International Journal of Arts and Social Science **www.ijassjournal.com**
ISSN: 2581-7922,
Volume 3 Issue 3, May-June 2020.

Parental Styles, Self–Concept and Depressive Symptoms among Nigerian Adolescents

[1]Joshua O.Ogunsemi*, [2a]Samuel K. Mosaku [2b]Bede C. Akpunne & [3]Ibukunoluwa B.Bello

[1,2b,3]*Department of Behavioural Studies,*
Faculty of Social Sciences,
Redeemer's University,
Ede, Osun State,
Nigeria.
[2a]*Department of Mental Health,*
Faculty of Clinical Sciences,
Obafemi Awolowo University,
Ile-Ife, Osun State,
Nigeria.

ABSTRACT: *Parental styles and negative self-concept are risk factors for depressive symptoms in children and adolescents. 305 secondary school students ($\bar{x}$ =15.47; SD = 1.44) in Ilesa, Osun State, Nigeria selected using multistage sampling technique responded to Parental Authority Questionnaire (PAQ), Children Depression Inventory (CDI), and Multidimensional Self-Concept Scale (MSCS). Findings reveals 2% prevalence of severe level of depressive symptoms as well as a significant negative relationship between depressive symptoms and father (r = -0.257; p < 0.05) and mother (r = -0.191; p < 0.05) authoritative parental styles. Also, children of single parents reported significantly higher depressive symptoms than those whose parents were living together (Mean difference = 3.06). The study identified significant negative relationships between self-regard dimension of self-concept (r = -.31, p <.01); social confidence (r = -.18, p <.01); school ability (r = -.22, p <.01); physical appearance (r = -.24, p <.01); physical abilities (r = -.17, p <.01) and depression among the students. This implies that the lower the global and specific dimensions of self-concept, the higher the depressive symptoms reported by the students. The study concludes that authoritative parental styles and negative self-concept influence the manifestations of depressive symptoms among secondary school students.*

KEYWORDS - Depressive symptoms, Parental Styles, Self-Concept, Adolescents, Nigeria.

I. Introduction

Depressive symptoms are a pervasive health problem among in-school adolescents with high prevalence, potential recurrence, and impairment of functioning in the affected child (Khasakhala, Ndetei1, Mutiso, Mbwayo & Mathai1, 2012).The prevalence of depressive symptoms, however, differ in different nations (Adewuya, Ola, Olutayo, Mapayi & Oginni, 2007, Khasakhala, et.al., 2012) and has continued to from mid to late adolescence, with adolescent lifetime prevalence rates ranging between 15% and 20% (Lee,Hankin, Benjamin, Mermelstein & Robin, 2010). Depressive episodes in childhood and adolescence are recurrent and may persist into adulthood if the contributing factors remain unchanged (Khasakhala, et.al, 2012). Mohanraj

andSubbaiah(2010) reported that depression can increase as adolescents advance in age. Early depressive vulnerability is a predictive factor for depression in young adults and adulthood (Lewinsohn, Clarke, Seeley, &Rohde, 1994). Once depressive symptoms begin, it clearly leads to negativity in relation (Bahls, 2002). Incidence of depressive symptoms may put adolescents at further risk of substance abuse as a way to reduce their symptoms or in a way of coping with the distress, school difficulties, impaired their interpersonal relationships and psychosocial functioning and may lead to suicide if left untreated (Khasakhala, et.al, 2012).
Some factors which increase the incidence of depressive symptoms in the adolescents have been identified to include biological and socio-cultural factors (McGuffin, Rijsdijk, Andrew, Sham, Katz, &Cardno, 2003), traumatic experience and being female (Philip Cowen & Tom, 2012, Laboviti, 2015), poor interpersonal functioning (Hammen& Brennan, 2002), family atmosphere and low self-esteem(Cowen, Harrison & Burns, 2012), abuse (emotional, physical, sexual) and family socioeconomic status (Ibrahim, Kelly, &Glazebrook, 2013), school problems and reduced intellectual competence and coping skills; physical disability and poor physical health; excessive interpersonal dependence; problematic interpersonal behaviours; conflict with parents; and early death of a parent(Khasakhala et al., 2012).Family factors havebeen implicated in the emergence of several psychological distress in young people out of which depressive symptoms are one (Graber, 2004).

