

THE HEALTHY LIFESTYLE OF ADOLESCENTS LIVING WITH THEIR SINGLE PARENTS

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Paper Received: 24.02.2023 / **Paper Accepted:** 03.04.2023 / **Paper Published:** 05.04.2023

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Abstract

The study aimed to determine the relationship between healthy lifestyle practices and adolescents raised by a single parent. It also identified healthy lifestyle problems faced by adolescents and strategies and interventions on how to limit the issues identified. The cross-sectional, quantitative study design using a survey in the form of a 36-item questionnaire that measured the health-promoting lifestyle of adolescents was utilized. The participants were 13-19-year-old adolescents who grew up in a single-parent-family. It was anchored on Murray Bowen's *Family Systems Theory*, an approach to understanding human functioning that focused on interactions between family members. It emphasized six subscales: life appreciation, health responsibility, nutrition, social support, physical activity, and stress management, rated on a 5-point Likert scale and analyzed through a Chi-square test. A total of 44 adolescents (29 females and 15 males) participated in this study. Data showed that all the indicators of a healthy lifestyle have a significant association and relationship with children living with a single parent. Adolescents usually practice life appreciation, social support, and stress management. Social support from family, friends, and others enhances the quality of life and is an important protective mechanism against mental health problems. Health responsibility, nutrition, and physical activity are sometimes practiced while exercising vigorously, and doing light to moderate exercises is rarely practiced by children living with a single parent. Making an effort to have good friendships is always practiced by the respondents. Also, making an effort to feel happy and content is always practiced and significantly associated with children living with a single parent. Thus, living with a single parent affects a person's wellbeing and lifestyle. Having a single parent affects a person's way of living, from the day the child is mindful of their wellbeing to adulthood.

Keywords: Adolescents, Single Parents, Lifestyle, Cross-Sectional, Quantitative Study.

Introduction

Early child development is critical. Many factors, including biological, psychological and social influences, can be considered as determinants of how children grow as adolescents. In fact, their exposure to different things and events in life can affect their development. As Curley and Champagne (2015) [8] said, a developmental window exposure to the imprinting stimulus is necessary to ensure behavioral imprinting. Young children who have adverse childhood experiences and depression can carry it into their adulthood (Boullier, & Blair, 2018). With this, how their parents responded and acted during those times can affect their development. Socialization gives the opportunity to acquire and store information (Konner, 2018 [13]). What they experience during this developmental stage can alter their development.

Single-parent Families. Family, especially the parents, are the first people that can affect the growth and the development of the child, as they are the ones that nurture their child. Being in a two-parent-family has a better effect on the mental health of

children than those who are in single-parent-families (Wang, Li, & Hu, 2017 [24]). Moreover, compared to a two-parent-family, single-parent families tend to have a lesser access to economic resources (Manning, & Brown, 2006 [15]), and to other healthcare resources (Simpson, Bloom, Cohen, & Parsons, 1997 [22]) that might be the proper growth of a child. However, it is undeniable that there is an increasing number of single parents here in the Philippines. Based on the recent study made by the World Health Organization (WHO), 14 percent of the estimated 94 million Filipinos are single parents, or about 14 million, as of July 2018.

Maternal care in childhood may be associated with functions in the brain regions implicated in appropriate responsiveness to infant stimuli (Kim, Leckman, Mayes, Newman, Feldman, & Swain, 2010 [12]). In addition, positive mother-child interaction quality mediates the effects of both enhanced nutrition and responsive stimulation interventions on height-for-age at four years (Brown, Finch, Obradovic, & Yousafzai, 2017 [6]). However, maternal care alone does not mean a better

child development (Sayour, 2018 [21]), as the involvement of the father to the growth of their child is associated with decreased behavioral problems (Yogman, & Garfield, 2016 [26]).

