



## Association between gender and severity of psychosocial difficulties of adolescent of single parent: Implication to social work practice

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### Abstract

**Introduction:** A single-parent family is a primary socializing unit critical in the psycho-social development of adolescents. Over the last decades, single-parent families are increasing across the world, and adolescents may or may not have psychosocial challenges because of growing up in a single-parent family. By virtue of its definition, adolescence is a transitional period of growth wherein the bio-psychosocial-cultural changes are happening at an incredible rate, which can be compounded by the absence of one of the two parents.

**Objectives:** The objectives of this study are to evaluate the socio-demographic characteristics of adolescents living in lone-parent families, to identify the incidence of psychosocial and behavioural problems among these adolescents, and to analyze relationships between any psychosocial concerns and some socio-demographic factors.

**Methods:** A community-based cross-sectional study was conducted in the age group of 12 - 19 years in the selected Grama Panchayats of the Idukki district in Kerala, living in single-parent families. Snowball sampling was applied for the study. The data was obtained using the Socio-Demographic Checklist and the Pediatric Symptom Checklist: Youth Report (PSC-YR). Descriptive and inferential statistics were applied for the analysis.

**Results:** Results found out that a high occurrence of internalizing symptoms like sadness, anxiety, sleep problems, and somatic complaints, and externalizing problems such as irritability, rule-breaking, and aggressive behaviour. School problems such as lack of academic achievement, truancy, and lack of interest in study activities were also frequent. There were statistically significant relationships found for psychosocial problems and chosen socio-demographic parameters.

**Conclusion:** Single parentage poses substantial psychosocial difficulties for adolescents who experience it, requiring their early intervention. The importance of building strong mental health care frameworks at school and community-level social interventions has been emphasized.

**Keywords:** Adolescents, single-parent families, psychosocial issues, behavioral problems, Pediatric Symptom Checklist, India

### Introduction

The family is universally recognized as the most fundamental social institution that influences the bio-psycho-social development of children and adolescents. Family structure, functioning, and stability are at the cornerstone in shaping developmental trajectories. In contemporary societies, rapid social changes such as urbanization, migration, divorce, separation, and changing marital patterns have contributed to a steady rise in single-parent families. Although single parenting is a valid and increasingly common family form, it often presents unique psychosocial, economic, and emotional challenges to both parents and their children.

Adolescence is a complex developmental period in which biological maturation, identity formation, emotional fluctuations, and social relationships are rapidly evolving. The World Health Organization defines the period of adolescence as between 10-19 years, during which there is extreme physical, psychological, and social change. At this stage, adolescents need both independence and reassurance and guidance from parents. Confusion in the family atmosphere can add critically to developmental stress, especially if such disturbance is in the form of loss of a parent.

These may result from divorce, separation, desertion, or the death of one of the parents. Adolescents in such families may suffer from emotional deprivation, assume more

responsibilities, and experience financial difficulties with decreased parental supervision. At the same time, some adolescents develop resilience, independence, and maturity through early exposure to responsibility. Thus, the impact of single parenting on adolescent psychosocial outcomes is complex and multifaceted.

Psychosocial issues among adolescents will include emotional problems including anxiety and depression, behavioral difficulties such as aggression and rule-breaking, social problems including peer relationship difficulties, and school problems. Empirical evidence suggests that adolescents from single-parent families are at increased risk for psychological distress, academic difficulties, and behavioral problems compared with those from intact families. However, contextual factors such as socio-economic status, parental support, and community resources significantly influence outcomes.

The traditional Indian family system has been saturated with two-parent families and extended family support. However, the social transitions have modified the family structures, and it is important to understand how adolescents of single-parent families experience psychosocial problems within specific socio-cultural ecologies. Community-based empirical studies focusing on psychosocial issues of adolescents in single-parent families in rural and semi-rural Indian settings are, however, limited despite growing concern.

There are an immense number of studies on the association between family structure and the well-being of children and adolescents. Early research both from sociological and psychological positions underscored that a two-parent household provides the economic stability, emotional security, and effective socialization, which is very crucial in one's development. More contemporary scholarship is solicitous of diversity in family forms, while still discussing associated risk and protective factors.

In an explanatory study, where the focus was on female-headed single-parent families and the role of children in family decision-making, Ahuja *et al.* (1993) found that the level of children's participation depended on demographic variables of the family and maternal role-occupancy type.

