

# The Relationship between Adverse Childhood Experience, Resilience, and Depression Among Adolescents from Single-Parent Families in Selangor

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## Abstract

The divorce rate has increased in Malaysia which may result in exposure to ACEs. Although some research has explored the outcome of ACEs among adolescents, research on adolescents from single-parent families and depression is limited. This study measures the relationship between ACEs, resilience, and depression among adolescents. The study instruments include demographic information, ACEs, BDI-II, and the Resilience scale used among adolescents aged between 13 to 18 years. This cross-sectional descriptive study comprises 81 (46.8%) male and 92 (53.2%) female respondents. Adolescents (n=135) 78.0% who participated in this study are currently living with their mothers. On the other hand, only (n=38) 22.0% of the adolescents were living with their fathers. Importantly, a total of (n=120) 69.4% of the adolescent's parents were separated without legal documents, and only (n=19) 11.0% of the adolescent's parents had legally divorced and deceased one parent including (n=34) 19.7% of respondents. The findings and results revealed that (Ha1) there is a significant relationship between ACEs and depression  $r = .249^{**}$ ,  $p = 0.001$  (two-tailed),  $p < 0.05$ . Moreover, (Ha2) resilience does not mediate the relationship between ACEs and depression ( $a*b = .12$ , Bootstrap CI95 =  $-.11$  and  $.43$ ). Therefore, the null hypothesis was rejected. Lastly, (Ha3) gender significantly moderates the relationship between ACEs and depression ( $\beta = .063$ ,  $SE = .024$ ,  $p < .000$ ). In a nutshell, mental health issues or precisely depression are common among adolescents who live with single parents. The rise in adverse experiences also increases depression positively. This is especially true among female adolescents. Immediate action against illegal separation has to be taken to reduce childhood

trauma. On the other hand, it also reduces the number of children sent to welfare or Orphanages.

**Keywords:** Adverse Childhood Experiences (ACEs), Depression, Adolescents from Single Parent Families, Resilience

### **Introduction and Background**

There is an enhancing interest in the role of mental hygiene in clinicians and professionals in treating childhood adversity. ACEs include child maltreatment such as abuse, trauma, neglect, and household dysfunction among people under 18 years of age. There is a number of research have been done among adolescents in measuring ACEs. However, there is a comparatively compact body of literature that is covered the issue of single parenting (Ray et al., 2021; Jinan et al., 2022). Research from Ray et al (2021) shows that single mothers' experiences increase the level of financial burden and parenting stress when there is a non-involvement of the residential father. This makes the children highly vulnerable to exposure to child maltreatment due to the parenting stress experienced by mothers. According to orphan care. (2021) approximated children live in child-care institutions are 64,000, in registered and unregistered government and private orphanages in Malaysia. The OrphanCare is the non-government organization that funds and finds homes for abandoned children, at least 13,000 children and adolescents are living in almost 90 private and 35 government-run registered institutions throughout Malaysia (Mohammadzadeh et al., 2017). The generalizability of much-published research on this issue was done in different settings. For example, the study was done in Western countries Lee et al. (2020), and in different ethnic groups such as in India Banerjee et al (2018), east Africa Tsehay et al (2020), and South Korea (Park et al., 2020).

The increasing divorce rate in Malaysia has led to an increase in the number of adolescents living in single-parent families, which can negatively impact their childhood experiences. Research shows that parenting stress, which is often experienced by single parents, can lead to adverse childhood outcomes and increase the risk of child maltreatment. Furthermore, adolescents who experience prominent levels of maternal parenting stress are at a higher risk of developing externalizing problems and depression. There is also a gap in the literature regarding the relationship between adverse childhood experiences, resilience, and depression among adolescents from single-parent families. Therefore, this study aims to investigate this relationship to better understand the psychological outcomes of adolescents in single-parent families. The importance of this study lies in addressing the gap in the literature and providing insights to help prevent and manage depression among adolescents in single-parent families (Crouch et al., 2019; Ray et al., 2021; De Maat et al., 2021; Saparudin et al., 2021; Kim et al., 2021).

