Chinese American adolescents: perceived parenting styles and adolescents’ psychosocial health

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Background: Asian Americans are one of the fastest-growing minority groups in the USA, and Chinese constitute the largest group. Evidence suggests that Asian American adolescents experience higher levels of depressive symptoms than their same-gender white counterparts. Quantitative findings suggest associations between parenting factors and Chinese American adolescents’ mental health. A qualitative understanding regarding Chinese American adolescents’ perceived parenting styles and its relationship with adolescents’ psychosocial health is warranted.

Aim: To gain an in-depth understanding of Chinese American adolescents’ perceived parenting styles and how parenting styles might influence adolescents’ psychosocial health.

Methods: In this qualitative study, we recruited 15 Chinese American adolescents aged 12–17 years in a southwest metropolitan area. We conducted two focus group interviews. Participants also filled out a brief questionnaire that included their socio-demographic information, immigration history and level of acculturation.

Results: Participants reported perceiving that parents had high expectations about academic performance and moral values. They also perceived stricter family rules regarding choices of friends compared with their non-Asian peers. Parents tended to be more protective of girls than of boys. Both Chinese American boys and girls reported poor or ineffective communication with their parents, which contributed to increased conflict between parents and adolescents and emotional distress of the adolescents.

Conclusions: The findings provide evidence for nurses to develop linguistically and culturally tailored resources (e.g. parent support groups, programs aimed to improving parent–child communication) or connect these families with existing resources to enhance parenting skills and consequently reduce emotional distress of their adolescent children.

Keywords: Culture Education, Focus Groups, Health Disparities, Parenting, Psychology

Introduction

Asian Americans are one of the fastest-growing minorities in the USA, and Chinese constitute the largest group (US Census Bureau 2011). While the perception persists that Asian Americans are the model minority, evidence suggests that Asian
American adolescents experience higher levels of depressive symptoms than their same-gender white counterparts (Brown et al. 2007; Chen et al. 2011; Costello et al. 2008; Greenberger et al. 2000). A recent report from a National Alliance on Mental Health listening session suggested that Asian American girls aged from 15 to 24 have the highest depressive symptoms and suicide mortality rates across all racial/ethnic groups (Africa & Carrasco 2011). Furthermore, Asian American youth are less likely to receive services for emotional problems compared with other racial/ethnic groups (Africa & Carrasco 2011; Chang & Sue 2003).

Researchers have examined various factors that may explain the high level of depressive symptoms among Chinese adolescents, with one line of research studying the influence of family and parenting. Family and parenting factors were found to be associated with Chinese American adolescents’ depressive symptoms, including family functioning (Crane et al. 2005), family conflict (Juang et al. 2007; Lim et al. 2009), supportive parenting (Kim & Ge 2000), parental control (Juang et al. 2007; Lim et al. 2009), and parental monitoring (Kim et al. 2009; Kim & Ge 2000).

Family functioning, a multidimensional aspect of family and parenting factors, includes family structure, family communication, adaptability, cohesion, and problem solving (Crane et al. 2005). Crane et al. (2005) found that Chinese American adolescents from families with higher functioning were found to have fewer mental health issues and behavioural problems. One aspect of family functioning, family communication, refers to a set of norms regulating the exchange of information among its members. The way of communication between parents and their children can influence their interactions and affect adolescent’s psychosocial health (Crane et al. 2005).

Family conflict, which refers to adverse and angry interactions between parents and their children, may put the Chinese American adolescents at risk for higher levels of depressive symptoms (Juang et al. 2007; Lim et al. 2009). Immigrants often experienced considerable stress in the new host country during the acculturation process, and immigrant children usually assimilate faster than their parents (Crane et al. 2005). The differential rates of acculturation among family members may increase parent–child conflicts due to a lack of shared understanding that could lead to or increase depressive symptoms in the adolescents (Crane et al. 2005; Organista et al. 2002).

