

**Role of Resilience in the Social Competence and Psychological Well-being of Adolescents
with Single Parents**

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Abstract

The current study investigated the role of resilience in the relationship between single-parent adolescents' social competence (SC) and psychological well-being (PWB). A total of 385 single-parent adolescents from Kerala (179 boys and 206 girls, Mean age=15.03, SD = 1.45) were selected using a convenient sampling method. 185 participants (48.1%) were from single-parent families due to the death of one parent, and the other 200 participants (51.9%) were from single-parent families due to divorce or separation. Data were collected using self-reported measures for social competence, resilience, and psychological well-being. Analysis of the data was performed using IBM SPSS and AMOS version 24. The results indicated that social competence and resilience are significantly correlated with the psychological well-being of single-parent adolescents. According to the findings, resilience completely mediates the linkage between SC and PWB. When compared to adolescents who experienced parental divorce or separation, those who lost one parent due to death reported higher levels of social competence, resilience, and psychological well-being. Except for antisocial behavior, one of the dimensions of social competence, adolescents from divorced or separated family backgrounds scored low on all other scales. No gender difference is identified in any of the variables in the present study. Adolescents living with grandparents and those who have siblings significantly differ from others. The findings have clinical as well as educational implications.

Keywords: Single-parent adolescents, social competence, resilience, psychological well-being

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Adolescence is a critical period of development in human life, and it is the period that forms the foundation for future emotional, psychological and social interactions and relationships.

It is considered as the phase of life when people encounter a sequence of changes physically, emotionally, and psychologically (Santrock, 2004). The nature and quality of future lives of young people depend mostly on how well adolescents navigate this transition. Adolescents are the future of all societies, and it is critical to focus on their mental health and well-being. World Health Organization and UNICEF (2019) define adolescence as a “unique phase of life between childhood and adulthood, age ranging from 10 to 19. This period of development is significant for setting the grounds of good physical and mental health.” Adolescence is a critical period characterized by different biological, emotional, and psychological changes and development which attracts the attention of different fields of study. In addition to puberty, adolescents undergo multiple transitions in this period involving parent-child relationships, school environments, peer interactions, and cognitive and emotional abilities. These transitions are significant because they actually shape the maturity of cognition, emotion, and behavior for their later life circumstances (Ben-Zur, 2003).

There is an increase in the reported occurrences of psychiatric and behavioral problems in Indian adolescents. Parental conflicts and strained family environments are identified as one of the risk factors for emotional and behavioral disorders among adolescents in India, which appeared to be similar to other International studies. Furthermore, parental involvement, family well-being, and coping skills are identified as some of the protective factors for adolescents’ mental health (Aggarwal & Berk, 2015). Since adolescents deal with different crises in their transition and development, it is important to focus on and promote their well-being and mental health as well as maintain and modify the protective factors for adolescents’ well-being. Adolescents’ happiness and better mental health are vital in this

transition period because a blissful shift from adolescence into adulthood is important for their ability to manage and cope with later negative events in their life (Özdemir, 2012).

The role of parents is very significant in this point of development. This stage of life demands the attention of both the parents and other family members in strengthening the values learned from family and peer interactions. To lead them toward better mental health, parents can contribute more in terms of guiding them and showing them good-quality behavior and social interactions. What they learn in this period will have an impact on their behavior in the future. This is why every parent has a huge responsibility to lead them to the right path in this significant development period. The quality of time spent with children can influence their way of thinking and actions. Researches show that both the mother and father contribute equally to the well-being of the child. Parents are responsible for building a sense of empathy, cooperation, communication skills, and resilience in their children. All these can result in better psychological well-being, and this requires proper communication within the family setting not only with the father and mother but also with other family members too.