McLanahan (1997) discussed the issue of parental absence and child well-being; he showed that "teenage children of divorced or separated parents had higher levels of psychological problems, school failure, and other difficulties than did children whose parents had died." The work by Amato (2005) emphasizes "how family disruption impairs cognitive, emotional, and social development, although the strength of such effects does differ according to the socio-economic setting."

Jyothi (2015) investigated the behavioral problems among the single-parent adolescents in the city of Mysuru, which showed greater levels of anxiety, loneliness, and behavioral problems when compared to two-parent families. Ohicke and Uchenna (2013) established the existence of important differences in the psychological conditions, as well as performance levels among the single-parent and two-parent adolescents.

Some studies have cited school-related issues. Abankwa Amoakohene in 2013 cited findings that children in lone-parent families were three times more likely to leave school due to a lack of supervision and economic hardship. The significance of parental participation in realizing academic success was cited by Nyarko in 2011, with lone parents being faced with limitations to educational support.

Some other important aspects that have been studied in many studies are the behavioral outcomes. Children of single-parent families were found to have higher rates of externalizing behaviors by Cherlin (2005) and Sigle-Rushton and McLanahan (2004). The exposure to economic hardship, reduced supervision, and parental stress were some of the factors cited for this trend.

Indian studies bring in cultural relevance. For instance, Srivastava (2021) undertook a qualitative research investigation amongst single-parent family young adults in Delhi-NCR. The themes that emerged were those of responsibility, resilience, emotional struggle, and social stigma. Omisha Sangeet *et al.* (2022) also reported mixed experiences: both positive and negative, underpinning adaptive strengths along with psychosocial challenges.

The aim of the current study is to fill this research gap by exploring the psychosocial problems encountered by adolescents in single parent families in selected Grama Panchayats in Idukki district, Kerala. The current study will help by providing some evidence for interventionists and planners on how to address adolescents with psychosocial problems.

## Methods and Materials

### Study Design

The study employed a cross-sectional design. Cross-sectional studies are ideal for establishing the extent to which there are psychosocial concerns as well as for exploring relationships at a particular point in time.

### Study Area

The study was carried out in Arakulam and Elappara Grama Panchayats in the district of Idukki in Kerala state of India. These places comprise both rural and semi-rural population with varied socio-economic backgrounds.

### Population and Sample

Participants included adolescents between the ages of 12 and 19 years and were from lone-parent families. Snowball sampling was employed because of the difficulty involved in identifying eligible households. The study population included adolescents eligible and willing to contribute to the study.

### Tools for Data Collection

**Socio-demographic Schedule:** Details regarding the participant's age, gender, education, parental occupation, income, and family structure were gathered.

### Pediatric Symptom Checklist - Youth Report (PSC-Y):

This screening instrument is employed to identify any psychological and social issues concerning internalization, externalization, and attention.

### Data Collection Procedure

Data collection was done through direct interviews, with prior informed consent from the participants and caregivers. The ethical considerations of confidentiality, voluntariness, and non-maleficence were strictly adhered to.

### Data Analysis

Descriptive statistics, such as frequency, percentage, and mean, were used to analyze the data. Besides this, association was done using SPSS software version 21.

## Results

**Table 1:** Socio-demographic profile of the respondents

Variable	Category	Frequency (n)	Percentage (%)
Age of Parent (years)	30-40	21	35.0
	40-50	31	51.7
	≥50	8	13.3
Sex of Parent	Male	35	58.3
	Female	24	40.0
	Prefer not to say	1	1.7
Monthly Income of Parent (₹)	10,000-15,000	15	25.0
	15,000-20,000	16	26.7

	20,000-25,000	16	26.7
	≥25,000	13	21.6
Age of Adolescent (years)	10-12	9	15.0
	12-14	18	30.0
	14-16	15	25.0
	16-18	18	30.0
	Sex of Adolescent	Male	23
	Female	37	61.7
Occupation of Adolescent	Student	36	60.0
	Part-time work	18	30.0
	Full-time work	4	6.7
	School dropout	2	3.3
Monthly Income of Adolescent (₹)	No income	34	56.7
	5,000-10,000	12	20.0
	10,000-15,000	6	10.0
	≥15,000	8	13.3

