

FAMILY STRUCTURE, RELATIONSHIPS AND MENTAL HEALTH: A CASE STUDY OF HIGH SCHOOL STUDENTS IN KANCHANABURI PROVINCE, THAILAND

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ABSTRACT: The objective of this study is to examine the association between family structure, family relationships, and mental health of high school students in Kanchanaburi Province, Thailand. This quantitative survey is carried out using probability sampling technique. Questionnaire was distributed to 1,082 high school students from three schools under the Kanchanaburi High School Educational Service Area Office VIII and collected during academic year 2012. The multiple regression analysis shows that family factors significantly affect high school students' mental health $p < 0.05$. This finding indicates that the better the family relationship, the better mental health of high school students. Accordingly, the result of this study supports the building positive (good) family relationships. Families, whose members express their love and care for each other in various ways including talk things through, hold regular family discussions, participate in family decision making and maintain their appropriate role in their family, will help improving mental health of high school students. Family activities should be organized in line with the context of daily life of each family member. In the future study, family relationship indicators should be developed in the context of activities and lifestyle of the family in each region.

Keywords: Family structure, Family relationships, Mental health, High school students, Thailand

INTRODUCTION

Family structure and family life has changed dramatically nowadays due to changes in economic and social situations [1]. Unlike in the past, relationships in a family may not follow the "ideal" pattern, e.g. the composition of a family may no longer be a father, a mother, and children. Parents these days spend less time with their children because of their work commitments and their family financial burden [2]. Several research findings have found associations between family structure and the well-being of teenagers in both behaviors and psychological health. Adolescents who stay with their parents have the lowest risk to mental health [3-5] problems whereas the level of well-being of children and teenagers in family with negative family relationships is not good [6, 7]. Evidently, family activities such as having meals, watching television, and relaxing together on a regular basis improve mental health and reduce the risk of mental problems [8, 9].

In Kanchanaburi Province, family structure began to change and things to do together in family become less and less. Since 2007-2009, the number of high school students who do not stay with their

parents and do not have family activities is high. They also spend relatively little time talking and being with family members. Many of them are under stress [10]. The objective of this study is to examine the association between family structure, family relationships, and mental health of high school students in Kanchanaburi Province, Thailand in order to better understand the relationship between the changing in family structure, family relationships, and mental health of the teenagers in the context of social dynamics.

METHODS

Design and sample

A cross-sectional survey research was conducted from May-December 2012. The study population included high school students, aged between 15-19 years, attending three schools under the Kanchanaburi High School Educational Service Area Office VIII in the 2012 academic year. Schools were chosen with systematic sampling methods. The first stage, cluster random sampling selected three schools out of 32 schools with a lottery. In each selected school divided students into three stratified by level of education and perform stratified sampling randomly selected students from four classrooms assorted the study programs. This

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Table 1 Means and standard deviations of mental health, by family structure

Family structure	Mental health score		n
	Mean	SD	
Parents are living together	46.4	4.6	768
Parents are not living together	46.3	5.2	80
Living in stepfamilies	45.9	5.7	72
Divorced parents	46.7	4.9	83
Single-mother	45.1	5.1	65
Single-father	36.4	7.2	10
No parents	42.0	4.0	4
Total	46.2	5.0	1,082

study sample included 1,082 students, who were present in classes on the day when data were collected (Responses rate = 97.2%).

Ethical considerations

The study protocol was performed in accordance to the Committee for Research Ethics (Social Sciences) of Mahidol University. Approval for data collection was obtained from the director of 3 schools. The students who were given information about the study and who accepted to participate in the study were included. All participants signed an informed consent document.

Variables and measurement

• *Students' characteristics:* Male is coded 1 for boys and 0 for girls. Levels of education are coded as ordinal scale variables: Matthayomsuksa 4, Matthayomsuksa 5, and Matthayomsuksa 6 (reference). Academic performance are student-reported of the last semester Grade Point Average (GPA), ranging from the highest "4.00" to the lowest "0.00".

