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Influence of Parental Deprivation on Conduct Disorders among Children from Public Primary Schools in Masaba South, Kisii County, Kenya

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ABSTRACT

Parental absence which is termed parental deprivation associated negatively with the social and mental development and growth of children which has short-term and long-term effects on the mental conditions of children (Mao, 2020) [31]. The current study aimed to determine parental deprivation's influence on conduct disorder among children in public primary schools in Masaba South, Kisii, Kenya. The research employed a correlation and cross-section study design approach, combining qualitative interviews and focus group discussions. A sample of 324 participated in the study. The results were Parental living status significantly influenced anxious or depressed scores among children. Children whose parents lived together exhibited a significant decrease of 4.7 units in anxious/depressed scores (β = -4.7, 95% CI [-5.2, -4.2], p < .001) while Children with separated parents showed a significant increase of 2.9 units in these scores (β = 2.9, 95% CI [2.2, 3.6], p < .001). The study revealed a clear link between parental deprivation and conduct disorders. The study demonstrated the need for comprehensive interventions addressing parental deprivation's material and emotional aspects.

Recommendations include strengthening social safety nets, enhancing educational resources, promoting positive parenting practices, and addressing economic inequalities. Future research should explore the long-term effects of parental deprivation, the specific mechanisms of its impact on children, and the cultural factors influencing these dynamics.

Keywords: Parental deprivation, conduct disorder, correlation, cross-section, economic inequalities

INTRODUCTION

Parental deprivation affects children psychologically and they are likely to experience adverse situations such as abuse and neglect (Gifford & Choi, 2015) [22]. The well-being of a child involves development in multiple domains including physical, educational, health, psychological, and emotional which not only promotes the lives of children in the aspect of physical needs but also educational attainment, health, psychological, and emotional development (UNICEF, 2015; Minujin, Milliano & Plavgo, 2017) [15, 33]. Children who grow up in economic and parental deprivation always display conduct problems and tend to come from families with low income (Sosu and Schmidt, 2017) [42]. Additionally, children who experience such deprivation are at a higher risk of developing behavioral and emotional issues. They may exhibit signs of aggression, anxiety, depression, and social withdrawal. The lack of emotional support can lead to low self-esteem and difficulties in forming healthy relationships in the future.

Children who are deprived of love, care, and belonging may develop conduct disorders which can jeopardize the rights of others and violate societal laws and norms (American Psychiatric Association, 2013) [4]. Such children find themselves in conflict with the laws and get engaged in drugs, deception, violence, property damage, and hostility toward other people (American Psychiatric Association, 2013)[4].

Globally, longitudinal studies show that parental deprivation has significant effects on children. A study done from a Mexican household survey out that most of the emotional problems and behavioral cases emerged in children due to parental absence (Mao, 2020) [31]. According to the studies done in India, children from deprived families experience depression and anxiety as compared to children from non-deprived families and their self-esteem is lower than children from non-deprived families (Mansharamani, 2018; Omkarappa & Rentala, 2019) [30, 37]. Child deprivation is the most sensitive type of maltreatment in the United Kingdom. Thirty percent (30%) of children have at least one guardian who is addicted to alcohol and 12% of parents abuse their children physically, emotionally and are exposed to domestic violence (Omkarappa & Rentala, 2019) [37].

According to the Kenya National Bureau of Standards (KNBS, 2019) [26], 16.4 million poor people are living in Kenya, and the poverty rate is one of the main reasons for parental deprivation which affects children (Byegon, 2022) [10]. In Kenya, based on the latest budget on household survey Kenya National Bureau of Standard (KNBS) [26] the rate of poor people was 36.1% in 2015/16, equivalent to 16.4 million poor people (KNBS, 2019) [26], the rate of

poverty is the one of the main reason of deprivation, thus affecting the wellbeing children (Byegon, 2022) [10].

In Masaba South Sub-County in Kisii County, there is a lack of adequate parental care and broken homes which has led to poor relationships between parents and children and low parental monitoring which has led to the development of conduct disorders in children (Obwocha, 2018) [36]. Children aged 6-15 years show signs of conduct disorder and anti-social behaviors due to; 39% lack of parental care, 11% broken homes, 14% media influence, 13% peer influence, and about 20% lack of counselor in schools, and out of this nearly a third dropped out of school between 2017 and 2018 (Obwocha, 2018) [36].

