Perceived parent–child communication and well-being among Ethiopian adolescents

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ABSTRACT
This study examines the relationship between perceived parent–child communication and four children well-being measures (depression, self-esteem, substance use and school adjustment). The participants consisted of 809 adolescents, mostly male (52.9%), and had a mean age of 16.8 years (SD = 1.58). The children completed a battery of instruments that measured perceived communication, depression symptoms, school adjustment problems, substance use and self-esteem. Correlations, regression and t-tests were used to address the objectives of the study. We found that female participants perceived the nature of communication with both parents as more open than boys did. We also found significant associations between children's perception of communication with both parents and their subjective well-being. Findings of this study point to the importance of open parent–child communication to adolescents' well-being.

Introduction
In the family context, communication can be defined as the ability of family members to exchange their needs, feelings and desires with one another and to attend to the changing needs of a family member in a positive manner (Barnes & Olson, 1985; Guilamo-Ramos, Jaccard, Dittus, & Bouris, 2006). The quality of communication among family members contributes to the quality of parent–child relationship, which in turn predicts children's well-being (Broberg, 2012). Researchers investigating the impact of parent–child relationships on children’s development and mental health established that the lack of supportive parent–child relationship can lead young people to a number of social-, emotional- and health-related negative developmental trajectories (Clayton, 2014; Waylen, Stallard, & Stewart-Brown, 2008). Open parent–child communication is one aspect of good parent–child relationships that plays a critical role in maintaining the healthy function of the family system and children's development. Moreover, communication is fundamental for maintaining and supporting close family relationship and it contributes affective qualities to parent–child relationships (Guilamo-Ramos et al., 2006; Lee & Wong, 2009; Park & Kim, 2009). According to Singh and Lal (2012, p. 33), children’s subjective well-being includes children's self-evaluations of their lives, and contains 'cognitive judgments, such as life satisfaction, and affective evaluations (moods and emotions)'. The literature also identified five broad categories of well-being, which are: cognitive competence, physical health, social competence, mental health and self-regulation (Chu, Saucier, & Hafner, 2010; Langton & Berger, 2011). In the present study...
self-report measures of depression symptoms, school related problems, self-esteem and substance use were used as variables to measure adolescents’ well-being.

**Communication and children’s well-being**

Open parent–child communication has been recognized as one of the protective factors among youths at risk of psychological and behavioural problems (Guilamo-Ramos et al., 2006). For example, many studies have established that poor parent–adolescent communication is associated with increased risky sexual behaviour (Atienzo, Walker, Campero, Lamadrid-Figueroa, & Gutiérrez, 2009; Rogers, Ha, Stormshak, & Dishion, 2015). Research also indicates that parents who communicate with their children openly and who involved them in discussions have children who are less involved in tobacco and alcohol use (Goldberg-Looney et al., 2015; Luk, Farhat, Iannotti, & Simons-Morton, 2010; Ryan, Jorm, & Lubman, 2010; Tobler & Komro, 2010). These studies conclude that parents play an important role in their children healthy development as they communicate their opinions and disquiets about substance use and expectations for appropriate behaviour directly to them. Various studies also suggest that an improvement in the quality of communication between a child and a parent reduces the risk of poor academic achievement and low self-esteem among children (Hartos & Power, 2000; Park & Koo, 2009; Riesch, Anderson, & Krueger, 2006). Some researchers also investigated the association between the different aspects of parent–child relationship (such as social support and communication) and behavioural problems at school. These researchers established that problems of communication within the family result in higher probability of behavioural problems at school (Demaray & Malecki, 2002; Esteyez, Musitu, & Herrero, 2005) and having positive parent–child communication are specifically essential for adolescents’ healthy development and academic success (Hill, Witherspoon, & Bartz, 2016; Jeynes, 2014). Previous studies also concluded that open or positive communication between a parent and child is associated with fewer child externalizing symptoms (Davidson & Cardemil, 2009); adolescents’ life satisfaction (Levin, Dallago, & Currie, 2012); children’s coping strategies (Gentzler, Contreras-Grau, Kerns, & Weimer, 2005); decreased level of antisocial behaviours (Davalos, Chavez, & Guardiola, 2005); depression symptoms among elementary school children (Yu et al., 2006); problem-solving strategies (Offrey & Rinaldi, 2014) and peer pressure and bullying (Lee & Wong, 2009). The literature reviewed above suggests that children’s perceptions of the quality of communication is critical for healthy development of children. Most studies of associations between parent–child communication and children’s well-being have focused on either substance use behaviour or risky sexual behaviour (Atienzo et al., 2009; Goldberg-Looney et al., 2015; Luk et al., 2010; Rogers et al., 2015; Ryan et al., 2010), and few have considered the association between parent–child communication and children’s psychological and educational well-being. Moreover, most studies have focused on the association between perceived parent–child communication and children’s well-being by considering only one or two outcome variables. Besides, there is no published study thus far which studied parent–child communication and children’s well-being in the Ethiopian context. Given the importance of communication for the family functioning and children’s well-being, this study sought to examine the association between parent–child communication and children’s subjective well-being.