• *Family relationships:* Family relationships is measured from a 39-item scale developed by the ASEAN Institute for Health Development, Mahidol University [11] based on the concept of "Thai Family Well-being" that assess the confidence of participants in engaging family relationships [12]. The participants were asked to rate their level of confidence using 3-point scale ranging from 1 (never) to 3 (always) in term of their ability to relate to their family. The pre-test reliability (Cronbach's coefficient alphas of .75) for this scale was founded to be relatively good. The family relationships measurement composes of four questions about family activities which are 1) Taking time to do things together. 2) Consultation and decision-making, 3) Expression of love and care for each others, and 4) Compliance with the appropriate roles.

• *Mental Health:* The short version of The Development and Testing of Thai Mental Health Indicator Version 2007 (TMHI-15 Version 2007)

from Department of Mental Health, Ministry of Public Health was utilized to assess the mental health condition of the high school students engaged in this study. This is a 15-item scale with 4 domains (mental state, mental capacity, mental quality, supporting factors) and 15 sub-domains which asks participants to indicate their level of agreement on 4-point scale ranging from 1 (Never) to 4 (Always). Report reliability for the TMHI-15 Version 2007 was high with Cronbach's coefficient alphas at .81 [13]. In this study, the alpha coefficient was .78.

Data analysis

Data was analyzed using statistical package for social science. A multivariate analysis was carried out for all factors, β and *p-value* were calculated to determine the significance with statistical significant of each analysis against the *p-value* 0.05. Multiple linear regressions, which were appropriate modeling technique for the levels of measurement, were used to evaluate the association between the family factors and the mental health. All covariates in these analyses were controlled.

RESULTS

A total of 503 boys (46.5%) and 579 girls (53.5%) completed the scale and questionnaires. The sample included 369 Matthayomsuksa 4 students (34.1%), 341 Matthayomsuksa 5 students (31.5%) and 372 Matthayomsuksa 6 students (34.4%). Of the sample, the mean GPA was 2.98. With regard to family, 71% of students' parents are living together. The test of 15 item scale for mental health of samples has shown that high school students in Kanchanaburi were found to have normal mental health. The average mental health score was 46.2. When considering the relationship between mental health and family structure (Table 1), students in single-father families and students with no parent have lower mental health score than other types of families.

Table 2 presents the mean values of Family

Table 2 Means (standard deviations) of family relationships score by family structure (N=1,082)

Family structure	Family relationships			
	Taking time to do things together	Consultation and decision-making	Expression of love and caring for each others	Compliance with the appropriate roles
Parents are living together	2.17 (0.34)	2.51 (0.32)	2.65 (0.33)	2.62 (0.37)
Parents are not living together	2.03 (0.48)	2.49 (0.31)	2.61 (0.36)	2.48 (0.43)
Living in stepfamilies	1.98 (0.32)	2.45 (0.34)	2.51 (0.39)	2.47 (0.46)
Divorced parents	2.07 (0.39)	2.42 (0.28)	2.55 (0.35)	2.57 (0.37)
Single-mother	2.14 (0.30)	2.50 (0.31)	2.62 (0.29)	2.60 (0.39)
Single-father	1.89 (0.33)	2.49 (0.23)	2.54 (0.26)	2.69 (0.24)
No parents	2.17 (0.11)	2.27 (0.04)	2.61 (0.11)	2.79 (0.14)
Total	2.13 (0.36)	2.50 (0.31)	2.62 (0.34)	2.60 (0.39)

Table 3 Regression Coefficients estimates of high school students mental health (N=1,082)