Adolescents who live without one parent can critically affect in different ways. Compared to children of the same age, they lack parental interactions from both parents and proper family interaction with other family members. Various studies suggest that children living in single-parent households are more prone to behavioral and emotional instabilities. Since we consider this stage as a critical period of human development and a significant relationship capable of predicting an individual's emotional and social characteristics later in life, we must study adolescents' psychological well-being with single parents. Researchers have already explored single mothers' and fathers' mental health and well-being. They rarely mentioned the well-being and its contributing factors among children in single-parent families and so that it is important to look into this matter.

When single parent raises children and adolescents, they appear to be more vulnerable to problem behavior. Children in single-parent households have lower school achievement, impaired social development, aggression, difficulty getting along with their parents, and more delinquent behavior. Children from single-parent households are also more likely to develop psychiatric issues such as behavioral issues, depressive symptoms, anxiety, and suicidal thoughts or attempts (Haimi & Lerner, 2016; Amato & Keith, 1991; Amato, 2000; Amato & Sobolewski, 2001). Children from divorced families have more psychological and adjustment issues than two-parent families. The psychological distress of single parents negatively influences their children's well-being, social adjustment, and competence (Jurma, 2015).

Psychological Well-being (PWB)

The term psychological well-being (PWB) can refer to various concepts, most of which are associated with wellness. The concept of psychological well-being discusses both interpersonal and intrapersonal attitudes of positive operations that can embrace different interactions with others and the environment. According to Bhogle & Prakash (1995), personal control, social support, the absence of tension, and general efficiency are all components of psychological well-being. In 1988, Carol Ryff introduced a six-dimension model for well-being with the components personal growth, positive relation with others, purpose in life, self-acceptance, autonomy, and environmental mastery. Psychological well-being has been conceptualized as a eudaimonic approach to happiness by researchers who have studied it (Ryan & Deci, 2001; Keyes, Shmotkin, & Ryff, 2002). Numerous factors can directly influence psychological well-being. Multiple factors like parenting, social interactions, and social competence can affect psychological well-being. Empathy, self-control, resourcefulness, and affective approach were discovered to be the best predicting

factors of adolescent PWB, as were social support appraisals from friends and family (Leme et al., 2015).

In general, social competence is defined as the capability to build and maintain positive social outcomes effectively and peer relationships through managing personal and environmental resources (Boyom & Parke, 1995; Ladd, 1999). Rubin and Rose-Krasnor (1992) defined social competence as “the ability to achieve personal goals in social interaction while maintaining positive relationships with others over time and across situations.” Researchers suggest that adolescent social competence can benefit PWB and educational and cognitive development. (Ladd, 1999). Children attain social skills or manifest skill deficits from early family socialization processes.

Prosocial and antisocial behavior are the two primary dimensions of social competence (Junttila, Voeten, Kaukiainen, & Vauras, 2006). Cooperation skills and empathy, comprise both behavioral and emotional aspects of social skills. It denotes the skill to express and successfully interconnect positive feelings and emotions. Cooperating skills significantly predict an individual's PWB (Junttila & Vauras, 2009). The absence of antisocial behavior, which explicitly prohibits impulsive and disruptive behavior, is the other dimension of social competence. Antisocial behavior has adverse social consequences, intentional or unintentional. These consequences can be directed toward others or expressed as self-harming behavior (Bear & Nietzel, 1991). Reduced social skills were found more common in children whose families had been disrupted by marital discord, divorce, and dysfunctional behaviors such as parental depression, child abuse, and so on (Parke & Ladd, 1992).

Social competence could be one significant predictor of an individual's mental health and well-being (Junttila et al., 2007; Mazza et al., 2010; Segrin et al., 2007; Segrin & Taylor, 2007) specifically, cooperating skills (Junttila & Vauras, 2009; Holopainen et al., 2012).

