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# A Dyadic Analysis of Depressive Symptoms, Harsh Parenting, and Rejection in Filipino Mothers and Fathers

ROSANNE M. JOCSON\* 

*This study examines within-person and cross-person relations between depressive symptoms, harsh parenting, and parental rejection in low-income Filipino mothers and fathers of adolescents using an actor-partner interdependence model (APIM). Mother and father dyads (N = 81, M<sub>age</sub> = 43.48, SD = 8.66) recruited from urban neighborhoods in the Philippines completed orally administered questionnaires on depressive symptoms, harsh parenting, and rejection. Results showed that mothers' scores and fathers' scores on depressive symptoms did not significantly differ and that mothers scored significantly higher than fathers on harsh parenting and rejection. Dyadic analyses using the APIM showed that the actor effect of depressive symptoms on harsh parenting was statistically significant for fathers only and that the actor effects of depressive symptoms on rejection were statistically significant for both mothers and fathers. No partner effects on harsh parenting and rejection were statistically significant. These findings contribute to the robust evidence linking parental depressive symptoms to negative parenting behaviors and highlight the need to attend to both fathers' psychological health and mothers' psychological health in efforts to reduce harsh and rejecting parenting behaviors among Filipino parents.*

*Keywords:* Actor-Partner Interdependence Model; Depression; Dyadic Analysis; Filipino Parenting; Harsh Parenting; Rejection

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The association between depressive symptoms and negative parenting behaviors is well-documented in the parenting literature (see Cheung & Theule, 2019; Lovejoy, Graczyk, O'Hare, & Neuman, 2000; Rueger, Katz, Risser, & Lovejoy, 2011, for meta-analyses). Further, there is ample evidence for the relation of depressive symptoms with poorer parenting quality and subsequent child behavioral and emotional problems in the context of economic hardship and stress (Conger, Conger, & Martin, 2010). Despite robust empirical evidence for the detrimental impact of poor parental psychological health on parenting, there is limited knowledge about the relation of parental depressive symptoms and parenting in low- and middle-income countries (Huang, Abura, Theise, & Nakigudde, 2017), where adverse circumstances and limited resources may further exacerbate parent and child well-being (Pedersen et al., 2019). In the Philippines, where the current study was conducted, there are substantial challenges in addressing mental health, with only 3–5% of the total health budget allotted to mental health services and a low ratio of mental

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health workers per general population (Lally, Tully, & Samaniego, 2019; World Health Organization & Department of Health, 2007).

Apart from the focus on samples from high-income countries, another limitation in this research area is that few studies have used a dyadic approach in examining the relation between parent psychological health and parenting (Sutton, Simons, Simons, & Cutrona, 2017). From a family systems perspective, the quality of the marital relationship is interrelated with the quality of the parent–child relationship (Engfer, 1988; Erel & Burman, 1995). Therefore, the conflicts and psychological stress experienced in the marital or couple relationship may influence the way parents interact with their child. This interplay of psychological and parenting processes within the family is particularly important to study among Filipino mothers and fathers, given the cultural salience of family cohesion and family-oriented values in the Philippines (Alampay, 2014; Morillo, Capuno, & Mendoza, 2013). Specifically, local family systems perspectives posit that the Filipino family functions as a whole, such the psychological stress experienced by one family member may have an effect on another person or relationship in the family system (Carandang, 1987). Therefore, depressive symptoms experienced by one parent may influence not only their own parenting practices, but their partner’s parenting as well. Understanding of these dyadic processes is crucial in order to inform clinical interventions and parent support programs about strategies that might be most appropriate to use with Filipino families.

The current study aimed to examine within-person and cross-person relations between parental depressive symptoms, harsh parenting, and rejection with a sample of low-income mothers and fathers in the Philippines. This investigation focuses on harsh parenting and rejection, given robust cross-cultural evidence that these parental behaviors contribute to negative psychosocial, academic, and behavioral outcomes in children (Khaleque, 2013; Lansford, Sharma, et al., 2014; Putnick et al., 2015). In addition, studies have found stronger effects for the relation of depression or negative affect to hostile or rejecting parenting than to warm or supportive parenting (Epkins & Harper, 2016; Lovejoy et al., 2000; Rueger et al., 2011). These studies highlight the need to better understand the psychological factors that contribute to harsh and rejecting parenting behaviors, particularly in understudied populations.

