FAMILY ENVIRONMENT, SOCIAL SUPPORT AND QUALITY OF LIFE OF ADOLESCENTS IN NAGALAND

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FAMILY ENVIRONMENT, SOCIAL SUPPORT AND QUALITY OF LIFE OF ADOLESCENTS IN NAGALAND

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CERTIFICATE

This is to certify that the thesis **"Family Environment, Social Support and Quality of Life of Adolescents in Nagaland"** submitted by Janet Gonmei for the award of the degree of Doctor of Philosophy in Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for award of any degree in this or any other university or institution of learning.

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DECLARATION

I, **Janet Gonmei**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any degree in any other University or Institute.

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LIST OF ABBREVIATIONS

AFSPA	: Armed Forces Special Power Act
AIDS	: Acquired Immuno Deficiency Syndromes
FES	: Family Environment Scale
HIV	: Humane Immunodeficiency Virus
NCRB	: National Crime Records Bureau
NMHP	: National Mental Health Programme
NMHS	: National Mental Health Survey
QoL	: Quality of Life
RKSK	: Rashtriya Kishor Swasthya Karyakram
RMNCH+A	: Reproductive, Maternal, Newborn Child plus Adolescent Health
RRT	: Relational Regulation Theory
STIs	: Sexually Transmitted Infections
WHO	: World Health Organization
WHOQOL-BREF	: World Health Organization Quality of Life

CHAPTER I

INTRODUCTION

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INTRODUCTION

The present study is an attempt to understand the family environment, social support and quality of life of adolescents in Nagaland.

The state of Nagaland is located in the North Eastern part of India and shares international border with Myanmar in the East. The state gained its statehood on 1st December, 1963, becoming the 16th state of the Indian Union. Politically, Nagaland state has been in turmoil with the Government of India since India's independence as many indigenous insurgent groups demanded independence from the Indian Union to form a unified Naga homeland, "*Nagalim*", geographically including Naga inhibited parts of Manipur, Assam, Arunachal Pradesh, Myanmar and the state of Nagaland. Since then, Nagaland state has been considered as a "disturbed area" for decades by the Government of India under the Armed Forces Special Power Act (AFSPA).The talks of negotiation between the Government of India and the Naga insurgent groups have been continuing for decades and it continues till the present day.

Constitutionally, the state of Nagaland enjoys special provision under Article 371 (A) of the Indian Constitution that preserves the cultural practices of the Naga tribes in Nagaland. The tribal Naga society of today is in transition in their overall political, socio-cultural, economic, infrastructural and overall structure of the society. With the influence of westernization that began since the British entry into the Naga Hills in the 18th century during the colonial rule in India, the pattern in the culture and social lifestyle of the Nagas have transformed tremendously from the then 'head hunting' days. The westernization of Nagas in Nagaland began particularly with the introduction of education and Christianity in their land. It has affected the overall social functioning of the Naga society, including "*the political system, the economy, the family, forms of entertainment, and all other basic institutions*" through modernism (Jamir, 2011). The influence of westernisation not only changed the outward lifestyles but their mind-set and worldview as well (Thong, 2012). However, though the outward lifestyle practices are highly influenced by other cultures, their traditional values and practices are being preserved by each tribe, particularly in governing their social norms including matters concerning family through the

customary laws. These customary laws not only govern the social norms and traditions but also settle interpersonal disputes regarding land, water and other such disputes and resolve criminal acts, such as theft, rape, etc. The Naga society practices the country's democratic norms but alongside they follow the customary and traditional law and most of the laws are carried out in accordance with the customary and traditional norms (Jamir, 2018). Hence, tribal Nagas have parallel laws, customary law and national law, governing their conduct.

1.1. The Tribal Naga Family System

Cultural assimilation is evident and visible in the outward lifestyle practices; however, in matters concerning family system, functioning, relationship, gender roles and responsibilities, things have not changed much from the traditional cultural practices. Since the Nagas had no written form of their cultural values and practices, and as writing began only after British encounter with the Naga tribes, their customary practices are also unwritten and have been passed on in the form of oral tradition from their ancestors. These customary laws, however, play vital role in decision making. Disputes on matters relating to family, such as dissolution of marriage, inheritance, child custody rights and such others are resolved by the respective clan elders through customary laws.The marriage requirements of bride price are not strongly practiced as much in the present day though it is still practiced by some clans. Similarly, in the case of dissolution of marriage, the decisions are being discussed and settled by the respective clan members. Though divorce is not a new term in the Naga society and has its existence from olden days, cases of marital breakdown seems to be rising in the recent days. According to the Census 2011, the divorce rate of Nagaland stands at 0.88 per cent, which was 0.5 per cent in 2001, second highest in India next to Mizoram. The dissolution of marriage even today is often settled and decided by the clan members instead of judicial court. Dissolution often always requires payment of fine from the offending party, the amount of which can vary depending on the demand and settlement agreed upon by the clan members. Since, the Naga society is patrilineal, most often the child custody goes to the father, though it also, in few cases, depends on mutual agreement from both the parties involved. Even in the case of unwed birth, the baby is often claim by the father's clan

and settled on payment of fine to the baby's mother and the same is being generally practiced in the present day.

In the Naga society, though the status of men and women in the society are claimed to be equal, gender disparity is evident when customary laws are being carried out, particularly in child custody rights, property rights and in political affairs. The customary law and practices upheld by various Naga communities are inspired by the belief in male dominance during the "head hunting" days in the form of folklores and myths which talks about male dominance and bravery while women are often depicted as weak and needs to be protected by men (Jamir, 2018). In matters pertaining decision making, gender disparity is quite evident particularly in political matters. Though there is no direct restriction on women to actively participate in political affairs, they are less preferred to stand for election in high political position. It was evident when the 33 per cent Women Reservation Act, supposed to be implemented in Nagaland for the urban local body election, created an uproar and violence from the tribal bodies in 2017 and could not be implemented till date.

Like many other Asian societies, in the Naga society, unmarried children continue to live with their parents even when they grow older into their twenties or thirties. Pienyii (2013) assert that in the Naga society "although birth of a girl was welcomed, it was necessary to have a son". Female children, by tradition do not have property rights over the ancestral properties and since lineage and property rights are inherited by the son or sons, a family is prefer to have at least one son.However, in matters of education,gender equality between a boy child and girl child is generally maintained and both the male and female children are equally given importance to be schooled and educated based on their respective capabilities. Besides, for the past many years, girls have outperformed boys in the state HSLC and HSSLC examinations.

1.2.Family, Social Support and Adolescents' Wellbeing

Adolescence is a challenging period and the most crucial and foundational stage of human growth and development due to its diverse transitional nature. This period of transition is considered to be critical or sensitive for the healthy development of the individuals (Steinberg, 2005). Traditionally, the word 'adolescent', derived from the Latin word '*adolescere'*, means 'to grow into

adulthood'. In the present society, this stage is commonly known as "coming of age" and "Generation Z". The present generation adolescents belong to the Generation Z who witnessed and experienced the booming of technology and social media. The WHO defines adolescence as those individuals in the age group of 10 through 19 years of age. In this stage, all the necessary developmental processes take place which transforms the child into an adult. Normally, the individuals at this stage are considered neither a child nor an adult. According to Erik Erikson, this is the stage of identity crisis and role confusion. The transition from childhood to adulthood exposed the children to taking up adults' behaviour which also includes unpleasant behaviours which is likely to get them involved into or develop harmful habits. It is generally believed to be a time when many problem behaviours begin or escalate. Adolescents face psychosocial problems at certain point of their life, not only from the society but from their own physical and psychological developmental process too. Adolescents generally are believed to be "preoccupied with being liked and viewed positively by others" (Ikiz & Cakar, 2010). It is a crucial stage for the parents as well, since in this phase, there is increase independence from parental control and heightened exposure. This is a period when the children try to explore while their parents try to control.

According to Petanidou et al.(2013), during adolescence, a child transits into a broader social arena from a small family-centered environment. The number of people and contexts that influences the child multiplies and plays key roles in shaping the child's behaviours, ambitions and resources. Hence, the expansion in the social circle of the adolescents increases various challenges in the form of social pressure and responsibilities.

1.2.1. Growth and Development during Adolescence

One of the distinct characteristic of the beginning of adolescence is the onset of puberty; menarche in girls and nocturnal emission in boys. Puberty is a rapid growth in the physical involving hormonal and bodily changes that begins primarily during early adolescence. In the physical aspect, rapid growth in height, weight and development of their reproductive system and change in voice can be observed. There can be early maturation or late maturation depending on the individual concern. Early or late maturation is generally believed to have psychological impact on the adolescents. Early maturation often leads to over consciousness about their body

among the female adolescents, while it can give confidence to the male adolescents. In the psychological aspect, adolescents experiences hormonal changes which often leads to mood swings and emotional stress with all the rapid development taking place in their bodies. Adolescents are also often preoccupied with their body image more so with girls having negative image about their bodies comparatively to boys. In the cognitive aspect, formal operation thought is believed to increase which is completely achieved by late adolescence according to the Piaget's theory of cognitive development. In the social aspect, adolescence is marked with less dependency and more autonomy. There is search for one's identity and increased social networking and peer groups which often leads into experimenting adult and harmful behaviours such as, smoking, drug, sex, alcohol, tobaccos and other risk behaviours. There is also increase interest in recreational activities. Identity confusion is one key characteristic of adolescence. According to Erik Erikson, adolescents are expected to form their identity during this stage that last throughout their adulthood. In the search for their identity, adolescents are often believed to have experience 'identity crisis', a term coined by Erik Erikson, with all the transitions taking place in their overall physical, psychological and social domains requiring constant adjustment. Adolescence is generally considered as a "time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities" that are considered important to enjoying their adolescent years and assuming adult roles for the future (WHO, 2020). According to McNamara (2000) the sources of stress during adolescence consist of three types: normative stressors which includes their developmental challenges such as puberty, school transitions, increased academic demands, etc.; non-normative stressful life events such as divorce, deaths, etc.; and daily life hassles which may include parent–child conflict, academic pressure, etc. (as cited in Suldo et al., 2008).

1.2.2. Importance of Family

An individual in the stage of adolescence is generally considered as a child and are often under the care and protection of their parents. The first primary institution, family, plays a very important role in upbringing of a child into adulthood. In India, there is no uniform and standard definition of family. The Census of India stopped using the term "family" since 1951 Census and the concept of "household"

was used instead in Indian Censuses. In 1971 Census a household was defined as “a group of persons who commonly live together and would take their meals from a common kitchen unless the exigencies of work prevented any of them from doing so”. The United Nations defined the term "family" as follows:

> *“The family is defined as those members of the household who are related to a specified degree, through blood, adoption or marriage. .....In practice, most households are composed of a single family consisting of a married couple without children or of one or both parents and their unmarried children. It should not be assumed, however, that this identity exists."*

Chubb and Fertman (1992) stated the importance of families as foundations for the adolescents “to move out into the world and gain independence and autonomy” (as cited in King & Boyd, 2016).Family cohesion, emotional separation and parents’ responses are proven to have link with mental health and well-being of the adolescents including unhealthy behaviours such as deviance, substance use, high levels of family conflict and overall psychosocial functioning (Pegah, 2009; Leme, et al., 2015;Solano, et al., 2017; Sim, et al., 2009). The report of Aufseeser, Jekielek and Brown (2006) indicated that most of the adolescents enjoy healthy family environments. Family rituals, such as celebrations, traditions and family dinners are ways that families organize, adjust and build cohesion (Santos, Crespo, Silva, & Canavarr, 2012). In the words of Musick and Meier (2012, p. 476), “The search for ways for families to connect in an increasingly complex and fast paced world has led back to the dinner table”.“Family meals may act as a protective factor against adolescent depression and common risk-taking behaviours, and this protective role may act independently of family connectedness” (Utter et al., 2013).