Eventually, the divorce rate in Malaysia keeps rising according to the latest article (Jones, 2021). Importantly, a wide range of globally published articles has discussed and evident that negative life events can impact a child in various ways. For example, causing behavioral problems, poor academic performance, poor health outcomes, early death, violence perpetration, sleep problem, and premature mortality (Blum et al., 2019; Blodgett & Lanigan, 2018; Brown et al., 2009; Park et al., 2020; Petruccelli et al., 2019; Ray et al., 2021; Khairi et al., 2022; Bahrami et al., 2021; Ching et al., 2022). Concerning the mental health of the child due to exposure to ACEs and symptoms of depression among Malaysian single-parent adolescents are limited. Depression has become a global issue of all ages and among gender across the world. According to the World Health Organization, 5% of adults suffer from

depression worldwide. Depression is characterized as the persistent experience of worthlessness, helplessness, and hopelessness. However, in Malaysia, most people suffer from depression left untreated due to the stigma is one of the major reasons. The term mental health issue or psychiatric illness means “Gila” among Malays, “sha zi” among Chinese, and “paitiyam” among Indians which actually carries a highly negative undertone. Despite this issue, children still can overcome their childhood adversity through resilience. However, becoming resilient is not in the hands of the child. But it is solely in the hands of parents and the caretaker. This study also measures the mediating role of resilience among adolescents. Children who are resilient with proper support are able to bounce back from adversity. Children who do not have support are not able to bounce and fall into the pool called mental illness.

*The research questions as follow showed*

1. The research will be answering the questions on what is the relationship between adverse childhood experience sessions among adolescents from single-parent families in Selangor?
2. Is resilience mediate the relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor?
3. Is gender moderate the relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor?

*The research objective is as followed*

1. To examine the relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor.
2. To identify the mediating role of resilience on the relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor.
3. To identify the moderating role of gender on the relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor.

*The research hypothesis is as followed*

1. There is a significant relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor.
2. Resilience significantly mediates the relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor.
3. Gender significantly moderates the relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor.

Studying the relationship between adverse childhood experiences, resilience, and depression among adolescents from single-parent families is crucial in identifying the psychological challenges that this population faces. By understanding the factors that contribute to depression, this study can contribute to the development of effective prevention and intervention strategies to help mitigate the negative effects of adverse childhood experiences. This study is particularly important for adolescents from single-parent families

in Selangor, Malaysia, who may be at a higher risk of experiencing adverse childhood experiences and developing depression. By identifying the risk factors that contribute to depression, this study can help inform policymakers and healthcare professionals about the importance of providing support for this vulnerable population. Furthermore, this study is also beneficial for orphanages and other institutions that provide care for adolescents from single-parent families. By understanding the psychological outcomes of adolescents in single-parent families, orphanages can provide targeted support and interventions to help mitigate the negative effects of adverse childhood experiences and improve the mental health outcomes of their residents.

### **Methods**

This study is using the quantitative method applying the cross-sectional descriptive design. This cross-sectional design is used to test and measure how strongly a variable is related to each other. This design is inexpensive while there is no follow-up of the respondents' and time-consuming. Most importantly, the variables are measured without influencing them (Wang & Cheng, 2020). For example, how strongly the adverse childhood experience influences depression among adolescents. The presence of negative life events increases the risk of developing depression among adolescents.

The population and location chosen for this study are adolescents from single-parent families who are currently living in Selangor, Malaysia. The adolescents must be between the age of 13 to 18 years old. The age category is chosen according to the World Health Organization chart. Adolescents from single-parent families means adolescents who only have their biological mother or father. Reasons for single parenting include divorce, death of a spouse (widowed), or separation without legal documentation. The population was selected on the basis of at least having a memory of their childhood with the parents. The adolescents in this study must be capable of recalling their experiences prior to 12 years of age. Therefore, the adolescents who have participated in this study include those from the age of 13 to 18 years old.

Purposive sampling techniques were used in this study to recruit the respondents. It is a non-probability sampling method used by the researchers. The population mentioned above, particularly adolescents from single-parent families at welfare homes and adolescents who stay with a single parent were selected as the sample to take part in this study. The adolescents staying at welfare homes were sent to the place by their single parents or caretakers. In this study, the majority of samples are from welfare homes compared to adolescents who currently living with their single parents. A number of welfare home details were collected from the Internet.

The data collection procedure includes getting the ethical approval form from the Board of UCSI University. Next, emailing, phone calls, and WhatsApp messenger were used as the method of approach to the welfare homes and parents to provide the information letter of the research study and to get approval from them. After confirmation of the criteria, the booklet and consent letter was given as a hardcopy for a parent to sign and for the adolescents to answer the questions. Some welfare returned the questionnaire after a week due to adolescents being busy with their school work. Adolescents with parents are able to return the questionnaire on the same day. Once receive the questionnaire, it was key in into the SPSS and stored in a password-coded file.