## **Depressive Symptoms and Parenting**

### *Theoretical framework*

The relation between depressive symptoms and parenting behaviors may be explained by several interrelated affective, cognitive, and motivational factors. Dix and Meunier’s (2009) action–control framework posits that depressive symptoms may disrupt parents’ ability to effectively engage in several regulatory steps that guide parenting behaviors. For example, depressive symptoms may increase parent-oriented goals and reduce child-oriented goals; promote negative attributions for children’s behavior; increase negative emotions and reduce positive emotions with children; and increase favorable attitudes toward unresponsive or coercive parenting (Dix & Meunier, 2009). These cognitive and affective processes may compromise parents’ abilities to be warm and nurturing and increase their likelihood of engaging in harsh parenting strategies.

### *Relations between depressive symptoms, harsh parenting, and rejection*

In line with the foregoing framework, several studies with mothers and fathers of adolescents in the United States show that depressive symptoms are positively associated with harsh and rejecting behaviors (Elgar, Mills, McGrath, Waschbusch, & Brownridge, 2007; Epkins & Harper, 2016; Vreeland et al., 2019; White, Pasco, Gonzales, Knight, & Burleson, 2019). A few studies conducted in non-US settings likewise show that parental

depression is associated with greater use of harsh strategies such as physical and verbal punishment with children (Chang, Lansford, Schwartz, & Farver, 2004; Huang et al., 2017; Huang et al., 2018). However, the effect sizes of these associations tend to be small. Wilson and Durbin's (2010) meta-analysis found that the association between paternal depressive symptoms and negative parenting behaviors yielded an effect size of .16, which was comparable to the effect size of .22 that they found for the correlation between maternal depressive symptoms and negative parenting. An updated meta-analysis of studies that examined the relation between paternal depressive symptoms and negative parenting found a comparable effect size of .17 (Cheung & Theule, 2019).

### *Depressive symptoms and parenting in the Philippines*

Given the large body of literature linking depressive symptoms and parenting, the paucity of data regarding this relation among Filipino parents is surprising. In general, investigations of relations between Filipino parents' psychological well-being and parenting behaviors are rare, although there is evidence that stressful life events predict paternal hostility and aggression (Garcia & Alampay, 2012) and that maternal self-efficacy in parenting is associated with less rejecting behaviors toward children (Daganzo, Alampay, & Lansford, 2014). Poor psychological well-being may thus contribute to Filipino parents' harsh parenting and rejection, and this association might be particularly pronounced among low-income urban families who contend with other risk factors such as financial stress and poor living conditions (Racelis & Aguirre, 2002). In addition, the majority of literature on Filipino parenting highlight typical gender role delineations, with mothers perceived as the primary caregivers responsible for managing children's daily routines and fathers as the breadwinners who take a supporting role in parenting (Alampay, 2014). With respect to emotional well-being, studies on Filipino masculinity ideals align with the traditional conceptualization that men should manifest strength and suppress emotional vulnerabilities (Rubio & Green, 2009). Given these gender role expectations, there may be observed differences in Filipino mothers' reports and fathers' reports of depressive symptoms and parenting behaviors.

### **Dyadic Approach to Examining Depressive Symptoms and Parenting**

Although there is increasing evidence on how both partners' depressive symptoms may influence couple or coparent interactions (Coates, Tran, Le, & Phares, 2019; Ponnet, Wouters, Goedemé, & Mortelmans, 2016), only a handful of studies have considered the dyadic nature of the association between parents' psychological well-being and parenting behaviors (Sutton et al., 2017). Drawing from a family systems perspective, partners who experience stress or conflict in the marital relationship may tend to transfer or model hostile and dysfunctional interactions in the parent-child relationship (Erel & Burman, 1995). In addition, a parent's sense of family stress may cross over to their partner's behavior (Nelson, O'Brien, Blankson, Calkins, & Keane, 2009). This dyadic transfer of negative affect may be particularly salient in Filipino couples, due to the high level of interdependence in the Filipino family system, such that when one member of the family is under stress, all of the other family members tend to be affected (Carandang, 1987). Given a shared sense of family stress, it may be that a parent's negative affective state is easily transferred to their partner's parenting behaviors. From a social learning perspective, this shared sense of distress may facilitate modeling of each other's behaviors, which are more likely to be hostile, coercive, or rejecting in the context of parental depression (Cheung & Theule, 2019; Elgar et al., 2007; Rueger et al., 2011). Further, when negative emotions are felt by a parent's partner, it is likely that these emotions may contribute to the partner's harsh and rejecting parenting via the same affective, cognitive, and motivational factors

at play in within-person associations between depressive symptoms and parenting behaviors (Dix & Meunier, 2009). For instance, a parent who shares their partner's depressive feelings may be more likely to experience negative emotions and attitudes toward parenting and parent-child interactions, thus leading both partners to exhibit negative behaviors toward their children.