It has been discovered that successful children come home background characterized by positive and healthy relationships among members. Parents are responsible for the affection, discipline, and training given to children which develops associated emotions and a range of behaviors in children. Some parents distance themselves from children results in poor adjustment and individual character failure due to parental deprivation, which has devastating impacts and is the main concern in children's conduct disorder.

Parental Deprivation and Mental Health Among Children

Parental deprivation and mental health are connected issues. The parental care and role of parents influence the parent-child relationship in the development of the personality of a child. This implies that if the child has both responsible parents, the relationship becomes reliant on the child (Ghosh, 2016) [21]. According to Kendler (2002) [25], several studies indicate that the association between mental disorder and parental deprivation might be a result of parental loss or death of parents which contributes to other factors, such as family discord or genetic liability. Most studies often mention the importance of high levels of caregiver warmth which lowers mental health problems protecting children from negative outcomes from the death of their parents (Lin, 2004; Luecken, 2009 & Haine, 2006) [29]. Children with dead parents or caregivers experience a high level of behavioral and emotional symptoms often known as a nonspecific disturbance (Dowdney, 2002) [17]. According to research done by Ghosh (2016) [21], children with good conduct disorder were higher in non-deprived families 87.5% than in children from deprived families 20%.

The Impacts of Parental Deprivation on Children and Well-being

Parental deprivation has been associated with many negative child outcomes, such as psychological, educational, and conduct outcomes. The impact of a father's absence is strong in several current approaches (Amato and Carlson, 2014) [2]. Concerning the issue of whether there is a causal effect of parental deprivation on children, some literature reviews have tried to focus on underlying pathways of relationship between parents and children (Leturcq & Panico, 2019)[28]. Pathways considered in underlying the relationship between parental deprivation and child well-being concentrate on the resources available to families affected (Marion and Panico, 2019) [32]. The first resource always explored is money: This pathway indicates that at least some of the negative impacts of parental deprivation on children are because of deterioration in financial well-being (Schoon, 2010) [40]. The second resource is the quality and quantity of the parenting received by the child. When parents deprive their

children, the quality and quantity of parenting is affected and decreases which results in family stress and conflict (Amato, 2005) [3].

Loss of attachment in the form of parental separation and divorce is a rational problem affecting families. When children are affected by the loss of attachment they are likely to experience psychological distress and it becomes difficult for them to maintain relationships in adulthood due to stress and anxiety (Bartley, Cable, Lacey, Pikhart, and Stafford, 2014) [8].

Children increasingly parental deprivation during childhood (Leturcq & Panico, 2019) [32]. In 2010, United Kingdom children under the age of 17 were not staying together with their birth parents (DWP, 2013) [18]. However, income has been increasingly a reason for parental deprivation, and this causes separation when parents fail to prioritize resources for their children (Guio, 2009) [23].

According to Watson (2019) [45], the social situation of an individual is closely tied to their life opportunities, with well-being encompassing a broad spectrum of opportunities that children encounter as they grow to adulthood. Opportunities are defined as the level to which people can obtain essential social resources such as food, housing, clothing, medical care, and education. This reduces negative feelings promotes positive feelings, and reduces internalizing (Alegre, Benson & Escoda, 2014) [1]**.** Deprived families experience problems such as frustrations, domestic violence, poor health, and services which result in loss of hope especially in children (Dosunmu & Sowunmi, 2013) [16].

Children with poor parental care or from deprived families have poor environments and low resources, and this is a high-risk factor for academic achievement children are at higher risk of retention in their grades and even dropping out of school than other children (Dosunmu & Sowunmi, 2013) [16].Therefore, parental involvement is the key factor in children's academic success and educational outcomes (Dosunmu & Sowunmi, 2013) [16]. The use of drug abuse by parents has a deleterious effect on the health and well-being of the child which directly affects educational success (Easterbrook, 2021) [19]. Children from non-dysfunctional families experience parental discord due to deprivation, separation, and divorce which affects visitation, child support, and childrearing, in addition to the effects of deprivation, the level of child's perception and understanding depends on the level of the parent-child relationship (Springer, 2020) [43]. The adverse effects of parental deprivation on children's psychological well-being were associated with poor self-esteem, lower levels of academic performance, lack of social skills, material disadvantage, and more physical health problems (Seijo, 2016) [41]. According to Obwocha (2018) [36], poor parental discipline (58.9%) was the key variable contributor to anti-social conduct that leads to aggressiveness among children, 10.3% of conduct disorder is attributed to family environment, 6.5% Family conflicts between parents and parents account for 12.1% of the issues, while family conflicts between parents and children make up 6.5%. Additionally, 5.6% of the cases involve a family history of conduct disorder, and parental attitudes contribute to the remaining percentage.