The collected data was analyzed using the Statistical Package for Social Sciences (SPSS -26). Hypothesis 1 of this study was "There is a significant relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor." Hypothesis 1 will be measured by running the Pearson correlation to assess the significance between adverse childhood experiences and depression. Cronbach's Alpha  $P < 0.05^*$  shows that there is a significant result between adverse childhood experiences and depression. Moreover, hypothesis 2 is "Resilience is a significant mediator between adverse childhood experience and depression among adolescents from single-parent families in Selangor." Performing a series of regression analyses which include bootstrapping for hypothesis 2 can show if the resilience is mediating or not. Lastly, hypothesis 3 is "Gender significantly moderates the relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor." The third hypothesis will be running the moderation analysis to see if it is significant. Further, a simple slope analysis will be carried out to get more detail on which gender has high and low significance.

The questionnaires used in this study showed good internal reliability. Robert Anda and Vincent Felitti's adverse childhood questionnaire (ACEs) was developed in 1995. The questionnaire consists of 10 items that measure the childhood trauma prior to the respondents' 18 years. However, in this study, the data will be collected prior to the respondents' 12 years of experience. The questionnaire used in the study had a questionable Cronbach's alpha reliability score which was .60 coefficients. However, this is due to the number of items in the questionnaires being less which was 10 items only with categorical answering (yes/no). Beck Depression Inventory (BDI) was developed by Aaron Beck and his colleagues back in the year of 1961. The most widely used questionnaire in finding symptoms of depression. In this study, Cronbach's Alpha coefficient showed that the questionnaires used in the study reported good reliability of .75. Lastly, the Resilience Scale (RS-25) was developed by (Wagnild and Young, 1993). This questionnaire consists of 25 items with a 7-point Likert scale ranging from 1= strongly disagree to 7= strongly agree that measures resilience namely meaningfulness, perseverance, self-reliance, equanimity, and existential aloneness. In this study, Cronbach's alpha coefficient was reported at .85.

The collected data will be analyzed using the Statistical Package for Social Sciences (SPSS -26). The three hypotheses of this research study will be rejected or supported based on the Statistical Package for Social Sciences software analysis. This is suitable software in social science settings and research fields. Hypotheses 1 of this study are "There is a significant relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor." Hypothesis 1 will be measured by running the Pearson correlation Cronbach's Alpha to test the significance between adverse childhood experiences and depression. Cronbach's Alpha  $P < 0.05^*$  shows that there is a significant result between adverse childhood experiences and depression. Moreover, hypothesis 2 is "Resilience is a significant mediator between adverse childhood experience and depression among adolescents from single-parent families in Selangor." Performing the bootstrapping for hypothesis 2 can show if the resilience is mediating or not mediating in this study. Lastly, hypothesis 3 is "Gender significantly moderates the relationship between adverse childhood experience and depression among adolescents from single-parent families in Selangor." The third hypothesis will be using the moderation analysis to measure the moderation of gender among adolescents.

The demographic profile of the adolescents is based on their gender, age, and race. The sample of adolescents from single-parent families consisted of 81 (46.8%) male and 92 (53.2%) female respondents ( $N = 173$ ). Table 1 shown below demonstrates that the majority of the respondents are age 16 (25.4%) in 44 of 173 respondents. The second leading age group of adolescents was at the age of 15 (22.5%) in 39 of 173 respondents. Followed by adolescents who are 17 (19.7%) years old in 34 of 173 respondents. Adolescents who are 14 (16.8%) years old were 29 of 173 respondents. Next, adolescents with the age of 13 (9.2%) were in 16 of 173 respondents. Lastly, adolescents who are the age of 18 (6.4%) were 11 of 173 respondents. On the other hand, most of the respondents were found to be Indian which comprises 48.0% ( $n = 83$ ) of those who responded in which the Malay adolescents who responded were only ( $n = 59$ ) 34.1% of them. Chinese adolescents who answered the questionnaires were only 16.2 % ( $n=28$ ) of the respondents. Adolescents from other races answered this questionnaire only 1.7% ( $n=3$ ) of respondents. Most importantly, the marital status of the single parents is shown below, a total of ( $n=120$ ) 69.4% of the adolescent's parents were separated without legal documents. However, only ( $n=19$ ) 11.0% of adolescents' parents have divorced which means legally separated under the law. Some of the adolescent's parents also have lost their partner which includes ( $n=34$ ) 19.7%, 34 of 173 respondents.