#### *Actor-partner interdependence model*

The actor-partner interdependence model (APIM) is an approach that accounts for such interdependence of relations when a person's emotions or behaviors affect their partner's emotions or behaviors (Kenny, Kashy, & Cook, 2006). In APIM, actor effects refer to the relation of a parent's affect to their own parenting behaviors, and partner effects refer to the relation of a parent's affective state to their partner's parenting behaviors. There are a few studies that used APIM to examine actor and partner effects of parents' depressive symptoms on their own and their partners' parenting. First, Nelson et al. (2009) examined the relations between family stressors (i.e., marital dissatisfaction, home chaos, depressive symptoms, and job role satisfaction) and parents' supportive and nonsupportive responses to their 7-year-old children's negative emotions. They found unexpected crossover and compensatory effects for depressive symptoms, such that mothers and fathers who reported more depressive symptoms had partners who reported more supportive parenting responses (Nelson et al., 2009). Second, APIM was used to examine associations between parents' depressive symptoms and risk for child abuse and overreactivity (Kelley, Lawrence, Milletich, Hollis, & Henson, 2015). The researchers found that parents' own depressive symptoms were positively associated with their own risk for child abuse and their own overreactivity, whereas no partner effects were statistically significant (Kelley et al., 2015). Third, Ponnet et al. (2013) examined dyadic relations between parental depressive symptoms, parenting stress, and parent-adolescent communication. They found nonsignificant actor effects of depressive symptoms, but found significant partner effects such that parents' own depressive symptoms were associated with their partner's less open parent-adolescent communication, accounting for parenting stress (Ponnet et al., 2013). The diverging findings on actor and partner effects across these studies might be due to differences in the samples studied and in the focal parenting variables examined. For example, Kelley et al.'s (2015) sample consisted of couples in which the father or both parents had substance use disorder; the lack of partner effects on risk for child maltreatment and reactivity might be due to differing dynamics in this kind of family environment. Meanwhile, the partner effects found in the other studies were on positive outcomes such as supportive responses to 7-year-old children for Nelson et al. (2009) and open parent-adolescent communication for Ponnet et al. (2013).

Other studies have extended the basic APIM to include other variables and mediators that are involved in the association between parent psychological well-being and parenting. For example, Sutton et al. (2017) used an extended mediation model (API-MeM) in their study with African American couples. They found that psychological distress had significant indirect actor and partner effects on hostile or ineffective parenting through mothers' negative interactions toward the father. In another set of studies, Ponnet et al. (2015, 2016) tested an extended family stress model using a dyadic approach with a sample of families in Belgium. Their findings show that the association between financial stress and adolescent behavior problems was mediated by parent psychological well-being variables (i.e., depressive symptoms, parenting stress) and parenting variables (i.e., positive parenting, parent-child communication), with stronger actor than partner effects (Ponnet, Van Leeuwen, Wouters, & Mortelmans, 2015; Ponnet et al., 2016).

## Current Study

Taken together, previous studies indicate that parents' depressive symptoms may compromise their own parenting and may also contribute to their partners' parenting in different ways. Dyadic examinations of the relation between depressive symptoms and parenting are increasing, but a major limitation is that these studies are conducted with mostly US and European samples. In the Philippines, no previous study to the author's knowledge has investigated how mothers' psychological health and fathers' psychological health relate to their own and their partner's parenting behaviors toward their children.

To address gaps in literature, this study aims to examine within-person and cross-person links between depressive symptoms, harsh parenting, and rejection with a sample of low-income Filipino mothers and fathers. Consistent with the large body of literature linking depressive symptoms with negative parenting behaviors (Cheung & Theule, 2019; Lovejoy et al., 2000), it is hypothesized that parents' own depressive symptoms will have a significant positive actor effect on their harsh and rejecting parenting behaviors. Given depictions of the Filipino family system as highly interdependent (Alampay, 2014; Carandang, 1987; Morillo et al., 2013), significant partner effects are hypothesized, such that parents' depressive symptoms will be positively associated with the other parent's harsh parenting and rejection.