The Association Between Lack of Parental Support and Conduct Disorders in Children

According to Lacey (2014) [8], parental deprivation which comes as a result of separation and divorce not only harms children psychologically but also endangers material support which

affects the psychological well-being of children. The lack of essential material support such as basic needs and money mainly leads to poor living standards for members of the family. Therefore, the psychological well-being of children is affected since they feel rejected and are on their own.

Children with no parental support struggle a lot in terms of psychological well-being. They perform poorly on tests measuring psychological well-being such as optimism, self-concept, problem-solving, self-confidence, self-control, concentration, and emotional stability. The psychological effects have also hampered their interest in meeting their educational needs. (Gahler and Palmtag, 2015) [20].

The psychological well-being of children is affected by many factors such as stunted emotions, minimum emotional security, minimum parent-child time, and psychological development which leads to poor emotional distress, physical health, religious convictions, attitudes towards sex, and academic stimulation (Anderson, 2014) [5]. The long-term psychological effects are dramatic mood swings, persistent restlessness, and hyperactivity which are influenced by depression, and later in life, they develop different types of depression that interfere with their social well-being (Carrier and Utz, 2012) [11]. Parental deprivation is the main risk factor for children's health problems. Depression emotions, headaches, and stomach complaints are signs of being unwell which a health issue is. Thus, their well-being conditions are unhealthy (D'Onforio and Emery, 2019) [15]. Children from deprived families frequently complain of headaches which are connected to high levels of sadness (Bojan, 2020) [9].

METHODOLOGY

Research Design

In this study, both the cross-sectional and correlation study designs were applied. With current data, correlational study designs help anticipate events and identify correlations and prevalence (Cohen, Manion, and Morrison, 2011) [14]. Through the use of a cross-sectional study design, data from children was obtained for this research, which assisted in determining the prevalence rate of parental deprivation indicators (Worthman, Tomlinson, & Rotheram-Borus, (2016) [46].

Target Population

1714 children in grades 4 and 5 were the subject of the study. Since grade 4 and 5 children are transitioning from lower to upper grades and are primarily impacted by parental deprivation, this study focused exclusively on these children, who are between the ages of 10 and 12. Furthermore, children who are moving up to upper primary school are more negatively impacted by parental neglect (Ngina, 2018) [35].

Sampling Techniques and Sample Size

Children are the target population. To ensure that all participating schools achieve higher academic standards and behave appropriately, the researcher employed a purposive sampling technique to select schools. Simple random sampling was utilized to select children. 10% to 30% of the entire population is deemed sufficient for the research when there are fewer than 10,000 people, according to Mugenda & Mugenda, (2003) [34]. Consequently, 323children make up the sample size.

Table 1: Sample Size

Respondents	Population size (N)	Sample size (n)	%
Children	1714	323	18.8

Source: DEO office Masaba South Sub-County (2024)

The number of students in grades 4 and 5 in each school was equal during sampling, based on the sample size in the school, and Slovin's formula (Zach, 2023) [47] was utilized to determine the sample size of students from each primary school.

Slovin's Formula

$$n= N / (1+Ne2)$$

Where

- n= Sample size
- N=Target population
- E=Acceptable margin of error at 5% (STD value of 0.05)

Data Collection Instruments

The study concentrated on the data collection tools that were employed, including questionnaires, interview schedules, and observation checklists. Through observations and interviews, information was gathered on the indications of parental deprivation related to basic needs, character development, emotional attachment, and intellectual support.

Piloting the Research Instruments

A pilot study was carried out to guarantee that research instruments are well-defined and put together. One elementary school that is not included in the main study's sample took the pre-tests for the instruments. Twenty students and three class teachers from the piloted school participated as respondents. The primary study's instrumentation was enhanced based on the pilot study's findings. Piloting is a small, preliminary inquiry done to create and test measures and processes to be utilized in the major study, as indicated by (Arain, Campbell, M., Cooper, C., & Lancaster, 2010) [6].