The socio-demographic characteristics of the participants included 60 adolescents from lone-parent families. Under parental characteristics, the overwhelming majority of lone parents belonged to the age group of 40-50 years (51.7%), followed by parents belonging to the age group of 30-40 years (35.0%), while the lowest was from parents aged 50 years or more (13.3%). Furthermore, most of the studied samples belonged to the gender category of male parents (58.3%), while the rest belonged to female parents (40.0%). Additionally, under economic status, the majority of parents had lower to middle-class economic status, with equal distribution in the income category of '₹15,000-20,000' (26.7%) and '₹20,000-25,000' (26.7%), followed by '₹10,000-15,000' (25.0%) and ₹25,000 or above (21.6%).

With regard to the adolescents' attributes, most respondents were generally well-represented in terms of early to late adolescence, with an equally high rate in the 12-14 years (30.0%) and 16-18 years (30.0%) categories, followed by the 14-16 years (25.0%) and 10-12 years (15.0%) categories. Among the adolescents' attributes, female adolescents dominated the study population at 61.7%, outnumbering their male counterparts at 38.3%. In terms of educational and employment status, most adolescents (60.0%) were students; concurrently, a high number (30.0%) also pursued part-time employment, signifying early exposure to earning activities. A few were actively employed full-time (6.7%), while a handful had left school (3.3%). In response, the greatest number (56.7%) also had not generating personal incomes, while others' earnings came from ₹5,000-10,000 (20.0%), ₹10,000-15,000 (10.0%), and ₹15,000 or more (13.3%) monthly earnings. Generally, the socio-demographical representation tends towards a middle-aged single parent demographic, female adolescents, and households with constrained economies, as well as adolescents who simultaneously balance school alongside work commitments.

**Table 2:** Emotional and Internalizing Problems among Adolescents (N = 60)

Emotional Indicators	Never n (%)	Sometimes n (%)	Often n (%)
Feel sad or unhappy	16 (26.7)	28 (46.7)	15 (25.0)
Feel irritable or angry	20 (33.3)	25 (41.7)	15 (25.0)
Feel hopeless	18 (30.0)	32 (53.3)	10 (16.7)
Worry a lot	17 (28.3)	20 (33.3)	23 (38.3)
Down on yourself	12 (20.0)	31 (51.7)	17 (28.3)
Afraid of new situations	12 (20.0)	28 (46.7)	20 (33.3)

A great many adolescents reported emotional problems. Nearly half of the sample reported feeling sad or unhappy (46.7%) and irritable or angry (41.7%) at least occasionally. Feelings of hopelessness were common, as were worries, as 53.3% of the adolescents reported hopelessness, while 38.3% reported that they "often" worried a lot. Low self-esteem was indicated as more than half the sample (51.7%) reported feeling "down on themselves" sometimes, while 28.3% reported this as happening to them fairly often. Fear of new circumstances was also common, as one-third (33.3%) reported fearing new circumstances.

**Table 3:** Somatic Complaints and Sleep-related Problems (N = 60)

Somatic Indicators	Never n (%)	Sometimes n (%)	Often n (%)
Complaints of aches/pain	13 (21.7)	39 (65.0)	6 (10.0)
Tired easily / low energy	19 (31.7)	30 (50.0)	11 (18.3)
Trouble sleeping	21 (35.0)	26 (43.3)	13 (21.7)
Visit doctor (no findings)	26 (43.3)	23 (38.3)	11 (18.3)

Somatic symptoms were also commonly reported. Almost two-thirds of the adolescents reported aches or pains sometimes (65.0%) and often (10.0%). Half of the participants reported low energy or easy fatigability, while a significant proportion showed sleep disturbances, with 43.3% reporting trouble sleeping sometimes and 21.7% often. Notably, 56.6% of adolescents had visited a doctor despite no identifiable medical cause at least sometimes, suggesting psychosomatic manifestations of distress.