Lifestyle

In a study made by Qidwai, Ishaque, Shah and Rahim (2010) [18], inadequate sleep, depression, and smoking are the most commonly reported health and lifestyle risk behaviors of adolescents. Nowadays, various gadgets and games are also on the rise. These promote a sedentary lifestyle which negatively affects the overall wellbeing of children (Langoy et al., 2019 [14]). As a child's age increases, the prevalence of having a healthy lifestyle in adulthood decreases (Marques et al., 2020 [16]). Therefore, a promotion of a healthy lifestyle at this age group is an important factor and determinant of health throughout life. Aside from correlations stated, relationships are also a possible factor that needs to be investigated. With this, the researchers want to determine the health lifestyle of adolescents who grew up in single-parent families in focus with life appreciation, health responsibility, nutrition, social support, physical activity, and stress management.

Objectives

This study aimed to determine the relationship between the healthy lifestyle practices and adolescents raised by a single parent. This study can also help in identifying possible healthy lifestyle problem/s faced by this group of people, and think of strategies and interventions on how to limit, if unavoidable, the problem/s that is/are going to be identified.

Hypothesis

The researchers hypothesized that no significant relationship exists between healthy lifestyle practices and adolescents being raised in a single parent setting.

Theoretical Framework

A system is a collection of parts - people, cells, organizations, planets - that are interconnected. It has the ability to influence each other that will produce a pattern of behavior over time. Family can be viewed as a system of interconnected individuals. Hence, this study will be anchored on Murray Bowen's *Family Systems Theory*, an approach to understand human functioning that focuses on interactions between members in the family (Watson, 2012 [25]).

This theory will shed light on how adolescents' interaction with their single parent helps them develop to what they are now, it also relates some developmental issues of adolescents to family structure.

Methodology

Sampling and Sample Size

This is a cross-sectional, quantitative study design that uses surveys as a form of data collection. The participants in this study were 13-19-year-old adolescents who grew up in a single-parent-family. Participants will be excluded if they are living with their grandparents.

The sample size required in this study was calculated based on the population size of 50 adolescents that grew up with single-mother or single-father by stratified random sampling. The sample size was computed as $n = N / (1 + Ne^2)$, wherein, N is the population size, and e is the margin of error; the confidence level is set at 95% (1.96 z-score); and margin of error is set at 0.05. Thus, the target size for this study is 44 participants.

Informed Consent and Assent

Prior to answering the questionnaire, the researchers seek parental consent and assent for participants 13 to 18 years of age. For participants of 19 years of age, informed consent was collected. All collected responses were accessed by the researchers only. Personal information of the participants will not reflect on the study. All survey forms will be deleted after the study.

Adolescent Healthy Lifestyle Questionnaire

Taymoori, Moeini, Lubans and Bharami (2012) [23] had developed a psychometric test that measures the health-promoting lifestyle of adolescents. This is a 36-item questionnaire with six subscales: Life appreciation (LA), Health responsibility (HR), Nutrition (N), Social support (SS), Physical activity (PA), and Stress management (SM), to be rated on a 5-point Likert scale (never, rarely, sometimes, usually, and always).

Statistical Analysis

The data that will be collected in this study will be analyzed through Chi-square test using IBM SPSS Statistics version 27.

Results and Discussions

The study, "The healthy lifestyle of adolescents living with their single parents", using the data gathered among the 14 to 19 years old respondents determined the relationship between the healthy lifestyle practices and adolescents raised by a single parent using Chi-Square Test.

A. Age

Table 1 shows the distribution in each age of adolescents that are the respondents of the study. It shows that 33.3 percent are 19-year-old, 17.8 percent are 18 years old, and 15.6 percent are 15 and 16 years old.

Table 1: Age Distribution of the respondents

<i>*Valid</i>	Frequency	Valid Percent	Cumulative Percent
14	4	8.9	8.9
15	7	15.6	24.4
16	7	15.6	40.0
17	4	8.9	48.9
18	8	17.8	66.7
19	14	33.3	100.0
Total	44	100.0	

B. Gender

Among the forty-four respondents, Table 2 shows that one out of three 14-19 adolescents are male and

there are 2 out of 3 females who live with single parents.

Table 2: Gender Distribution of the Respondents

<i>*Valid</i>	Frequency	Valid Percent	Cumulative Percent
Female	29	65.9	65.9
Male	15	34.1	100.0
Total	44	100.0	

C. Determinants of Health Lifestyle

The study determined the relationship/association between healthy lifestyle practices and the fact that an adolescent is living with and raised by a single parent. The researchers have identified six categories that indicate the healthy living practices

of respondents. The following are: (a) life appreciation; (b) health responsibility; (c) nutrition; (d) social support; (e) physical activity; and (f) stress management. Table 3 will be the basis of verbal interpretations of the computed weighted mean for the indicators of healthy living practices.