Validity of Research Instruments

The instrument's validity lies in its capacity to measure what it was intended to measure. Through the use of pilot testing and precise forecasting of study objectives, content assessment and validity were attained (Klassen & Yoogalingam, 2008) [27]. By applying content validity throughout the pilot study, the interview schedule and questionnaire used in this investigation were verified. To guarantee content validity, the researcher consulted Special Needs Education Experts as well as Pwani University's Department of Educational Psychology and Special Needs.

Reliability of the Research Instruments

Repeatedly collecting data from a random sample of the sample population with a reliable instrument yields consistent conclusions (Orodho, 2013) [38]. As per Orodho (2013) [38], an instrument can be considered reliable if its distinct measurement method provides consistent

feedback for a considerable number of trials. To make sure there was no possibility of error, the test-retest method was applied to comparable groups.

Data Analysis

To analyze the data collected for this study, STATA version 15 was utilized. Research revealed that parental deprivation was common. The category data were shown in terms of frequency and matching percentages. Continuous variables were given as medians and interquartile ranges (IQR) due to their skewness, such as age and length of hospital stay. Bivariable and multivariable analyses using generalized linear models (GLM) with Gaussian family and identity connections were conducted in order to determine the prevalence rate of parental deprivation indicators among children enrolled in public primary schools. All of the variables from the bivariable model were included in the multivariable model. There were tables showing the outcomes.

RESULTS

The univariable generalized linear model regression analysis explored the influence of sociodemographic factors and parental deprivation on various conduct disorders in children, including anxious or depressed behavior, aggressiveness, withdrawn behavior, and social problems.

Parental living status significantly influences anxious or depressed scores among children. Children whose parents lived together exhibited a significant decrease of 4.7 units in anxious/depressed scores (β = -4.7, 95% CI [-5.2, -4.2], p < .001) (Table 5). Children with separated parents showed a significant increase of 2.9 units in these scores (β = 2.9, 95% CI [2.2, 3.6], p < .001). Each additional sibling was associated with a small yet significant increase of 0.3 units in anxious or depressed scores (β = 0.3, 95% CI [0, 0.5], p = .019).

Parental deprivation factors such as problems providing clothing were associated with an increase of 2.1 units (β = 2.1, 95% CI [0.5, 3.7], p = .012), safety was associated with an increase of 1.2 units (β = 1.2, 95% CI [0.4, 1.9], p = .002), and shelter was associated with an increase of 1.7 units (β = 1.7, 95% CI [0.9, 2.4], p < .001) in anxious or depressed scores. Spending quality time with parents was associated with a decrease of 2.0 units (β = -2.0, 95% CI [-3.1, -1.0], p < .001), effective parental discipline was associated with a decrease of 1.7 units (β = -1.7, 95% CI [-2.6, -0.7], p = .001), feeling loved was associated with a decrease of 2.4 units (β = -2.4, 95% CI [-3.1, -1.8], p < .001), and having set rules at home was associated with a decrease of 1.6 units (β = -1.6, 95% CI [-2.6, -0.6], p = .002) in anxious or depressed scores.

Similarly, parental deprivation had a significant influence on aggressiveness scores. Problems providing clothing were associated with an increase of 0.6 units (β = 0.6, 95% CI [0.4, 0.9], p < .001), and problems providing food were associated with an increase of 2.5 units (β = 2.5, 95% CI [2.0, 3.0], p < .001). Problems providing education were associated with an increase of 0.2 units (β = 0.2, 95% CI [0.1, 0.4], p = .008) in aggressiveness scores. In contrast, spending quality time with parents was associated with a decrease of 0.3 units (β = -0.3, 95% CI [-0.5, -0.1], p = .006), and having set rules at home was associated with a decrease of 0.2 units (β = -0.2, 95% CI [-0.4, 0], p = .012) in aggressiveness scores.

Feeling loved was significantly associated with a decrease of 0.4 units (β = -0.4, 95% CI [-0.7, -0.1], p = .003) in withdrawn scores. However, problems providing shelter were associated with an increase of 0.4 units (β = 0.4, 95% CI [0.1, 0.7], p = .021) in withdrawn scores.