One factor that may hamper the family cohesion, as cited by Goede et al. (2009) is the natural tendency of adolescents’ search for autonomy which may led to “decreased cohesion, more conflicts, and progressive balance in the relations of hierarchy with parents”(as cited in Sbicigo & Aglio, 2012). Furstenberg (2000) states the desire of adolescents for greater autonomy and the change in their behaviour with increased amounts of time spending with their peers (as cited in King & Boyd, 2016). In this regard, Kliewer et al. (1994) emphasize on moderate “family affective

involvement" which promotes both support when needed and also encourages independence for self-efficacy (cited in Rodriguez et al., 2014). Families that are under-involved in their children's life may leave children clueless and underprepared to face developmentally stressful situations, and also over-involved families makes the children too dependent and may prevent them from taking up opportunities to develop self-efficacy. In the words of Pegah (2009), "the quality of relationships in the family is reflected in the adolescent's relationships with friends and later with neighbours, fellow citizens, colleagues, lovers, and with his or her own children".

According to Hetherington & Stanley-Hagan (2000), when children reaches the stage of adolescence, there is decline in "parental involvement, supervision, and control and increases in parent–child conflict" (as cited in (King,Boyd & Thorsen, 2015). They stated the importance of parents' marital relationship as one of the major factors in defining parent-child relationship and the family environment. Children growing up with both the biological parents and biological siblings together are believed to foster family belongingness which is considered to be a protective factor against a wide range of negativity in children and adolescents. King and Boyd (2016) found a positive marital relationship to be significantly associating with adolescents' perception on higher-quality relationships with their parents which was also associating with higher levels of family belongingness. The authors stated family belongingness to include "feelings of inclusion within one's family, including feelings of being understood, of having fun together, and of being paid attention to".

In general, the existing family dynamics, relationships, communication, cohesion, belongingness, emotional responses and conditions and events influences adolescents differently either favourably or unfavourably, accordingly to Camara et al.(2017) states the dual role of interpersonal relationships as sources of social support as well as stressors.

1.2.3. Social Support and Adolescents' Wellbeing

The WHO states social support as a "*range of interpersonal relationships or connections that have an impact on the individual's functioning and generally includes support provided by individuals and by social institutions*"(Barker, 2007). Harahsheh (2016)mentioned four functions of social support which can also be termed as the different types of social support. The first function can be termed as

emotional or appraisal support that includes the emotions and needs such as providing empathy, affection, trust, love, nurturing and warmth. The second function can be termed as tangible or instrumental support that involves financial support and other material benefits. The third function is called informational support. This involves support in the form of helping others to solve or positively cope with their problems by giving advices, guidance, suggestions, etc. The fourth function is called companionship or belonging support characterized by feelings of social belongingness.

According to the stress buffering theory, there are two ways in which social support works; the presence of social support itself and the actual use of social support. Depending on the individual concern and the stressful nature, individuals sometime are able to buffer the negative impact of stressful events without even sharing about it, just because of their perception of the presence of social support. As Costello et al. (2001) stated, "the perception that social support is available seems to lessen– to buffer – the negative impact of a stressful event and to hasten recovery even if it is not actually verified or used"(as cited in Barker, 2007).While on the other hand, individuals actually share about their stressful events with their source of social support and thus are able to buffer the negative impacts.

Social support is one of the effective coping mechanisms adopted during stressful events in each culture and each society. The way support is seek and received, however, differs from culture to culture and individual to individual. Kim, Sherman & Taylor (2008) studied the cultural difference in support seeking and receiving between the Asian American and European American. They concluded that the individualistic culture more commonly utilise explicit social support, which means "specific recruitment and use of their social networks in response to specific stressful events";while collectivist culture benefits more from the implicit social support, which means "emotional comfort one can obtain from social networks without disclosing or discussing one's problems". Implicit support, according to them, is an internal process of reminding oneself of the availability of the close and loved ones without actually disclosing the nature and feeling of the stress. There are also individual preferences of seeking support from well-acquainted and personally closed person, or seeking support from strangers with whom the person does not have any

personal relationship. Here the role of the sources of social support comes into play. Generally, the sources of social support extend to family, friends, relatives, religious groups, institutional based support, etc. However, in the digital world, the sources of social support extend to social media, as well. Tseng and Yang(2015)discussed that internet has become a common tool for networking among the adolescents in terms of peer relationships and is believed to be used for enhancing existing friendships and also for psychological support.

1.2.4. Wellbeing and Quality of Life of Adolescents

The Quality of life theory is inspired by Abraham Maslow's hierarchy of needs from the theory of human motivation. According to Abrams, "quality of life as the degree of satisfaction or dissatisfaction felt by people with various aspects of their lives" (as cited in Szydło et al., 2021). According to Juczyn'ski (2006), "the ultimate motives for our activity determine the way we live; the goals we strive for are to ensure us a better quality of life" (p.3). Because of the multi-dimensional nature of human life and the uniqueness of each individual, defining quality of life has been extremely difficult. Therefore each discipline defines quality of life based on their respective interest. He further stated that quality of life have two principal aspects: internal and external. The internal aspect refers to certain "personal traits and skills that enable the human being to take individual, autonomous actions". The external aspect refers to the environmental conditions of the individual's life. According to Rogerson (as cited in Juczyn'ski, 2006), "the internal factors are responsible for the feeling of satisfaction with life while the external ones affect internal mechanisms at the level of the individual or the community" (p.4). The WHO defines Quality of Life as:

> *"...an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (WHO, 1997, p.1).*

Quality of life is a multidimensional concept, which has no clear or fixed boundaries, which includes physical health, psychological well-being, independence level, social relationships and relations with his/her environment and social context. The quality of life of children and adolescents according to Wallander et al. (2001) "encompasses their well-being in material, physical, social, emotional and productive domain" (as cited in Choo & Shek, 2013). According to Kamaraj et al. (2016), there are two perspectives to quality of life: objective and subjective. Objective measures the external and quantifiable conditions, such as income; while subjective measures internal evaluations of life circumstances, such as, satisfaction, judgments and emotions. Gilman pointed out that those adolescents who perceive higher quality of life, experiences less physical and psychological problems in their lives (as cited in Kumcagiz & Sahin, 2017).

1.3. Scenario of Adolescents' Health and Wellbeing

This section of the chapter evaluates the scenario of adolescents' health and wellbeing from the global, national and local level perspectives.

1.3.1. Global Scenario on Adolescents' Health and Wellbeing

The global population of adolescents, people in the ages of 10 to 19, according to the United Nations (UN), consist of 1.2 billion making it 16 percent of the world's population. Due recognition to the need for adolescents' health was given at the 2014 World Health Assembly in the WHO report, "Health for the world's adolescents" which details a broad range of health needs of the adolescents. It has been acknowledged that the health during adolescence determines the health in their adulthood and many of the adult health issues are rooted in their adolescence. Some of the psychosocial problems experienced by the adolescents, mentioned by WHO includes mental disorder, especially depression, violence, early pregnancy and childbirth, HIV/AIDS, alcohol, drugs and tobacco use. Mental health issues constitute a major burden of disease for adolescents globally. According to "Health for the world's adolescents" report, in 2012, suicide was one of the top five causes of death among the adolescent boys and girls, while depression was one of the major causes of disability-adjusted life years lost in 10–19 year olds. Mental health problem was identified as the most affecting health problems according to the perspective of the

adolescents as revealed by the WHO. The other health concerns included risk behaviours of substance use and obesity.

The Cigna's study on loneliness conducted in the US found Generation Z to be the "**loneliest generation**". On top of that, with the outbreak of Covid19 Pandemic, since the early 2020, interfering in the academic life and career of the children and young people, the wellbeing of this generation has raised concern globally. The WHO asserted the state of health during adolescence to be the basis of health during adulthood and "the consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults" (WHO, 2020). It is stated that "half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated" (Kessler et al., 2007). During adolescence, "unhealthy behaviour such as substance abuse, sexually risky behaviours and anti-social attitude or lifestyles" could be observed whereby decrease in wellbeing and quality of life (Kumcagiz & Sahin, 2017; Bagi & Kumar, 2014). Factors such as age and gender have been associated to be a predictor of low quality of life, where younger children and male scored higher quality of life compared to older adolescents and female respectively (Haraldstad, et al., 2010). As cited in Ronen, Hamama, Rosenbaum, and Mishely-Yarlap (2016), the stage of adolescence demand consistent coping with the rapid transformations in their physique, psychology and social responsibilities (Gelhaar et al. 2007).

1.3.2. Indian Scenario on Adolescents' Health and Wellbeing

According to the Census 2011, in India, there are 253.2 million adolescents in the ages of 10-19 years, constituting 20.9 per cent of the total population. Globally, India constitutes the largest population of adolescents. A large proportion of the Indian population consisting of adolescents are the future adults who will be responsible for the country's affair and the need to produce healthy adults is to promote healthy adolescents. This group of individuals were neglected from the health perspective until in the recent years as they were apparently considered to be a healthy age group. Data in regard to adolescent health is also limited and there is the need for a national health database on adolescents. The Indian Ministry of Health and Family Welfare (MHFW) identified the adolescents' need and requirement of good

"nutrition, education, counselling and guidance" for healthy development as they are vulnerable to health problems such as "early & unintended pregnancy, unsafe sex leading to STI/HIV/AIDS, nutritional disorders like malnutrition, anemia & overweight, alcohol, tobacco and drug abuse, mental health concerns, injuries &violence". The Ministry hence, in February, 2013, launched the Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) by adding adolescent health to the already existing RMNCH, after the "Call to Action (CAT) Summit" of the Government of India. As part of RMNCH+A, the Ministry introduced the Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out to all the categories and section of the adolescent society. It began with focus on the sexual and reproductive health, which has now incorporated "nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse". It is a shift from the clinical based services to community based services and from the curative perspective to the preventive perspective.

The Government of India recognised the need for addressing the mental health of the country by developing the National Mental Health Programme (NMHP) in 1982. Since then, India has progressed along with the rest of the world in promoting mental health and wellbeing. According to the National Mental Health Survey of India (2015-16), mental health issues leading to the cause of morbidity among the adolescent stands at 7.3 per cent (Gururaj et al., 2016). The difference among the regions was also observed, where mental health problems among the adolescents in urban metro regions was higher at 13.5 per cent, as compared to rural regions at 6.9 per cent and urban non-metro areas at 4.3 per cent. The report also shows that in terms of disease burden among the adolescents, common mental disorders constituted 5.4 per cent of the disease burden as compared to neurotic and stress related disorders which stand at 4.2 per cent. The most prevalent mental disorders were anxiety disorders and mood disorders. Suicide was observed globally to be one of the top five reasons of death among adolescents; and in India, the national suicide rate in the year 2018 was 10.2 per lakh population. The risk of suicides, among the adolescents (13 to 17 years), according to NMHS (2016) is 1.3 per cent. According to National Crime Records Bureau (2018), the overall male female ratio of suicide among individuals

below the age of 18 years was 47:53 and the main causes leading to suicide among these individuals were "*family problems, failure in examination, love affairs and illness".*

Substance use, especially tobacco use, smoking and alcohol, in the present generation has become more of a social lifestyle and is commonly observed to be initiated at an early age. According to (Shaw 2002, 33), *"veteran users' self-portrayal, media presentation, and political mystification of smoking, drinking, and drug use could fan youngsters' interest in various substances and initiate them into career of use, misuse, and abuse"*. In India, according to the NMHS (2016) report, the overall substance use disorders (including alcohol, tobacco and other substances) stands at 22.4 per cent and it was found to be more common among population of above 30 years. The manifestation of substance induced mental disorders during adulthood could be due to the early initiation of substance use, specifically during adolescence when individuals begin to explore adult lifestyles. The various reasons mentioned for substance use in the survey were, *"stress relief, curiosity, recreation, lack of family support/emotional support for youths and depression*". Regionally, the burden of substance use disorders was found to be high in rural areas.

Disability is another concern associated with mental illness. Disability in the areas of family, work and social life were found to be high among individuals with severe mental illness (NMHS, 2016). A factor to be considered with regard to disability and mental health, is treatment gap which is regarded as an indication of accessibility, utilisation and quality of health care (Amudhan, Gururaj, and Satishchandra 2015, 3). Treatment gap has been defined as the "number of people with active disease who are not on treatment or on inadequate treatment" and the overall treatment gap in India has been reported at 83 per cent for any mental disorders (NMHS, 2016). The treatment gap is likely to increase disability among people with mental illness. The WHO survey showed that 35 to 50 per cent and 76 to 85 per cent of the mental healthcare cases in developed countries and the less-developed countries respectively had no treatment in 12 months (Demyttenaere et al. 2004, 2588).