## METHOD

### Sample

The study included data from 81 couples (162 individuals) with at least one adolescent child between the ages of 12 and 18 in the household. One child was randomly chosen as the target child if the couple had several children within the age range. The couples consisted of mothers or female guardians and fathers or male guardians. This sample was drawn from a larger study with low-income Filipino mothers and fathers; only the families where both parents participated were included in this study's sample. The families were recruited from three neighborhoods located in cities with the highest poverty incidence in the second district of Metro Manila (Philippine Statistics Authority, 2016). Table 1 presents details on the demographic characteristics of the sample.

### Procedure

Community coordinators distributed recruitment letters to 215 families residing in informal settlements, shantytowns, and relocation sites in the three neighborhoods. Trained local researchers contacted the 155 families who indicated interest, by phone or through the community coordinators, to invite the parents to participate and to confirm eligibility by asking whether they had a child between the ages of 12 and 18 living with them at home. Mothers and fathers from the same family were invited to participate, but single parents and parents whose partners did not want to participate were also included. Of the 155 families who were contacted, 119 families participated, and 81 families had data from both mothers and fathers. Researchers traveled to community centers to conduct structured one-on-one interviews with parents. All interviews were orally administered in Filipino and lasted 1 to 2 hours, and each parent received a PHP 500 (USD 10) cash incentive or a grocery bag as compensation. The study received ethics committee approvals from Ateneo de Manila University and University of Michigan.

TABLE 1  
*Demographic Characteristics of Participants*

Variable	Dyads	Mothers	Fathers
Mean age ( <i>SD</i> )		42.49 (8.66)	44.48 (8.67)
Mean child age ( <i>SD</i> )	14.04 (1.56)		
Child female	36 (44%)		
Relation to child			
Biological parent		76 (93.8%)	74 (91.4%)
Foster/adoptive/step parent		2 (2.5%)	5 (6.2%)
Grandparent		3 (3.7%)	2 (2.5%)
Married	58 (71.6%)		
Living together and not married	23 (28.4%)		
Parent employment			
Employed full-time		13 (16.0%)	52 (64.2%)
Employed part-time		24 (29.6%)	20 (24.7%)
Not employed		44 (54.3%)	9 (11.1%)
Education			
Some elementary		17 (21.0%)	16 (19.8%)
Some high school		24 (29.6%)	18 (22.2%)
High school diploma		29 (35.8%)	33 (40.7%)
Some college		9 (11.1%)	10 (12.3%)
College degree		1 (1.2%)	4 (4.9%)
Income classification <sup>a</sup>			
Poor	38 (46.9%)		
Low income	33 (40.7%)		
Lower middle income	10 (12.3%)		
Household size			
Mean household size ( <i>SD</i> )	7.06 (2.98)		
Mean number of children ( <i>SD</i> )	3.60 (1.92)		
Living with extended family members	30 (37.0%)		
Household role			
Self-reported as primary caregiver		70 (86.4%)	4 (4.9%)
Self-reported as primary earner		7 (8.6%)	70 (86.4%)

*Note.*  $N = 81$  dyads (162 individuals). Means with *SDs* are presented when indicated. Otherwise, numbers represent the frequency of the category with percent of sample.

<sup>a</sup>Poor = earning less than PhP 7890/USD 167 per month; Lowincome = earning PhP 7890–15780/ USD 167–335 per month; Lower middle income = earning PhP15780–31560/USD 335–671 per month.

## Measures

The measures used in the current study were translated and back-translated by bilingual researchers to ensure linguistic and conceptual equivalence across the English and Filipino versions. All instruments were pilot-tested with a sample of low-income Filipino mothers.

### *Demographic information*

Parents provided demographic information such as their area of residence, age, educational attainment, employment, marital status, household size, religion, and family income. They also provided information about their target child's sex (1 = female), age, and school enrollment.

### *Depressive symptoms*

This variable was measured using an adapted version of the Depression Anxiety and Stress Scale short form (Lovibond & Lovibond, 1995). Parents responded to 7

items asking how often they experienced depressive symptoms (e.g., “I felt life was meaningless”) using a 4-point scale ranging from 1 (*never*) to 4 (*almost always*). This measure has demonstrated adequate internal reliability and construct and convergent validity in a study conducted with six Asian populations (Oei, Sawang, Goh, & Mukhtar, 2013). Cronbach’s alpha for this sample was .83 for mothers and .80 for fathers. The sum of the 7 items was used, with higher scores indicating higher levels of depressive symptoms.