**Gender, communication and well-being**

Gender is an important variable that determines the pattern of communication between the different dyads in the family. Existing studies indicate that girls perceive relationship with both mothers and fathers in a more positive manner than boys, which also suggest more regular interactions among girls and their parents (De Goede, Branje, & Meeus, 2009; Racz & McMahon, 2011; Razzino, Ribordy, Grant, Ferrari, Bowden, & Zeisz, 2004). Similarly, Luk et al. (2010) showed that the quality of paternal and maternal communication functions as a protective factor against marijuana use and smoking behaviour among male adolescents. Nevertheless, both paternal and maternal quality of communication were not found to be protective against girls’ substance use behaviour. In another study maternal
relationship quality predicted depressive symptoms among both girls and boys; however, paternal relationship quality only predicted male adolescents’ depressive symptoms (Branje, Hale, Frijns, & Meeus, 2010). In contrary, other researchers suggest children’s perceived difficulty of expressing concerns or problems to parent is correlated with higher level of substance use behaviour among both male and female adolescents (Ackard, Neumark-Sztainer, Story, & Perry, 2006). The above research underlines the significance of taking in to consideration gender in examining parent–child communication and adolescents’ well-being.

This study uses Bowen’s (1960) family systems theory as a theoretical framework. A family system is a unique arrangement of individuals with connections between them; these connections are set up, kept up, and proven by individuals interacting with each other. An essential idea in family system theory is that the family incorporates interconnected individuals, and each individual impacts the other member in the family in anticipated and repeated ways (Velsor & Cox, 2000). Even though this theory may sound out-dated in comparison to more recent theories on families, we still believe that Bowen’s family systems theory is very useful since it assists with the analysis of the influence of microsystem factors on parent–child communication, as the family is clearly the child’s early microsystem for learning how to communicate. The nature and quality of communication between child and parents can help to influence a healthy development of adolescents. According to family systems theory, the family is an active whole, comprised constantly changing interrelationships in which each person in the family impacts the others across generation (Segrin & Flora, 2005). The other important aspect of family systems theory is that, by focusing on power dynamics as we can better understand the rules that govern the boundaries between various dyads such as parental and sibling subsystems (Becvar & Becvar, 2000). Thus, family systems theory can clarify why individuals from a family act the way they do in a given circumstance and how communication shapes the behaviour of the individual (Bavelas & Segal, 1982). Hence, we chose to include this theory for this particular study.

In this study, we hypothesized that the ways children perceive communication with their parents in turn affects their well-being positively or negatively. Consequently, the overall purpose of this study is to address this lack of knowledge by studying the relationship between perceived parent–child communication and children well-being. Thus, the objectives of the present study are to: (1) describe Ethiopian children’s perception of their communication with both parents; (2) assess possible gender differences in children’s perceptions of paternal and maternal communication (3) determine the effect of parent–child communication on children’s well-being; and (4) characterize the relationship between parent–child communication and children’s well-being. The information from this study may be beneficial to increasing our understanding and knowledge of parent–child communication and its importance to adolescents’ well-being.

**Method**

**Participants**

The participants were mostly male (52.9%), and had a mean age of 16.8 years (SD = 1.58). The sample was randomly selected from grades 9 (n = 163), 10 (n = 176), 11 (n = 230) and 12 (n = 240) of two private and two government high schools in Addis Ababa, Ethiopia. About 56% of the children’s fathers and 63% of the mothers had less than college education. All of the participants were living with both parents.

**Instruments**

The data were collected by means of self-report questionnaires that measure parent child communication and the four child well-being measures. 