Problems providing shelter were significantly associated with an increase of 0.5 units (β = 0.5, 95% CI [0.2, 0.8], p = .004) in social problems scores while, feeling loved was associated with a decrease of 0.4 units (β = -0.4, 95% CI [-0.8, -0.1], p = .006) in social problems scores.

Table 2: Univariable generalized linear model regression analysis of the influence of parental deprivation on conduct disorders among children

Predictors	Conduct Disorders							
	Anxious/Depressed		Aggressiveness		Withdrawn		Social Problems	
	Beta Coefficient zβ(95%CI)	P value	Beta Coefficient β(95%CI)	P value	Beta Coefficient β(95%CI)	P value	Beta Coefficient β(95%CI)	P value
Sociodemographic								
Grade	0.2 (-0.6-0.9)	0.679	0.1 (-0.1-0.2)	0.388	-0.2 (-0.5-0.1)	0.281	-0.3 (-0.6-0.1)	0.124
Age in years	-0.3 (-0.7-0.2)	0.269	-0.1 (-0.1-0)	0.197	-0.1 (-0.3-0)	0.123	-0.2 (-0.4-0)	0.135
Parents live together	-4.7 (-5.2--4.2)	<0.001	-0.1 (-0.2-0.1)	0.397	-0.2 (-0.5-0.1)	0.145	-0.3 (-0.6-0.1)	0.108
Parents separated	2.9 (2.2-3.6)	<0.001	0 (-0.2-0.1)	0.497	0.2 (-0.1-0.5)	0.232	0.2 (-0.2-0.5)	0.32
Number of siblings	0.3 (0-0.5)	0.019	0(0-0)	0.723	-0.1(-0.2-0)	0.023	-0.1 (-0.2-0)	0.06
Parental Deprivation								
Problem providing clothing	2.1 (0.5-3.7)	0.012	0.6 (0.4-0.9)	<0.001	0.2 (-0.4-0.9)	0.519	0.2 (-0.5-1)	0.542
Problem providing food	2 (-1.2-5.2)	0.221	2.5 (2-3)	<0.001	0.2 (-1.1-1.5)	0.752	0.2 (-1.2-1.7)	0.765
Problem providing safety	1.2 (0.4-1.9)	0.002	0.1 (0-0.2)	0.163	0.2 (-0.1-0.5)	0.253	0.2 (-0.1-0.5)	0.265
Problem providing shelter	1.7 (0.9-2.4)	<0.001	0 (-0.1-0.2)	0.467	0.4 (0.1-0.7)	0.021	0.5 (0.2-0.8)	0.004
Problem providing education	0.6 (-0.5-1.6)	0.301	0.2(0.1-0.4)	0.008	0(-0.5-0.4)	0.85	0 (-0.5-0.4)	0.899
Quality time with parents	-2 (-3.1--1)	<0.001	-0.3 (-0.5--0.1)	0.006	-0.2 (-0.7-0.2)	0.302	-0.2 (-0.7-0.2)	0.329
Discipline by parents	-1.7 (-2.6--0.7)	0.001	0 (-0.1-0.2)	0.658	-0.2 (-0.6-0.1)	0.21	-0.3 (-0.7-0.2)	0.236
Feeling loved	-2.4 (-3.1--1.8)	0	-0.1 (-0.2-0.1)	0.331	-0.4 (-0.7--0.1)	0.003	-0.4 (-0.8--0.1)	0.006
Set rules at home	-1.6 (-2.6--0.6)	0.002	-0.2 (-0.4-0)	0.012	-0.2 (-0.7-0.2)	0.255	-0.3 (-0.7-0.2)	0.282

In the multivariable generalized linear model regression analysis (Table 4.5), parental living status significantly influenced conduct disorder scores among children in the multivariable generalized linear model regression analysis. On average, children whose parents lived together had a 4.1 unit decrease in anxious or depressed scores compared to those whose parents were separated (Adjusted β = -4.1, 95% CI [-4.6, -3.6], p < .001). Each additional sibling was associated with a 0.1 unit increase in these scores (Aβ = 0.1, 95% CI [0, 0.3], p = .041).