1.3.3. Local Scenario on Adolescents' Health and Wellbeing

The promotion of mental health and researches on mental health is increasing in the recent years in Nagaland, however, the limited data on mental health that are available are the few academic researches, surveys and reports published in the local dailies. According to the reports published in the local dailies, depression and bipolar disorder are the most common mental illness among the youths, most of whom are students. These students were prone to mental illness basically due to "work stress, anxiety disorder and substance abuse" (Kire 2016). A study conducted by Keyho et al.(2019) in the state capital among the adolescents found the prevalence of mental health status based on the total difficulties score on the Strengths and Difficulties Questionnaire (SDQ) to be 17.2 percent at the abnormal level and 28.8 percent at borderline level. With problems related to emotional issues, 13.5 percent and 17.1 percent participants had borderline and abnormal scores respectively. Another study conducted by (T. Jamir & Borooah, 2019) in the Kohima District among Ao tribal adolescents found perceived parenting styles of parents a strong predictor of the psychological well-being of the adolescents. And also low psychological well-being amongst male adolescents was observed with perceived authoritarian parenting of fathers. Study on prevalence and source of stress among college going students by Gonmei and Devendiran(2017) observed high level of stress at 6.6 percent of the total population basically prompted by academic related factor. Another study on depression among senior secondary adolescents by Tzudir and Gangmei(2015) observed prevalence of a 'very low depression' score among 32percent of the respondents. Study of Nuken and Singh(2013) on risk taking behaviours of youth (15-24 years) revealed the youths start initiation of risk-taking behaviour as early as their teenage years. Besides other risk behaviours, childhood exposure to alcohol was found to have significant association with their pattern of alcohol use. According to NMHS (2016), the neighbouring states of Nagaland, Assam (27.3%) reported a high prevalence of substance use disorders; while Manipur (5.75%) reported high burden of neurotic and stress related disorders. According to India's National Crime Records Bureau (2019),in 2018 in India, Nagaland reported the lowest case of suicide, while ranked the second lowest suicide rate with 1.7 per cent, along with Manipur state, as

against 10.2 per cent of the national average. However, in terms of significant rise in suicide rates, Nagaland was among the top five states/union territories.

1.4. Adolescence Health Programmes in India

The Ministry of Health and Family Welfare with the introduction of RMNCH+A, thereby introduced the Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out to all the categories and section of the adolescent society. It began with focus on the sexual and reproductive health, which has now incorporated "nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse". It is a shift from the clinical based services to community based services, from the curative perspective to the preventive perspective. Some of the programmes undertaken by the Ministry of Health and Family Welfare under the National Health Mission are:

1. Adolescent Reproductive and Sexual Health Programme (ARSH): this programme focuses on the reproductive and sexual health of adolescents which incorporates control of early or teen pregnancy, unsafe sex, maternal deaths, STIs and HIV/AIDS.
2. Weekly Iron & Folic acid Supplementation (WIFS): This programme was introduced to combat anaemia in adolescent boys and girls through ingestion of weekly supplement of Iron Folic tablets. It targets all school going adolescents through the platform of government aided schools and Anganwadi centres and also reaches out to out of school adolescent girls.
3. Menstrual Hygiene Scheme (MHS): This scheme was introduced for the promotion of menstrual hygiene among menstruating adolescent girls, especially in the rural areas by distribution of free sanitary napkin packs and giving awareness on menstrual hygiene.
4. School Health Programme (SHP): This programme targets school going children and adolescents in the age group of 6 to 18 years in addressing their physical, mental, nutritional, immunization, physical activities and counselling needs. Health screening for early detection of diseases, disabilities and deficiencies are conducted from time to time in the

schools. They further make linkages with the secondary and tertiary health facilities as and when required.

5. Besides the above mentioned programmes specifically meant for the adolescents, the National Mental Health Programme (NMHP) also undertake various activities for the mental health of the school going children and adolescents. Awareness talks on mental health and disorders among the students are being conducted in the schools and colleges.

1.5. Overview of the Literature

Adolescence has gained due interest and attention among the researchers from various disciplines. Various dynamics associated to adolescence has been studied all over the world among different races, cultures and societies. These dynamics include the psychosocial development, problems and coping mechanisms of the Adolescents and other factors associated with it, such as family, school, social relationships and their overall life satisfaction.

Adolescents' problem behaviour and its association with family factors have been studied in a wide range (Sim, et al., 2009; Elena-Adriana et al., 2012; Palmer, Welsh & Tiffin, 2016; Suldo, Shaunessy, & Hardesty, 2008; Jewell & Stark, 2003; Jogsan, 2012). These studies basically considered problem behaviours such as deliberate self-harm, conduct disorder, depressive disorder, stress, drug use, alcohol consumption among the adolescents. Various studies also studied family conflict and development of adolescents' risk behaviours (Rovis, Bezinovic & Basic, 2015; Choo & Shek, 2013).

Family has been an important factor of interest when it comes to adolescent studies. Family environment's association with mental health and psychosocial wellbeing of the adolescents has been thoroughly investigated (Sharma, Pandav & Lally, 2015; Kamble & Kumaje, 2015; Joronen & Åstedt-Kurki, 2005; Sun, 2001; Deb, McGirr, Bhattacharya & Sun, 2015; Sbicigo & Aglio, 2012; Rodriguez et al., 2014; Pegah, 2009; Sathyabama & Eljo, 2014; Bagi & Kumar, 2014; Mishra & Shanwal, 2014; Vandeleur, et al., 2009). These studies basically deliberated psychosocial areas such as subjective wellbeing, self-efficacy, self-esteem, adjustment, anxiety, self-concept, self-confidence and overall general wellbeing. Adolescents belonging to step families and their wellbeing have been investigated but

scarcely(Manning & Lamb, 2003; King, Boyd & Thorsen, 2015; King & Boyd, 2016). Also, family rituals such as family dinner, celebrations of birthdays, anniversaries, Christmas, etc have been given due attention for its association to adolescents' wellbeing by few researchers (Musick & Meier, 2012; Santos, Crespo, Silva, & Canavarr, 2012; Utter et al., 2013).

Researchers have expanded their investigation to social support and its contribution in the well-being of the adolescents. Sources of support and social networks of the adolescents have been duly explored (Camara, Bacigalupe & Padilla, 2017; Holden, Brown & Mott, 2009; Cheung & Sim, 2014). Social support in the form of social media has been scarcely probed (Frison & Eggermont, 2016).Social support's role in building self-esteemand wellbeing has also been studied by few researchers (Ikiz & Cakar, 2010; Ronen, Hamama, Rosenbaum, & Mishely-Yarlap, 2016).

Adolescents' Perceived wellbeing has been examined by various researchers (Petanidou, et al., 2013; Rajachar and Gupta, 2017; Kamaraj, Sivaprakasam, Ravichandran, & Pasupathy, 2016). These perceived wellbeing, satisfaction and quality of life have often been associated with social support (Campos et al., 2013; Reyhani, Mohammadpour, Aemmi, Mazlom & Nekah, 2016); Kumcagiz & Sahin, 2017). While, also Suicide and its association with the quality of life of adolescents have been scarcely studied (Hidalgo-Rasmussen & Martín, 2015).

There are copious literatures available on adolescence and studies being conducted by different disciplines from different perspectives. Most of the study on adolescents' family environment and quality of life were conducted on respondents with specific physical disabilities and physical illness. Also studies on the general population of the adolescent were conducted with more deliberation on the influence of family environment on academic achievement, performance of the adolescent and their wellbeing. In the area of social support, focus has been given mostly on family and peer support and also there are limited studies on social support seeking in the social media and support provided by the religious institutions. Lastly, studies on the interrelationships between family environment and social support are limited.

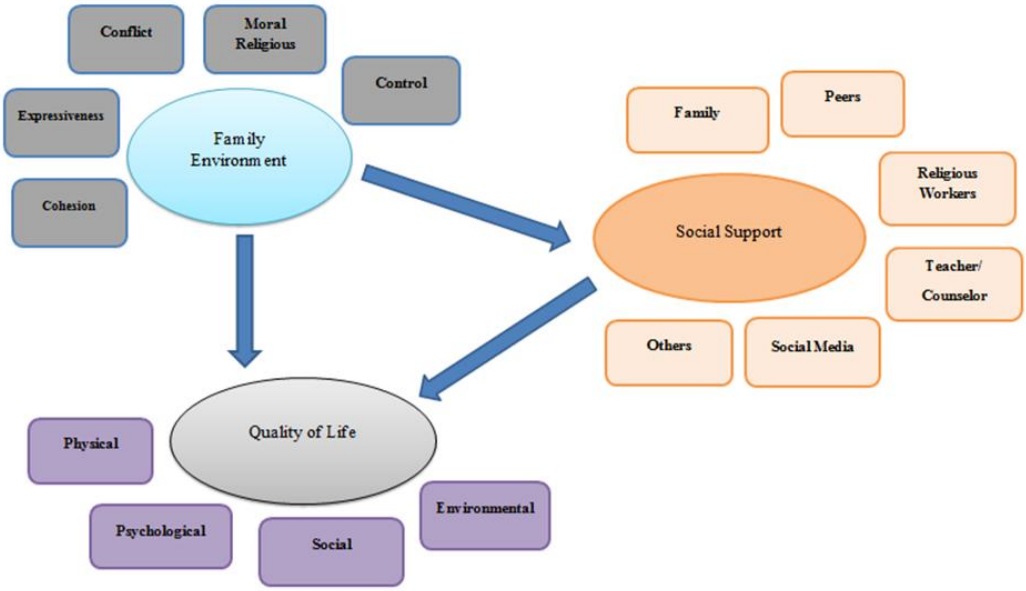
The present study, therefore, aims to study the family environment of the adolescent and inter relate it to their general quality of life as perceived by the

adolescent and the sources of social support provided not only by family and peers but also from social networking sites and the religious institutions. The present study will also provide perspectives on the subject from the key informants, such as, parents, teachers, spiritual leaders and mental health professional.

1.6. Theoretical Framework

The present study incorporates the family system theory of Bowen and the social support theories of Stress Buffering and Relational Regulation Theory. These theories are envisioned to help better understand how family environment can produce healthy or unhealthy outcomes among children and adolescents and how social support channels towards better outcome and wellbeing.

Figure 1: Theoretical Framework



Source: Constructed

1.6.1.Bowen's Family System Theory

Bowen's family system theory (1988) was a more specific focus given to families based on the ideas of physicist Bertalanffy's general system theory which views individuals as a whole and not just merely by their impulses, feelings and behaviours. Bowen considered family as a system or an organism with emotional interdependence among the family members. The problem of one member in the family is considered as a dysfunction in one part of the system. One member's reaction, emotions and action influences all the other members reaction and

functioning. During heightened anxiety, the emotional interconnectedness of the family is disturbed which can lead to change in the relationship pattern among the family members and their connectedness or distance. In order to treat the problem, Bowen considered understanding the family structure and behaviour beneficial, because he believed that behaviour change in one member influences the whole family functioning in one or the other way.

In his theory, Bowen defined two life forces which are playing part in human relationships. The first life force is the force for togetherness which involves the desire to "be a part of like-minded beliefs, principles, values, and feelings". The second force is the force for individuality which means to establish a separate identity from others. Therefore, according to Bowen, "the togetherness force assumes responsibility for others wellbeing, while the individuality force assumes responsibility for one's own happiness and comfort and well-being" ("Bowen Family Systems Theory," n.d.).The family system theory talks about eight emotional processes which explain the complex behaviour of individuals and family. The central point of the family system theory is to understand the family system as a whole instead of trying to understand the individuals individually. Family therapy based on the Family System Theory has been widely used for mental and behavioural problems of individuals by mental health professionals. "Family therapy has been shown to be effective in dealing with problems related to families, couples and individuals" ("Family Systems Therapy," 2018).

1.6.2. Stress Buffering Theory of Social Support

Social support theories have been distinguished based on its role in stress buffering and main effects. The idea is that stress buffering indicates high linkage between stressful event and poor mental health among people with low social support. In other words, it means that there is no link between social support and mental health in the absence of stressful event. On the other hand, main effects indicate that people with high social support have better mental health regardless of the stress events and levels of stress.