## Results

**Hypothesis 1 (Ha1):** There is a significant relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor. Referring to the results in Table 1 shown below,  $r = .249^{**}$ ,  $p = 0.001$  (two-tailed),  $p < 0.05$ , which shows that there was a significant relationship between adverse childhood experiences and depression. Ha1 was supported. The  $r$  values ( $r = .249^{**}$ ) showed that there was a positive relationship between adverse childhood experiences and depression. This means that an increase in child maltreatment also increases the symptoms of depression. However, when there is a decrease in adverse childhood experiences, also decreases the symptoms of depression among adolescents. Therefore, adolescents who are vulnerable to experiencing increased child maltreatment, are highly at risk of developing depression during and in later life.

Table 1

*Pearson correlation between adverse childhood experience and depression (N=173)*

Correlations		ACE	Depression
ACE	Pearson Correlation	1	.249**
	Sig. (2-tailed)		.001
	N	173	173
Depression	Pearson Correlation	.249**	1
	Sig. (2-tailed)	.001	
	N	173	173

Note. \*\* Correlation is significant at the 0.01 level (2-tailed).

**Hypothesis 2 (Ha2):** Resilience significantly mediates the relationship between adverse childhood experiences and depression among adolescents. Basically, this objective demonstrates that the level of resilience of adolescents negatively predicts the outcome of depression. If there is a high level of resilience, adolescents can bounce back from their adverse childhood experiences. However, adolescents with a lower level of resilience are more likely to fall into depression. To prove this scientifically the statistical test was done by using the PROCESS macro v4.1 by Andrew F. Hayes. Referring to table 8 below shows the result of the mediation analysis. Results of the regression analysis show that the adverse childhood experience was a significant predictor of resilience ( $b = -1.58$ ,  $t = -2.68$ ,  $p < .01$ ). On the other hand while controlling for resilience, the results of the second regression analysis show that adverse childhood experience was not a significant predictor of depression ( $b = -.37$ ,  $t = .53$ ,  $p > .05$ ). Analysing the indirect effect, results revealed based on 5000 bootstrap samples shows that statistically insignificant relationship between adverse childhood experience and depression mediated by resilience ( $a*b = .12$ , Bootstrap  $CI_{95} = -.11$  and  $.43$ ). This result conclude that resilience does not mediate the relationship between child maltreatment and depression. Therefore, Ha 2 was rejected.

Table 2

*Mediation analysis summary*

Variable/Effects	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95%	<i>confidence interval</i>
ACE → DEP	.37	.53	.72	>.05	-.51	1.52
ACE → RS	-1.58	.60	-2.68	<.01	2.74	-.41
ACE → RS → DEP	-.08	.07	-1.22	>.05	-.21	-.05
<i>Effects</i>						
Direct	.37	.53	.72	>.05	-.51	1.52
Indirect*	.12	.13			-.11	.43
Total	.51	.52	.98	.32	-.51	1.52

Note. ACE = Adverse Childhood Experience, DEP = Depression, RS = Resilience,  $p < .01^{**}$   
Based on 5000 bootstrap samples

**Hypothesis 3 (Ha 3):** Gender significantly moderates the relationship between adverse childhood experiences and depression among adolescents from single-parent families in Selangor. Additionally, it was predicted that gender will enhance the relationship between adverse childhood experiences and depression. A multiple regression analysis was carried out to test these hypotheses. Table 3 shows that the gender of the moderator explained 0.4% of the variance in depression. Individually, adverse childhood experiences positively predicted depression ( $\beta = .043$ ,  $SE = .013$ ,  $P = .001$ ) in Table 4. This result tells that a higher level of adverse childhood experiences is associated with a higher level of depression. On the other hand, gender served as a significant predictor ( $\beta = .988$ ,  $SE = .025$ ,  $p < .000$ ). Finally, the third step, shows that gender significantly moderated the relationship between adverse childhood experiences and depression ( $\beta = .063$ ,  $SE = .024$ ,  $p < .000$ ).

Looking into the simple slope analyses in Table 11 reveals that there was a significant positive relation between child maltreatment and depression in the female ( $\beta = .000$ ;  $p < 0.05$  and male adolescents ( $\beta = 0.095$ ;  $p < 0.05$ ) group respectively. Adverse childhood experiences tended to be a more significant determinant of depression in female adolescents than their male counterparts, indicating that gender acted as a moderator between adverse childhood

experiences and depression among adolescents from single-parent families. This emphasized that the occurrence of depression will be higher for female adolescents than male counterparts when exposed to adverse childhood experiences.