Socially competent children are more likely to report better psychological well-being and higher academic achievement (Orpinas, P, 2010; Demirci, I., 2020). Several studies reported a negative association between social skills and depression where it is positively related to life satisfaction. People with better social skills seem to rate their life experiences as less stressful than people with poor social skills. This explains the positive association between social skills and psychological well-being. (Segrin et al., 2007). Those who are unable to maintain close relationships with others may experience mental health issues, discontinuation from school, poor academic performance, and unsatisfactory employment records (Lane & Carter, 2006; Mazza, et al; Segrin, et al, 2007). Developing a strong sense of social and emotional competence is critical for children's well-being (Barblett & Maloney, 2010). Based on these findings, the following hypotheses were formed.

H1: Prosocial dimension of social competence will be positively related to the psychological well-being of single-parent adolescents

H2: Antisocial dimension of social competence will be negatively related to the psychological well-being of single-parent adolescents

PWB is influenced by personal characteristics such as resilience (Souri & Hasanirad, 2011). Studies revealed that resilience could predict psychological well-being. Compared to other children of the same age, children of single-parent are going through a difficult time and trauma. The concept of resilience is significant when looking into their psychological well-being. Individuals' resilience refers to their ability to cope with stress and disaster. In addition to dealing with past and current adversity, resilience indicates a characteristic resistance to future adversity (Annalakshmi, 2011). Resilience is effective in improving psychological well-being (Fredrickson, 2001). Previous reviews suggest a positive correlation between resilience and PWB among middle and late adolescents (Sagone & De Caroli, 2014;

Rodríguez,2018). Studies also show a negative association between resilience and negative mental health indicators and a positive correlation between resilience and predictors of mental health (Hu, Zhang & Wang, 2015).

Resilience has a direct impact on SWB and is critical to emphasize that resilience is a strong predictor for positive affect, which is followed by life satisfaction. People's observations of their ability to overcome adversity are among the most important factors influencing their sense of personal well-being. As a result, a greater sense of resilience leads to positive evaluation of personal life and prompts more positive and reduced negative emotions. Hence, resilience impacts adolescent personal adaptation (Rodríguez-Fernández, Ramos-Díaz & Axpe, 2018). Resilient people can generally maintain their physical and psychological health and recover faster from stressful events.

From the light of these reviews, the following hypotheses were formulated.

H3: Resilience will be positively related to the psychological well-being of single-parent adolescents

H4: The relationship between social competence and psychological well-being will be mediated by resilience

H4a: The relationship between prosocial behavior and psychological well-being will be mediated by resilience

H4b: The relationship between antisocial behavior and psychological well-being will be mediated by resilience

H5: There will be no significant difference between male and female adolescents in terms of social competence, resilience, and psychological well-being.

H6: There will be no significant difference between adolescents from different backgrounds (whether one parent is absent due to death or divorce/separation) in terms of social competence, resilience, and psychological well-being.

H7: There will be no significant difference between adolescents having and not having siblings in terms of social competence, resilience, and psychological well-being.

H8: There will be no significant difference between adolescents living with grandparents and living separately in terms of social competence, resilience, and psychological well-being.

Many studies were conducted among single parents regarding their psychological, social, and emotional aspects and well-being (Walker & Hennig, 1997; Hetherington, 2003; Weitoft, Hjern, Haglund & Rosén, 2003; Bradshaw, Keung, Chzhen, Nieuwenhuis, & Maldonado, 2018; Rani, 2006; Pujar, Chanda & Hittalamani, 2018; Chavan, 2018; Swain & Pillai, 2005; Mishra, Thamminaina & Mishra, 2021; Daniel, 2021) but there is an urgent need for extending these concerns to the children who live with a single parent because the factors that they are struggling with have a potential to lead them to many adverse life circumstances and psychological consequences.

Considering adolescence as the crucial period of development and the drastic emotional and psychological changes associated with it, the involvement of both the parents and family dynamics is irreplaceable. Adolescents form and improve all kinds of communication and interpersonal dynamics by observing, imitating, and validating with their parents and closed ones. This is however very significant in establishing the concepts like communication, competence, empathy, resilience, etc. Lacking any of the parental figures could be a trauma for the children, especially during adolescence, and the impact of it on their behavioral and psychological processes should be addressed. Prior studies have mentioned

the behavior issues of children with single parents (Moore et al., 2006), and there is an increased need to focus on their well-being and mental health for better living.