Table 3: Verbal Descriptions for Weighted Mean Results

Range	Description	Value
1.00 - 1.80	Never	1
1.81 - 2.60	Rarely	2
2.61 - 3.40	Sometimes	3
3.41 - 4.20	Usually	4
4.21 - 5.00	Always	5

1. Life Appreciation

Table 4 shows that most of the respondents usually (GWM= 3.49) appreciate life and make an effort to be aware of themselves, of what is important, of

what makes them happy, and accept their strengths and weaknesses. These practices show that there is a high significant association between life appreciation as a healthy living practice and

respondents with a single parent. (p values = .000 ~ .001).

Table 4: Weighted Mean Distribution of the Lifestyle on Life Appreciation of 14-19 Years Old Respondents

Life Appreciation	Weighted Mean	Chi-Square	Sig.
Attempt to correct defects	4.16	15.455	.001
Make an effort to know what's important to me	3.98	18.364	.000
Understanding and accepting strengths and weaknesses	4.14	16.545	.001
Look forward to the future	3.75	13.500	.009
Make an effort to feel challenged everyday	3.48	21.227	.000
Make an effort to like myself	4.07	16.909	.001
Make an effort to feel happy and contented	4.30	24.182	.000
General Weighted Mean (GWM)	3.49	(Usually)	

2. Health Responsibility

Among the indicators on health responsibility in Table 5, discussing health concerns with health professional (WM=2.75; p-value = .057) and making an effort to read health information (WM=3.57; p-value = 0.651) shows no significant association to respondents living with a single parent and the other indicators are practiced sometimes to

usually (WM = 2.75 ~ 4.00) and shows significant association to the respondents

living with a single parent (p-value = .000 ~ .032). Moreover, the computed general weighted mean for health responsibility shows that the respondents only practiced it sometimes (GWM = 3.35).

Table 5: Weighted Mean Distribution of the Lifestyle on Health Responsibility of 14-19 Years Old

	Weighted Mean	Chi-Square	Sig.
Report unusual body changes	2.98	15.318	.004
Discuss my health concerns with health professional	2.75	9.182	.057
Attend educational programs	3.45	16.682	.002
Make an effort to read health information	3.57	1.636	.651
Seek guidance when necessary	3.70	12.591	.013

Question health professional	2.80	21.682	.000
Brush teeth and/or use dental floss after meals	4.00	23.955	.000
Observe my body at least monthly	3.55	10.545	.032
General Weighted Mean (GWM)	3.35	(Sometimes)	

3. Nutrition

Table 6 shows that there is a significant association on all the variables under nutrition having p-values ranging from 0.000 to 0.031 which is less than to 0.05 p-value. Adolescents who are living with single

parents usually eat breakfast daily; limit food high in sugar; eat three regular meals each day; limit food high in fat; and eat fruit daily. However, selecting foods without additives is only done sometimes.

Table 6: Weighted Mean Distribution of the Lifestyle on Nutrition of 14-19 Years Old Respondents

	Weighted Mean	Chi-Square	Sig.
Eat breakfast daily	3.55	10.545	.003
Limit food high in sugar	2.82	15.773	.003
Eat three regular meals each day	3.93	20.545	.000
Limit food high in fat	3.05	11.227	.024
Eat fruit daily	2.91	9.455	.024
Select foods without additives	2.70	8.909	.031
General Weighted Mean	3.16	(Sometimes)	

4. Social Support

Among the indicators in social support, making an effort to have good friendships is the most significant as it is always practiced (p-value=0.000). While most of the indicators are usually practiced. This includes talking about their concerns with people close to them, enjoying keeping in touch with

relatives, and speaking and sharing their feelings to others. (p-values = 0.004 ~ 0.020). On the contrary, there is no significant association found in talking about troubles with people close to them, making it not associated with people who live with a single parent.