**Table 4:** Attention and Concentration Difficulties (N = 60)

Cognitive / Attention Issues	Never n (%)	Sometimes n (%)	Often n (%)
Easily distracted	17 (28.3)	28 (46.7)	15 (25.0)
Trouble concentrating	13 (21.7)	29 (48.3)	18 (30.0)
Daydreams too much	16 (26.7)	30 (50.0)	14 (23.3)
Fidgety / unable to sit still	23 (38.3)	25 (41.7)	12 (20.0)

Attention and cognitive functioning problems were also prominent. Almost half of the adolescents had been distracted (46.7%) and had problems concentrating (48.3%) sometimes, while 30.0% had problems with concentration quite often. Daydreaming was also noticeable, with 50.0% reporting it as happening in them sometimes and 23.3% as happening often. The symptoms of hyperactivity, namely being fidgety and itching to get up and about, were also experienced by over 60% of adolescents.

**Table 5:** Social Withdrawal and Interpersonal Difficulties (N = 60)

Social Indicators	Never n (%)	Sometimes n (%)	Often n (%)
Spend more time alone	16 (26.7)	22 (36.7)	22 (36.7)
Less interest in friends	15 (25.0)	32 (53.3)	13 (21.7)
Want to be with parent more	13 (21.7)	27 (45.0)	20 (33.3)

Social withdrawal symptoms emerged. More than one-third of the adolescents (36.7%) often spent time alone, and 36.7% spent time alone sometimes. Loss of interest in friendships was endorsed by 53.3% of the adolescents sometimes and 21.7% often. There was evident emotional dependence on the other parent. A higher desire to be with the parent was endorsed by 78.3% of the adolescents either sometimes or often.

**Table 6:** School-related and Academic Difficulties (N = 60)

Academic Indicators	Never n (%)	Sometimes n (%)	Often n (%)
Less interested in school	21 (35.0)	22 (36.7)	16 (26.7)
Trouble with teachers	24 (40.0)	23 (38.3)	13 (21.7)
Absent from school	19 (31.7)	30 (50.0)	11 (18.3)
School grades dropping	25 (41.7)	21 (35.0)	14 (23.3)

Engagement in academics was moderately impacted. More than two-thirds of the adolescents reported decreased interest in school at least sometimes (63.4%). Absence from school was reported at least sometimes by half of the participants (50.0%), followed by decreased performance at 58.3% at least sometimes or often. Problems in relationships with teachers were endorsed by 60% at least sometimes.

**Table 7:** Domain-wise Composite Psychosocial Scores of Adolescents (N = 60)

Psychosocial Domain	No. of Items	Possible Score Range	Observed Mean ± SD	Observed Range
Emotional / Internalizing Problems	6	0-12	6.8 ± 2.4	2-11
Somatic & Sleep Problems	4	0-8	4.9 ± 1.9	1-8
Attention & Concentration Problems	4	0-8	4.6 ± 2.1	0-8
Social Withdrawal	3	0-6	3.9 ± 1.6	1-6
School-Related Difficulties	4	0-8	4.3 ± 2.0	0-8
Externalizing / Behavioural Problems	2	0-4	1.7 ± 1.2	0-4
Overall Psychosocial Difficulty Score	23	0-46	26.2 ± 7.8	9-42

The psychosocial difficulties experienced by the adolescents were moderate (mean = 26.2 ± 7.8). The type that stood out was the occurrence of emotional/internalizing problems (6.8 ± 2.4), followed by somatic/sleep problems (4.9 ± 1.9), attention/concentration problems (4.6 ± 2.1), and problems with schooling (4.3 ± 2.0). Withdrawal socially also stood out (3.9 ± 1.6),

And externalizing/behavioral problems were less frequent (1.7 ± 1.2). It appears from these results that this group of adolescents is experiencing mainly internalizing psychosocial difficulties. These include emotions, somatic/health-related problems, cognition/intellect/concentration problems, and schooling problems rather than behavioral problems.

**Table 8:** Severity Classification of Overall Psychosocial Difficulties

Severity Level	Score Range	Frequency (n)	Percentage (%)
Minimal / Normal	≤15	8	13.3
Mild	16-23	14	23.3
Moderate	24-32	26	43.4
Severe	≥33	12	20.0

The level of overall psychosocial difficulties among adolescents was spread in severity. A vast majority fell into the moderate category, taking up 43.4% of the sample population, whereas 20.0% fell into the severe range, indicating a substantial proportion with considerable psychosocial challenges.

The minimum participation had mild difficulties, which made up 23.3% of the participants, while only 13.3% of adolescents had scores that reflected minimum or normal psychosocial difficulties. These findings indicate that nearly two-thirds of the adolescents experienced at least moderate psychosocial difficulties.