Stress buffering concept opined that social resources will remediate the pathological effects of the stressful events. Chronic or stressful events put demands on the person which can be beyond the capacity of the person to manage. These stressful

experiences put people into the risk of pathological condition on social, psychological or physical domains which are thought to be buffered by availability of social support. Stress buffering concept was first proposed by John Cassel and Sidney Cobb in 1976. Cassel opined that stressful events put person at risk of pathological condition when there is absence or little response from the social environment. Also people, whose social network provides constant feedbacks and communications, are able to alleviate the risk of stressful events. Likewise, Cobb opined that individuals who have networks, constantly indicating that they are cared for and belonged to a mutual network, are protected or buffered from the risk of stressful events. Social support play important role in providing protection from stress inducing events. Firstly, support may interfere between stress event and stress reaction by altering one' appraisal to stress because of the availability of social support network. Secondly, support availability may interfere in the thought and impulsive act of maladaptive response to stress. Thirdly, support may alleviate the risk by actually providing solution to the problem or reduce the perceived importance of the problem or by providing a distraction.

1.6.3.Relational Regulation Theory of Social Support

The Relational Regulation Theory (RRT) was developed to understand perceived support's main effects on mental health. In other words, RRT elucidate that people who regulates their emotions by ordinary conversations, engaging in group activities and sharing experiences comes with better perceived support and better mental health in comparison to people who make single conversations about how to cope with their stress. This regulation is primarily relational in nature since the types of people and the social interactions that regulate the persons are mostly based the personal choice (Lakey & Orehek, 2011).

According to Lakey and Orehek(2011, p. 485), "*RRT defines relational regulation as desired affect, action, or thought that results from interacting with or thinking about specific other people*". To summarize, RRT attempts to explain main effects between perceived support and mental health by describing how people regulate their affect through ordinary yet affectively consequential conversation and shared activities. Perceived support typically does not cause affect directly but emerges from the types of social interaction that successfully regulate affect. Affect

regulation via social interaction is primarily relational in that the people and activities that regulate affect are largely a matter of personal taste. Relational Regulation Theory predicts that social support and psychotherapeutic interventions will be more successful if designed to reflect relational influences.

1.7. Statement of the Problem

Adolescence being considered a period of storm and stress is the most critical stage in human growth and development. It being a transformation phase from childhood to adulthood, individuals begin to take up the adult behaviour and in doing so; also take up the harmful behaviours. It is also the most crucial parenting stage for the parents as well. Various researches conducted on the family in other cultures and societies indicated relative effects of family system and environment on the adolescents' behaviour, academic performance, socialization, self-esteem and overall well-being (Palmer, Welsh and Tiffin, 2016; Jewell and Stark, 2003; Leme, Prette and Coimbra, 2015; Sun, 2001; Deb, McGirr, Bhattacharya and Sun, 2015; Holden, Brown and Mott, 2009; Anders, 2011). The present generation parents of the adolescents in the Naga society are mostly first or second generation learners and at the most third generation learners. In this young educated society, there is seldom any research conducted on the family. The family which is the primary institution where children learn and develop early behaviours has transformed a lot since its encounter with the Western culture and introduction of education and Christianity. Priorities of family have significantly shifted to education and career of its members. There is the rising trend of parents sending their children to hostels from as early as primary schooling. This has somehow transferred the task and responsibilities of nurturing the children from parents to the hostel wardens and other caregivers. In such a situation, the source and the kind of social support children and adolescents receive likely affect the way they perceive their value and quality of life. In the recent years when health professionals are promoting mental health and upbringing of mentally healthy individuals, the need to understand adolescents' life and wellbeing from their perspective is of great significance, especially in a tribal Naga society which has experience intense cultural influences from the West and other Asian countries like South Korea.

1.8. Objectives

The objectives of the present study are:

1. To study the family environment of the adolescents;
2. To identify the psychosocial problems of the adolescents;
3. To probe into the sources of social support of the adolescents;
4. To assess the quality of life of adolescents;
5. To assess the relationship among family environment, social support and quality of life.

1.9. Hypotheses

The following hypotheses are derived from the available literature and theories which the present study aims to validate empirically.

H_1 : There is a relationship between form of family and family environment.

This hypothesis derives its inspiration from the study of Manning and Lamb (2003).

H_1 : Higher frequency of family meal is associated to better quality of life.

This hypothesis derives its inspiration from the studies of Utter et al. (2013), Santos et al. (2012) and Musick and Meier (2012).

H_1 : Adolescent boys have better quality of life than adolescent girls.

This hypothesis derives its inspiration from the studies of Lima-Serrano et. al. (2013), Haraldstad et al. (2011), Langeland et al. (2019) and Jiménez-Iglesias et al. (2015).

H_1 : Younger adolescents have better quality of life than the older adolescents.

This hypothesis derives its inspiration from the previous studies of Jiménez-Iglesias et al. (2015) and Haraldstad et al. (2011).

H_1 : Adolescents who perceive available social support have better QoL.

This hypothesis derives its inspiration for the relational regulation theory of social support.

H_1 : Adolescents who seek social support have better QoL.

This hypothesis emerged from the interest of the researcher.

1.10. Chapter Scheme

The report writing of the present study is organised into eight (8) chapters in total. The chapter scheme is briefly discussed in the following:

Chapter I: Introduction

The first chapter discusses the overview and background on the subject being investigated. Besides the basic concepts on adolescence, family environment, social support and quality of life and wellbeing, it also presents the current scenario of adolescent's health globally, nationally and locally and briefly discusses the Indian Government's health programmes for the adolescents. A brief overview of the available literatures on the subject being studied and the theoretical framework adopted for the present study are also discussed in the first chapter.

Chapter II: Review of Literature

The second chapter reviews the available literature on family environment, social support and quality of life and wellbeing of adolescents and discusses the gaps identified from the available literature.

Chapter III: Methodology

The third chapter presents the methodology adopted to undertake the present study. It briefly gives background information about the setting of the study and presents the research design, sampling methods, tools employed, data collection methods and analysis. It also explains the concepts and definition of the variables being studied.

Chapter IV: Socio Demographic Profile of the Adolescents

The fourth chapter deals with the data analysis pertaining to socio-demographic profile of the respondents which also includes the respondents' family profile such as their family composition, socio-religious practices and their economic profile.

Chapter V: Psychosocial Characteristics of the Adolescents

The fifth chapter deals with the analysis pertaining to psychosocial aspects of the respondents which includes the respondents' lifestyle practices and the psychosocial problems associated to them.

Chapter VI: Family Environment, Social Support and Quality of Life

The sixth chapter presents the quantitative and qualitative analysis and findings pertaining to the family environment, parent-adolescent relationship, social support and quality of life of adolescents.

Chapter VII: Summary and Conclusion

The eighth chapter is the last and final chapter that briefly summarises the entire thesis, the major findings, discussion and suggest measures on the basis of findings of the present study.

In this chapter, an overview of the existing socio-cultural practices and the family system in the Naga society has been presented. Description of the scenario of adolescent's health in the global, national and local perspectives, health programme for the adolescents, overview of previous researches, statement of the problem, theoretical frameworks and plan of the present study were also presented. In the next Chapter II, the reviews of literature related to the theme of the present study are being analysed.

CHAPTER II

REVIEW OF LITERATURE

CHAPTER II

REVIEW OF LITERATURE

This chapter presents review of literatures on the subjects related to adolescents' family, social support and quality of life collected from various online and offline sources in the form of research articles, review articles, books, documents and reports. The literatures were reviewed based on their objectives, methodology and results established to understand the developing concepts and already established facts and to find the gaps in the available literature. The literatures in this chapter are organised into three main headings: family environment and adolescents, social support and adolescents and quality of life of adolescents. Literatures related to the concept of the present study are comprehensively reviewed below.

2.1. Family Environment and Adolescents

Family is an integral part of human life and the society. It is considered as the primary social institution where the early social behaviours, roles and responsibilities are learnt. Previous researches have indicated the existing family dynamics, relationships, communication, cohesion, belongingness, emotional responses and events to have association to adolescents' wellbeing both constructively and critically, and consequently, Camara et al. (2017) states the dual role of interpersonal relationships as sources of social support as well as stressors. To understand the association of family and adolescents' wellbeing, the existing literatures have been organized into the following four sub-headings.

2.1.1. Family Environment and General Wellbeing of Adolescents

Studies which have been conducted to understand the relationship of family related factors with adolescents' wellbeing were abundant. These relevant literatures have been reviewed in this sub-section below.

Wu and Qi (2020) investigated parenting practices and children's psychological wellbeing in China using the 2014 wave of the China Family Panel Studies (CFPS) data which consist of children in the ages of 10 to 15 years. Child subjective wellbeing was measured in terms of frequency in six indicators; depression, nervousness, restlessness, hopelessness, helplessness and meaninglessness. The study reveals that good parenting styles were crucial and it

significantly stimulated all six domains of subjective wellbeing, excepting feelings of meaninglessness.

Syiem & Hangsing (2020) studied family environment and parent child relationship adolescent learners in lower Subansiri district of Arunachal Pradesh. The study included 1146 secondary and higher secondary students selected using stratified random sampling technique. The study used the Home Environment Scale, The Parent Child relationship Scale and Socio-economic Status schedule. The findings revealed adolescents perceiving high expectations from their parents. Males reportedly felt more controlled and disciplined by their parents. The respondents reported cordial relationship with their parents, especially with the mothers. The protectiveness factor was more significant in nuclear families. Positive correlation was revealed between parent-child relationships and socio-economic among adolescents who belonged to joint family, rural locality and female adolescents.

Jamir and Borooah (2019) studied the relationship between perceived parenting styles and psychological well-being of Adolescents. Their samples consist of 200 Ao-Naga adolescents in the ages of 14 to 19 years. The study employed the Parenting Authority Questionnaire (PAQ; Buri, 1991) to measure Baumrind's three parenting styles. Authoritative parenting was found to be the dominant parenting style adopted by both the mothers and fathers and it was link to psychological well-being of both the female and male adolescents. Besides that, perceived authoritarian parenting style of fathers was linked to low psychological well-being amongst male adolescents. Hence, the authors conclude that the type of parenting style adopted by the parents is associated to the overall well-being of the children.

Selvaraj & Kadhiravan (2019) studied the influence of family environment and decision making styles on adjustment among adolescents in Tamil Nadu. They used the Family Environment Scale by Bhatia and Chadha and Flinders' Decision Making Form. The sample consisted of 785 adolescents studying in grade 9^{th} and 11^{th}. The results indicated that significant positive relationship between family environment and adolescent adjustment. They found that 29 per cent of adolescent adjustment can be predicted by the family environment.

Chanchal & Kansal (2016) attempted to investigate the mental health of adolescents in relation to emotional maturity and family environment in Punjab. A

total sample of 580 adolescents in the age group of 13 to 18 years selected randomly took part in the study. The tools used were Mental Health Battery by Arun Kumar Singh and Alpana Sen Gupta (1983), Emotional Maturity Scale by Yashvir Singh and Mahesh Bhargava (1993) and Family Environment Scale by Harpreet Bhatia and N. K. Chadha (1993). The findings of the study revealed that male adolescents have better mental health in comforts on to female ones. It revealed that those who were found mentally healthy were also found emotionally mature. The result also indicated no significant relationship was found between mental health and family environment of adolescents and further revealed negative correlation between mental health and emotional maturity of adolescents.

King and Boyd (2016) studied adolescents' perceptions of family belonging association with adolescent well-being among adolescent living with both biological parents. They hypothesised the relationship of mother-child and father-child to be the predictor of family belonging which in turn lead to wellbeing of the adolescents. Data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) was used where 9686 samples fulfilling the criteria of living with both biological parents were obtained. Structural equation modelling (SEM) techniques was adopted to conduct the analysis. The results indicated that adolescent's relationships with "each parent strongly and independently contributed to feelings of family belonging" which shows that both mothers and fathers plays similar role in making their children feel they belong. The quality of mother–father relationship did not find direct association with adolescent perceptions of family belonging. Girls, younger adolescents, immigrants and religious adolescents predicted higher feelings of belonging.