Supportive parenting, characterized by high levels of warmth, democratic discipline and involvement/ supervision, has been reported to be associated with lower levels of depressive symptoms and adjustment problems in Chinese American youth (Kim & Ge 2000). Parental control, an important dimension of parenting, may hold very different meanings in different cultures. In Western culture, parental control often implies parents’ desire to dominate their children’s lives (Huang 2007) and is seen as a negative aspect of parenting for mainstream European Americans (Rohner & Pettengill 1985). In Chinese American families, parental control is often interpreted as a sign of parental caring and involvement and therefore considered positive for children’s development (Huang 2007). Parental control’s influence on Chinese American adolescents’ depressive symptoms was inconsistent in the literature. For instance, Lim et al. (2009) tested Chinese American adolescents’ perceived parental psychological control using the Parental Bonding Instrument, and they did not find significant relationships between psychological control and adolescents’ distress. Juang et al. (2007) measured Chinese American parents’ attitudes and values concerning appropriate levels of control with their children and the adolescent’s endorsement of parental control behaviours. They found that greater parent–adolescent discrepancies in perceptions of parental control were related to higher depressive symptoms in Chinese American adolescents. Parental monitoring, also known as behavioural parenting, is another critical dimension of parenting. Empirical evidence has consistently suggested a negative relationship between parental monitoring and Chinese American adolescents’ depressive symptoms (Kim et al. 2009; Kim & Ge 2000; Weaver & Kim 2008).

The majority of empirical studies on family and parental influences on Chinese American adolescents’ mental health have been conducted via quantitative surveys. A qualitative understanding regarding the adolescents’ perceived parenting styles and their relationships with the adolescents’ psychosocial health can enhance our understanding of the parents’ and adolescents’ struggles and needs and contribute to the design of linguistically and culturally tailored programs in promoting Chinese American adolescents’ psychosocial health.

Method

Sample and sampling

Purposive sampling, one of the most commonly used sampling strategies in qualitative research, recruits samples based on pre-selected sample criteria related to particular research questions (Mack et al. 2005). Because the study aimed to understand and obtain information from a target population and sample representativeness was not the primary concern, we used the purposive sampling strategy to recruit Chinese American adolescents from a Chinese school and a church.

The inclusion criteria included: (1) self-identified as Chinese, Taiwanese, Chinese American or Taiwanese American, (2) aged 12–19 years old, and (3) has at least one parent who was born in China or Taiwan. Individuals were excluded from the study if
they did not meet the inclusion criteria, refused to participate or did not return parental consent and adolescent assent forms.

Sample size
It is typical to include four to 12 participants in a focus group (e.g. Bouma 1996). Researchers have suggested an average of 6–7 participants for each focus group to allow diversity in perspectives while making participants feel comfortable to share their thoughts and experiences (e.g. Holloway 1997). We had included seven and eight participants in the two focus groups, respectively.

Procedure
Learning from our previous experiences working with Chinese American communities, we identified two key members in the Chinese American communities to assist with sample recruitment. We gave the parental consent and adolescent assent forms to Chinese American adolescents who were eligible and interested in participating. After we received parental consents and adolescent assents, we identified time and locations convenient to adolescents to conduct focus groups. Institutional Broad Review approval for human subjects protection was received before we approached the target sample.

Both bilingual investigators conducted two focus groups \( n = 8 \) and \( n = 7 \), respectively) in a safe and quiet room in a local Chinese school and a church. Specific guidelines were used to ensure confidentiality of the data, such as securing data in password-protected computers and a locked cabinet to which only investigators had access. Each participant was assigned a numeric code so that no identifying information would be revealed. Adolescents were given contact information if they had questions regarding this study. We also provided a list of local mental health providers in the event that any emotional issues occurred because of their participation. Each focus group lasted 60–90 min and was audiotaped or videotaped with permission. Focus group questions were asked in either English or Chinese, according to the participants’ preference. Each adolescent also filled out a brief socio-demographic questionnaire. We sent a $15 gift card to each participant to compensate his/her time and effort; the amount and format of compensation are well accepted in the USA for participating in focus groups.

Measures
The focus groups questions and socio-demographic questionnaire were prepared in English and two written Chinese versions (traditional and simplified) through rigorous translation and back-translation procedures.

Focus group questions
Fifteen questions were asked to explore the adolescents’ perception of their father’s and mother’s parenting styles and how the parenting styles might influence adolescent psychosocial health.

Socio-demographic questionnaire
The socio-demographic questionnaire assessed the adolescent’s ethnicity, age, sex, grade, whether or not he or she received reduced-priced or free lunch at school, family structure, immigration history, birthplace, highest level of education and occupation of parents. Two scales measuring adolescents’ level of acculturation, Vancouver Index of Acculturation (VIA; Ryder et al. 2000) and language proficiency, were also included in the socio-demographic questionnaire to understand the target sample better.

The 20-item VIA includes two subscales: 10 items regarding a Chinese orientation (e.g. I often follow Chinese culture traditions) and 10 items asking corresponding questions regarding an American orientation (e.g. I often follow mainstream American culture traditions). Adolescents rated the items on a scale from 0 (strongly disagree) to 4 (strongly agree). Psychometric properties of VIA were tested and demonstrated satisfied validity and reliability (Weaver & Kim 2008).

