

Project Title

Associations between parental bonding and health-related quality of life in a clinical sample of youths aged 14 to 35 in Singapore

Project Lead and Members

Project lead: Ms Shazana Shahwan

Project members: Yoke Boon Tan, Eng Hong Tay, Shazana Shahwan, Yunjue Zhang, Rajeswari Sambasivam, Mythily Subramaniam

Organisation(s) Involved

Institute of Mental Health (IMH)

Healthcare Family Group(s) Involved in this Project

Research, Allied Health

Applicable Specialty or Discipline

Mental Health, Psychology

Project Period

Start date: 2014

Completed date: 2015

Aims

To investigate the associations between aspects of parental bonding and health-related quality of life (HRQoL) among youths with mental health conditions.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

Youths that experienced care from their parents during their early years exhibit better mental health functioning despite having a clinical diagnosis. Early parenting classes can emphasize the importance of care and encouragement of autonomy so as to enhance the quality of the parent-child relationship. Interventions can consider incorporating parental education and family sessions that strengthen positive parenting practices.

Conclusion

See poster appended/ below

Additional Information

Singapore Health & Biomedical Congress (SHBC) 2022: Singapore Allied Health Award (Oral category) – (Bronze Award)

Project Category

Applied/ Translational Research

Quantitative Research

Care Continuum

Population Health, Mental Health

Keywords

Parental Bonding, Health-related Quality of Life, Youths, Clinical Population, Psychopathology, Parent-child Relationship

Name and Email of Project Contact Person(s)

Name: Ms Shazana Shahwan

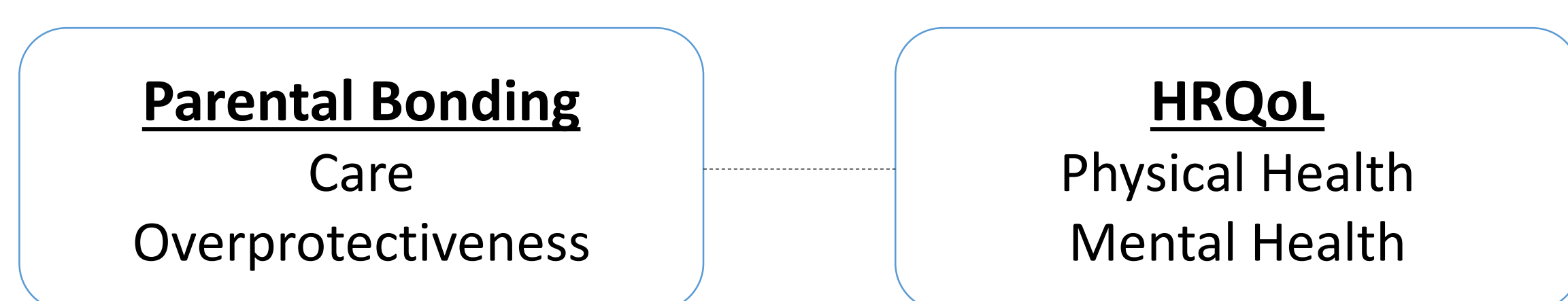
Email: Shazana_MOHAMED_SHAHWAN@imh.com.sg

Associations between parental bonding and health-related quality of life in a clinical sample of youths aged 14 to 35 in Singapore

Yoke Boon Tan, Eng Hong Tay, Shazana Shahwan, Yunjue Zhang,
Rajeswari Sambasivam, Mythily Subramaniam
Research Division, Institute of Mental Health, Singapore

Background

- Psychopathology is often linked to poorer quality of life. Studies have found that parenting can affect symptomology and is associated with quality of life as well. However, few studies have examined this relationship in a clinical population.
- This study investigated the associations between aspects of parental bonding and health-related quality of life (HRQoL) among youths with mental health conditions. It was hypothesized that high parental care and low parental overprotectiveness would be associated with higher levels of HRQoL.