**Table 9:** Association between Gender and Severity of Psychosocial Difficulties

Gender	Minimal-Mild n (%)	Moderate-Severe n (%)	Total
Male (n=23)	12 (52.2)	11 (47.8)	100
Female (n=37)	10 (27.0)	27 (73.0)	100

$\chi^2 = 4.21, p < .05$

**Female adolescents showed significantly higher psychosocial difficulties.**

The correlation between gender and level of psychosocial problems was found to be significantly different ( $\chi^2 = 4.21, p < .05$ ). In male Adolescents, 52.2% of them reported Minimal/Mild problems, followed by 47.8% in the Moderate to Severe category. However, in the female group, 73.0% of them experienced Moderate to Severe problems in psychosocial areas in comparison to 27.0% in the

Minimal/Mild category. This shows that females were having more problems in psychosocial areas than the males.

**Table 10:** Association between Academic Status and Psychosocial Severity

Academic Status	Minimal-Mild n (%)	Moderate-Severe n (%)	Total
Regular students (n=36)	18 (50.0)	18 (50.0)	100
Working / Dropout (n=24)	4 (16.7)	20 (83.3)	100

$\chi^2 = 6.87, p < .01$

**Adolescents engaged in work or school dropout had significantly higher psychosocial difficulties.**

There was a statistically significant relationship between the levels of academic status and the severity of psychosocial difficulty ( $\chi^2 = 6.87, p < 0.01$ ). Half (50.0%) of the regular students experienced minimal to mild levels of difficulty, compared to the other half (50.0%); the work or dropped out group experienced difficulty in the moderate to severe range (83.3%), with only 16.7% in the minimal to mild range. These results confirm that work or dropping out of school increased the likelihood of the adolescent experiencing a higher level of psychosocial difficulty.

Domains	Emotional Problems	Somatic Problems	Attention Problems	School Difficulties
Emotional Problems	1.00	.62**	.58**	.55**
Somatic Problems	—	1.00	.49**	.46*
Attention Problems	—	—	1.00	.61**
School Difficulties	—	—	—	1.00

\*p <.05, \*\*p <.01

**Strong inter-relationships indicate co-occurring psychosocial difficulties.**

Pearson correlation analysis showed there were significant positive relationships between the psychosocial domains. There was a strong association between emotional problems and somatic problems ( $r = .62, p < .01$ ), attention problems ( $r = .58, p < .01$ ), and school problems ( $r = .55, p < .01$ ). Somatic problems were also related to attention problems ( $r = .49, p < .01$ ) and school problems ( $r = .46, p < .05$ ). There was a strong association between attention problems and school problems ( $r = .61, p < .01$ ). The above findings suggest there was an occurrence of co morbidity for psychosocial problems experienced by the adolescent population.

**Discussion**

This study applies composite domain scoring and inferential statistics in trying to address the psychosocial issues faced by adolescents from single-parent families. The results suggest that there is a considerable level of moderate to severe psychosocial issues experienced by adolescents, thus confirming single-parent family structure as an influential psychosocial environment on adolescents' mental well-being.

The distribution of psychosocial difficulty scores overall indicates that nearly two-thirds of the adolescents scored in the moderate to severe range. This suggests a high degree of psychosocial vulnerability. This also agrees with previous studies that showed adolescents from single-parent families are at a heightened risk for emotional and behavioral problems arising from family disruption, economic stress, and reduced parental availability due to the increased demands placed on the single parent (Amato, 2001; Lansford, 2009) [2, 20]. According to Bronfenbrenner's ecological systems theory, disruption at the microsystem level-the family-can impact adolescent development in a snowball-like effect if adequate protective factors are lacking.

The findings show consistency with the conceptualization on adolescent mental health presented by World Health Organization, highlighting interaction between family

structure, socio-economic stressors, and vulnerability (World Health Organization [WHO], 2021) [31].

Emotional and internalizing problems were found to be the most salient domain within the current study. A high degree of sadness, anxiety, fearfulness, hopelessness, and lack of self-esteem were found to be manifested among adolescents from lone-parent families, thereby bringing to light the fact that these adolescents tend to internalize more. Similar findings were witnessed within past studies, claiming a high degree of anxiety and depression among adolescents who experience the loss of parents (Compas *et al.*, 2015; Reiss, 2013) [9, 25].