### *Harsh parenting*

This variable was measured using the Multiple Indicator Cluster Survey (UNICEF Division of Policy & Planning, 2006). Parents answered yes or no to whether they had used harsh parenting strategies to teach the right behavior or to address a behavior problem of the target child in the past month. The scale included 6 items indicating corporal punishment (e.g., shaking; hitting with an object) and 2 items indicating verbal punishment (i.e., shouted, yelled, or screamed at child). The 8 items were summed, with higher scores indicating greater use of harsh parenting.

### *Rejection*

Parental rejection was measured using the rejection subscale of an adapted parent report version of the Child’s Report of Parental Behavior Inventory (CRPBI; Schwarz, Barton-Henry, & Pruzinsky, 1985). Parents responded to 7 items indicating rejection (e.g., “I am not very patient with my child,” “I always complain about what my child does”) using a 5-point scale ranging from 1 (*not true at all*) to 5 (*very true*). The CRPBI has yielded adequate internal consistency across subscales and raters (Schwarz et al., 1985). The parent versions of the scale have also yielded adequate reliability in samples of Mexican origin parents (White, Liu, Nair, & Tein, 2015; White & Roosa, 2012) and in the pilot test conducted for this study. Cronbach’s  $\alpha$  for this sample was .77 for mothers and .74 for fathers. Scores on the items were averaged, with higher scores indicating higher levels of rejection.

## **Data Analytic Plan**

The study’s main hypotheses were tested using an actor–partner interdependence model (APIM; Kenny et al., 2006) that accounts for interdependence in dyadic data. The relations were examined within a path analytic modeling framework in MPlus Version 8 (Muthén & Muthén, 2017) using full information maximum likelihood. This analytic approach allows for simultaneous estimation of *actor* effects, or how much each person’s parenting strategies are associated with their own depressive symptoms, and *partner* effects, or how much each person’s parenting strategies are associated with their partner’s depressive symptoms. The APIM examined actor and partner effects of depressive symptoms on harsh parenting and rejection in one model. Child sex was included as a covariate in the analyses. Parents’ educational attainment, marital status, child age, and family income were explored as potential covariates but were not included in the analysis because of their nonsignificant bivariate correlations with the outcomes. Power analyses indicated that the study’s sample had a power of .89 to detect actor effects of medium size and a power of .49 to detect partner effects of small size (Ackerman & Kenny, 2016). Due to low power for detection of partner effects, effect sizes are presented and discussed in addition to statistical significance.



## RESULTS

### Preliminary Analyses

Table 2 presents descriptive statistics and bivariate correlations of the study variables. There were no missing data on any of the variables. On average, both mothers and fathers reported low levels of depressive symptoms, low frequency of harsh discipline, and moderate levels of rejection. There were significant differences in the focal variables according to child sex. In particular, mothers of boys reported significantly higher maternal rejection than mothers of girls, and fathers of boys reported significantly higher depressive symptoms than fathers of girls. For the focal variables, paternal depressive symptoms had statistically significant, positive, and moderate associations with paternal rejection and harsh parenting. Maternal depressive symptoms had a statistically significant, positive, and small association with maternal rejection only. Lastly, maternal rejection and paternal rejection were significantly and moderately correlated. These results pertain to bivariate associations that do not account for the dyadic nature of the data.

Paired samples *t* tests were conducted as additional preliminary analyses to examine sex differences in the focal variables. Results showed that mothers scored higher than fathers in depressive symptoms, but this difference was not statistically significant,  $t(80) = 1.17$ ,  $p = .245$ ,  $d = .13$ . Mothers had statistically significantly higher scores than fathers on rejection,  $t(80) = 4.32$ ,  $p < .001$ ,  $d = .48$ . A Wilcoxon signed-rank test was used to compare mothers' scores and fathers' scores on harsh parenting because the distributions were positively skewed (i.e.,  $z$  scores for skew were 3.95 for mothers and 4.05 for fathers). Results indicated statistically significantly higher reports of harsh parenting among mothers compared with fathers,  $z = 2.27$ ,  $p = .023$ ,  $r = .25$ . To account for nonnormality of residuals in the depressive symptoms and harsh parenting variables, succeeding models were estimated using robust maximum-likelihood estimator (MLR) in MPlus.