Soni & Azara (2019) conducted a comparative study of early and late adolescent male and female on family environment aggression and problem areas of adolescence in Kumaun. The total sample consisted of 400 adolescents in ages 13 to 21. The tools used were Family pathology scale, Parenting style scale, Problem checklist and Aggression inventory. The findings showed that males faced more rejection, carelessness, expectation and conflict than the females; while females were disciplined more than the males. The results showed significant difference between

early and late adolescents in four areas of assault, indirect aggression, irritability and negativism.

Elena-Adriana et al. (2012) examined the influence of family environment on the adolescents' irritability using the Child and Adolescent Scale of Irrationality (Michael Bernard and Felicity Cronan) which consist of four indicators, namely, intolerance to frustration caused by rules, intolerance to frustration caused by work, absolutist requirements for justice and global assessment of one's own person. Adolescents in the age group of 14 to 20 years comprising of a total of 114 samples took part in the study. These adolescents were grouped into functional and dysfunctional families. The result revealed that "most of the teenagers from dysfunctional families exhibit a rigid adaptation to norms more than the teenagers from functional environments". Also respondents from dysfunctional families exhibit more "offensive attitude towards school requirements, or requirements which involve persistent effort". They are also "characterized by a higher level of irrational beliefs and dysfunctional negative emotions, as well as by a lower level of self-esteem, self-efficiency and unconditional acceptance of one's own person, compared to teenagers from functional families".

Sbicigo and Aglio (2012), in their study, tested the predictive relationship between family environment (measured by the dimensions of cohesion, hierarchy, support and conflict) and indicators of psychological adjustment (self-esteem, general self-efficacy and low levels of self-depreciation) in adolescents. The participants included 656 students aged between 12 and 18 years old from public schools. They answered the Brazilian Youth Questionnaire, Family Climate Inventory, Rosenberg Self-Esteem Scale and General Perceived Self-efficacy Scale. Cluster sampling was used to choose the participating schools and twelve schools were randomly selected for the study. The results indicated that the family environment (cohesion, support, and lower rates of family conflict) were significant predictors of psychological adjustment (self-esteem and general self-efficacy). The study shows that family cohesion and family hierarchy were independent constructs which "suggests that the perception of rules and differentiation of power among family members does not necessarily imply a stronger or weaker emotional bond in the family".

Rodriguez et al. (2014) examined the role of coping in the relationship between family environment and mental health problems in adolescents with emotional and behavioural difficulties. A total of 417 adolescents, aged 13 to 20 years, participated and reported on their family environment, coping, emotional and conduct problems. The study used Family Assessment Device (Epstein et al., 1983), Children's Coping Strategies Checklist (Ayers et al., 1996) and Strengths and Difficulties Questionnaire (Goodman, Meltzer, & Bailey, 1998). The result proved that family environment characterized by high conflict, low communication, and under or over involvement was associated with less engagement coping and more emotional and conduct problems; while less cognitive restructuring and emotion-focused support-seeking was associated with more mental health problems. It was also found that "frequent use of both cognitive restructuring and emotion-focused support-seeking was associated with fewer conduct problems" thereby suggesting that "engagement coping strategies may be important mechanisms for prevention and intervention for conduct problems" (p. 1138).

Mishra and Shanwal (2014) stated that Indian family which plays a particular role in developing virtues to children were undergoing a considerable change from value orientation to living standard, pattern and interaction. They explored the relationship between family environment and self-efficacy of adolescents. The study employed the Family Environment Scale (Bhatia and Chaddha, 1993) and General Self-efficacy Scale Hindi by Jerusalem and Schwarzar (1992). The sample comprised of 130 respondents within the age group of 13 to 18 years. The result showed that family environment and self-efficacy has positive correlation. All the components of family environment had correlation with self-efficacy except with the conflict component. The study indicated that healthy family environment corresponds to higher self-efficacy.

Deb, McGirr, Bhattacharya and Sun (2015) examined the relationships among home environment, parents' personality and mental health of adolescents with a focus on adjustment, anxiety, self-concept and self-confidence. The study sample was collected from six higher secondary schools in Kolkata. Selection of sample was done with a two-stage sampling method; first, three Higher Secondary schools were randomly selected each from North and South Kolkata and secondly, students from

Grades 11 and 12 were enlisted during a single field visit. The samples were in the age group of 15 to 18 years of age comprising a total sample of 370. A semi-structured questionnaire was developed including the Self-concept scale, Beck Anxiety Inventory and Social Adjustment Inventory for the study. The result revealed correlation of a disturbed family environment with adolescent anxiety. Adolescents who reported inability to share personal problems with their parents experience higher anxiety, lower emotional, social adjustment, lower self-concept and self-confidence. Also adolescents who experience parental interference experience more anxiety and adolescents who experience a high parental pressure in relation to their academic achievement have significantly "higher anxiety, lower emotional adjustment and lower self-concept".

Similarly, Sathyabama and Eljo (2014) examined the relationship between family environment and its relationship with mental health of adolescent girls. The family environments of the respondents were assessed by using Family Interaction Pattern Scale developed by Bhatia (1986) and mental health of the respondents were assessed by PGI General Well Being Scale (Positive Mental Health) by S.K.Verma (1986). A total of 96 adolescent girls, 32 respondents from each strata, between the age of 13 to 16 years were selected through disproportionate stratified random sampling procedure in Government Higher Secondary School. The results indicated that more than half of the respondents have low scores in various dimensions of family environment; reinforcement, social support system, role, communication, cohesiveness and leadership. The overall general wellbeing of the adolescents was also low in more than half of the respondents. There was a significant relationship between the family environment and General Well Being of adolescent girls indicating that general wellbeing was dependent on the family environment.

Sharma, Pandav and Lally (2015) examine the relationship between the family environment and subjective wellbeing of adolescents. Using stratified random sampling, the study sample were selected from different schools of Lovely University in the age group of 16 to 21years consisting of a total of 160 adolescents. The study employed the PGI general well-being (Verma & Verma) and the Family Environment Scale (Bhatia & Chadha, 1993). The result revealed positive correlation between

family environment and well-being, while there was no difference of subjective wellbeing between male and female adolescent.

Kamble and Kumaje (2015) investigated the effects of avoidance family relationships on the mental health of high school students among different social groups. The sample consists of 54 students in the age range of 12 to 16 years. The study used the Family Relationship Inventory (Sherry and Sinha, 1987) and the Socio-Economic Status Scale (D. S. Janbandhu). The result showed that there was significance of the effects of avoidance family relationship on the mental health of adolescents indicating that adolescents who were avoided by their family had disturbed mental health. Irrespective of the socio-economic status of the family, adolescents were equally affected by mental health issues.

In the study conducted by Bagi and Kumar (2014) to study the relationship between family environment and subjective wellbeing of adolescents, subjective wellbeing was not significantly correlated with any of the factor of family environment. The Sample comprised of 100 college students between the ages of 18 to 24 years old purposefully selected. Family environment scale (FES) by Bhatia & Chadha (1998) and PGI general Wellbeing Measure by Verma & Verma (1978) were used for the study. Results showed that "relationship dimensions of family environment showed positive and significant inter correlations with each other which showed that there was no problem in the family relationship" (p. 274). However, it was found that family environment was not significantly correlating with subjective wellbeing of adolescents, concluding that "family environment does not necessarily imply subjective wellbeing of adolescent" (p. 274).

Agrawal & Pandey (2010) studied about the family environment of adolescents in relation to their values and emotional intelligence in Varanasi. 480 Students studying in standard 9 were included in the study. They used Home Environment Inventory of Karuna Shankar, Value Awareness Questionnaire of Kalplata Pandey and Geeta Dubey and Emotiional Intelligence Test constructed by the researcher. Negative relationship was revealed in certain dimensions of family environment with expressing emotions. Increased perception in control, protectiveness and conformity resulted in decreased of emotional expression.

Kaur (2013) studied parents' and adolescents' perception of family environment in defence officers' families in India. Families in defence services experience unique environment and culture. The author states that "frequent deployments, resultant family separations, and life threatening jobs are common experiences of defence families" (p. 39). Therefore, Wood et al (1995) stated that "frequent changes of schools and peer group are common experiences" of the children of parents in defence service; that "father's absence is commonly experienced by defence children" (as cited in Kaur, 2013, p. 39). The study was conducted on adolescents and their parents servicing in Army, Navy and Air Force. It was carried out on 240 defence families, 80 respondents from each defence wing. The sample comprised of 120 girls and 120 boys in the age group of 11 to 18 years. Family Environment Scale (FES by Vohra 1997) was used. The results indicated that despite several services related stressors, adolescents and their parents had a favourable perception of their family environment in all the three defence wings. Overall, family environment dimensions of expressiveness and cohesion were perceived as the strongest and recreation orientation and independence as the weakest dimension. Significant difference in perception of adolescents and the parents exists only in dimensions of moral orientation and competitive framework.

Seema & Singh (2013) studied family environment and risk taking tendency among adolescents as a function of ethnicity and gender in Rampur District. A total of 240 adolescents in the ages of 15 to 18 years old studying in 10^{th} to 12^{th} class of CBSE took part in the study. They used self-developed Family Environment Scale and Risk taking questionnaire of Sinha and Arora. The findings revealed a positive correlation was found between family environment and risk taking tendency. It also revealed that the male and female adolescents exhibited same amount of risk taking tendency meaning that the risk-taking tendency of the male adolescents does not differ from the risk-taking tendency of females.

Jogsan (2012) explored the family environment and existence of depression among drug users and non-drug users. He employed the Moos and Moos' Family Environment Scale (Hindi adaptation by Joshi and Vyas, 1987) and Beck Depression Inventory (Beck, Ward, Mendesion, Mock and Drbauge, 1961). The sample consists of 30 drug users and 30 non-users in the age group of 17 to 26 years. There were

significant difference in family environment factors and depression among drug users and non-users. Non-drug users had more scores in all the components of family environment except in conflict.

Joronen and Åstedt-Kurki (2005) attempted to understand familial factors that contribute to adolescents' satisfaction and ill-being with a qualitative approach. They conducted semi structured interviews with 19 adolescents from the 7th and 9th grades, out of which 12 were girls and seven were boys. The data were analysed using qualitative content analysis. The analysis reveals six themes concerning familial components to the adolescents' satisfaction, which includes comfortable home, loving atmosphere, open communication, familial involvement, external relations and a sense of personal significance in the family. The familial components related or contributing to ill-being of the adolescents include three themes such as, familial hostility, ill-being or death of a family member and excessive dependency.

Kakihara and Tilton-Weaver (2009) tried to interpret adolescents' perception of parental behavioural and psychological control. The study employed experimental design to examine type of control, level of control and domain of control. A total of sixty seven students in the ages of 12 to 17 years took part in the study. The result revealed that adolescents did not differentiate parental behavioural and psychological control at high level of control, indicating the control as "less mattering and more intrusiveness". The adolescents also negatively interpreted high level of control in their personal domain. Overall, the results suggest that "psychological processes of adolescents are affected by both behavioural control and psychological control when they are exerted at high level and over issues of personal choice" (p.1734).

Vandeleur, Jeanpretre, Perrez and Schoebi (2009) investigated the relationship between family cohesion and family bonds with emotional wellbeing of the adolescents and their parents. The study specifically designed the diary software Family Self-Monitoring System revised version (FASEM-C of Perrez, Schoebi, & Wilhelm, 2000) which gathered data daily for a period of one week. They also used the Family Life Scale based on the Coping and Stress Profile (Olson & Stewart, 1991). The sample consist of 95 families, both parents and one of their adolescent children, preferably the oldest in the age of 13 to 19 years were included. The result revealed contribution of higher cohesion and satisfying family bond with emotional

wellbeing among the family members. While there was association of family cohesion and emotional wellbeing among the fathers, it was not so among the mothers, instead relationship outside the family, such as friends and colleague, contributed more towards the wellbeing of the mothers. Among the adolescents, family cohesion was associated with wellbeing. Overall, fathers, mothers and adolescents reported high level of wellbeing and satisfying family bond mediated between family cohesion and emotional wellbeing.