The quality of parents-adolescents relationship plays a significant role in child's development, providing emotional support which influences their psychosocial development as they adjust to the changes in that crucial year of adolescence (Shamrock, 2005) and the interaction/emotional relationship shapes the child's perceptions; thereby influencing positive mental development (Graber, 2004).Many studies on parenting behaviours have been based on the Baumrind (1991) classification of parenting styles into three types: authoritarian, permissive, and authoritative.

Authoritarian parents are rigid, punitive and demandunquestioning obedience from their wards/children. They express very strict rules and standards for which expressions of disagreementare forbidden by their wards. Permissive parents, on the other hand,are classified as warm, overly agreeable, detached, and easily manipulated by the children or adolescent while Authoritative parents are demanding, responsive, setting clear age-appropriate rules for the child and are marked by the high expectations guided by understanding and provision of support for their children. This type of parenting creates the healthiest environment for a growing child and helps to foster a productive relationship between parent and child (Akinnawo, Akpunne and Olajide, 2020).As reported in (Akinnawo et.al, 2020),a parent-child relationship that is oriented in rigidity and punishment increases child's risk of becoming obsessive with the desire please others, deviance, lying, fearing closeness, lack of confidence, hiding problems, escaping into a dream world, feeling of guilty and worthless and rebelliousness (Calafat, García, Juan, Becoña& Fernández-Hermida, 2014), Children raised in high demanding and low warmth environment has also been found to have low self-esteem, under-achievement and high psychological stress (Khasakhala, et.al, 2012). Responsive and supportive parenting, which characterizes authoritative parentinghas been found to be democratic in nature, as it provides the child with unconditional love/acceptance, meaning that love is not withdrawn when a child's behaviour is unacceptable; affection does not stop just because the parent is sometimes disappointed in something the child has done. This allows the child to express themselves without fear of being punished (Bornstein &Zlotnik,2008). Authoritative parenting has been preferred over the other two dimensions because it promotes confident, emotionally stable, and healthy children (Khasakhala, et.al, 2012). It thus stands to reason that the way adolescents perceived their parent behavioursmay be reflected in the construction of their emotional development (Prativa&Deeba, 2019).

Self-concept also plays an essential role in regulating the emotional health of adolescents (Harter, 2006). Self-concept is a multidimensional construct that defines how an individual perceives their personal competency or adequacy in different spheres of their lives e.g., social, behavioural, academic and athletic (Manning, 2007) either by social comparison and in communication with significant others (Bong &Skaalvik, 2003). Children self-concept is typically positive and even unrealistic, at a younger age (Aunola, Leskinen, Onatsu-Arvilommi, & Nurmi, 2002), but as they grow older, the perceptions of their abilities become more realistic and more

negative or overbloated (Jacobs, Lanza, Osgood, Eccles, &Wigfield, 2002). Shapka and Keating (2005) also found that most domains of self-concept increased with age, the exception being adolescents' perception of academic competence.Due to the stress encountered during the adjustment of adolescence period, development self-concept of abilities and competency may be difficult and exposed the adolescents to negativity in their perceptions (Harter, 2006, Preckel, Niepel, Schneider, & Brunner, 2013).

Montague, Enders, Dietz, Dixon, and Cavendish (2008) investigate the trajectories of depressive symptomology and self-concept in adolescents between the ages of 13 and 17 and concluded that a strong relationship exists between depressive symptoms and self-concept for both initial status and growth over time (i.e., depressive symptoms decreased, whereas self-concept improved). It was also revealed that high internalizing behaviour was associated with more depressive symptoms and lower self-concept. Faith, Laura, and Shirley (2018) described adolescence period as a critical phase when the concept of self is developed and consolidated. They concluded with an association between depressive symptoms and global positive and negative self- perceptions. Their study further revealed that depressed adolescents had higher endorsement ratings for negative words, and lower endorsement ratings for positive words compared with non-depressed adolescents.

A few studies in Nigeria have confirmed the rising trend in adolescent's depression with its psychological and social effects. Studies have also reported that the self-concepts of adolescents may influence depressive symptoms. While a few studies on parenting styles in the Nigerian context are available. However, the association between parenting styles, self-concept, and depressive symptoms has not been sufficiently addressed, hence this study.