Table 7: Weighted Mean Distribution of the Lifestyle on Life Appreciation of 14-19 Years Old Respondents

	Weighted Mean	Chi-Square	Sig.
Talk about my concerns with people close to me	3.36	14.864	.005

Enjoy keeping in touch with relatives	3.57	15.545	.004
Speak and share my feelings with others	3.16	11.682	.020
Make effort to have good friendship	4.36	32.727	.000
Talk about my troubles with people close to me	3.36	7.816	.098
General Weighted Mean	3.56	(Usually)	

5. Physical Activity

Table 8 shows that exercising vigorously and/or doing light to moderate exercises for 30 minutes three times a week is practiced rarely. While taking

part in leisure-time activities and doing stretching and exercise daily is practiced sometimes. However, participating in sports at school shows no association in students living with a single parent.

Table 8: Weighted mean distribution of the Lifestyle on Physical Activity of 14-19 Years Old Respondents

	Weighted Mean	Chi-Square	Sig.
Participate in sports at school	2.80	9.409	.052
Exercise vigorously for 30 minutes x3 weekly	2.43	30.545	.000
Take part in leisure-time activities	3.73	8.182	.042
Do stretching exercise daily	2.93	18.500	.001
Exercise during daily activity	2.68	25.318	.000
Do light/moderate exercise for 30 minutes x3 weekly	2.59	18.955	.001
General Weighted Mean (GWM)	2.86	(Sometimes)	

6. Stress Management

In terms of stress management relating to young people living with a single parent, getting regular sleep is practiced sometimes (GWM = 3.05; p-value= 0.000). While making an effort to identify the source of stress, taking time to relax, and using

helpful strategies to deal with stress are usually practiced managing their stress. However, using helpful strategies to deal with stress shows no significant association to people who live with a single parent.

Table 9: Weighted Mean Distribution of the Lifestyle on Stress management of 14-19 Years Old Respondents

	Weighted Mean	Chi-Square	Sig.
Make an effort to identify the source of stress	3.68	20.318	.000

Take time for relaxation	4.00	9.636	.022
Use helpful strategies to deal with stress	3.68	3.455	.327
Get regular sleep	3.05	20.545	.000
General Weighted Mean (GWM)	3.60	(Usually)	

Adolescence is the most important period of life; health attitudes and behaviors during these formative years' impact morbidity and mortality across the life course (Henriksson et al., 2017 [10]). The adolescence period is a life stage that includes those aged from 10 to 19 as defined by the World Health Organization. During this period, there are rapid changes across multiple personal dimensions including physical (sexual, biochemical), psychological (mental, emotional, moral, self-esteem), cognitive, and social (cultural, professional) (Kar et al., 2015 [11]). Successful and harmonious adolescent development needs not only a physically fit body, but also an appropriately maintained one through the socio-emotional support provided by family, peers, teachers, and the larger community. Despite an increased need for autonomy, social support, both from peers and adults, remains an important contributor to adolescent well-being (Balázs et al., 2017 [3]). Adolescents who fail to adapt to these needs have a higher risk of unhealthy behaviors such as tobacco use, alcohol abuse, aggression, and unhealthy diets (Özdemir et al., 2016 [17]) as well as mental health problems such as depression and anxiety (Bernaras et al., 2019 [4]). Detecting these associations is important since they have the potential to both positively and negatively impact adolescents' future life course trajectory (Sawyer et al., 2018 [20]).

The researchers found out that all the indicators of a healthy lifestyle have a significant association and/or relationship to children living with a single parent. Life Appreciation (GWM = 3.49), Social Support (GWM = 3.56), and Stress Management (GWM = 3.60) are usually practiced by adolescents. Social support from family, friends, and others enhances the quality of life and acts as an important protective mechanism against mental health problems. Alshammari et al. (2021) [1] found out that social support is related to higher levels of life satisfaction and self-esteem. The negative association between social support and depressive symptoms is also significant. The findings underscore the importance of the role of social support, especially support from family. This support is important to adolescents' mental health.