Most of the previous studies were focused either on the well-being of single parents, especially single mothers or the negative impact of single parenting on adolescents. Apart from that it's high time to focus on the psychological well-being and mental health of adolescents who lives within single-parent household, because finding the predictors or the contributors of well-being can only improve these children's well-being and reduce the risk of behavioural and psychological consequences. We already know the behavioural and psychological issues of adolescents in single-parent household, and it's time to identify and enhance the factors that can improve their overall health. So the focus of this study will be psychological well-being and its associated factors among adolescents living with single parents.

Method

Research Design

The study used a cross-sectional correlational research design. Standardized questionnaires were used for data collection.

Participants

Table 1 shows the demographic information for the study participants. This study included 463 single-parent adolescents aged 13-17 (225 boys and 238 girls) from Kerala. Due to missing data, 78 participants were excluded, resulting in a final sample of 385 adolescents (179 boys and 206 girls). A convenient sampling technique was used to select participants.

Table 1*Participants' Demographics*

| Demographic details | N | % |
|------------------------------------|-----|------|
| <i>Gender</i> | | |
| Male | 179 | 46.5 |
| Female | 206 | 53.5 |
| <i>Reason for single-parenting</i> | | |
| Death | 185 | 48.1 |
| Separation/Divorce | 200 | 51.9 |
| <i>Residential area</i> | | |
| Rural | 273 | 70.9 |
| Urban | 112 | 29.1 |
| <i>Siblings</i> | | |
| With siblings | 247 | 64.2 |
| Without siblings | 138 | 35.8 |
| <i>Living with grandparents</i> | | |
| Yes | 173 | 44.9 |
| No | 212 | 55.1 |

Measures

The study adopted a self-reported measure comprised of four questionnaires, including a socio-demographic data sheet.

Multisource Assessment of Children's Social Competence Scale (Junttila et al., 2006). This measure was developed by Junttila, N., Voeten, M., Kaukiainen, A., & Vauras, M. in 2006 with 15 items. This scale includes four social competence factors: Cooperation abilities and Empathy (8 items) were used to evaluate the pro-social dimension. Impulsivity and Disruptiveness (7 items) were used in conjunction to assess the antisocial aspect of social competence. Responses were given from 1 (not at all) to 4 (very much) for all 15 items. The score range for the pro-social dimension was 1-32, where a low score indicates less pro-social

behavior and a high score indicates high pro-social behaviour. The score range for the antisocial dimension was 1-28, where a low score indicates less antisocial behavior and a high score indicates high antisocial behaviour.

Ryff's Psychological Well-Being Scale (Ryff & Keyes, 1995). Carol D. Ryff originally developed the scale with 42 items and six subscales. The present study used a shortened 18-item version (Ryff & Keyes, 1995). The scale comprised six aspects of well-being: “personal growth, positive relationships with others, purpose in life, self-acceptance, autonomy, and environmental mastery”. Respondents rated how strongly they agree or disagree with 18 statements on a 7-point scale. (1 = “strongly agree”; 7 = “strongly disagree”). The score range for the 18-item version is 18-126, where a low score indicates less psychological well-being and a high score indicates high psychological well-being.

Brief Resilience Scale- BRS (Smith, B. W. et al.,2008). Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. developed this scale in 2008. This measure includes six items and responses ranging from 1 (strongly disagree) to 5 (strongly agree). The score range for the scale were 6-30, where a low score indicates less resilience and a high score indicates high resilience.

Statistical Analysis

Frequencies, percentages, mean, and standard deviation were used for the primary data analysis. The Pearson product-moment correlation was used to analyze the relationship between the study variables. For further analyses, moderation and mediation tests were conducted. All analyses were carried out using IBM SPSS and AMOS version 24.