II. Hypotheses

1. Factors of parental marital status will significantly influence depressive symptoms among the respondents.
2. There will be a significant positive relationship between authoritative parental styles and depressive symptoms among Senior Secondary Schools in Ilesa East Local Government, Ilesa
3. The factors of MSCS will jointly and significantly predict levels of self-concept and depressive symptoms among the participants.
4. Students in the public school will report significantly higher depressive symptoms than their counterparts in the private school
5. There will be a significant relationship between self-concept and depressive symptoms among the respondents.

III. Materials and Methods

Participants

A descriptive cross-sectional survey study was conducted among Senior Secondary Students in both private and public secondary schools in Ilesa, Osun State, southwestern Nigeria. A multistage sampling technique was adopted in this study. Six private and public secondary schools within Ilesa East Local Government Area, Ilesa, Osun State were randomly selected while three hundred and five students, consisting of 165 males and 140 females whose ages ranged between 13 and 18 years were purposively selected.

Measures

Three instruments were adapted and used as tools for data collection.

The Parental Authority Questionnaire is designed by Buri (1991) to measure parental authority, or disciplinary practices, from the point of view of the child (of any age). The PAQ has three subscales: permissive (P: items 1, 6, 10, 13, 14, 17, 19, 21, 24 and 28), authoritarian (A: items 2, 3, 7, 9, 12, 16, 18, 25, 26 and 29), and authoritative/flexible (F: items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30). The questionnaire contains a total of 30 items and the response pattern are Likert format ranging from 1 = strongly disagree to 5 = strongly agree. Mother and father forms of the assessment are identical except for references to gender. ACronbach's alpha of

= .84 and split-half reliability of = .64 was obtained from a study of revalidation among Nigerian adolescents (Ugwu, 2011).

The Child Depression Inventory (CDI) is a 27 items questionnaire developed by Kovacs (1985) and was adapted for this study. This 27- item inventory was designed to measure inadequate interaction, shyness, and a tendency to be reserved or reticent. It has an acceptable reliability coefficient of 0.86 and found to be a valid measuring device when compared with other instruments, For each of the 27 items, each with 3 response choices, and the score for each item is coded 0-2; 0 indicating an absence of symptoms, 1 indicating mild symptoms and 2 indicating definite symptoms. The total score ranged from 0-54, with higher scores representing more severe depressive symptomatology. The maximum of the depression scale is 54 points. Each item assesses sadness, irritability, self-acceptance, and social relations. Adeniyi, et al (2011) reported a reliability coefficient of 0.86 for the scale and found to be a valid measuring device when compared with the Beck Depression Inventory was reported to be .80 and.64 after correlation.

The Multidimensional Self Concept Scale (MSCS) is a thoroughly researched and standardized clinical instrument designed by Bracken(1992) as a revision of the Janis-Field Scale for self-esteem. The scale is a 36-item self-report instrument consists of items intended to assess global self-concept and six domains psycho-social functioning for youth and adolescents: Social, Competence, Affect, Academic, Family, and Physical. Participants were required to rate how often they worry about the impression they make on others (1 = 'very concerned', 7 = 'Not at all concerned'). Each MSCS subscale evidence very high reliability (coefficient alpha > .90), and the Total Scale Score reliability exceeds .97 for the total sample (Fleming, &Whalen, 1990).

IV. RESULTS

Demographic Characteristics of Participants.

A total of 165 (54.1%) males and 140 (45.9%) females participated in this study. The age range of the student was between 13-19 years. 52.4% of the students were less than 16 years, 52.4% were between 13 to 15 years and 27.9% were above 16 years of age. About half (50.5%) were in SS2, 21% in SS1, and 28.5% in SS3. On parents' marital status, 9.5% of the respondents' parents were single, 83.3% were married, 4.3% divorced, and 3.0% separated. Out of all the three senior secondary classes, the SS2 students had the largest participation with 50.5%. Distribution according to school type shows that 201were drawn from (65.9%) were from public school while 104 (34.1) were drawn from private secondary schools.

Table 1:Range of scores in depressive symptoms for respondents

CDI Score	Frequency	Percent
No symptoms (0)	26	8.5
Mild Symptoms (1-10)	167	54.7
Moderate Symptoms (11 - 19)	106	34.8
Severe symptoms (>20)	6	2.0
Total	305	100

The result as shown in Table 1reveals that the majority of the respondents had mild symptoms (54.7%) followed by those with moderate symptoms (34.8%) and respondents with No symptoms (8.5%) and finally those with severe depressive symptoms (2%). As summarized in Table 1, the prevalence rate of depressive symptoms among adolescents is 2%

V. Test of Hypotheses

The following section presents the inferential statistics of the stated hypotheses. The analyses of the results for the four hypotheses were presented as follows: Hypothesis 1 was tested using One wayANOVA, while hypotheses 2 and 3 were tested using Pearson's correlation and Independent sample 't' test.

