each grade, which was proportional to the number of same grade mates for each specific region according to the numbers provided by the Ministry of National Education. Teachers administered the questionnaires in the classroom. Children who were absent from school on the day of survey were not included. Pupils' completion of the questionnaires was voluntary and anonymity was assured. Pupils completed the questionnaires on their own. Teachers were only allowed to help with administrative procedures.

This study has the approval of a scientific committee, an ethical national committee and the national commission for data protection and followed strictly all the guidelines for human rights protection.

Participants

The Portuguese survey reported in this study is a component of the Health Behaviour in School-Aged Children (HBSC) study (Currie et al, 2004, Matos et al, 2010). Portugal was included as a full partner for the first time in 1996.

The present study used the data from 2006 Portuguese sample of HBSC.

This survey is based on a self-completed questionnaire that is administered in schools by teachers. The Portuguese HBSC survey included pupils attending the 6th, 8th and 10th grades ($M = 14$; $SD = 1.9$). The National sample consisted of 4877 students from 87 classes, from 125 randomly chosen Portuguese schools, representative in terms of geographic distribution of those school grades in the entire country, as stratified by Education Regional Divisions. From these 4877 pupils, 50.4% were girls, and were distributed as follows: 31.7% attending the 6th grade, 35.7% the 8th grade and 32.6% the 10th grade. Response rate was 92% for schools, 87% for classes, and 66% for pupils.

Measures

The questionnaire included a large number of questions on demographics (gender, school grade and socio-economic status), school ethos, drugs, tobacco and alcohol use, aspects of behavioural and psychosocial health, general health symptoms, social relations, sexual behaviour and social and family support.

In this study family (father and mother) quality (easiness) of communication, drunkenness, bullying in school, liking school, perceived academic ability, subjective health complaints, health, perception of happiness and satisfaction towards life were examined. (See table 1 for details).

Table 1- Items of the study.

	Items	Responses
Family communication	How easy is it for you to talk with your mother?	
Friends communication	How easy is it for you to talk with your father?	1. Very Easy
	How easy is it for you to talk with your best friend?	2. Easy
	How easy is it for you to talk with friends of the same sex?	3. Difficult
	How easy is it for you to talk with friends of the opposite sex?	4. Do not have or do not see
Drunkenness	Have you ever been drunk?	1. No, never
		2. Once a week
		3. 2-3 times
		4. 4-10 times
		5. Yes, more than 10 times
Was bullied in school	How many time have you been bullied in school over the past two months?	1. I wasn't bullied in school in the past two months
		2. Once a month
		3. 2 or 3 times a month
		4. Once a week
		5. More than once a week
Provoker in school	How many times did you bull someone in the last two months?	1. I haven't bullied anyone in school in the past two months
		2. Once a month
		3. 2 or 3 times a month
		4. Once a week
		5. More than once a week
Liking School	Currently how do you feel about school?	1. I like it
		2. I like it more or less
		3. I don't like it that much
		4. I hate it
Perceived school ability	In your opinion, what do your teachers think about your school ability compared to your colleagues?	1. Very good
		2. Good
		3. In the average
		4. Below average
Subjective health complaints	In the last 6 months: how often have you had the following...	1. About every day
	a) Headache	2. More than once a week
	b) Stomach-ache	3. About every week
	c) Back-ache	4. About every month
	d) Feeling low (sad, depressed)	5. Rarely or never
	e) Irritability or bad temper	
	f) Feeling nervous	

	g) Difficulties in getting to sleep h) Feeling dizzy i) Sore neck and shoulders j) Fear k) Tiredness and exhaustion	
Health	How do you feel?	1. Excellent 2. Good 3. Reasonable 4. Bad
Happiness	How do you feel about life?	1. Very happy 2. Happy 3. Not very happy 4. Unhappy
Life Satisfaction	“10” is the best possible life for you and “0” is the worst possible for you. In general, where on the ladder do you feel standing at the moment?	10 – best possible life ... 0 – worst possible life

Data analyses

Data was analyzed using the Statistical Package for Social Sciences (SPSS) 18.

To analyze the differences between the groups regarding communication, was used Chi-Square analysis and ANOVA (Scales of physical well-being and psychological and life satisfaction). Chi-Square tests (χ^2) were performed for comparison of groups. Along the Chi-Square analysis the figures in bold refer to adjusted residuals higher than 1.9.

3. RESULTS

The factor analysis made with the variables included in the communication dimension obtained a KMO = .61 and showed the existence of 3 factors with an explained variance of 58.4%. (KMO-Kaiser-Meyer-Olkin Measure of sampling-measure of sampling adequacy. The KMO is a measure of homogeneity of Variables that simply compares the Correlations observed with the partial correlations among variables) .The first factor consisted of items best friend, same gender friend and opposite gender friend $\alpha = .76$; factor 2 was composed by items likes stepmother, stepfather and brother (this factor was eliminated for not being the target of the study) and a third factor consisted of items likes mother and father $\alpha = .63$.