Results

The description of the study variables shows (Table 2) that the average psychological well-being reported by adolescents was 83.82 (SD=10.14). The mean prosocial behavior, antisocial behavior, and resilience were 24 (SD=3.6), 13.2 (SD=3.8), and 3.08 (SD=0.54), respectively. The values for skewness and kurtosis were calculated and found to be in the limits of -1.96 to +1.96 (-1.33 to 1.243 for skewness and -0.673 to 1.622 for kurtosis), indicating that the normality assumptions were met. The skewness and kurtosis values obtained are less than two, indicating that the data is standard. (Curran et al., 1996).

Table 2

Descriptive Statistics of Social Competence (SC), Resilience (R), and Psychological Well-being (PWB) (N=385)

| | SC | | R | PWB |
|-------------|-----------|------------|------|--------|
| | Prosocial | Antisocial | | |
| Mean | 23.64 | 13.20 | 3.08 | 83.82 |
| SD | 3.6 | 3.8 | 0.54 | 10.14 |
| Minimum | 10 | 7 | 1 | 52 |
| Maximum | 32 | 24 | 5 | 112 |
| Scale range | 8-32 | 7-28 | 6-30 | 18-126 |

The product-moment correlation results (Table 3) suggest that the dimensions of SC significantly correlate to overall PWB. Considering the dimensions of SC, the prosocial dimension shows a significant positive correlation with overall PWB ($r=.210$, $p<0.01$) as well as with dimensions like personal growth ($r=.192$, $p<0.01$), positive relation with others ($r=.188$, $p<0.01$), and self-acceptance ($r=.270$, $p<0.01$), supporting the hypothesis H1. The antisocial dimension of SC is inversely related to overall PWB ($r=-.173$, $p<0.01$) as well as to dimensions like personal growth ($r=-.165$, $p<0.01$), positive relation with others ($r=-.162$, $p<0.01$), and self-acceptance ($r=-.233$, $p<0.01$), supporting the hypothesis H2. Resilience is

significantly and positively correlated to overall PWB ($r=.217, p<0.01$) as well as to dimensions like personal growth ($r=.153, p<0.01$), positive relation with others ($r=.212, p<0.01$), self-acceptance ($r=.259, p<0.01$), and autonomy ($r=.115, p<0.05$), supporting the hypothesis H3. Considering the dimensions of SC, resilience is significantly and positively correlated with prosocial behavior ($r=.355, p<0.01$) and inversely correlated to the antisocial dimension of SC ($r=-.234, p<0.01$).

Table 3*Correlation Matrix of Study Variables*

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------------|---------|---------|---------|--------|--------|--------|--------|--------|------|----|
| 1 Psychological well-being | 1 | | | | | | | | | |
| 2 Prosocial behavior | .210** | 1 | | | | | | | | |
| 3 Antisocial behavior | -.173** | -.386** | 1 | | | | | | | |
| 4 Resilience | .217** | .355** | -.234** | 1 | | | | | | |
| 5 Personal growth | .618** | .192** | -.165** | .153** | 1 | | | | | |
| 6 Positive relations | .462** | .188** | -.162** | .212** | .215** | 1 | | | | |
| 7 Propose in life | .467** | .033 | -.032 | .048 | .109* | .170** | 1 | | | |
| 8 Self-acceptance | .594** | .270** | -.233** | .259** | .375** | .316** | .166** | 1 | | |
| 9 Autonomy | .524** | .076 | -.060 | .115* | .418** | .181** | .203** | .204** | 1 | |
| 10 Environmental mastery | .444** | -.074 | .089 | -.068 | .196** | -.006 | -.049 | .150** | .065 | 1 |

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

* . Correlation is significant at the 0.05 level (2-tailed).

The current study investigated the role of resilience in mediating the relationship between SC and PWB. The results revealed a significant indirect effect of prosocial behavior on PWB through resilience ($b=.098, t= 2.512, p= .005$), supporting hypothesis H4a. Hence,

resilience partially mediates the relationship between prosocial behavior and PWB.