	Mental health						
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Student characteristics							
Male (Female®)	0.21			0.15	0.61*		0.66*
GPA	1.09			1.07**	0.827**		0.847**
Level of education							
Matthayomsuksa 4	-1.91**			-1.93**	-1.49**		-1.54**
Matthayomsuksa 5	-1.44**			-1.47**	-1.15**		-1.27**
(Matthayomsuksa 6®)							
Family structure							
Parents are not living together		-0.04		0.06		0.42	0.49
Living in stepfamilies		-0.50		-0.10		0.47	0.94
Divorced parents		0.35		0.48		1.03*	1.19*
Single parent and No parents		-2.53**		-2.50**		-2.29**	-2.20**
(Parents are living together®)							
Family relationships							
Taking time to do things together			0.75		0.916*	0.79	1.02*
Consultation and decision-making			2.53**		2.51**	2.53**	2.49**
Expression of love and caring for each others			3.19**		3.16**	3.18**	3.19**
Compliance with the appropriate roles			1.32**		1.07*	1.39**	1.13*
Constant	43.92**	46.36**	26.44**	44.17**	25.00**	26.21**	24.54**
F-value	10.61**	5.10**	65.39**	7.99**	37.54**	36.80**	28.17**
(df)	(4)	(4)	(4)	(8)	(8)	(3)	(12)
R²	0.03	0.15	0.19	0.05	0.21	0.21	0.23

Note: Unstandardized coefficients are presented. * $p \leq 0.05$, ** $p \leq 0.01$, ® is reference group

relationships. The overall mean score of family relationship is considerably high. Taking time to do things together scored the lowest at 2.31. Comparing with other family relationship aspects, the Expression of love and caring for each other has the highest score, particularly in family that has both father and mother. However, in family that has only father or mother or has no parent scores higher in Compliance with the appropriate role than other aspects.

Table 3 shows the results of multivariate analysis of 7 models, the first to the third models show the zero-order or bivariate effects, and the model 4-7

presents the effects of family factors, net of other variables. The student characteristics factors affected on student mental health. Students who study in higher levels of education and higher GPAs trend to report higher levels of mental health score, according to the initial models (4, 5, and 7). In model 2 and 6, it appears that the family structures were significant. Students who have a single parent or no parent have worse mental health than students whose parents live together. The family relationships factors are also significant. There is a good family relationship is positively associated with mental health.

The full model (7) reveals that the association between a family structure and mental health is not simply an artifact of variation in families that child have two parents. Students in single parent and no parent families are less mental health score than teens in any other family group. The bivariate and co-variate analysis in Table 3 demonstrates that family relationships were strong relations to mental health. When comparing with family structure, family relationship factors were considerably stronger relations because no matter what pattern of family or student characteristics were used to analyzed, the influence of family relationships on the mental health were still high as seen from the R-square values of each model.

DISCUSSION

The results of this study show that the influence of family structure on mental health is significant. Students who have single parents or no parent have worse mental health than those with parents living together. Obviously, living with single parent or having no parent has significant impact on children. They will experience enormous change in life when they lost their parent, from getting used to having only one parent to feelings of depression [14]. Conversely, students with divorced parents are found to have better mental health than students whose parents still live together. This can be explained that togetherness may not mean happiness in many families. Relationships between their father and mother may not be good although they are living together. They may have problems or even fights while they are together. Also, there may be more freedom for children in divorced families where only one parent has control over children. Single parent may compensate the loss of the spouse by paying more attention to his/her children.

The findings of this study also confirm the relationship between family factors and the mental health of high school students in Kanchanaburi. Students who have a good family relationship have better mental health. The family relationships are extremely important to child development, especially when they are in their teens. Numerous changes and developments, both physically and mentally, occur in teenage years. With love and understanding, families can support teens through their critical period [15].

There is no right or wrong answer when it comes to what is the best type of family structure. As long as a family is filled with love and support for one another, it tends to be successful and thrive. Families need to do what is best for each other and

themselves, and that can be achieved in almost any unit [16]. Moreover, the findings suggest that good families might not be similar to ideal family that parents and children stay together. Family members in other family types are able to have good family relationships too. This correlates with the concept of "Family Well-Being" that emphasizes on the idea that perfect family pattern originates from the combination of a variety of people living together and working toward a common goal. Family members are able to maintain their role appropriately, keep their good relationship going, uphold their self-reliance, and adapt to social change flawlessly.

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