We used four items to assess adolescents’ speaking, understanding, reading and writing skills in Chinese and English (e.g. how well do you speak and understand Chinese). The scale ranged from 0 (not well at all) to 4 (extremely well).

Analysis

Focus group data
With all participant identifiers (i.e. names if mentioned in the discussion) removed, one investigator listened to the audiotapes or watched the videotapes recorded from the focus groups and transcribed them. The other investigator read and validated the transcriptions done by the first investigator. The two investigators then independently conducted a qualitative analysis of the transcripts and summarized the findings, recommended by researchers (e.g. Kurasaki 2000) to increase reliability and validity of the findings. There were a few minor discrepancies in categorizing data into themes when the two investigators reviewed the initial analysis results. The two investigators continued to discuss and finalize the findings until a 100% agreement was reached.

The 8-step content analysis method (Downe-Wamboldt 1992) that guided our qualitative data analysis were: (1) selecting the unit of analysis (in this case, responses to questions posed and topics that come up spontaneously), (2) creating and defining the categories (a classification schema; includes
definitions of categories), (3) pre-testing the category definitions and rules (examining utility of the schema, inter-rater agreement), (4) assessing reliability and validity (the exhaustiveness and exclusivity of schema), (5) revising the coding rules if necessary (tightening or redefining schema rules), (6) pre-testing the revised category scheme (as in 3), (7) coding all the data (applying schema to classify data, count occurrences, and determine salience of emerging claims about the data), and (8) reassessing the reliability and validity (reliability = consistency in coding decisions; validity = congruence between claims about the data and reality as recalled by the group moderators).

Data from the socio-demographic questionnaire
Frequency distributions and descriptive statistics (mean, median, standard deviation, %) were calculated in SPSS 18.0 (IBM 2009) for variables in the socio-demographic questionnaire.

Results

Sample socio-demographic characteristics
A total of 15 adolescents aged 12–17 years old participated (M = 15.1; SD = 1.5); 67% were girls. All participants identified themselves as Chinese American or Taiwanese American. About 67% of the adolescents (n = 10) were born in the USA, and four of the five foreign-born adolescents came to the USA at or under age 5. The majority (87%) lived with their birth parents. Only one adolescent (7%) received free lunch from the school. About 93% adolescents reported that they could speak and understand Chinese moderately or very well; all adolescents reported that they spoke English extremely well. Their parents usually spoke to them in Chinese, and they answered in English. The adolescents reported slightly higher Chinese orientation scores (M = 29.5; SD = 5.4) than US orientation scores (M = 28.3; SD = 4.5). All of the adolescents’ parents were foreign born, except one father who was born in the USA. About half of the adolescents’ fathers and mothers finished graduate or professional degrees. Most parents (90%) were employed in professional occupations such as engineering, accounting and teaching.

Findings from the focus groups
Five themes were generated from the focus groups data. The main categories were: strict family rules, parental expectations, parenting styles for boys and girls, parenting styles between mothers and fathers and the role of parenting in the adolescents’ psychosocial health.

Strict family rules
The adolescents were asked whether their parents knew where they were, with whom they were hanging out and whether or not they followed the family rules. Almost all adolescents felt that their parents were very strict about their choices of friends and the social activities they could participate in. One adolescent, for example, said the following:

I have certain friends that my mom knows and she allows me to go out with them . . . My parents have rules like I can’t get into a car with another student who’s driving, it has to be a parent who’s driving (16-year-old girl from the Chinese school group).

Another 16-year-old girl from the Chinese school group commented,

My mom would let me hang out with guys that she knows and she talked to, like people from orchestra. But like other people in general, [they don’t allow].

Sometimes, the adolescents were not given a reason for their activity restriction:

. . . Sometimes they are like, you can’t go, but they don’t really have a reason to hold that (16-year-old girl from the Chinese school group).

Parental expectations
The adolescents in this study consistently perceived that their parents had high expectations for academic performance. One participant felt it was positive rather than negative:

My parents, they think education is very important. But since they raise me in that way, now I think it’s important (12-year-old girl from the Chinese school group).

In addition, adolescents from the church group expressed their own and their parents’ high expectations on moral values. One 16-year-old girl said:

Her [mother] biggest dream for me is to respect myself and respect other people. Her importance [emphasis] is not really on school, but is about how you present about yourself and how you make yourself in life.