Hypothesis 1: There will be a significant positive relationship between authoritative parental styles and depressive symptoms among Senior Secondary Schools in Ilesa East Local Government, Ilesa

Table 2: Summary of One-way ANOVA showing the Influence of Parents' marital status on Child depression

	Sum of Squares	df	Mean Square	F	P
Between Groups	361.75	3	120.58	3.51	<.05
Within Groups	10315.50	300	34.39		
Total	10677.25	303			

The hypothesis was tested with a one-way ANOVA. The obtained result is presented in the table

Table 2.1: Pairwise Comparisons of Parents' marital status on Child depression

(I) Parent marital status	(J) Parent marital status	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
Single parent	Living together	3.05512*	1.14938	.050	.0025	6.1077
	Divorced	-.30769	1.95721	1.000	-5.5058	4.8904
	Separated	3.25000	2.34175	.997	-2.9694	9.4694
	Single repent	-3.05512*	1.14938	.050	-6.1077	-.0025
Living together	Divorced	-3.36281	1.66745	.268	-7.7913	1.0657
	Separated	.19488	2.10559	1.000	-5.3973	5.7870
	Single parent	.30769	1.95721	1.000	-4.8904	5.5058
Divorced	Living together	3.36281	1.66745	.268	-1.0657	7.7913
	Separated	3.55769	2.63498	1.000	-3.4405	10.5559
	Single parent	-3.25000	2.34175	.997	-9.4694	2.9694
Separated	Living together	-.19488	2.10559	1.000	-5.7870	5.3973
	Divorced	-3.55769	2.63498	1.000	-10.5559	3.4405

*. The mean difference is significant at the 0.05 level.
Based on estimated marginal means
*. The mean difference is significant at the .05 level.
b. Adjustment for multiple comparisons: Bonferroni.

The result presented in Table 2 showed that parents' marital status had a significant influence on child depression (F (3, 300) = 3.51, p <.05).A follow-up test was conducted to see the influence of the different groups of parenting styles on depressive symptoms among the respondents. The result on Table 2.1 revealed that there is a significant difference in the depression of children whose parents were single and those whose parents were living together (p < .05) with the mean difference indicating that children whose parents were single parent reported significant higher depressive symptoms than those whose parents were living together. (Mean difference = 3.06). The hypothesis was confirmed.

Hypothesis 2

There will be a significant positive relationship between parental styles and depressive symptoms among Senior Secondary Schools in Ilesa East Local Government, Ilesa

Table 3: Relationship between parenting style and depressive symptoms

Hypothesis two stated that there will be a significant relationship between paternal parenting style and depressive symptoms. The hypothesis was tested with Pearson correlation analysis, and the result obtained was presented in Table 3

Table 3: Correlation matrix showing relationships between parents' parenting style and depression of secondary school students in Ilesa

		1	2	3	4	5	6	7	M	SD
1	Father permissive	-							29.43	8.25
2	Father authoritarian	-.054	-						32.57	6.63
3	Father authoritative	.671**	.078	-					31.38	6.68
4	Mother permissive	.245**	.215**	.142*	-				30.40	7.66
5	Mother authoritarian	.238**	.286**	.375**	-.095	-			32.86	6.43
6	Mother authoritative	.087	.388**	.224**	.693**	-.076	-		33.37	7.41
7	Child depression	-.070	-.082	-.260**	-.096	-.089	-.192**	-	8.38	5.94

** = significance at 0.01

The result presented in Table 3revealed a significant negative association between father authoritative parenting style (r = -.26, p <.01) and depressive symptoms. Permissive parenting style (r = -.07, p >.05), and authoritarian parenting (r = -.08, p >.05) of father were however not found significant in relationship with depressive symptoms. This suggests that fathers' authoritative parenting style may have more impact on children's emotional status than other forms of parenting styles. It also revealed a significant negative association between mother authoritative parenting style (r = -.19, p <.01) and child depression. Permissive parenting style (r = -.10, p >.05), as well as authoritarian parenting (r = -.09, p >.05) of mother were however not found significant in relationship with child depression. This suggests that the mothers' authoritative parenting style may have more impact on children's emotional status than other forms of parenting styles.