### Primary Analyses

Figure 1 shows results of the APIM. The inclusion of covariances between mothers' variables and fathers' variables resulted in a saturated model; therefore, no fit indices were calculated. For harsh parenting, there was a statistically significant actor effect of fathers' depressive symptoms on their own reports of harsh parenting ( $B = 0.11$ , 95% CI [0.03, 0.19],  $p = .006$ ). Specifically, a point increase in fathers' depressive symptoms was associated with a 0.11-point increase in harsh parenting score, controlling for child sex

TABLE 2  
Bivariate Correlations and Descriptive Statistics

Variable	1	2	3	4	5	6
1. Mother: depressive symptoms	—					
2. Mother: harsh parenting	.19	—				
3. Mother: rejection	.27*	.16	—			
4. Father: depressive symptoms	.14	-.03	.22 <sup>†</sup>	—		
5. Father: harsh parenting	.09	.01	.16	.36**	—	
6. Father: rejection	.16	.09	.29**	.31**	.11	—
<i>M</i>	5.30	1.64	3.15	4.65	1.14	2.70
<i>SD</i>	3.93	1.45	0.84	3.59	1.22	0.73
<i>Minimum value</i>	0.00	0.00	1.00	0.00	0.00	1.00
<i>Maximum value</i>	17.00	7.00	4.86	18.00	5.00	4.43

Note.  $N = 81$  dyads (162 individuals).

<sup>†</sup> $p = .05$ , \* $p < .05$ . \*\* $p < .01$ .

and the partner effect of mothers' depressive symptoms. By contrast, the actor effect of mothers' depressive symptoms on their own harsh parenting was not statistically significant ( $B = 0.07$ , 95% CI  $[-0.02, 0.16]$ ,  $p = .115$ ). There were no statistically significant partner effects, and effect sizes for partner effects indicate small associations of parents' depressive symptoms with harsh parenting. In particular, a point increase in mothers' depressive symptoms and fathers' depressive symptoms was associated with only a 0.01-point change in their partners' harsh parenting score, controlling for child sex and actor effects.

For rejection, the actor effects of each parent's depressive symptoms on their own reports of rejection were statistically significant. For mothers, a point increase in their depressive symptoms score was associated with a 0.05-point increase in their own rejection score, controlling for child sex and the partner effect of fathers' depressive symptoms ( $B = 0.05$ , 95% CI  $[0.01, 0.10]$ ,  $p = .011$ ). For fathers, a point increase in their depressive symptoms score was associated with a 0.06-point increase in their own rejection score, controlling for child sex and the partner effect of mothers' depressive symptoms ( $B = 0.06$ , 95% CI  $[0.02, 0.10]$ ,  $p = .002$ ). The partner effects on rejection were not statistically significant, and effect sizes for partner effects on rejection similarly indicate small associations with depressive symptoms. Specifically, a point increase in mothers' depressive symptoms and fathers' depressive symptoms was associated with only a 0.02 to 0.03 increase in their partners' rejection score, controlling for child sex and actor effects.

Due to the significant differences in scores on focal outcomes according to child sex, post hoc multiple group analyses were performed to determine whether the paths in the model significantly differed according to child sex. An APIM was tested in which the actor effects, partner effects, and covariances were allowed to vary for boys and girls. This unconstrained model was compared to a model in which all parameters were constrained