On average, problems providing clothing were associated with a 2.6 unit increase (Aβ = 2.6, 95% CI [1.5, 3.7], p < .001), and problems providing food were associated with a 2.1 unit increase (Aβ = 2.1, 95% CI [0.1, 4.0], p = .041) in anxious or depressed scores. Feeling loved was significantly associated with a 0.6-unit decrease (Aβ = -0.6, 95% CI [-1.0, -0.1], p = .029) in these scores. For aggressiveness, on average, problems providing clothing were associated with a 0.4 unit increase (Aβ = 0.4, 95% CI [0.1, 0.6], p = .003), while spending quality time with parents resulted in a 0.3 unit decrease (Aβ = -0.3, 95% CI [-0.5, -0.1], p = .003).

Feeling loved was significantly associated with a 0.4 unit decrease (Aβ = -0.4, 95% CI [-0.8, -0.1], p = .011) in withdrawn scores on an average while, problems providing shelter were associated with a 0.4 unit increase (Aβ = 0.4, 95% CI [0.1, 0.8], p = .026) in withdrawn scores. For social problems, feeling loved was associated with a 0.4 unit decrease (Aβ = -0.4, 95% CI [-0.8, -0.1], p = .018) on average. Similarly, problems providing shelter were significantly associated with a 0.4 unit increase (Aβ = 0.4, 95% CI [0.1, 0.8], p = .026) in social problems scores.

Table 3: Multivariable generalized linear model regression analysis of the influence of parental deprivation on conduct disorders among children

Predictors	Conduct Disorders							
	Anxious/Depressed		Aggressiveness		Withdrawn		Social Problems	
	Adjusted Beta Coefficient aβ (95%CI)	P value	Adjusted Beta Coefficient aβ(95%CI)	P value	Adjusted Beta Coefficient aβ(95%CI)	P value	Adjusted Beta Coefficient aβ(95%CI)	P value
Sociodemographic								
Grade	0 (-0.4-0.5)	0.879	0 (-0.1-0.2)	0.384	-0.1 (-0.4-0.2)	0.543	-0.2 (-0.5-0.2)	0.292
Age in years	0.1 (-0.2-0.4)	0.606	-0.1 (-0.1-0)	0.079	-0.1 (-0.4-0.1)	0.164	-0.1 (-0.4-0.1)	0.245
Parents live together	-4.1 (-4.6--3.6)	<0.001	-0.1 (-0.2-0.1)	0.327	0 (-0.3-0.4)	0.812	0 (-0.4-0.4)	0.938
Parents separated	2 (1.5-2.5)	<0.001	-0.1 (-0.2-0.1)	0.294	0.2 (-0.1-0.5)	0.286	0.1 (-0.2-0.5)	0.458
Number of siblings	0.1 (0-0.3)	0.041	0 (0-0.1)	0.08	-0.1 (-0.2-0)	0.021	-0.1 (-0.2-0)	0.06
Problem providing clothing	2.6 (1.5-3.7)	<0.001	0.4 (0.1-0.6)	0.003	0.1 (-0.6-0.8)	0.816	0.1 (-0.7-0.8)	0.897
Problem providing food	2.1 (0.1-4)	0.041	2.3 (1.9-2.8)	<0.001	0.3 (-1-1.6)	0.607	0.4 (-1.1-1.8)	0.624
Problem providing safety	-0.2 (-0.7-0.3)	0.46	0 (-0.2-0.1)	0.637	0 (-0.3-0.4)	0.848	0 (-0.4-0.4)	0.989
Problem providing shelter	0.2 (-0.3-0.7)	0.358	0 (-0.2-0.1)	0.581	0.3 (-0.1-0.6)	0.103	0.4 (0.1-0.8)	0.026
Problem providing education	0.1 (-0.6-0.8)	0.712	0.2 (0.1-0.4)	0.004	-0.2 (-0.7-0.2)	0.34	-0.2 (-0.7-0.3)	0.392
Quality time with parents	-0.4 (-1.2-0.5)	0.376	-0.3 (-0.5--0.1)	0.003	0.2 (-0.4-0.7)	0.532	0.2 (-0.4-0.8)	0.564
Discipline by parents	0.1 (-0.7-0.9)	0.81	0.2 (0-0.4)	0.017	-0.2 (-0.7-0.3)	0.507	-0.2 (-0.7-0.4)	0.591
Feeling loved	-0.6 (-1--0.1)	0.029	0 (-0.1-0.1)	0.757	-0.4 (-0.8--0.1)	0.011	-0.4 (-0.8--0.1)	0.018
Set rules at home	-0.2 (-1-0.6)	0.634	-0.1 (-0.3-0)	0.135	0.1 (-0.4-0.6)	0.673	0.1 (-0.5-0.7)	0.758