Another 16-year-old girl from the church group also said:

He [father] puts big importance on moral integrity and families.

The girls also perceived that the parents, especially the mothers, had higher expectations for them than they had for the boys. For instance, a 15-year-old girl from church group said:
My mom can’t really do anything other than working in the Chinese restaurant. She would want me to do better, have a good education and get a good job.

Another girl interpreted this expectation based on cultural differences:

I guess in America, you have the opportunity to like, instead of being a housewife, you can be a businesswoman, be a doctor, [and] you don’t have to be there for your husband (16-year-old girl from the church group).

Parenting styles for boys and girls
In discussing the perceived gender difference in parenting styles, the girls consistently perceived higher standards and more restrictions from parents, compared with the boys:

I feel like guys have more freedom to do stuff. Like my brother, when he was in high school, he got to play video games and stuff. If I try to do something, my mom will be like, what are you doing, go studying (16-year-old girl from the Chinese school group).

Another 16-year-old girl from the church group related similar experiences:

My parents are super harsh on me and my sister because there’s something with girls that you need to be more independent, be on your own. While my brother is so sweet, they are like, oh get a good job, get a girl, do your thing. But with us, study hard, we have to be the best, we have to do everything pretty much.

The adolescents thought that the different parenting styles for boys and girls might be due to parents being more protective of girls ‘because they think something bad’ will happen to girls.

Parenting styles between mothers and fathers
The adolescents have commented on the different parenting styles of their mothers and fathers. In general, mothers were perceived to be stricter than fathers, whereas fathers were perceived to be more relaxed and supportive.

Adolescents from both groups were more likely to communicate with fathers rather than with mothers, because ‘she [mother] doesn’t communicate very well (14-year-old girl from the church group).’ A 16-year-old girl from the church group said, ‘he [father] is always there for me . . . When I’m crying or I have problem with my relationships, I go to my dad because he is a great listener.’ Another 16-year-old girl from the church group shared, ‘My dad is like the complete opposite than my mom. He is very supportive.’ Similar to girls, a boy from the Chinese school group said, ‘I feel like my dad pays more attention [to me] than my mom [does].’

The role of parenting in the adolescents’ psychosocial health
Adolescents were asked how parenting might influence the adolescents’ psychosocial health. Poor or ineffective parent–child communication and lack of support were identified as negative influences on their psychosocial health. Some adolescents said that their parents ‘did not communicate as much overall’. Others said, ‘There’s really nothing to talk about.’ Adolescents would like their parents to be more open and be more direct about their expectations. For example:

I wish they were more open. If they want me to do something, they should tell me straightforward. Like, tell me what you want me to do, so I know what you expect me to do (16-year-old girl from the church group).

One 16-year-old girl from the Chinese school group thought that depression could result from the culture instead of the parenting style:

They [Chinese] are more introverted, so they have more time to think deeper, which ends up depressing them.

Discussion
This qualitative study aimed to obtain an in-depth understanding of Chinese American adolescents’ perception of parenting styles and how parenting styles might influence their psychosocial health. Many of the study findings are consistent with prior research. For instance, our study findings suggest that Chinese American adolescents perceived that their parents had high expectation for academic performance and moral values. The high parental expectations about academic performance among Chinese American families are well documented (e.g. Chen & Lan 1998; Goyette & Xie 1999). Compared with non-Chinese students, Chinese students were more likely to fulfill their parents’ expectations on academic performance (Chen & Lan 1998). This might be explained by the cultural and historical backgrounds of Chinese, which have been influenced by the Confucian philosophy for over 2000 years. The Confucian philosophy highly values human malleability, self-improvement and filial piety (Chen & Lan 1998; Leung et al. 1998). Thus, Chinese children are more obedient to their parents. They are more concerned about and live up to or even exceed their parents’ expectations (Chen & Lan 1998). Lee et al. (2009) conducted focus groups among 17 Asian American young adults (18–30 years old) and found that they perceived a greater pres-
sure to meet their parental expectations about high academic achievement and carried the ‘model minority’ stereotype. In this study, the Chinese American adolescents also perceived high parental expectations about academic performance, but they accepted the expectation as part of the family norms and did not necessarily consider it to be negative. The different findings reported in this study and Lee’s might be due to the sample difference (younger vs. older; Chinese Americans vs. Asian Americans).