The somatic complaints were also submitted to a factor analysis (KMO = .89) and two factors with an explained variance of 43.4% were obtained. The first factor was composed by the items headaches, stomach pain, backaches, neck pain, dizziness and fatigue. This factor had an $\alpha = .74$. The second factor was composed of the following items: depressed, irritable, nervous, sleeping difficulties and fear. This factor had an *Alpha of Cronbach* (α) = .75. The first factor was referred as physical well-being in which the higher score means having fewer symptoms (5 - rarely or never). The same criterion was used for factor 2, referred as psychological well-being.

These scales (physical well-being and psychological) and life satisfaction scale (Cantril, 1965) were used in ANOVA.

Table 1 includes the itens in each of the 3 scales and Mean and Standard deviation and max and min for each of the 3 scales.

Groups according to communication characteristics with parents were created for this study: from a total of 3221 adolescents: 86.6% reported having a difficult communication with their mother, 83.5% reported having a difficult communication with their father, 16.5% of adolescents reported not having or not seeing their father and 13.4% reported not having or not seeing their mother. In order to create groups were eliminated adolescents who reported having an easy and very easy communication with parents, that were out of the scope of the present study.

This sub sample after removing adolescents that reported a good or very good communication with parents was consisted by 3221 adolescents (63,78%) from the initial sample (5050 adolescents).

Chi-square showed that young people who do not have or do not see their father more often referred that have been drunk (1 time, 4-10 times and more than 10 times, statistically significant values). While adolescents that reported having a difficult communication with father more often referred that never got drunk (see table 2). No statistically significant differences were found regarding the variables being bullied or being a bullier in school.

Regarding the communication with the mother/not having or seeing the mother, no statistically significant differences were found regarding mentioned above (drunkenness, being bullied or a being bullier in school)

Young people who do not have or do not see their father more often referred hate school. Adolescents who reported having a difficult communication with father more often referred that like school more or less.

Table 2- Differences for communication related to the father and risk behaviours.

		Difficult Communication with father		Don't see him or don't have father		Total N	χ^2	p	df
		N	%	N	%				
Drunkenness	No, never	1243	71.8	216	63.2	1459	18.54***	.000	4
	Once a week	212	12.3	56	16.4	268			
	2-3 times	169	9.8	31	9.1	200			
	4-10 times	61	3.5	21	6.1	82			
	More than 10 times	45	2.6	18	5.3	63			
Was bullied in school	I wasn't bullied	951	54.9	198	58.4	1149	n.s	.670	
	Once a month	487	28.1	82	24.2	569			
	2-3 times a month	127	7.3	20	5.9	147			
	Once a week	68	3.9	15	4.4	83			
	More than once a week	98	5.7	24	7.1	122			
Bullied in school	I didn't provoke anyone	1031	59.8	205	60.8	1236	n.s	.570	
	Once a month	474	27.5	86	25.5	560			
	2-3 times	95	5.5	23	6.8	118			
	Once a week	60	3.5	8	2.4	68			
	More than once a week	64	3.7	15	4.5	79			

n.s - not significant ; *** p ≤ 0.01 Values in bold refer to adjusted residuals higher than 1.9.

Regarding the school ability, students who don't have or do not see their father more often referred that their school ability is below the average. Adolescents who reported having difficult communication with their father more often referred that their school ability is good (see table 3).

Regarding the communication with the mother /not having or seeing the mother, no statistically significant differences were found regarding the variables mentioned above.

Table 3- Differences for communication related to the father and risk behaviours and school.

		Difficult Communication with father		Don't see him or don't have father		Total N	χ^2	p	df
		N	%	N	%				
Liking school	I like it	291	16.7	61	17.7	352	9.97**	.010	3
	I like it more or less	1015	58.4	173	50.1	1188			
	I don't like it much	292	16.8	71	20.6	363			
	I hate it	141	8.1	40	11.6	181			
Perceived School competence	Very good	111	6.4	27	7.9	138	10.45**	.010	3
	Good	589	34.0	95	27.8	684			
	Average	907	52.3	181	52.9	1088			
	Bellow the average	126	7.3	39	11.4	165			

** p ≤ 0.01 Values in bold refer to adjusted residuals higher than 1.9.

Adolescents who do not have or do not see their father more often referred that are not very happy (25.7%) and unhappy (7.5%). While adolescents that reported having a difficult communication with fathers are happy (58,6%)($\chi^2=24.231$ (3), $p \leq .001$).

Analysing the perception that young people have of their health, adolescents who do not have or do not see their father more often referred that their healthy is less than good / reasonable (23.8%). Adolescents that reporting having difficult communication with fathers more often referred that their health is good (56.3%) ($\chi^2=22.83$ (3), $p \leq .001$) (See table 4).

Table 4 – Differences for communication related to the father and happiness and health.