DISCUSSION

The study revealed a clear link between parental deprivation and conduct disorders. Children from families where parents lived separately exhibited significantly higher anxious or depressed scores. Similarly, various aspects of deprivation, like difficulty affording necessities and lack of positive parental practices, were associated with increased scores for anxious/depressed behavior, aggressiveness, withdrawn behavior, and social problems. Conversely, factors like feeling loved and having set rules at home were associated with lower scores across these conduct disorder dimensions.

These findings have been demonstrated in other settings (Hinshaw, 2022; Nguyen, O'Grady & Rosenthal [24] and suggest that parental deprivation creates a challenging environment that can contribute to the development of conduct disorders in children. When children experience neglect, lack of affection, and inconsistent discipline, they may struggle to develop healthy emotional attachments and prosocial behavior (Asiegbu, 2024) [7]. This can lead to feelings of insecurity, anger, and frustration, manifesting as conduct problems.

The co-occurrence of conduct disorders and parental deprivation highlights the need for a comprehensive approach to child mental health. Addressing both emotional and behavioral issues is crucial for promoting children's well-being and preventing negative long-term outcomes. Integrated interventions that address both parental practices and children's emotional needs are promising. These could include family therapy, parent-child interaction training, and individual therapy for children.

CONCLUSION

This study presents a troubling image of pervasive parental hardship and how it harms children's' well-being. According to the research, parental deprivation is a complex problem that has an impact on children's' emotional and material development. A lack of basic needs such as enough food, clothing, and housing, as well as restricted access to high-quality education, are examples of the material components of deprivation. A child's general scholastic achievement, cognitive development, and physical health may all be hampered by these inadequacies.

The psychological effects of deprivation are equally significant. Youngsters who don't get enough emotional, caring, or caring parental guidance frequently feel abandoned and ignored. Anxiety, despair, low self-esteem, and other mental health problems can result from this lack of emotional security. Furthermore, insufficient parenting techniques, including uneven punishment or insufficient positive reinforcement, can exacerbate behavioral issues and conduct disorders in children. The study's findings demonstrate the pressing need for all-encompassing therapies that address parental deprivation's financial and emotional aspects. We can provide children with the foundation for their physical and intellectual development by making sure they have access to necessities and a nurturing learning environment. Furthermore, establishing loving relationships and good parenting techniques can give children the emotional comfort and stability they require to flourish.

A comprehensive approach to addressing these problems may help children's mental health, lower the incidence of behavior disorders, and increase their academic performance. Parental

education programs that encourage positive parenting practices, community initiatives that offer resources and assistance to low-income families, and laws that strive to lessen economic inequality and guarantee that all children have access to basic services are examples of effective interventions.

RECOMMENDATIONS

To guarantee that families have access to needs like food, clothing, and housing, the social safety net services that are now in place should be reinforced. This could entail lowering the stigma attached to obtaining assistance, expanding benefits, and expediting the application process. It is important to put in place programs that teach parents about emotional health, child development, and positive parenting techniques. Support groups, workshops, and internet resources may fall under this category.

More children, especially those who are experiencing parental deprivation, should have access to early childhood intervention programs. Critical assistance for social skills, emotional control, and cognitive growth is given by these programs.

The development of policies and initiatives that increase economic opportunity and lessen income disparity is necessary. This could include raising the minimum wage, providing tax advantages to low-income families, and implementing job training programs. The long-term impacts of parental deprivation on children's mental health, academic achievement, and general well-being should be monitored through longitudinal studies. A more thorough grasp of the long-term effects of deprivation would result from this. Research should focus on the precise mechanisms via which distinct forms of parental deprivation—material vs emotional—affect the developmental trajectory of their offspring. The creation of focused interventions can be influenced by this understanding. Future research ought to examine how cultural variables affect the connection between parental deprivation and the results of children. This would guarantee that interventions are successful for a variety of demographics and culturally sensitive. An assessment of the efficacy of several interventions meant to tackle parental deprivation and its aftermath is warranted. This would make it easier to determine which tactics work best for raising children'swell-being.

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