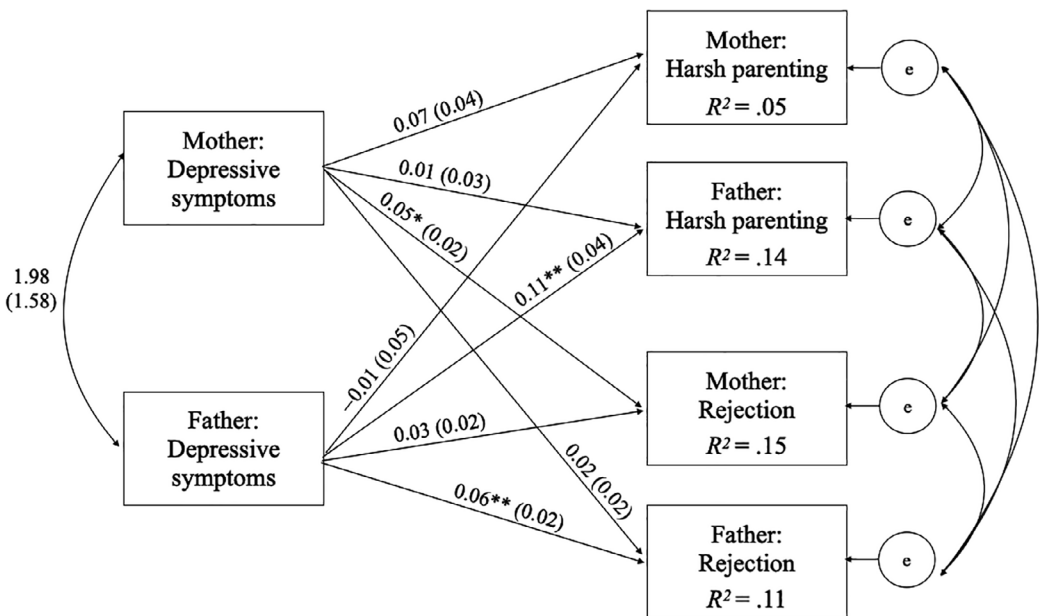


FIGURE 1. APIM predicting mothers' harsh parenting and rejection and fathers' harsh parenting and rejection. Numbers shown are unstandardized estimates (numbers in parentheses are standard errors). The model included paths from child sex as a covariate and included error correlations, but these estimates are not shown. \* $p < .05$ , \*\* $p < .01$ .

to be equal for boys and girls. A chi-square difference test indicated that the constrained model did not differ significantly from the unconstrained model,  $\Delta\chi^2(11) = 15.56, p = .16$ , suggesting invariance of the path models for boys and girls.

## DISCUSSION

This study incorporates a family systems perspective in examining dyadic relations between Filipino parents' depressive symptoms and negative parenting behaviors. Given depictions of the Filipino family as highly interdependent (Alampay, 2014; Carandang, 1987; Morillo et al., 2013), the study examined whether a parent's depressive symptoms would be associated not only with their own parenting behaviors, but also with their partner's parenting behaviors. The study found support for within-person relations of depressive symptoms to maternal rejection and paternal harsh parenting and rejection, but not for cross-person relations to harsh parenting and rejection.

Preliminary analyses indicate that mothers and fathers reported comparable levels of depressive symptoms and that mothers reported higher levels of harsh parenting and rejection than fathers. These results are consistent with the common depiction of Filipino mothers as the primary caregivers who are responsible for the day-to-day management and discipline of children (Alampay, 2014; Carandang, 1987). In this study, 86% of the mothers reported being primarily responsible for taking care of the target child's daily activities, whereas only 5% of the fathers reported being primary caregivers of the target adolescent child. Other findings from this study suggest that mothers are more present in the home compared with fathers. In particular, details about parents' employment show a lower percentage of mothers that were employed full-time compared with fathers. Given that mothers in this study most likely spend more time with their children compared with the fathers, it is unsurprising that mothers have higher scores in measures of parenting, including harsh parenting and rejection.

Consistent with the hypothesis on within-person relations, findings showed statistically significant actor effects of mothers' depressive symptoms and fathers' depressive symptoms on their own rejecting behaviors. In particular, each parent's depressive symptoms were positively associated with their own reports of rejection toward their adolescent child. Results also indicate a statistically significant actor effect of fathers' depressive symptoms on their own harsh parenting. These findings contribute to the robust evidence linking parental depressive symptoms to negative parenting behaviors (Cheung & Theule, 2019; Lovejoy et al., 2000; Rueger et al., 2011), using a novel sample of low-income Filipino mothers and fathers. Depressive affect may contribute to harsh and rejecting parenting behaviors because it plays a role in the interrelated emotional, cognitive, and motivational processes that shape parenting behaviors (Dix & Meunier, 2009). For example, parents with higher levels of depression are more likely to attribute their children's negative behaviors to stable child characteristics, experience negative emotions toward parent-child interactions, report a lower sense of parenting efficacy, and evaluate harsh and punitive parenting more favorably (Dix & Meunier, 2009). In addition, parents with higher levels of depression may be more likely to perceive themselves and the parent-child interaction negatively (Dix & Meunier, 2009; Rueger et al., 2011). This cognitive bias associated with negative affect may partly explain the significant effects in this study, given that the parents reported on their own depressive symptoms and behaviors.

The nonsignificant actor effect of maternal depressive symptoms on their own harsh parenting was unexpected. Although mothers reported greater use of harsh discipline than fathers, the relation between depressive symptoms and harsh parenting was statistically significant only for fathers. Further, although mothers' scores on harsh parenting increased with higher reports of depressive symptoms, the effect size was small. This