High parental expectations about moral values were mentioned by participants in the church group but not in the Chinese school group. For example, a 16-year-old girl from the church group said: ‘He [father] puts big importance on moral integrity and family’. This difference likely results from their religious beliefs (Chinese school group vs. Chinese church group). Appropriate parental monitoring has been found to be protective of Chinese American youth’s mental health (Kim et al. 2009; Kim & Ge 2000; Weaver & Kim 2008). The relationship between parental monitoring and control and youth’s mental health may depend on how the youth perceive it. For instance, Kim & Ge (2000) found that adolescent perceptions of a high level of parental monitoring were positively related to adolescents’ mental health. We found that Chinese American girls perceived a higher level of parental monitoring and control than boys did with parents tending to be more protective of girls than boys, similar to Shek’s (2006) findings from a Chinese adolescent sample in Hong Kong. In the current study, parental monitoring behaviour is presented by limiting the adolescent children’s choices of friends, time they need to be back home and recreational activities they can participate in. Although girls tended to perceive higher levels of parental monitoring and control than boys did, both girls and boys had reported increased parent–child conflicts due to disagreement about the parental monitoring and controlling behaviour.

Interestingly, parents (especially mothers) expected their daughters to be independent psychologically and financially so that they would not rely on men in the future. This expectation is different from the gender roles in traditional Chinese culture, in which females are expected to stay home to take care of the entire family and rely on men for mental and financial support. Parents’ expectations for Chinese American girls may be related to mothers’ education and career as the majority (n = 12) of the mothers held professional jobs. Furthermore, good education helps new immigrants survive and establish social status. Several adolescents recalled their mothers using themselves as examples of good education bringing high social status and psychological and financial independence, while a lower education level led to blue-collar work and low socio-economic status. Thus, it is not surprising that blue-collar mothers in this study also expected their daughters to be independent psychologically and financially.

Adolescents in the current study mentioned different parenting styles between their mothers and fathers. Unlike the common authoritarian figure of traditional Chinese fathers (Shek 2006), Chinese American adolescents perceived their fathers to be more supportive, less strict than mothers and easier to communicate with. This finding may result from higher stress that immigrant mothers perceive or experience (Buki et al. 2003). Chinese mothers usually are the primary caregivers and experience conflicting child-rearing practices or philosophies in a different cultural context. The stress associated with child-rearing that immigrant mothers perceive and the limited family resources that they have in a different culture may lead them to be more controlling when disciplining their children (Ji 2007). In the current study, poor and ineffective parent–child communication was identified by the adolescents as the main reason contributing to poor emotional well-being. Research findings revealed that inductive reasoning that emphasizes providing rationales to children for parents’ decisions and rules and engages children in the decision-making process was positively related to adolescents’ mental health (Kim et al. 2009; Kim & Ge 2000; Weaver & Kim 2008). Thus, promoting effective parent–child communication by engaging children in the process of decision making and providing rationales to children should enhance Chinese American adolescents’ psychosocial health.

Limitation
Because most of the sample came from upper-middle and middle-class families, the study findings may not be generalized to other Chinese American youth with different sociodemographic characteristics. With this limitation in mind, rigorous study procedures were used to enhance the validity of the findings.

Implications for practice
Acculturation, identified as acquiring traits from the new culture, represents an important first step towards the new host country for immigrant families (Kim et al. 2009). Although immigrant parents and their children often experience the force of assimilation, children are more likely to assimilate faster than their parents (Crane et al. 2005; Organista et al. 2002; Zheng & Berry 1991). First-generation Chinese American parents may find it challenging to discipline their adolescent children within a different culture context. The poor and ineffective communication between parents and adolescents may put Chinese American adolescents at greater risk for psychosocial impairment. The study findings point to the importance for nurses to
understand the possible intergenerational acculturation gaps and conflicts between Chinese American parents and their adolescent children. In clinical practice, implementing family-focused nursing that incorporates supportive conversations about effective communication will minimize misunderstanding and resolve unnecessary conflicts between parents and their adolescent children. In nursing education, it is important for students to understand factors associated with parent–child communication in immigrant families and how these may have an impact on children’s psychosocial health.

Our findings about factors associated with Chinese immigrant youth’s psychological health are similar to research conducted among the same population in other countries (e.g. Crane et al. 2005; Spectrum Migrant Resource Centre 2008; Tardif & Geva 2006). Nurses in the USA and globally can promote Chinese immigrant youth’s psychological health by developing and connecting the families with linguistically and culturally tailored resources that focus on improving parent–child communication and enhancing parenting skills.

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Author contributions
Study conception/design, WY, AC; data collection/analysis, WY, AC; drafting of manuscript, WY, AC; critical revisions for important intellectual content, WY, AC; administrative/technical/material support, WY, AC.

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