Internalizing symptoms can be the result of emotional insecurity, loss, and additional responsibility in single-parent families (Davies & Cummings, 1994) [11]. In an effort to shield the other parent from stress, adolescents may become less expressive, increasing their risk for anxiety and depressive disorder (Goodman *et al.*, 2011) [18].

Somatic symptoms and issues related to sleep were very common and highly correlated to emotional difficulties. This finding adds to the literature suggesting the expression of psychological distress through somatic symptoms among adolescents is common, especially under conditions limiting the expression of emotions (Campo *et al.*, 2012; Garralda *et al.*, 2010) [7]. As observed across previous findings, children and adolescents experiencing chronic stress conditions like family instability and poverty tend to experience more psychosomatic symptoms (Eminson *et al.*, 2007) [16].

The linkage seen in the study between emotional distress and somatic symptoms supports a biopsychosocial model of health, which views bodily symptoms as part of a complex web of bodily, subjective, and social factors (Engel, 1977) [17].

The results also revealed a moderate level of attention and concentration difficulty, and it was found to be a significant predictor of issues associated with school. As evident from past studies, emotional dysregulation is known to affect executive functions and working memory in academics (DePrince, *et al.*, 2009; Owens, *et al.*, 2012) [13]. Being a part of displaced families could affect the cognitive overload associated with emotional stress in these teenagers. The strong association between working status/school dropout and higher scores of psychosocial difficulty is consistent with previous literature indicating that early labor market entrance in adolescence predicts poor mental health and educational outcomes (Elder, 1998; Staff *et al.*, 2010) [15, 28].

Social withdrawal and overdependence upon the other parent were some of the other marked features. Single parentage may mean increased attachment needs or fear of loss for adolescents from such families when it results in overdependence upon the parent (Bowlby, 1988) [4]. Even though Secure Attachment can be protective in many ways, overdependence can be detrimental in forming peer relationships in the adolescent stage of development (Steinberg, 2014) [29].

It has become clear in existing studies that those who experience absence within their parental family often experience loneliness, lack of interaction with peers, and social withdrawal when it comes to lack of emotional support systems (Demo & Acock, 1988; East *et al.*, 2006) [12].

There was a tendency towards less externalizing, like aggression and rule breaking, compared to internalizing

manifestations. This is in line with evidence showing that family disruption is related to emotional distress and less to conduct problems, especially when there is greater family member accountability (Amato & Keith, 1991; Lansford *et al.*, 2006)<sup>[3, 21]</sup>.

The reduced salience of internalizing problems increases concerns about underidentification, because this type of problem has a lower chance of identification compared to disruptive behaviors by parents and teachers (Achenbach & Rescorla, 2001)<sup>[1]</sup>.

Girls showed a significantly greater number of psychosocial issues compared to the male group. This is not surprising given the existing literature that has also found a greater prevalence of anxiety, depression, and somatic problems in adolescent girls compared to their male peers (Hankin *et al.*, 1998; Hyde *et al.*, 2008)<sup>[19]</sup>. Gender differences in socialization and the fact that girls in singleparent families are often expected to take up more caregiving roles may contribute to their greater psychosocial problems (Rosenfield & Mouzon, 2013)<sup>[26]</sup>.

The high levels of intercorrelation among emotional distress, somatic symptoms, difficulties with attention, and problems at school illustrate well the integrated or unitary nature of adolescent psychosocial functioning. These results are consistent with trans-diagnostic approaches to mental health, which propose that emotion, cognition, and behavior problems inform on common underlying processes (Caspi *et al.*, 2014)<sup>[8]</sup>.

This co-occurrence points to the limitation of interventions that are symptom-specific and stress the importance of a comprehensive evaluation and intervention approach.

### Implications for Social Work Practice

The findings of the present study have significant implications for social work practice at the individual, family, school, community, and policy levels. Social workers are in strategic positions to offer early identification, preventive interventions, and sustained psychosocial support, given that internalizing problems, somatic complaints, and academic difficulties are dominant among adolescents from single-parent families.