Table 3  
*R2 change Statistical Outputs in the Model Summary Box*

Model	R	R Square	Change Statistics						
			Adjusted R Square	Std. Error of Estimate	R Square Change	F Change	df1	df2	Sig. Change
1	.986 <sup>a</sup>	.973	.973	.16567461	.973	3048.189	2	170	.000
2	.987 <sup>b</sup>	.975	.975	.15917923	.002	15.157	1	169	.000

Table 4  
*Hierarchical Regression Used to Determine Significant Moderation*

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
1. (Constant)	-.924	.017		-53.471	.000
Zscore(Total_ACE)	.043	.013	.043	3.365	.001
Gender	1.974	.025	.988	78.066	.000
2. (Constant)	-.922	.017		-55.467	.000
Zscore(Total_ACE)	.000	.016	.000	.019	.985
Gender	1.975	.024	.989	81.289	.000
zACExGender	.095	.024	.063	3.893	.000

Note: Dependent variable: Depression, ACE= Adverse Childhood Experiences,  $p > .000^{***}$ ,  $p > .05^*$

Table 5  
*Categorical Simple Slope Computation*

Groups	$\beta$	SE	t	p
0	.000	.003	.080	.000
1	.095	.021	4.33	.000

Note: 0=male, 1=female,  $p < .000^{***}$

## Discussion

Hypothesis 1: In this study, child maltreatment was found to cause depression among adolescents in a positive direction. This means that when the number of childhood trauma increases, the development of depression also increases. Parents and caretakers should concern about their children's safety and the environmental stresses surrounding the child. Adding to the literature, adverse childhood experiences cause depression. Adolescents from single-parent families tend to experience more adverse experiences that affect their mental health during and later in life. Exposure to traumatic experiences during childhood can become a life stressor for children. The memories of undesirable acts such as sexual abuse, parental separation, neglect, and evidencing suicide or a mentally ill person in the household



can lead the child to experience stress. However, the starting point of stress turns out to be depression later in life as they are not resolved earlier in life. But, in this study, the second hypothesis was rejected, which means that resilience if not mediate the relationship between traumatic childhood experiences and depression. Therefore, it has opened the door for the next research on “what if the child is repressing the undesirable memories?”

Hypothesis 2: This finding was unexpected and suggests that resilience does not significantly mediate the relationship between childhood trauma and depression. The series of liner regression with bootstrapping showed that ( $a*b = .12$ , Bootstrap  $CI_{95} = -.11$  and  $.43$ ). This was an unexpected result of this study. However, here comes the repression in the psychoanalysis theory of Sigmund Freud (Thurschwell, 2014). This means one tends to push the unwanted mental contents into their unconscious mind. As mentioned above, probably repression can be the main cause that resilience does not mediate the relationship. During the data collection period, I was told by the welfare administrator that their adolescents are happy, and they forget what has happened to them in the past. But here raises the question, why did they score high in depression? The first analysis output shows that there is a positive relationship between adverse childhood experiences and depression. This is where the repression of those bad memories is pushed into the unconscious mind. Research from Coifman et al (2007) showed that repression is thought to give rise to anxiety, so for future studies, other variables have to be the mediator between adverse childhood experiences and depression.

Hypothesis 3: It found that female adolescents were more likely to experience depression after the occurrence of traumatic events compared to male adolescents from single-parent families. Male counterparts are less prone to depression compared to female adolescents. The most expected reason for this finding is females are more emotional and sensitive. Mainly, how females respond to a stressor is totally different from the way how males respond to stressors. Their other reasons include such as hormonal differences, mood changes, and the level of emotional reaction. Looking into, the types of adverse childhood experiences that male and female adolescents have encountered. Male adolescents tend to experience such as neglect, victimization suicide or imprisonment, divorce, or physical abuse. However, in female adolescents, sexual abuse plays a crucial role in affecting their mental health. This can be one of the points, that why females are more likely to run into depression than their male counterparts. Especially, after sexual abuse, it affects them from forming or maintaining any relationship with others. Meanwhile, sexual abuse among males is rare. Therefore, this is one of the main factors that cause female respondents to react more exaggeratedly in contrast to males.