Analyzing the mediating role of resilience on the relationship between the antisocial dimension of social competence and PWB, a significant indirect effect was found ($b = -.039$, $t = -1.625$, $p = .025$) supporting hypothesis H4b. Hence, resilience fully mediates the relationship between antisocial behavior and PWB. The mediation analysis summary is presented in table 4.

Table 4

Mediation Analysis Summary

| Relationship | Direct effect | Indirect effect | Confidence level | | p | Conclusion |
|---------------|---------------|-----------------|------------------|-------------|-------|-------------------|
| | | | Lower bound | Upper bound | | |
| Pro→Res→ PWB | .246* | .098 | .032 | .191 | .005* | Partial mediation |
| Anti→Res→ PWB | -.201 | -.039 | -.101 | -.004 | .025* | Full mediation |

* $p < 0.05$

Independent sample *t*-test were used to test the significant difference in terms of study variables on the basis of gender. The result shows there is no significant difference between male and female adolescents in terms of social competence, resilience, and psychological well-being. The findings support the hypothesis, hence H5 is accepted. In the case of two groups of single-parent adolescents, ie, adolescents under single-parenting due to the death of one parent and adolescents under single-parenting due to divorce or separation, results show there is a significant difference. Adolescents who lost one parent to death experience a greater sense of prosocial behavior, resilience, and psychological well-being when compared to adolescents under single-parenting due to divorce or separation. Furthermore, adolescents who experienced divorce or separation from their parents have increased antisocial behavior. Hence H6 was rejected. Adolescents without siblings reported high antisocial behavior and

resilience when compared to adolescents having siblings. Furthermore, adolescents living with grandparents reported higher resilience and psychological well-being. It also found that single-parent adolescents that are not living with grandparents experience a greater sense of antisocial behavior. Hence hypotheses H7 and H8 are partially accepted. The analysis summary is presented in Tables 5 to 8.

Table 5

Mean, SD and T-value of Prosocial Behavior (Pro), Antisocial Behavior (Anti), Resilience and Psychological Well-being (PWB) with Respect to Gender

| | Gender | N | Mean | SD | t-value |
|------------|--------|-----|-------|-------|---------|
| Pro | Male | 179 | 19.81 | 5.94 | -.101 |
| | Female | 206 | 19.87 | 6.25 | |
| Anti | Male | 179 | 15.74 | 5.62 | 1.480 |
| | Female | 206 | 14.89 | 5.62 | |
| Resilience | Male | 179 | 2.59 | .83 | .009 |
| | Female | 206 | 2.59 | .78 | |
| PWB | Male | 179 | 79.15 | 11.81 | .566 |
| | Female | 206 | 78.42 | 13.08 | |

Table 6

Mean, SD and T-value of Prosocial Behavior (Pro), Antisocial Behavior (Anti), Resilience and Psychological Well-being (PWB) With Respect to Group (Group1-Death, Group2-Divorce/Separation)

| | Group | N | Mean | SD | t-value |
|------------|---------|-----|-------|-------|----------|
| Pro | Group 1 | 185 | 23.62 | 3.83 | 14.531* |
| | Group 2 | 200 | 16.35 | 5.72 | |
| Anti | Group 1 | 185 | 12.57 | 3.49 | -10.279* |
| | Group 2 | 200 | 17.81 | 6.05 | |
| Resilience | Group 1 | 185 | 2.99 | .62 | 10.700* |
| | Group 2 | 200 | 2.22 | .77 | |
| PWB | Group 1 | 185 | 82.38 | 10.40 | 5.691* |
| | Group 2 | 200 | 75.41 | 13.34 | |