*Parent–child communication* was measured using Barnes and Olson (1985) Parent–Adolescent Communication scale. It comprised two different sets of measures, the first one measures extent of open communication in the family and the second scale evaluates the level of problem communication.
Each scale comprised 10 items with a 4-point Likert-type scale (Strongly Disagree = 1, Strongly Agree = 4). Barnes and Olson (1985) report the internal consistency (Cronbach’s alpha) to be .87 for openness in family communication sub-scale, .78 for the problems in family communication sub-scale. In this study, the internal consistencies for openness in family communication and the problems in family communication sub-scales were .78 and .72, respectively.

Substance use
A self-developed scale was used to measure substance use among children. This scale consists of nine items that measure adolescents’ use of substances and the frequency of their use in the past month.

Self-Esteem Scale (Rosenberg, 1979) was used to measure children’s perceived level of Self-esteem. It is a 10-item scale that measures global self-esteem with statements related to feelings of self-worth and self-acceptance in a 5-point scale (1 = strongly agree to 4 = strongly disagree). The internal consistency of Rosenberg Self-Esteem Scale is .92 and in the current sample it was $\alpha = .80$.

School adjustment problem was measured using children grade point average (GPA), school conduct and also attitude towards school and school work. The GPA was changed into a four-point scale ($\geq 75 = 4$, $65–74\% = 3$, $50–64\% = 2$, $<50 = 1$). The letter grades that represent student conduct in the report card were converted into a four-point scale ($A = 4$, $B = 3$, $C = 2$, and $D = 1$). The next eight items measure students’ attitude towards school and school work. The internal consistency for school adjustment problem scale was $\alpha = .73$.

Depression was measured using CES-D scale (Radloff, 1977), which is a short self-report scale designed to measure depressive symptomatology in the general population. The Centre for Epidemiologic Studies Depression Scale (CES-D) has 20-items in a four-point scale ranging from rarely or none of the time (less than 1 day) = 0, to most or all of the time (5–7 days) = 3. The internal consistency measure for the original sample was high in the general population (about .85) and even higher in the patient sample (about .90). The internal consistency in the current sample was $\alpha = .75$.

Procedure
Permission was sought from the Addis Ababa Education Department and from principals to access schools in the city. Children were provided with information sheets and consent forms to be completed by their parents. Children who received parental consent were allowed to partake in the study, and they individually assented to participation in the study. The questionnaires were administered in a classroom setting where the main researcher was present to assist with any questions that might arise. It was conducted on two separate dates after school hours.

Ethical considerations
Research and Ethics Committee of a University in Ethiopia and the four schools in Ethiopia granted permission for the research to be conducted. The participants’ parents completed consent forms, while the participants completed assent forms before participation in the study. Participation was voluntary, and all information remained anonymous and confidential. Both participants and their parents were informed that the information gathered would be disseminated to assist in knowledge generation.

Data analyses
The data were analysed using descriptive statistics, correlational measures, a $t$-test and regression analysis. Pearson’s product-moment correlation was used to determine the bivariate relationships among the variables. $t$-Test was used to explore gender difference in communication and well-being measures. Moreover, regression analysis was used to investigate the effect of parent–child communication on children's well-being. The test of significance for all statistical analysis procedures was kept at an overall .05.
Results

The first objective of this study was to describe children's perception of communication with both parents and their subjective well-being. Means, standard deviations and t-test results for all study variables are presented in Table 1.

According to Table 1 girls' perceived maternal communication was \( M = 66.9, \ SD = 11.9 \) significantly higher than that of boys' \( M = 63, \ SD = 12.9 \); \( t(806.268) = 4.437, \ p < .001 \). Comparably, girls' rating of...
communication with fathers ($M = 58.9$, $SD = 11.9$) was significantly higher than that of boys' ($M = 54.1$, $SD = 13.7$); $t(806.682) = 5.457$, $p < .001$.

The regression analysis and models for mother–child communication are presented in Table 2. All the four models for each parent were significant. Perceived mother–child communication significantly predicted children substance use score, $b = −.621$, $t(807) = −22.495$, $p < .001$; self-esteem score, $b = .839$, $t(807) = 43.762$, $p < .001$; school adjustment problem score, $b = −.823$, $t(807) = −41.216$, $p < .001$; and depression scores, $b = −.851$, $t(807) = −45.969$, $p < .001$.

As can be seen from Table 3, perceived father–child communication significantly predicted children substance use score, $b = −.671$, $t(807) = −25.685$, $p < .001$; self-esteem score, $b = .893$, $t(807) = 56.346$, $p < .001$; school adjustment problem score, $b = −.808$, $t(807) = −38.901$, $p < .001$; and depression scores, $b = −.844$, $t(807) = −44.773$, $p < .001$.