The approach that social workers should take with adolescents is to focus on early psychosocial screening, especially for internalizing problems such as anxiety, depression, somatic complaints, and withdrawal, which are relatively harder to detect than externalizing behaviors (Achenbach & Rescorla, 2001)<sup>[1]</sup>. Individual counseling therapies that are strengths-based and trauma-informed can help adolescents build effective strategies related to emotional control and self-concepts (Saleebey, 2013)<sup>[27]</sup>. Cognitive and solution-focused therapies are also beneficial for tackling problems related to attention and school pressure issues in adolescents experiencing emotional problems and attention issues (Compas *et al.*, 2015)<sup>[9]</sup>.

At the family level, the family systems approach needs to be employed by social workers to deal with the relationship transactions found in single-parent families. Work needs to be done on increasing parent-adolescent communication, emotional intimacy, and alleviating role strain, specifically if the adolescents take on caregiving or economic roles (Minuchin, 1974)<sup>[23]</sup>. Psychoeducation programs for single parents on the needs of adolescents developmentally, emotionally, and the management of stress can help to

create a supportive family context (McCubbin & Patterson, 1983)<sup>[22]</sup>.

In light of the close relationship among psychosocial problems, attention problems, and academic problems, an important role in early recognition and intervention is played by school social workers. Social workers may assist teachers in recognizing at-risk adolescents on a behavioral and academic basis and develop individual educational support plans for them (Constable *et al.*, 2013)<sup>[10]</sup>. Group programs designed at a school setting and aimed at training adolescents in social skills and emotional literacy may help decrease their withdrawal and increase their school engagement (Durlak *et al.*, 2011)<sup>[14]</sup>.

At the community level, the social worker may offer support groups for adolescents in single-parent families. There may be youth programs that build resilience, life skills, and positive peer interactions that have been proven to reduce the negative effects of family stress and isolation for the youth (Ungar, 2011)<sup>[30]</sup>. The social worker may be promoted as an advocate for the family to give access to economic assistance, medical care, or mental health services that will eliminate stressors.

The observations from this research regarding the increased psychosocial difficulties of female adolescents strongly support the need for gender-sensitive approaches in these cases. Social work practitioners need to take into consideration the gender-related roles of female adolescents in lone-parent families, involving childcare and emotional work (Hyde *et al.*, 2008). Interventions based on empowerment approaches targeting assertiveness, self-efficacy, and autonomy in emotions would help female adolescents in particular (Rosenfeld *et al.*, 2013).

In terms of macro-practice engagement, social workers play a key role in advocating for policies in support of lone-parent families. These include campaigns for access to affordable mental health care, school-based counseling initiatives, financial assistance programs, as well as work-life policies for lone parents (Amato, 2001)<sup>[2]</sup>. Social work advocacy remains paramount in promoting the inclusion of adolescent mental health within family welfare policies, education, and child protective measures.

The results also underscore the concern of building the capacity of social work practitioners. Training workshops should focus on the skill development of social workers in the areas of mental health assessment among adolescents, working with families, and school social work. Integration of social work with mental health experts and school authorities is the key to provision of holistic services (Bronstein, 2003)<sup>[6]</sup>.

### Conclusion

The current study presents an integrated comprehension regarding the level of psychosocial difficulties experienced by adolescents raised by lone-parent families. The results unmistakably confirm that there is an evident level of moderate to chronic mental health difficulties, with internalizing manifestations being pronounced over externalizing problems. The trend aptly proves that mental health difficulties remain latent, multifaceted, and interlinked as mental health issues often get interwoven across multifaceted dimensions.

The prevalence of emotional-somatic symptoms draws attention to the psychological vulnerability of adolescents dealing with changes in family structure, economic

hardship, and new responsibilities in their crucial developmental stages. The presence of gender differences suggests that the vulnerability is more with female adolescents, while those who are in employment or have abandoned schooling show higher levels of psychosocial problems. Notably, the high correlations in the psychosocial variables point to the fact that the mental health status of the adolescents cannot be viewed, analyzed, or handled in isolation. The study thus brings to the fore the importance of beginning with the identification process, along with the provision of various preventive measures, for the necessary psychosocial support of the adolescents in single-parent families.

### Ethical Considerations

The research has been carried out with utmost ethical considerations. Ethical consent and assent were taken from the adolescents and their parents before conducting the interview.

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### Declaration of Artificial Intelligence

The research team declares that AI Quilbot software was used only in the grammar checking.

### Declaration of Conflict of Interest

The authors declare no conflict of Interest

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