*p<0.05

Table 7

Mean, SD and T-value of Prosocial Behavior (Pro), Antisocial Behavior (Anti), Resilience and Psychological Well-being (PWB) With Respect to Sibling Status

| | Siblings | N | Mean | SD | t-value |
|------------|------------------|-----|-------|-------|---------|
| Pro | With siblings | 247 | 19.46 | 6.10 | -1.672 |
| | Without siblings | 138 | 20.54 | 6.05 | |
| Anti | With siblings | 247 | 14.72 | 5.30 | -2.671* |
| | Without siblings | 138 | 16.31 | 6.06 | |
| Resilience | With siblings | 247 | 2.55 | .75 | -3.595* |
| | Without siblings | 138 | 2.85 | .81 | |
| PWB | With siblings | 247 | 65.72 | 17.99 | 1.708 |
| | Without siblings | 138 | 62.09 | 23.16 | |

*p<0.05

Table 8

Mean, SD and T-value of Prosocial Behavior (Pro), Antisocial Behavior (Anti), Resilience and Psychological Well-being (PWB) With Respect Whether Living With Grandparents or not

| | Living with Grandparents | N | Mean | SD | t-value |
|------------|--------------------------|-----|-------|-------|---------|
| Pro | Yes | 173 | 19.97 | 6.03 | .353 |
| | No | 212 | 19.75 | 6.17 | |
| Anti | Yes | 173 | 14.52 | 5.37 | -2.430* |
| | No | 212 | 15.91 | 5.77 | |
| Resilience | Yes | 173 | 2.77 | .73 | 2.669* |
| | No | 212 | 2.56 | .82 | |
| PWB | Yes | 173 | 69.70 | 17.24 | 4.802* |
| | No | 212 | 60.11 | 21.15 | |

*p<0.05

Discussion

The study's goal was to understand the relationship between social competence and psychological well-being and the role of resilience in this relationship among single-parent adolescents. According to the correlation analysis results, the positive aspect of social competence, ie, prosocial behavior is positively and significantly correlated with the overall psychological well-being of single-parent adolescents. Antisocial behavior shows a significant negative correlation to psychological well-being. The role of cooperating skills, one of the components of prosocial behavior, and the connection to well-being was mentioned by researchers in the past. Several pieces of literature mentioned that social competence in adolescents can be a better predictor of psychological and subjective well-being (Junttila & Vauras, 2009; Holopainen et al., 2012; Orpinas, P, 2010; Demirci, I., 2020). Present results can be an extension of these findings. Resilience was also found to be positively correlated with the prosocial dimension of social competence as well as psychological well-being. Similar results were reported by several researchers. Resilience is reported as one of the influencing factors of mental health and well-being especially in middle and late adolescents (Sagone & De Caroli, 2014; Rodríguez, et al., 2018; Hu, Zhang & Wang, 2015).

Furthermore, the results demonstrate that resilience partially mediates the relationship between the prosocial dimension of SC and PWB and fully mediates the relationship between the antisocial dimension of SC and PWB among single-parent adolescents, lending support to the hypothesis. Prosocial behavior is the key to adolescents' well-being according to a study by Li, et al (2021). In past years, various studies reported a positive correlation of resilience with positive aspects of well-being and mental health, with improving resilience among single-parent adolescents, it is possible to enhance their sense of well-being.

In addition to that, *t*-tests were conducted to identify the differences in study variables based on socio-demographic characteristics. Initially, we tested the data on the basis of gender and no significant difference between male and female single-parent adolescents was found, supporting the hypothesis. The overall data were classified into two groups, Group 1 with adolescents under single-parenting due to the demise of any of the parents, and Group 2 with adolescents under single-parenting due to divorce or separation. The results show a significant difference between these two groups in all the dimensions of study variables. Except for the antisocial-behavior dimension of social competence, Group 1 experienced a greater level of prosocial behavior, resilience, and PWB. Group 2 reported high antisocial behavior than Group 1.