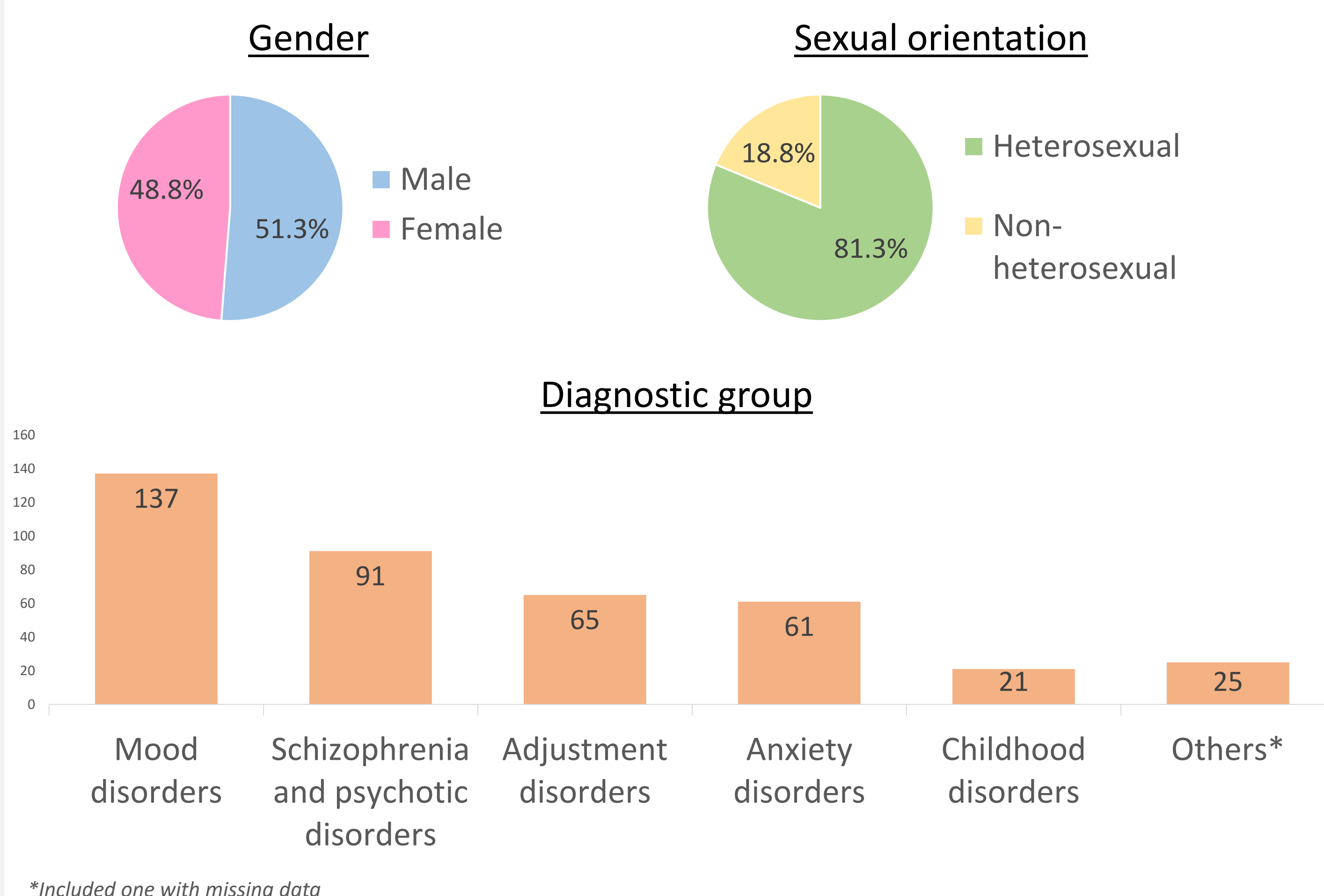


Methods

- Data was obtained from a larger study examining non-suicidal self-injury in a clinical sample. Psychiatric outpatients aged between 14 to 35 were recruited from IMH and satellite clinics.
- A questionnaire and a socio-demographic form were self-administered. Scales utilized included
 - Parental Bonding Instrument (PBI): Measures youths' perceived parental care and overprotectiveness in their first 16 years of life;
 - Short Form-12 (SF-12): Measures the physical (PCS) and mental health (MCS) components of HRQoL; and
 - Patient Health Questionnaire (PHQ-8): Assesses the severity of depressive symptoms.
- Multi-variable linear regression analysis was used to examine the association between parenting factors and HRQoL, controlling for socio-demographic variables and depressive symptoms.