Bivariate correlations were calculated between perceived parent–child communication and the four well-being measures. Table 4 presents the correlational analysis.

According to Table 4 perceived mother–child communication was significantly correlated with the four of well-being measures. Perceived mother–child communication was correlated significantly with substance use $r(809) = −.668$, $p < .001$; school adjustment problems $r(809) = −.683$, $p < .001$; depressive symptoms $r(809) = −.719$, $p < .001$ and positively related with children reported self-esteem score $r(809) = .850$, $p < .001$. Correspondingly, perceived father–child communication was correlated with substance use $r(809) = −.684$, $p < .001$; school adjustment problems $r(809) = −.74$, $p < .001$; depressive symptoms $r(809) = −.717$, $p < .001$ and self-esteem scores $r(809) = .872$, $p < .001$.

### Discussion

This article extended the current literature by examining the relationship between parent–child communication and well-being among adolescents. The results emerging from this study highlighted that female adolescents perceived their communication with both parents to be more positive and open. Previous studies (De Goede et al., 2009; Racz & McMahon, 2011) also suggest that there is gender difference in perceptions of parent–child relationships where girls reported a more positive and frequent interaction with their parents.

The regression analysis also reveals that both perceived maternal and paternal communication significantly predicted children's well-being as measured by self-reported scores of depression, school adjustment, substance use and self-esteem. Although there are studies that suggest gender difference on the effect of parent–child communication (Branje et al., 2010; Luk et al., 2010), in the present study both paternal and maternal communication significantly predicted children's well-being.

In addition, the bivariate analysis suggested that children's perception of communication with both parents is inversely associated with substance use behaviour, depression symptoms, school adjustment problems and also correlated directly with self-esteem scores. Based on this finding, it appears that open communication with parents protects children from experiencing school adjustment problems, low self-esteem, depression and substance use. These findings are in keeping with previous studies.
that also established a relationship between quality of parent–child communication and substance use (Goldberg-Looney et al., 2015; Luk et al., 2010; Ryan et al., 2010; Tobler & Komro, 2010); self-esteem and good parent–child communication (Hartos & Power, 2000; Park & Koo, 2009; Riesch et al., 2006); depression and parent–child communication (Yu et al., 2006) and school adjustment and parent–child communication (Demaray & Malecki, 2002; Esteyez et al., 2005; Riesch et al., 2006). In line with the family system theory, the present study demonstrated that parents would continue to influence children's psychological adjustment through their continuous interactions and quality of communication. Hence, the results from this study provide solid empirical support for the conclusion that the quality of parent–child communication is related with children's well-being. This study made an important contribution to the literature, as it studied the association among parent–child communication and four outcome variables that measured children's subjective well-being. Furthermore, this study documented the significance of open communication within the family context and findings can be used as an input to psychosocial support programmes that aimed at improving parent–child relationship and children's well-being.

The present study has certain limitations that need to be considered. It was conducted in one urban area and children's view of communication with parents, roles and expectations in the family might differ in another context. Thus, findings from this study should be interpreted and applied with this assumption in mind. Moreover, there was no external confirmation of the children's reports on communication and well-being which can raise some concerns about the correctness of their self-assessment. Future studies can consider perceptions of parents to triangulate the self-reported data. Finally, this study makes use of cross-sectional data, suggesting a need for more longitudinal data to more fully establish causality in the theorized relationships.

Notwithstanding these limitations, the present study underlines the critical role open parent–child communication could play in the development of children's self-esteem and decreased occurrences of depressive symptoms, school-related problems and substance use behaviours among adolescents. The findings also highlight the need to include communication skill building programmes as a constituent of parenting interventions aimed at improving children's well-being. Additionally, incorporating parents in preventive or intervention programs may be particularly imperative, understanding that our findings further propose the relationship between adolescents' perception of communication with parents and well-being of children. Although the study was conducted in one particular location in Ethiopia, findings from this research demonstrated that open parent–child communication does have an impact in children's well-being. Besides, well-being is critical to every child and the findings from this study will have global implications for family support services and mental health professionals.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work is supported by the South African Research Chairs Initiative of the Department of Science and Technology and National Research Foundation of South Africa. South African Research Chair: Education and Care in Childhood: Faculty of Education: University of Johannesburg South Africa [grant number 87300].

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