Hypothesis Three:

The third hypothesis which stated that students in the public school will report significantly higher depressive symptoms than their counterparts in the private school was tested using an independent sample t-test analysis. The obtained result was presented in Table 4.

Table 4: T-test showing Difference in Child depression according to Type of School

Type of school	N	M	SD	Df	t	p
Public	200	9.16	5.66	302	3.28	.000
Private	104	6.87	6.18			

The result in Table 4 showed that there was a significant difference in depression reported by students in the public school and those in the private school (t (302) = 3.28, p <.01). A further look at the mean difference showed that students in the public school reported significantly higher depression (M = 9.16) than their counterparts in private schools (M = 6.87). The hypothesis was therefore accepted.

Hypothesis Four

The fourth hypothesis stated that there will be a significant relationship between self-concept and depressive symptoms. The hypothesis was tested with Pearson correlation analysis, and the result obtained was presented in Table 5

Table 5: Correlation matrix showing relationships between self-concept and depression of secondary school students in Ilesa

		1	2	3	4	5	6	7	M	SD
1	Self-regard	-							29.08	7.57
2	Social confidence	.452**	-						39.58	11.10
3	School abilities	.378**	.646**	-					25.05	5.83
4	Physical appearance	.412**	.432**	.417**	-				18.99	5.82
5	Physical abilities	.368**	.652**	.612**	.358**	-			17.73	5.98
6	MSCS total	.692**	.882**	.783**	.653**	.773**	-		130.43	28.02
7	Child depression	-.308**	-.182**	-.217**	-.240**	-.167**	-.286**	-	8.38	5.94

** = significance at 0.01

The result of the correlation matrix presented in Table 5 showed that there was significant negative relationships between self-regard dimension of self-concept (r = -.31, p <.01); social confidence (r = -.18, p <.01); school ability (r = -.22, p <.01); physical appearance (r = -.24, p <.01); physical abilities (r = -.17, p <.01) and depression among the students. This implies that the lower the global and specific dimensions of self-concept, the higher the depression reported by the students.

VI. Discussions

The present study sought to examine the relationship between parental styles and depressive symptoms. The results from the study showed that there is a significant negative relationship between both mother and father authoritative parental styles while the other parental styles did not show a significant relationship. This implies that authoritative parenting whether from the father or the mother can be related to depression in the children. This finding is consistent with of Schoppe, Mangelsdorf and Frosch, (2001)and Khasakhala, Ndetei, Mutiso and Mbwayo (2007) found out that depressive symptoms were significantly associated with perceived rejection by the mother; no emotional attachment with the father; and even more, no emotional attachment with the mother, and an unprotective mother. Arantxa, Jone, Nekane, and Joanes (2019) also conducted a review of literature on parenting and depression among adolescents and concluded that parental warmth, behavioural control, and

autonomy granting are inversely related to internalizing symptoms in adolescents. Conversely, psychological control, and harsh control by parents are positively associated with adolescent anxiety, depression, and suicidal ideation.

Consistent with the growing number of literature suggesting a relationship between negative self-concept and depressive symptomatology (Faith, Laura, and Shirley (2018), Jacobs, Lanza, Osgood, Eccles, &Wigfield, 2002, Montague, Enders, Dietz, Dixon and Cavendish, 2008), this study found that that that the lower the global and specific dimensions of self-concept, the higher the depressive symptoms reported by the students. In a study by Sing and Kwok (2000),adolescents' depression and self-concept were found to be related to their perception of their family environment; In brief, lower depression and higher self-concept were associated with better relationships, personal growth, and system maintenance in the family. This finding also supports Montague, Enders, Dietz, Dixon, and Cavendish (2008) who reported that adolescents with high depressive symptoms exhibited lower self-concept and high internalizing behaviours.

Conclusions

The study assessed the perceived parental styles, self-concept, and depressive symptoms among adolescents in Ilesa East Local Government, Osun State. 2% of the respondents in the study have severe depressive symptoms while (8.5%) of the respondents had no depressive symptoms, in all, (54.7%) and (34.8%) had mild and moderate levels of depressive symptoms, respectively. The majority of the adolescents in this study live with their parents and only a few have parents who live separately, divorced or from single parenting homes. The most perceived parenting styles were authoritative and authoritarian parenting in both parents. Participants attending public schools were found to manifest significantly higher depressive symptoms than their counterparts in private Secondary Schools. Similarly, negative self-concept was found to be significantly associated with depressive symptoms.