		Difficult Communication with father		Don't see him or don't have Father		Total N	χ^2	p	df
		N	%	N	%				
Happiness	Very happy	295	17.1	62	18.6	357	24.231***	.001	3
	Happy	1011	58.6	161	48.2	1172			
	Not very happy	369	21.4	86	25.7	455			
	Unhappy	50	2.9	25	7.5	75			
Health	Excellent	443	25.4	99	29.0	542	22.83***	.001	3
	Good	982	56.3	151	44.3	1133			
	Reasonable	299	17.2	81	23.8	380			
	Bad	19	1.1	10	2.9	29			

*** $p \leq .001$ Values in bold refer to adjusted residuals higher than 1.9.

Regarding the communication with the mother /not having or seeing the mother no statistically significant differences were found regarding the variables mentioned above.

In order to examine the differences between the variables life satisfaction, physical symptoms and psychological symptoms according with the characteristics of the communication with father and mother or not having or seeing them, an ANOVA was used.

When the communication with the father regarding the physical ($F(1, 2047) = 1.41, p = .235$) and psychological symptoms ($F(1, 2047) = 3.377, p = .066$) were analysed, it was found that there is no statistically significant differences. With regard to life satisfaction, some differences among the groups of communication ($F(1, 2084) = 10.94, p \leq .001$) were observed. Post hoc comparisons by the Tukey HSD test indicated that the group with difficult communication with the father has a higher average of life satisfaction ($M = 6.89, SD = 1.9$).

Regarding the communication with the mother/not having or seeing mother, no statistically significant differences were found regarding the variables mentioned above.

4. DISCUSSION

This study aimed to investigate the influence that a “difficult communication with parents” or “not having or not seeing parents” might have on risk behaviour (drunkenness and bullying), feelings towards school, happiness, health perception and physical and psychological well-being.

When analyzing the differences between a difficult communication with parents and not having or not seeing them, it was found that young people that don't have or don't see father are the ones who tend to engage in more risk behaviours. The results showed that young people who don't have or don't see father are the ones who tend to get drunk more often. Studies have shown that communication between parents and children emerges as a protective factor on risk behaviours (Mounts, 2002; Ardel & Day, 2002; Laeheim, Kuning, Mcneil, & Besag, 2009; Hindelang, Dwyer, & Leeming) regarding the consumption of alcohol (Turrisi, Jaccard, Taki, Dunn, & Grimes, 2001; Camacho & Matos, 2008). Another study has shown that young people do not have or see their parents are those who have more risk behaviors when compared with young people with ease or difficulty in communicating with parents (Amato, 2005).

It seems that not having or seeing father brings consequences to several areas in the teenager's life, particularly in adopting risk behaviours, liking the school as well as happiness and health perception. Young people who don't have or see the father feel somewhat unhappy and even perceive themselves as less healthy. Jablonska and Linderberg (2007) supported this finding referring that adolescent in single-mother/father families were at higher risk of risk behaviors, victimization and mental distress than their counterparts in two-parent families.

A good relationship with the family was also associated to positive attitudes in the school environment (Carter, McGee, Taylor & Williams, 2007). The results obtained are along the same lines: young people who don't have or see their father referred more often not liking school and reported that their school ability was lower than the average. The family seems to have a positive impact on happiness and well-being of adolescents. (Joronen & Asted-Kurti, 2005). The present results show that young people who don't have or see their father are less happy (Suldo & Huebner, 2006)

despite the difficulty of the communication with a present father. The present results point out that young people that have a difficult communication with the father, have a higher life satisfaction when compared to adolescents that do not have or do not see the father. It seems thus that young people feel more satisfied with life even with difficulties in communicating when compared to the adolescents that do not have contact with their father. These results reinforce the importance of having present parents on adolescent's life.

The conclusion of this study leads to the presumption that young people who have difficulties to communicate with father have fewer risk behaviours (drinking alcohol and bullying), enjoy school more, are happier, report that their health is good, when compared with adolescents who reported don't have or don't see the father.

This study main limitation are the cross sectional nature of its design, the fact that few variables are used to assess family dynamics and the fact that it is a self-report questionnaire only gathering young people voices. Despite these limitations it is a broad national representative survey and to the authors knowledge the first one addressing this topic. In future studies the family structure should be further explored as well as other aspects of family culture.

The conclusion of this study leads to the presumption that young people who have difficulties to communicate with father have fewer risk behaviours (drinking alcohol and bullying), enjoy school more, are happier, report that their health is good, when compared with adolescents who reported don't have or don't see the father.

More studies in the area of the family are needed including the impact of shared custody in the lives of adolescents to understand the effects on health of adolescents. But the present results highlight the care and concern that minor justice has to address to research on the topic

Although a difficult communication with fathers affect negatively the adolescents' perception of health and well being and their engagement in risk behaviour, the situation is in general still worst when they do not have or do not see their fathers at home.

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