finding is inconsistent with a large body of evidence linking maternal depression with harsh, coercive, and punitive parenting (Conger et al., 2010; Vreeland et al., 2019; White et al., 2019) and risk for child abuse (Kelley et al., 2015). A previous study with Filipino mothers found that harsh strategies such as physical punishment are more often used with younger than older children (Ochoa, 2014). The relation between depressive symptoms and harsh parenting might have been weak in our sample of mothers who were parents of adolescents, and stronger associations might be observable with mothers of younger children. Moreover, it is possible that other affective, cognitive, or child-related factors predict Filipino mothers' use of harsh parenting. For example, previous studies that included samples of Filipino mothers found that irritability, child externalizing behavior, and favorable evaluations of aggressive responses to child misbehavior predict maternal harsh parenting and aggression (Di Giunta et al., 2020; Garcia & Alampay, 2012; Lansford, Woodlief, et al., 2014). Nonetheless, the findings underscore the need to pay particular attention to fathers' psychological health in efforts to discourage their use of harsh parenting.

Cross-person effects were expected given the purported high level of interdependence within Filipino families, such that the stress of one family member affects all other members of the family (Carandang, 1987). Contrary to this hypothesis, the partner effects of depressive symptoms on harsh parenting and rejection were not statistically significant and had a small effect size. There are several potential explanations for these findings. First, there might have been unmeasured factors that mediate the relation between a parent's depressive symptoms and their partner's parenting, such as perceptions of couple interactions and conflict (Ponnet et al., 2016; Sutton et al., 2017). Second, partner effects may be more likely to emerge in other parenting behaviors that are particularly relevant during adolescence, such as parental monitoring and parent-child communication. Third, given that some families in the study reported living with extended family members, the partner effects may have been diffused to other members of the family who are involved in parenting the adolescent. Fourth, the low levels of depression reported by the parents in this study and the low power to detect statistically significant partner effects could partly explain the nonsignificant effects. Further empirical studies with larger sample sizes are needed to systematically examine the role of the abovementioned factors in parent-adolescent interactions within Filipino families.

## Study Limitations and Contributions

This study has several limitations that should be noted. First, the analysis focused on mother and father dyads within low-income Filipino families with adolescent children from three urban communities. Therefore, the results show parenting patterns that are not generalizable to all family settings in the Philippines. For example, the role of extended family members as risk and protective factors were not taken into consideration in the analyses, and should be examined in future studies. Second, the sample is small and had low power to detect statistically significant partner effects; thus, future studies with a larger and more representative sample should be conducted to support the findings of this study. Third, the study is cross-sectional, and future investigations with longitudinal data are needed to determine the directionality of the pathways between depressive symptoms, harsh parenting, and rejection. Fourth, self-reports were used for all the measures, and this could contribute to the overestimation of actor effects. Using child reports for parenting behaviors, or incorporating observational measures, could help address this limitation in future investigations. Fifth, the study focused on depressive symptoms because of the consistent evidence showing that this is a key risk factor for negative parenting behaviors. Future studies should investigate several other factors that may

contribute to low-income Filipino couples' parenting behaviors, such as financial stress, neighborhood factors, couple interactions, parenting attitudes, and child characteristics. Lastly, the study did not include data from adolescent children and did not examine how negative parenting behaviors may be associated with adolescent outcomes. Future studies should extend the study's model such that direct and indirect pathways from parenting behaviors to adolescent behaviors are examined.

Despite these limitations, this study has several contributions to the existing parenting literature. To the author's knowledge, this study is one of the first to employ a dyadic analysis in examining parenting behaviors of Filipino mothers and fathers of adolescents. Results indicated that mothers report higher use of harsh parenting and rejection than fathers, suggesting that they play a salient role in the parenting and discipline of adolescent children. The findings also contribute to the robust evidence linking parental depressive symptoms to negative parenting behaviors, with a novel sample of couples residing in low-income urban communities in the Philippines. In particular, the study found evidence for the positive relation of parents' own depressive symptoms to their rejecting parenting behaviors, and a positive relation of fathers' own depressive symptoms to their harsh parenting. Further, the findings support recent calls to move beyond mother-centric models when examining parenting behaviors (Cabrera, Volling, & Barr, 2018). In the Philippine context, the extension of models on parenting could consider not only the role of fathers, but also the role of alternative caregivers, such as grandparents, siblings, and relatives. With respect to clinical implications, the results reiterate the important role of both fathers' psychological well-being and mothers' psychological well-being in contributing to negative parenting behaviors. Therefore, clinicians working with Filipino families should be cognizant of the negative implications of poor mental health not only on individual functioning but also on parent-child interactions. Lastly, the findings of this study highlight the benefits of developing community- and family-based interventions aimed at enhancing caregivers' psychological health and the need to improve access to mental health services, particularly in low-income communities.

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