Health Responsibility (GWM = 3.35), Nutrition (GWM = 3.16), and Physical Activity (GWM = 2.86) are practiced sometimes. Exercising vigorously and/or doing light to moderate exercises for 30 minutes, thrice a week is rarely practiced by children living with a single parent. Al Hazzaa et. al. (2011) found out that there were significant gender and location interaction effects for most of the studied lifestyle variables. This means that the males and females were responding differently to the lifestyle factors. Additionally, the main effects of age appeared significant with most of the physical-activity measures and dietary habits. Except at age 14 years, there is a tendency for the total physical-activity levels and the intake of breakfast and fruit to decline, while the consumption of sugar-sweetened drinks tends to increase with increasing age in males. The consumption of fruit, on the other hand, appears to decrease with increasing age among females. There were obviously large differences between males and females in terms of total and vigorous physical activity, and this amounted to a threefold difference in some age-groups. In addition, the frequency of females' intake of energy drinks was almost half that of males across all ages. Overall, the effect of age was significantly ($p < 0.05$) present in all the physical-activity indices and half of the dietary habits.

Making an effort to have good friendship is always practiced by the respondents and shows high significance (p -value = 0.000). Also, making an effort to feel happy and content is always practiced and greatly associated with children living with a single parent. Thus, we can conclude that even though these healthy living practices show significant to highly significant association and/or relationship to the children living with a single parent, there is none of the indicators that are practiced always or most of their time by the respondents. These implications only show that children living with a single parent have more responsibilities and activities compared to those children of complete parents.

The aim of this study is to create strategies and interventions to improve the lifestyle of adolescents living with single parents. Table 10 shows the

strategies and interventions developed by the researchers in order to limit, if not avoid, the problems encountered by the adolescents, namely

health responsibility, nutrition, and physical activity.

Table 10: Strategies / Interventions to Improve Adolescents' Healthy Lifestyle

Problems Encountered	Strategies and Interventions	Objectives	Success Indicator
Physical Activity	Engage more in physical activities such as running, walking and/or anaerobic	To be physically healthy and fit and be able to prioritize	Provision of checklists or itineraries of
	exercises, by structuring activities that uses time management skills	and manage time wisely	accomplished things while having reduced use of gadgets
Nutrition	Improve knowledge and awareness on nutrition by health education through discussions and readings about nutritional practices	To empower them with knowledge and skills to make healthy food and beverage choices	Keeping a balanced diet and having an improved health practices through responsible eating habits
Health Responsibility	Seek more knowledge from health professionals and reliable sources by allowing and encouraging the adolescents to act or perform activities independently	To assess own health behaviors and make own choices	Provision of improved quality care through increased knowledge and awareness of self

Conclusion

Given the results and cited literature, we can imply that living with a single parent does affect the wellbeing and lifestyle of a person, not just 14- to 19-year-old, but in general. Having a single parent affects the lifestyle of a person starting from the day the child is mindful of their well-being to his/her adulthood. Here in the Philippines, it is a one of the social problems that the government wants to solve or give support. In relation, the Philippine government have passed laws to help aid solo parents in the developmental stages of their children which can be seen in Republic Act 8972 or the Solo Parent's Act of 2000, an act providing for benefits and privileges to solo parent and their children, appropriating funds therefore and for other purposes (LAWPhil.com) [19].

Recommendations

A. Adolescent

1. Believe in their capabilities to sustain their strength and energy to cope with all the challenges of life through hope and optimism.
2. Practice self-discipline while being open to the parents to improve their bond and to help them maximize their own potential.

B. Parents

1. Deal and show the adolescents a more supportive relationship through encouragement and enthusiasm so as to create a hopeful, positive impact on their life and future career.
2. Practice a healthy parenting lifestyle at home in order to create a strong yet balanced connection with their growing adolescents.

C. Medical professionals

1. Educate the people to remove the stigma of developmental and/or behavioral issues associated with adolescents living with single parents.
2. Encourage and motivate adolescents and single parents to work together and consider a holistic approach targeting the emotional, social, personal and psychological aspects, in their way of living.

D. Future researchers

1. Due to the inherent limitations and weaknesses of the study, a parallel study may be conducted to include new variables, comparing the living practices of adolescents with single parents and adolescents living with both parents.
2. A wider participation of respondents to include the patient's perception and their immediate relatives may be included in order to come up with more reliable data.

Conflict of Interest

There is no conflict of interest between the authors in this manuscript.

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