Recommendation

The following recommendations were made from the findings of this study to parents, school counselors, authorities, researchers, and other professionals who are working with adolescents. Parents must be aware of the fact that depressive symptoms are manifesting in a lot of adolescents which is as a result of maladaptive cognitive perspective of the adolescents and it is recommended for parents and caregivers to reduce punishments and imbibe unconditional acceptance, love and promote reward/reinforcement of desired behaviour in their adolescents. This will help in improving their perception about significant others around them, foster self-knowledge, and promote positive self-concept. School counselors and authorities must also be aware of the prevalence of depressive symptoms among adolescents in order to make genuine attempts to incorporate psychological health services in schools. Authorities must be mindful of the negative impact of depressive symptoms on adolescent quality of life and find ways to intervene by employing trained school counselors or clinical psychologists.

Ethical Considerations

This study was approved by the Health Research Ethics Committee (HREC) of the Institute of Public Health, Obafemi Awolowo University, Ile-Ife also approved the study. Permission from the Local Government Inspector of Education was taken after explaining the purpose of the study. The researcher contacted heads of the respective secondary schools after the approval of the study. Participation in the study was on a voluntary basis. Informed consent was obtained from the participants. Anonymity, data confidentiality, and voluntary participation will be respected at all times.

Competing Interests

Authors have declared that no competing interests exist.

References

[1.] Abiodun O. Adewuya&Yemisi A. Ologun (2013). Factors Associated with Depressive Symptoms in Nigerian Adolescents, *Journal of adolescents' health*, 39: 105–110.

[2.] Arantxa G., Jone A., Nekane B., &Joanes L. (2019). Parenting Styles and Internalizing Symptoms in Adolescence: A Systematic Literature Review.September 2019; *International Journal of Environmental Research and Public Health* 16(17):3192; DOI: 10.3390/ijerph16173192

[3.] Bahls. Saint-Clair. (2002). Epidemiology of depressive symptoms in adolescents of a public
[4.] school in Curitiba, Brazil. *Rev. Bras. De Psiquiatr*, 24 (2): 63-67.

[5.] Bornstein, M.H. &Zlotnik, V. (2008). Parenting styles and their effects. In book: *Encyclopedia of Infant and Early Childhood Development*, 8: 496–509

[6.] Bracken, B. A., & Pro-Ed (Firm). (1992). *MSCS: Multidimensional Self Concept Scale*. Austin, Tex: Pro-Ed.

[7.] Brunilda Laboviti (2015). Perceived Parenting Styles and their Impact on Depressive Symptoms in Adolescent 15-18 Years Old, *Journal of Educational and Social Research* MCSER Publishing, Rome-Italy, Vol. 5 (1) 171-176. Doi:10.5901/jesr.2015.v5n1p171

[8.] Buri, J.R. (1991). Parental Authority Questionnaire, *Journal of Personality and Social Assessment*, 57: 110-119.

[9.] Calafat A, García F, Juan M, Becoña E, Fernández-Hermida JR. (2014) Which parenting style is more protective against adolescent substance use? Evidence within the European context. *Drug Alcohol Depend*; 138 185–192. 10.1016/j.drugalcdep.2014.02.705

[10.] Ebernezer O. Akinnawo, Bede C. Akpunne, Olufunmilayo A. Olajide (2020). Perceived Parenting Styles and Psycho-social Wellbeing of Nigerian Adolescents. *International Journal of Scientific Research and Management;* 8(2) 628-637**DOI** https://doi.org/10.18535/ijsrm/v8i02.sh02

[11.] Fleming, J. S., & Whalen, D. J. (1990). The Personal and Academic Self-Concept Inventory: Factor structure and gender differences in high school and college samples. *Educational and Psychological Measurement, 50*(4), 957–967. https://doi.org/10.1177/0013164490504025

[12.] Faith O., Laura P., and Shirley R. (2018). 'I Am Worthless and Kind'; the specificity of positive and negative self-evaluation in adolescent depression. *British Journal of Clinical Psychology;* 58(3) 260-273

[13.] Graber, J.A. (2004). Internalizing Problems During Adolescence. In R. Lerner & L. Steinberg (Eds). *Handbook of Adolescent Psychology*. New York: Wiley.
[14.] Harter, S. (2006). The Self. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology: Social, emotional, and personality development* (p. 505–570). John Wiley & Sons Inc.