This research will make a major contribution to future researchers who are willing to measure the adverse childhood experience among adolescents from different family backgrounds. For example, adverse childhood experiences among adolescents who come from various family backgrounds include single parent, partnered parent, or extended family. Researchers can measure childhood adversity among these three distinct types of family structure. In addition, researchers also can conduct studies on adverse childhood experiences, resilience, and depression from the perspective of race and ethnicity in Malaysia. As an example, in this study, there were fewer Chinese adolescents who were left with a single parent or on welfare. Therefore, the difference in race arises in this study. Importantly, future research could

consider conducting a study using magnetic resonance imaging (MRI) scan results to compare the difference in brain structure between single-parent adults and partnered-parent adults. Before that, researchers also can collect data from these two diverse groups separately before magnetic resonance imaging. After the collection of data and analysis, magnetic resonance imaging can be done. This study can be done under clinical supervision or by a psychiatrist.

Furthermore, during this study, the welfare was told that their adolescents are happy, and they forget their past experiences. However, in future studies, it is important to identify if they forget their traumatic experiences or if they repressed their memories. This is crucial because they tend to score high on the depression inventory. If adolescents forget their past traumatic experiences, why did they score high on the depression inventory? The “why” behind the scoring of the depression scale can be the recommendation for future studies. Research from Coifman et al (2007) showed that repression is thought to give rise to anxiety, so for future studies, anxiety can be the mediator between adverse childhood experiences and depression.

Lastly, the result of the three hypotheses has been discussed above stating why the hypothesis has been supported or rejected in this research. Followed by the implications that answer the unanswered questions and fill in the logical loop with statistical analysis. Which include the implications to professional practitioners, teachers, parents, caretakers, and welfare society who will be handling adolescents.

Additionally, awareness of the impact of divorce and the illegal separation of parents must become visible in society. Technically, underage marriage and child marriage never be allowed in the community. This is also one of the reasons for the parents to get separated as they grow older after child marriage. The consequences of early marriage without proper financial stability are extremely dangerous, particularly in the growing era of economics.

Apart from this, there are many families that are not able to support their kids' education, and daily needs, and provide the necessities for their kids. This eventually led them to send their kids to welfare to fulfill their necessities. Not only this, but adults' decision-making in choosing the right life partner is also crucial. This is because everything starts here when they make the decision to marry. In contrast, the choice of the right life partner is well important to run a meaningful future with kids. On the other hand, forced marriages are still happening around is also a contributing factor to single parenting. The statistics revealed that in 2016, total estimated 15.4 million people were in forced marriages. The most counted victims 88% were women and girls. In addition, 37% of victims reported being underage. Importantly, 44% were under 15 years old at the time of the marriage (Forced Marriage, 2018). In Asia and the Pacific, an estimated 2 persons per 1000 were victims of forced marriage.

### **Implication and Recommendation**

Single-parent families face unique challenges that can affect the well-being of both the parent and their children. It is important to address these challenges and develop interventions that can support single parents and their children. The findings from this study can have several practical implications for policy-makers, mental health professionals, and educators. Policy-makers can use the findings from this study to develop targeted interventions and support programs for single-parent families. For instance, based on the study's results, policymakers

can allocate more resources to provide financial assistance, counseling services, and social support programs to single parents. This can help alleviate some of the stressors that contribute to parenting stress and improve the well-being of both the parent and the child. Mental health professionals can use the findings from this study to develop interventions that can address the mental health needs of single-parent families. Based on the study's results, mental health professionals can provide evidence-based interventions that focus on building resilience in adolescents and reducing the risk of depression. These interventions can include cognitive-behavioral therapy, family therapy, and psychoeducation for both the parent and the child.

Educators can use the findings from this study to develop school-based interventions that can support single-parent families. Based on the study's results, educators can develop programs that aim to increase social support and build resilience among adolescents from single-parent families. These programs can include mentoring programs, peer support groups, and extracurricular activities that promote social connections and skill-building. Lastly, it is important to note that there are several existing interventions and support programs available for single parents and their children. These include financial assistance programs, counseling services, parenting classes, and support groups. In Malaysia, organizations such as the Ministry of Women, Family, and Community Development, and NGOs like Yayasan Chow Kit, Yayasan Nur Salam, and Yayasan Sunbeams Home provide a range of services and support for single-parent families. It is important to promote awareness of these resources and encourage single parents to seek support when needed.

### **Conclusion**

In a nutshell, preventing child marriage and forced marriages also can reduce the number of single parents worldwide. However, conflicts between couples should give a try at counseling rather than straight getting a divorce. Parents should be sent psychoeducation or counseling before getting a divorce to know the negative impact on their children. Proper professional guidance must be given to the parents before taking up a decision on divorce. Hopefully, we can reduce the number of divorces, and child marriages, and force marriages to let the children live happily with their both parents without affecting their mental health.

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