Results

- The sample consisted of 400 outpatients: 126 aged 14 to 19 years ($M=16.9$, $SD=1.65$) and 274 aged 20 to 35 years ($M=26.2$, $SD=4.94$).



Acknowledgement:

The study was funded by Singapore Ministry of Health's National Medical Research Council Centre Grant Programme (NMRC/CG/004/2014).

References:

- Sagayadevan, V., Lee, S. P., Ong, C., Abdin, E., Chong, S. A., & Subramaniam, M. (2018). Quality of life across mental disorders in psychiatric outpatients. *Ann Acad Med Singapore*, 47(7), 243-252.
- Zimmermann, J. J., Eisemann, M. R., & Fleck, M. P. (2008). Is parental rearing an associated factor of quality of life in adulthood?. *Quality of Life Research*, 17(2), 249-255.
- Davis, K. C., & Anderson, J. L. (2021). The Role of Perceived Parental Acceptance-Rejection on Personality Psychopathology in Sexual Orientation Minority Young Adults. *Journal of Child and Family Studies*, 30(1), 276-291.

Results (cont.)

Physical health and parental bonding:

- Participants aged 20-35 had poorer PCS scores ($\beta=-3.86$, $p<.01$) than those aged 14-19.
- No significant relationship was found between aspects of parental bonding and PCS scores.

Variables	β [95% CI]	p-value
Age (20-35 vs 14-19)	-3.86 [-6.09 to -1.64]	0.001**
Education (tertiary & above vs below tertiary)	3.42 [1.30 to 5.53]	0.002**
PHQ-8	-0.25 [-0.38 to -0.11]	<0.001**
Maternal care	-0.03 [-0.16 to 0.10]	0.693
Maternal overprotection	0.06 [-0.10 to 0.21]	0.461
Paternal care	-0.08 [-0.20 to 0.04]	0.205
Paternal overprotection	-0.11 [-0.26 to 0.04]	0.149

Adjusted for socio-demographic variables and depressive symptoms.

* denotes $p<.05$, ** denotes $p<.01$.

Mental health and parental bonding:

- Participants with non-heterosexual orientation had poorer MCS scores ($\beta=-2.56$, $p<.05$) than those with heterosexual orientation.
- Paternal care ($\beta=0.14$, $p<.05$) and maternal care ($\beta=0.21$, $p<.01$) were positively associated with MCS scores.

Variables	β [95% CI]	p-value
Sexual orientation (non-heterosexual vs heterosexual)	-2.56 [-4.81 to -0.32]	0.025*
PHQ-8	-1.17 [-1.30 to -1.05]	<0.001**
Maternal care	0.21 [0.09 to 0.33]	0.001**
Maternal overprotection	-0.00 [-0.14 to 0.14]	0.998
Paternal care	0.14 [0.03 to 0.25]	0.014*
Paternal overprotection	0.07 [-0.07 to 0.20]	0.322

Adjusted for socio-demographic variables and depressive symptoms.

* denotes $p<.05$, ** denotes $p<.01$.

Discussion & Conclusion

- Youths with psychiatric conditions exhibit better mental health functioning when they experienced **care** from their parents.
- Sexual orientation minorities whom are already at a higher risk for mental health issues, may face parental rejection which further increases their risk for psychopathology and poorer quality of life.
- Vulnerable populations (i.e., those with a clinical diagnosis or belonging to a sexual minority group) can have better quality of life when parents show care.
- Interventions can consider incorporating parental education and family sessions that strengthen positive parenting practices.

Limitations

- Causality cannot be ascertained through the current cross-sectional study design.
- Parental psychopathology and the parent-child relationship (e.g., attachment style) were not examined in this study. The study also assumed a unidirectional model which focused on the effect of parenting characteristics on the child.