According to the findings, adolescents without siblings experience high antisocial behavior and resilience. Being a single child in a single-parent family is difficult and it can influence their thoughts and behavior. Lacking someone to share their thoughts and experiences can negatively result in their behavior. They may tend to express their sense of loneliness and frustration in terms of anger. According to research findings, the number of transitions a child had experienced was more strongly related to self-reported delinquent behavior than past or current family structure. Single-parent children are more aggressive, more submissive, and less assertive than their two-parent peers (Videon, 2002; Fomby & Cherlin, 2007; Usakli, 2013). Furthermore, single-parent adolescents living in the presence of grandparents reported higher resilience and psychological well-being. Having a grandparent around is a kind of relief for children especially when it comes to single-parent children. In most of the cases, single-parent, whether it is a single mother or single father, they may not get enough time to spend with their children. They will be busy in handling multiple jobs and other responsibilities and pressures. In such circumstances, having a grandparent around is a blessing for both the single-parent and the child. If there is a grandparent living with the

single-parent adolescent, for the child, there is always someone to communicate and share with. Several studies also mentioned that living with a grandparent can be protective for children in single-parent families, especially single-mother families and can enhance their sense of well-being (Dunifon & Kowaleski-Jones, 2017). The presence of grandparents in single-parent families can effectively contribute into the positive aspects of mental health and well-being of both the single-parent and their children.

Limitations and Recommendations

There are some limitations to the current study that should be mentioned. First, the study used a cross-sectional approach which limited our potential to infer causality in the relationships between the variables studied. Future studies could use more diverse research methods to validate the current study's findings. Second, since the measures in this research were self-reported, chances for social desirability bias are there. Furthermore, the present study is only based on the responses from adolescents. Future studies could include the responses from parents as well as teachers for a more detailed evaluation of presently obtained results. The sample size was small, and due to the Covid-19 pandemic, the researcher had trouble accessing the participants, which may have influenced the study's findings. A comparison between adolescents with single mothers and single fathers would give more detailed results, and the involvement of social support systems like support groups can be included in future research. Furthermore, a comparison of adolescents from intact family settings with single-parent adolescents will be helpful in identifying more characteristic changes and dynamics of single-parent adolescents and can be considered for future research. Finally, only one mediating factor was considered in the present study. But actually, there are other mediating as well as moderating variables out there that can cause an effect on the well-being of single-parent adolescents.

Implications

First, social competence, specifically the prosocial dimension of social competence and resilience is significantly associated with the psychological well-being of single-parent adolescents. Findings indicate that children who experienced parental divorce or separation show high antisocial behavior and low levels of resilience and psychological well-being. Resilience is a significant predictor of well-being, and improving resilience among these adolescents can protect and enhance their sense of well-being and happiness. Parents can help their children to enhance their cooperation skills and empathy which in turn improves their prosocial behavior that helps in better social competence and well-being outcomes.

The present study has further implications in educational settings also. School settings are the place where adolescents spent most of their time in this period. Therefore, teachers can help them to enhance their resilience, cooperation skills, empathy, and overall well-being by understanding their relationships as well as difficulties with parents or other family members. Involving them in activities and discussions can be helpful in reducing their aggression and antisocial behavior or any kind of rejection sensitivity. The findings can be useful for better understanding and management of adolescents in clinical settings also. A better understanding of the factors that affect the mental health and well-being of adolescents, especially in single-parent families will be helpful in maintaining and modifying those factors and improving wellness.

Conclusion

In summary, this study adds to previous studies on the PWB of single-parent adolescents. In conclusion, the present study identified significant relationships between SC, resilience, and PWB in single-parent adolescents. The findings specify that in single-parent adolescents, resilience acts as a partial mediator in the relationship between the prosocial

dimension of SC and PWB and fully mediates the relationship between the antisocial dimension of SC and PWB. Furthermore, adolescents who experienced parental divorce or separation reported less prosocial behavior, resilience, and psychological well-being and increased antisocial behavior. Single-parent adolescents without siblings reported increased antisocial behavior and resilience, whereas single-parent adolescents living with grandparents experience greater psychological well-being.

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