In order to compare the perceived family environment and positive mental states among the adolescents of Iran and India, Pegah (2009) studied 400 adolescents aged 16 to 19 from Iran and India of which half were male and half female. Two hundred adolescents were randomly selected from the public schools of Iran and another 200 adolescents from India. Family environment scale by Moss and Moos (1994), the Oxford Happiness Questionnaire by Hills and Argyle (2002), Adult Trait Hope Scale by Snyder et al. (1991), and The Life Orientation Test by Scheier and Carver (1985) were performed. Results showed that adolescents' positive mental states have negative correlation with conflict dimension of family environment; and positively correlating with cohesion, expressiveness and personal growth, system maintenance dimensions of family environment.

Suldo, Shaunessy, and Hardesty (2008) who studied stress among High school students stated that “adolescence is a developmental period when children may be particularly vulnerable to the negative effects of stress” (p. 237). The study attempted to study stress, coping and mental health of high achieving adolescents. They used Perceived Stress Scale-14, Adolescent Coping Orientation for Problem Experiences (ACOPE), Students’ Life Satisfaction Scale (SLSS; Huebner, 1991) and Self-Efficacy Questionnaire for Children (SEQC; Muris, 2001). In total, 307 students in age group of 14 to 19 years old participated in the study. Their study found family communication negatively correlating with perceived stress thereby indicating that family communication may be a more adaptive coping strategy, also positive appraisal and family communication were associated with increased life satisfaction. The other results indicated that students who used substances such as alcohol or drugs to cope with stress were more likely to experience problems like depression and

anxiety; while students who used anger coping strategies were more likely to experience problems like aggression and conduct disorder.

Similarly, with regard to academic stress and the quality of family relationships, Anders (2011) examined the relationship between them in a total of 131 college-aged students. The findings showed that there was a negative correlation between stress and family relationships among college freshmen. Correspondingly, Gonmei and Devendiran (2017) who studied the psychosocial factor of stress and the coping pattern of youth found that academic was the most dominant factor of stress, while family was the second dominant factor of stress.

2.1.2. Family Rituals and Adolescents' Wellbeing

In this sub-section, researches conducted to assess the relationship of family rituals with adolescents' wellbeing were probed and identified. Limited studies in this regard were found and reviewed below.

Santos, Crespo, Silva, and Canavarr (2012) explored the relationships among family ritual meaning, cohesion, conflict, and general health-related quality of life and the emotional and behavioural problems of youths with asthma. The study employed the Family Ritual Questionnaire by Fiese & Kline (1993), Family Environment Scale by Moos & Moos (1986), DISABKIDS Chronic Generic Module (2006), KIDSCREEN-10 by Ravens-Sieberer et al. (2010) and Strengths and Difficulties Questionnaire by Goodman (2001). A total of 149 respondents in the age group of 8 to 18 year were selected. The result revealed that youth who have perceptions of stronger family ritual, such as dinnertime and annual celebrations, perceived their families as "cohesive and report less family conflict". According to Fiese et al. (2002), "the interruption of family rituals threatens cohesion because rituals promote communication, positive interactions, support, and involvement" (as cited in Santos et al., 2012, p. 564). The family ritual meaning was also found to be associated with improved quality of life of the respondents. The study also revealed that "family cohesion and conflict mediated the relationship between family ritual meaning and quality of life and between family ritual meaning and emotional and behavioural problems" (p. 565).

Utter et al. (2013) aimed to study the relationships between frequency of family meals and mental well-being among the adolescents. Data from the nationally

representative survey of the health and well-being of secondary school students in New Zealand collected from 96 schools were used to analyse. Participants fulfilling the criteria of the study included 9107 adolescents. the frequency of family meal were categorised into 'never', '1–2 times a week', '3–4 times a week', '5–6 times a week' and '7+ times a week'. The result revealed the respondents with higher frequency of family meals reported better family connectedness, more parental monitoring and better communication with their parents. Positive relationship was observed between frequent family meal and higher wellbeing, lower depression and less risk taking behaviour. Family meals were found to have positive association with better indicators of family relationships. The author discussed that the significant association between frequent family meals and positive well-being may suggest that family meals not only preventing negative emotions but also have the benefit of promoting positive emotions. The authors state the possibility of benefiting from "creating environments where frequent family meals are normative, valued and feasible for families" (p. 910) and conclude that "family meals may provide a unique opportunity for building stronger families and young people".

Musick and Meier (2012) examined the relationship between family dinner and wellbeing of the adolescents using the data of the three waves of the National Longitudinal Survey of Adolescent Health (Add Health). The total respondents fulfilling the criteria and included in the study were 17,977. Wellbeing outputs included in the study were adolescents' mental health, substance use, and delinquency. Significant associations between family dinners and adolescent wellbeing were observed, which shows similar result with the National Centre on Addiction and Substance Abuse (CASA) where "teens who ate fewer than three family dinners per week were about twice as likely to smoke, drink, and get poor grades as compared with teens who ate more family dinners per week" (p. 477).

2.1.3. Parents' Marital Relationship and Adolescents' Wellbeing

Parents are one of the most important persons in children's lives and the quality of the parents' marital relationship highly influences the existing family environment. Limited researches in this regard were identified and are reviewed below.

King, Boyd and Thorsen (2015) mentioned the implication of forming step family given the research indicating that adolescents belonging to step families reported lower wellbeing. Guided by the family systems theory, the study aimed to study adolescents' perception of family belonging in step families focusing on three relationships; mother-child relationship, stepfather-child relationship and mother-stepfather relationship. The study used data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) which had a sample size of 2,085 adolescents living with biological mother and married stepfather. It aimed to study adolescents' belongingness with four indicators; namely, family understands the respondent, respondent's intention to leave home, family spending fun time together and family's attention to the respondent. Adolescent's perceived quality of mother-adolescent relationship particularly, and stepfather-adolescent relationship strongly associated feelings of family belongingness; while the perceived quality of the mother–stepfather relationship had no association with the feelings of family belonging in the adolescents'. "Adolescents who reported being more religious and having more full siblings also reported closer relationships with stepfathers, which contributed to a greater sense of family belonging" (p. 770).

Manning and Lamb (2003) conducted longitudinal study to assess the well-being of adolescents in cohabiting parent and step families. The study used the data from the National Longitudinal Adolescent Study of Adolescent Health (Add Health) which is based on interviews conducted with adolescent students in grades 7 through 12 and their parents in the year 1995. These data were collected from 80 high schools and 52 middle schools in the United States. A total of 13,231 adolescents participated in the study. Adolescents living with cohabiting parent were found to fare worse than those living with both biological married parents. Adolescents living with cohabiting step families experience grater delinquency and lower grades compared to those living with biological married parents and single unmarried mothers. Also, adolescents living in cohabiting stepfamilies experience greater disadvantage, such as suspension and expulsion from school, delinquency and lower grades than the adolescents living in "married stepfamilies". Adolescents living with single mothers and those living with cohabiting step families have similar probabilities of being expelled or suspended from school. Respondents who were close to their mothers had

lower academic and behavioural problems. The authors state the importance of parents' marital status for the children based on their study.

Sun (2001) attempted to explore family environment and adolescents' well-being before and after parents' marital disruption. The analysis is drawn from the data from two waves of the National Education Longitudinal Study (NELS). The final sample qualifying the criteria of experiencing marital disruption between the two waves consists of 798 samples. The results revealed that "both male and female students from pre-disrupted families show signs of maladjustment in every indictor of academic progress, psychological wellbeing, and behaviour problems" even before the family dissolved. Among the male adolescent, the elevated level of marijuana use indicated additional problems. The "families on the verge of breakup are also characterized by less intimate parent-parent and parent-child relationships, less parental commitment to children's education, and fewer economic and human resources". Lastly the author discussed the prediction of post disruption effects on adolescents by the pre-disruption factors.

2.1.4. Family Environment and Risk Behaviour among Adolescents

This sub-section reviews the research studies conducted to understand the roles of family related factors in relation to adolescents' risk taking behaviours. Risk behaviours, here, includes deviance, substance use and deliberate self-harming behaviours.

Rovis, Bezinovic and Basic (2015) examined the relationship and impact of school environment on prevention of development of risk behaviours among adolescents from disturbed family environment. The study was conducted in a random sample of 30 schools comprising of 1519 students. In order to assess school bonding, two indicators were investigated; attachment to school and commitment to schooling. Disturbed family relation includes three indicators; negative relationship with the mother, negative relationship with the father and the aggressive communication style and conflict between parents. The indicators of risk behaviours include antisocial behaviour, gambling and heavy drinking. The study revealed the correlation existing between disturbed family relationships and risk behaviour. Attachment and commitment to school was having correlation with risk behaviour of the adolescents. However, "commitment to schooling proved to be a more significant predictor of risk

behaviours than family relationships" (p. 676). Students belonging to unfavourable family relationships having high attachment and commitment to school had fewer risk behaviours than students with lower attachment and commitment to school. The author discussed the moderating effect of commitment to school on the reduction of adverse effect of disturbed family relationships and risk behaviours. The author emphasize on the role of the "school in the overall development of children and its role as a social compensator for the adverse effects of the primary formative environment" (p. 677).

Palmer, Welsh and Tiffin (2016) attempted to examine the perceptions of family functioning among adolescents who self-harm and compare with healthy adolescents from the community. For the study purpose, 21 adolescents aged 12 to 18 years admitted at four UK medical wards with self-harming behaviour formed the sample of adolescents who self-harm. Two control groups of healthy adolescents were created from the community. The study used the Family Perceptions Scale (FPS), the Strengths and Difficulties Questionnaire (SDQ) to measure emotional and behavioural functioning and the Children's Global Assessment Scale (CGAS). The findings of the study reported poor perceptions of family functioning among the adolescents who engage in self-harming behaviour compared to their counterpart from the community sample; which however, was not observed when "emotional and behavioural distress were controlled". Also there were differences in the perception of family functioning between the adolescents and their family members. Adolescents who self-harm perceived more dysfunction in their family functioning than their family members. The author emphasise the importance of a "comprehensive family assessment to detect absolute changes and disparities in perceived family functioning" which may help guiding a better family interventions.

Choo and Shek (2013) attempted to study the independent impact of mother-child relationship, father-child relationship, family conflict on the frequency of drinking and drunkenness in the existence of peer pressure on drinking. The study utilises the questions on relationship quality with parents, direct peer pressure and the frequencies of drinking and drunkenness from the National Longitudinal Study of Adolescent Health, U.S.A. (Carolina Population Centre, 2003). In order to examine the family conflict, the study used the Resilience and Risk in Adolescent Health

Related Behaviours (RR-HRB) questionnaire (Beavers and Hampson, 1990). Employing the two-stage cluster probability sampling of education stream and school year, 1599 secondary school students took part in the study. The result revealed that "quality of mother-child relationship had main effect on lower frequency of drinking"; while the "father-child relationship had no main effect on drinking behaviour but had a moderating effect on the association between direct peer pressure and drunkenness (p.1152)" revealing that adolescents who had good relationship with their fathers have stronger effect of direct peer pressure. The finding also reveals the main effect of family conflict on drunkenness and a moderating effect on drinking frequency.

Holtzman and Roberts (2012) examined the role of family conflict as a mediator in the relation between exposure to community violence and depressive symptoms. Children in the ages of 11 to 16 year from a summer camp organized by an NGO were invited to participate out of which 232 adolescents took part in it. The study incorporated the Survey of Exposure to Community Violence (SECV; Richters & Saltzman, 1990), conflict subscale of the Family Environment Scale (FES; Moos & Moos, 1994) and the Children's Depression Inventory (CDI; Kovacs, 1985). It was observed that exposure to community violence was related to family conflict and that in turn related to higher levels of depressive symptoms. It was emphasised that "exposure to community violence, particularly through victimization, can lead to intensified family conflict which can then contribute to higher levels of depressive symptoms for these youth".

Sim, Adrian, Zeman, Cassano and Friedrich (2009) tried to study emotion regulation and family environment of the adolescents which may have led to the outcome of deliberate self-harm (DSH) among adolescents. The study mediated the role of emotion processes between family environment and the frequency of DSH. The participants consist of 131 adolescents who had consecutive admission in the child psychiatry department belonging to the age of 13 to 18 years. The study utilized the Self-Injurious Behaviour Interview (Friedrich, 1998), the Emotion Expression Scale for Children (Penza-Clyve & Zeman, 2002; Zeman et al., 2002) and the Childhood Trauma Questionnaire (Bernstein, Stein, & Newcomb, 2003). The adolescents involved in DSH state the role of self-harming to be reducing the negative

emotions they go through. The study observed partial mediating role of emotion regulation between family environment and DSH. It was also observed that females "with difficulties identifying and expressing their negative emotions within an invalidating environment were less equipped to manage strong negative emotional experiences in adaptive ways" (p. 86).