[15.] Ibrahim, A. K., Kelly, S. J., &Glazebrook, C. (2013). Socioeconomic status and the risk of depression among UK higher education students. *Social Psychiatry Psychiatric Epidemiology*, [Epub ahead of print]. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/23412652

[16.] Jacobs JE, Lanza S, Osgood DW, Eccles JS, Wigfield A. (2002). Changes in children's self-competenceand values: gender and domain differences across grades one through twelve. *Child Dev*. 2002;73(2):509-527. doi:10.1111/1467-8624.00421

[17.] Khasakhala, L. I., Ndetei, D. M., Mutiso, V., Mbwayo, A. W., & Mathai, M. (2012). The prevalence of depressive symptoms among adolescents in Nairobi public secondary schools: Association with perceived maladaptive parental behaviour. *African Journal of Psychiatry (South Africa), 15*(2), 106–113. https://doi.org/10.4314/ajpsy.v15i2.14

[18.] Lee, Hankin, B., & Mermelstein, R. (2010). Perceived social competence, negative social interactions,and negative cognitive style predict depressive symptoms during adolescence. *Journal of Clinical Child and Adolescent Psychology*,*39*(5), 603–615. https://doi.org/10.1080/15374416.2010.501284

[19.] Lewinsohn PM, Clarke GN, Seeley JR, Rohde P. (1994) Major depression in community adolescents: age at onset, episode duration, and time to recurrence. *J Am Acad Child Adolesc Psychiatry*1994;33:809-18.

[20.] Long, Jaime Rebekah, (2012). "Relationship of Self-Concept, Depression, Academic Estimation, and Online Social Networking in Adolescents". Graduate Student Theses, Dissertations, & Professional Papers. 814. https://scholarworks.umt.edu/etd/814

[21.] McGuffin P, Rijsdijk F, Andrew M, Sham P, Katz R, Cardno A. (2003). The heritability of bipolar affective disorder and the genetic relationship to unipolar depression. *Arch. Gen. Psychiatry*, 60:497–502.

[22.] Mohanraj, R., & Subbaiah, K. (2010). Prevalence of depressive symptoms among urban adolescentsin South India. *Journal of Indian Association for Child and Adolescent Mental Health*, *6*(2), 33–43.

[23.] Montague, M., Enders C., Dietz, M., Dixon J., and Cavendish W., (2008). A Longitudinal Study of Depressive Symptomology and Self-Concept in Adolescents. *The Journal of Special Education* 42 (2),67-78. DOI: 10.1177/0022466907310544

[24.] Philip Cowen, Paul Harrison &Tom Burns, (2012).Shorter Oxford Textbook of Psychiatry.

[25.] Oxford university press (6th edition); 4 (307-320). ISBN 978–0–19–960561–3

[26.] SancharyPrativa and Farah Deeba (2019). Relationship between parenting styles and depressionin adolescents. *Dhaka Univ. J. Biol. Sci. 28*(1): 49-59. https://www.researchgate.net/publication/330839276_Relationship_between_parenting_styles_and_depression_in_adolescents.

[27.] Schoppe, S. J., Mangelsdorf, S. C., & Frosch, C. A. (2001). Coparenting, family process, and family structure: Implications for preschoolers' externalizing behavior problems. *Journal of Family Psychology, 15*(3), 526–545. https://doi.org/10.1037/0893-3200.15.3.526

[28.] Shapka, J. D., & Keating, D. P. (2005). Structure and Change in Self-Concept During Adolescence. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement, 37*(2), 83–96. https://doi.org/10.1037/h0087247

[29.] Kovacs, M. (1985). The Children's Depression Inventory. *Psychopharmacology Bulletin*, 21, 995–998.

[30.] Sing Lau and Lai-Kuen Kwok (2000). Relationship of family environment to adolescents' depression and self-concept. *Social behavior and personality*, 2000, 28(1), 41-50 10.2224/sbp.2000.28.1.41 Hong Kong Baptist University, Hong Kong.

[31.] Rudolph, K. D., Hammen, C., Burge, D., Lindberg, N., Herzberg, D., & Daley, S. E. (2000). Toward an interpersonal life-stress model of depression: The developmental context of stress generation. Development and Psychopathology, 12, 215–234.