Jewell and Stark (2003) compared the difference of Family Environments of Adolescents with Conduct Disorder and Adolescents with Depressive disorder. The total sample consisted of 34 adolescents, 20 male and 14 female, in the age group of 13 to 16 years from a residential treatment facility. The Schedule for Affective Disorders and Schizophrenia Present Episode Version (K-SADS-P) was used to determine the youth's diagnosis, while their family environment was assessed by the Self Report Measure of Family Functioning (SRMFF) by Bloom (1985). Results indicate that adolescents with Conduct Disorder described their parents as having a permissive and ambiguous discipline style, while adolescents with a depressive disorder described their relationship with their parents as enmeshed.

2.2. Social Support and Support Seeking

"Social support is defined as the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us" (Sarason, Levine, Basham, & Sarason, 1983). "*Social support is considered as a life-saver*" (Harahsheh, 2016). During stressful events, social support is highly sought as a means to cope with the distress. People with high social support are believed to have better coping with stressful events (Salovey, 2000). In this regard, Campos, Borges, Leles, Lucas and Ferreira (2013) stated that "communities with a high stock of social capital tend to present better results in physical health, even when their environments are poor". Consequently, Asian student population were reported to have less positive attitude about seeking professional counselling and preferring to seek informal source of support from family and friends (Morgan & Robinson, 2003).

2.2.1. Social Support and Adolescents' Wellbeing

The transition during early teen years is considered as a highly critical stage from the point of view of social support. Various studies, in this regard, were identified, accessed and reviewed below. These studies deal with the roe of social support in reducing mental distress and contributing to adolescents' wellbeing.

Maheshbabu, Chandrkanth and Chengti (2017) investigated the adjustment and social support of adolescents studying in the Pre-University colleges. The study incorporated two tools; the Adjustment Inventory for School Students (AISS) developed by Sinha and Singh (1984) and Perceived Social Support Scale developed by Vaxu et al. (1986). On the basis of simple random sampling, a total of 120 Pre-University students ranging from 12 to 18 years of age took part in the study which took place in Karnataka. Significant difference in the level of adjustment was found between male and female respondents, whereby male respondents exhibiting greater adjustment overall. In terms of social support as well, significant difference could be found gender wise whereby male respondents exhibiting higher level of social support source from friends and others, however no difference in terms of family support. Finally significant difference between adjustment and social support was established.

Ronen, Hamama, Rosenbaum and Mishely-Yarlap (2016) studied the role of self-control, social support, age, gender, and familial crisis in the well-being of the adolescents. The study used Satisfaction from Life Scale (Huebner, 1991), Positive and Negative Affect Schedule (Laurentetal, 1999), Adolescent Self-Control Scale (Rosenbaum and Ronen, 1991) and Social Support Scale (Cohen and Wills, 1985). The respondents included 380 adolescents in the age group of 13 to 17 years from junior-high and high schools in central Israel. The result revealed that "both the personal coping resource of self-control and the environmental coping resource of social support predicted greater subjective well-being in adolescents" (p. 95). Adolescents with high self-control expressed higher positive affect when experienced with a familial life crisis, which demonstrates that "personal coping resource played a moderating role for adolescents following familial life crisis" (p. 96). Social support was found to be predicting subjective wellbeing of the adolescents and also adolescents with higher social support were found to have stronger correlation with self-control and positive affect. Age factor revealed that older adolescents had lower levels of subjective well-being than younger ones. Lastly, the study found correlation between familial crisis and life satisfaction, which however indicates that "crisis only predicted lower levels of satisfaction from life but did not predict positive affect or negative affect" (p. 98).

Olsson, Hagekull, Giannotta and Åhlander (2016) developed Adolescent Need for Social Support Questionnaire (ANSSQ) based on their qualitative interviews to study the adolescents' needs for social support in different specific situations. The total sample included in their study was 380 Swedish who are 15 years of age. The three components established to test the need for social support from parents and peers includes "Home and school", "Low mood" and "Sex and alcohol". In the case of "Home and school" situations, parents support was preferred comparatively to peer support. While in the areas of "Low mood" and "Sex and alcohol", peer support were preferred. In terms of gender, female respondents seek support more from parents and friends as compared to male respondents. Finally, positive relationship could be established between seeking parental support and adolescent disclosure, while negative relationship was observed between seeking parental support and adolescent secrecy.

Leme, Prette and Coimbra (2015) studied the social skills and social support and psychological well-being of adolescent of different family configuration. The data were collectively obtained using the Social Skills Inventory for Adolescents (A. Del Prette & Z. De Prette, 2009), Social Support Appraisal (SS-A) Scale, Psychological Well-Being Scale (PWS). A total of 454 adolescents aged between 13 and 17 years were selected using convenience sampling, consisting of 204 nuclear families, 143 separated families and 130 remarried families. The results suggest that the family type of the respondents was not a significant predictor for the psychological well-being of the adolescents. Instead, social skills indicators of empathy, self-control, civility, social resourcefulness and affective approach better explain the adolescent psychological well-being. Empathy contributed highest in the wellbeing of the adolescents. Social support appraisals from friends and family also facilitate psychological well-being of the adolescents.

McGrath, Brennan, Dolan and Barnett (2014) conducted a thorough comparative study on the social support and wellbeing of the adolescents in USA and Ireland. Relationship of types and sources of social support and with wellbeing were also the focused of the study. The study site was concentrated to the rural population. The target population were adolescents in the second year of secondary school in Ireland and the seventh grade in Florida. The final filled in questionnaire consist of

607 respondents, 322 from Irish and 285 from Florida. The study utilised the Social Provisions Scale (SPS) which both sources and types of social support. In order to study the sources of social support, the sources included parents, friends, siblings and other adults. The type of support includes concrete support, esteem support, advice support and emotional support. Lastly, the Adolescent Well Being Scale (AWS) developed by Birleson (1980) was used to measure the wellbeing. In matter of family structure, a statistical difference was observed in the case of single-parent households and households with a stepparent or grandparent with Florida youth reporting a higher rate as compared to their counterpart. The findings presented that social support is emphasised at particular time and needs, particularly when wellbeing is low. Generally, esteem support proved to be the prominent support in relation to wellbeing. Female respondents from Florida had the lowest wellbeing score even while social supports were their most distinct predictor of wellbeing. Support from parents was particularly found to be of importance for the wellbeing as compared to other sources of support from siblings, friends and other adults.

Cheng, et al. (2014) examined the association between social support and mental health among vulnerable adolescents in five cities of Baltimore, New Delhi, Ibadan, Johannesburg, and Shanghai. Total sample consist of 2,393 adolescents in the ages of 15 to 19 years in economically distressed neighbourhoods of the five cities. High levels of depression and posttraumatic stress were reported among adolescents living in economically distressed areas. The depressive symptoms were lowest among the Indian adolescents comparatively. Similar to previous studies, female adolescents reported a greater burden of mental distress than males. The authors stressed the "importance of support from caring family members and connection to neighbourhood" which was associated to lesser levels of depression, posttraumatic stress symptoms, suicidal ideation and more hope for the future.

Tian et al. (2013) examined the mediating role of self-esteem between perceived social support and school well-being. The participants consist of 361 Chinese adolescents in the ages 12 to 17 years. The study utilised the Network of Relationships Inventory (NRI Chinese Version) to assess social support, Adolescent's School Weil-Being Scale (ASW-BS) and Rosenberg's self-esteem scale. The findings reveal that early adolescent had higher school satisfaction as compared to mid

adolescent. Among early adolescents, parents and teacher's support significantly related to school wellbeing; while among mid adolescents, friends and teacher's support had significant relationship with school wellbeing.

Rothon, Goodwin and Stansfeld (2012) focused on the social capital, social support and mental health of the adolescents using the Longitudinal Study of Young People in England (LSYPE). The study used the 12-item General Health Questionnaire (GHQ) to associate with parents support and the community social capital. A multi-stage stratified random sampling was undertaken which consists of 15,770 households in the first wave and 13,539 households during the second wave. Dimensions of family social support and community social capital were found to have association to mental health and educational achievement.

Stewart and Suldo (2011) examined perceived social support (parents, classmates and teacher) as a predicting factor of psychopathology and wellness in a sample of 390 middle-school students in the age of 10 to 15 years. The protective nature of academic achievement in the relationship between social support and mental health were explored as well. The Child and Adolescent Social Support Scale (CASSS), the Students' Life Satisfaction Scale (SLSS), the Youth Self-Report (YSR) form of the Achenbach System of Empirically Based Assessment (ASEBA) were utilised in the study. Social support was found to be a significant predictor of all mental health outcomes, particularly life satisfaction. Parent support emerged as the strongest predictor of all indicators of mental health including life satisfaction. Greater perceptions of social support from classmates were associated to more externalizing problems among students with low academic achievement and vice versa among student with high academic achievement. Greater perception about parent' support also associated to fewer externalizing symptoms among students. Further, low academic achieving students who perceive low parental support were observed to be more at-risk of manifesting symptoms of externalizing psychopathology.

Ikiz and Cakar (2010) investigated the relation between perceived social support levels and self-esteem levels of adolescents in High schools. Participants consist of 257 adolescents selected randomly from different grades. Data were collected using Social Support Appraisals Scale and Coopersmith Self-Esteem

Inventory Short Form. The results indicate a statistically significant difference on the perceived peer and teacher support levels between male and female, although there is no difference on self-esteem levels between the genders. The study also revealed statistically significant positive relation between perceived social support levels and self-esteem levels of adolescents, meaning when "social support levels of adolescents increases, their self-esteem levels increases accordingly".

Holden, Brown and Mott (2009) studied social networks of adolescents in relation to family with alcohol abuse. The respondents of 187 male and female adolescents were grouped into alcoholic and non-alcoholic abusing families. The result revealed that adolescent who abuse alcohol depend more on friends for support. On the other hand, adolescent who have alcohol abusing parents were less likely to identify parents as a source of support and actually reported less support from parents and more support from the siblings.

2.2.2. Types and Sources of Social Support of Adolescents

Few research studies on types and sources of support were identified while exploring literatures on social support. Sources of social support ranges from family and peers to religious beliefs and further social networking sites and most of these studies are the perspective of the adolescents where the actual support received were not much considered. They are reviewed in the following paragraphs.

Camara, Bacigalupe and Padilla (2017) study revealed the sources of support of adolescent which were mostly from individual who were familiar, mature, friendly, and, most importantly, worth of trust and their most valued type of support was emotional. The study used qualitative methods and followed the grounded theory's techniques and procedures of data collection and analysis to explore Spanish adolescents' perspectives on depression and stress. Focus group interviews were conducted the point of theoretical saturation was reached. A group of 80 adolescents, 43 boys and 37 girls, aged 15 to 16 years, participated in focus groups. The dual role of interpersonal relationships both as stressors and as sources of social support was observed. Acceptance by peers and being judge by peers were stressor, while for girls, approval of their physical appearance was another stressor. In regard to social support, good relation with the person facilitates disclosure and support seeking. The most valued support among the respondents was emotional support.

Mak, Fosco and Lanza (2020) examined the strength of parents and friends support in reducing risk of depression among adolescents. Data from the National Longitudinal Study of Adolescent to Adult Health of participants from 12.5–19.5 years consisting of 4,819 were analysed. The study used the Center for Epidemiologic Studies Depression Scale (CES-D) to assess depression. In order to assess closeness with parents, four items related to warmness, communication, relationship and closeness were added separately for mother and father each; while, friend support was assessed with one item relating to their perception about their friends' concern about them. The findings revealed positive relationship of lower depressive symptoms with close relationships with all mother, father and friends and the associations were stable across ages. Girls reported slightly increased depressive symptoms across adolescence than boys. Early to mid-adolescents reported decreased levels of mother–adolescent and father–adolescent closeness which slightly rebounded towards late adolescence which was more evident among girls. Throughout adolescence, girls reported higher levels of friend support than boys. Lastly, levels of depressive symptoms were observed to increase in the ages of 13 to 19 which suggested this age group to be a relevant periods for depression risks.

Cheung and Sim (2014) examined the social support received from family and friends among Chinese adolescents. The study focused on three types of support, emotional, informational and instrumental. The respondents belonged to the age group of 14 to 16 years and the total sample was 257, 120 male and 137 female adolescents. The result revealed that in the overall social support, male respondents perceived more parental support than the friend support as compared to their female counterparts. While in the emotional sphere, female adolescents perceived greater support from friends than from parents.

Ombrados-Mendieta et al. (2012) probed into the main sources of support and its frequency and satisfaction among a sample of 447 adolescents in the ages of 12 and 18 years using a cross-sectional design. The findings revealed that mother was the main source of support and the most important provider of emotional support among other types of support. Among the older adolescents, friends support was equal with that of parents'. Father's support was less frequent and only greater than that provided by teachers. Gender differences were observed in the support provided by the father

whereby girls received less support from their father and mother was the most frequent source of support among girls. Parents were the main source of support with respect to emotional and instrumental support; classmates and teachers were the main provider of informational support. The authors also highlights that the frequency of support and satisfaction with the support received does not necessarily match always.

Valle, Bravo and López (2010) examined Spanish adolescents in regard to their support providers with respect to instrumental and emotional support from a developmental perspective. The study used the Social Support Networks questionnaire by Del Valle and Bravo (2000) to a sample of 884 Spanish adolescents in the age group of 12 to 17 years. Decreased in the emotional support was observed in the case of parents as the adolescents aged older, especially in matter regarding to personal problems; while in the case of instrumental support, parental support was maintained throughout adolescence. Increase in support from peers was observed in the study. The authors discussed the transition during 12 to 14 years as a highly critical stage due to the adolescents' nature of "breaking away" from the family from the point of view of social support, while the peer support remarkably growing stronger.

Ju et al. (2018) examined the relationships among religiousness, social support and subjective well-being among Chinese adolescents. The study had two groups of sample respondents; Group A consisting of 738 Tibetan adolescents with a formal religious affiliation and Group B consisting of 720 Han adolescents without a religious affiliation. The Centrality of Religiosity Scale, the Multi-Dimensional Scale of Perceived Social Support and General Well-Being Schedule were used for the purpose. The result showed two aspects of religiousness (private practice and religious experience) negatively correlating with subjective well-being and further negatively predicting the level of social support among religious adolescents.

Tseng and Yang (2015) investigated the self-injurious thoughts and behaviours (SITBs) among the adolescents in Taiwan with relation to internet use, web communication and sources of social support. The study used the Thoughts and Behaviours Interview (SITBI-S) by Nock, Holmberg, Photos and Michel (2007), Problematic Internet Use and Physical and Mental Health Questionnaire by Zhou (2012), the Multidimensional Scale of Perceived Social Support (MSPSS) by Chou

(2000) and Zimet, Dahlem, Zimet and Farley (1988) and lastly, Center for Epidemiological Study-Depression Scale (CES-D). The sample of the study consists of 391 respondents in the age group of 12 to 18 years old from nine public high schools. The results revealed that female respondents were more likely to have SITBs, while web communication was found to be a risk factor for SITBs in males. In respect to social support, family support and friends support were found to be protective factors from SITBs. On the other hand, support from their significant others was found to be a risk factor for suicide plans among the females. However, there was no information about who the significant others were in this study. The authors speculated significant others may be people from their same grade who may have SITBs or depressive experience themselves.

Frison and Eggermont (2016) carried out a study among high school students to explore the relationship among daily stress, Facebook use, perceived online social support and depressed mood of adolescents. A total of 18 schools were randomly selected and all the students present at the time of the survey visits took part in the study. In total, 910 students took part where half of the respondents were girls. The result revealed daily stress positively predicting adolescents' seeking of social support through Facebook. Decreased depressed mood was observed when seeking support from Facebook was perceived; while depressed mood increased when seeking support from Facebook was not perceived. Further, the authors attempted to address the conflicting opinion on the potential risk and benefit of using social networking sites (Frison & Eggermont, 2016). They differentiated between passive Facebook use and active Facebook use. "Passive Facebook use refers to the monitoring of other people's lives by viewing the content of others' profiles. Active Facebook use consists of interactions between the user and other Facebook friends in a private or public setting" (p. 153). The findings showed that active and passive Facebook use relate differently to adolescents' depressed mood. Positive relationship between Facebook use and adolescents' perceptions of online social support could be established, which suggest that Facebook use increases individuals' perceptions of social support. Negative outcomes were observed in girls passively using Facebook, meaning passive Facebook use positively indicated depressed mood; while active Facebook use in a public setting positively predicted boys' depressed mood.

2.2.3. Gender Difference in Support Seeking

Support or help seeking forms an important aspect in the subject of social support. Addis and Mahalik (2003) regarded help seeking as "an important step toward resolving numerous problems", and gender differences are often observed in help seeking behaviour. According to them, manliness or masculinity which often focuses on "power, control, and strength", may likely regard seeking help or support as a "sign of weakness or loss of control". Morgan and Robinson (2003), however, suggested that male are likely to under-report their levels of distress as compared to their female counterparts, and owing to their cultural background and specific gender roles and expectations, there is likelihood of poor help-seeking behaviours among the male population. In this regard, Chan and Hayashi (2010) opined that "men's orientation towards success, power and competition, and their restricted emotionality" have significant influence on the likelihood of men seeking professional help. Hence, adherence to them is considered highly detrimental to mental health and leading to poor mental health (as cited in Exner-Cortens et al., 2021). On the other hand, stereotypical masculine attributes, such as, ambitiousness and assertiveness was associated with better mental health. In this regard, Gupta et al. (2013) suggested that the qualities that are generally perceived to be positive are often associated with masculinity.

Droogenbroeck, Spruyt and Keppens (2018) examined the gender difference in mental health problems among the late adolescents and young adults and the role social support. The study used the Belgian Health Interview survey among 713 boys and 720 girls in the age group of 15 to 25 years, taken in two waves in 2008 and 2013. The tools used were General Health Questionnaire which measure psychological distress and the Symptom Check-List-90-Revised which measure anxiety and depression. The result indicated gender difference in all psychological distress, anxiety and depression whereby female respondents reporting significantly higher scores than male respondents. Also considerable increase in the prevalence of anxiety and depression were observed between 2008 and 2013 for the female respondents. Among the male respondents, young adult male (20 to 25 years of age) were reported to experience psychological distress more as compared to late adolescent male (15 to 19 years of age). Also psychological distress, anxiety and depression were more

reported among those who have poor social support and those who are dissatisfied with their social networks.

Bokhorst et al. (2010) investigated age and gender differences in perceived social support (parents, friends, classmates, and teachers) among children and adolescents in the ages of nine to 18 years with a total sample size of 655. The Social Support Scale for Children and Adolescents (SSSCA) was used for the purpose. The result revealed that parents and friends were perceived equally supportive except for the older ages of 16 to 18 years who perceived friend support more than parent support. Girls perceived more support from teachers, classmates and friends as compared to boys. Support from teachers was also perceived lower in the older age groups than the younger ages.

Oliver, Pearson, Coe and Gunnell (2005) investigated help seeking behaviour in men and women with common mental health problems since many people do not seek professional help even when suffering from severe mental health issues. The study utilised the General Health Questionnaire (GHQ-12) among 10,842 samples, in the ages of 16 to 64 years, via mail questionnaire. The result indicated that the respondents' preferred source of support were their friends and relatives rather than the health professionals. Women were more likely to seek professional help than men and younger respondents (16 to 24 years) were less likely to seek professional help.

2.3. Quality of Life and Wellbeing of Adolescents

Exploring search engines for studies on quality of life of adolescents displayed limited studies conducted on the general adolescents as many of the studies were focussed on specific population with certain health issues and or developmental issues. Studies on those special populations were not considered for review and only studies conducted among general adolescent population are reviewed below.

Keyho et al. (2019) studied the mental health status of school-going adolescents in the Kohima district of Nagaland. Three schools comprising both private and government owned were selected based on random sampling out of which 702 students in the ages between 13 and 19 years were included in the study. Socio-demographic data sheet and the Strengths and Difficulties Questionnaire were used. The study revealed 17.2 per cent and 28.8 per cent of the participants were in the abnormal level and borderline level respectively on the basis of the total difficulties

score. The results also revealed presence of emotional problem in 17.1 per cent of the participants, hyperactivity in 16.1 per cent, conduct problem in 15.2 per cent, peer problem in 5.6 per cent and prosocial behavior in 5.1 per cent. Conclusions: Mental health problems are highly prevalent among the adolescent population in India. Early identification, treatment, and promotion of mental health services are required. The authors suggest for strengthening the school mental health program.

Langeland et al. (2019) assessed the gender differences among Norwegian adolescents in health-related quality of life (HRQoL) among the upper secondary school in a longitudinal study over the period of three years. The study utilised the KIDSCREEN-10 to assess the health-related quality of life. Five schools participated in the study including both private and public schools. After the final screening, 396 participants took part in the study. The findings revealed significant decrease in HRQOL in both gender over the three years with girls reporting significantly lower HRQoL than boys. Over the years, there was no significant change in self-assessed health in both the gender. However, there was noticeable decrease in girls' HRQoL than boys' which could not be confirmed statistically. It is also noted that adolescents report good health though they may experience subjective health complaints and stress. The authors point the need for longitudinal studies in adolescents' HRQoL using more clinical variables to understand the decrease in HRQOL over the years.

Similarly, Kumcagiz and Sahin (2017) conducted studied relationship between quality of life and social support of the adolescents. The Life Quality scale for Children (Varni et al., 1999) and Social Relationship Principle Scale for Adolescent (Duyan et al., 2013) were implemented. The study was conducted at five secondary schools with 436 voluntary students participating in the study. The result revealed positive relationship between friend and family support and physical health, psychosocial health and quality of life.

Rajachar and Gupta (2017) conducted a community based cross sectional study to assess the psychosocial status and quality of life (QOL) of Indian adolescent girls. The study was conducted among 400 adolescent girls each from the rural and urban areas using multistage sampling. The WHO's Home, Education and Employment, Eating, Activities, Drugs, Sexuality, Suicide and Depression and Safety (HEEADSSS) questionnaire and 'WHOQOL-BREF' tool were used to assess

psychosocial status and quality of life of adolescent girls, respectively. The result indicated that nearly five per cent of the respondents were at "severe and very severe risk of developing psychosocial abnormalities in both rural and urban study area" (p. 2622). The result also revealed that the respondent had better quality of life in the social relations as compared to physical and environmental domain.

Jozefiak and Wallander (2016) investigated the moderating and mediating factor of perceived family functioning of adolescents with quality of life (QoL) among the general adolescent population of Norway. The final samples consist of 1331 students in the ages of 10 to 16 years. The Child Behavior Checklist (CBCL) 2001 version, the Inventory of Life Quality in Children and Adolescents (ILC) and the General Functioning Scale (GFS) Norwegian version were used for the study. Family functioning was found to significantly mediate the longitudinal association between psychopathology and QoL; however, not all effects of psychopathology on QoL were mediated by family functioning. Further, psychopathology predicted QoL six months later. The authors emphasised the importance of family as a social domain in attempting to "reduce or alleviate psychopathology in youth and improve the quality of their life experience throughout this period". They stressed the necessity of larger longitudinal studies among the general adolescent population to investigate the association between adolescent psychopathology and QoL.

Kamaraj, Sivaprakasam, Ravichandran, and Pasupathy (2016) also studied perception of health related quality of life in healthy Indian adolescents. The study used the WHO QOL-BREF to assess the quality of life of adolescents. The study was conducted at two schools (Government and Private) and one engineering college. Adolescents in age group of 10 to 19 years with no pre-existing medical/psychiatric illnesses were included in the study. A total of 1051 adolescents took part in the study. The result revealed that the adolescents with good self-esteem and body image had better quality of life than the others. It was also revealed that respondents had poor perception about family and inter-personal relation which resulted in low score in the social domain. In general, respondents had highest quality of life in the Environment domain and lowest in Social relations domain.

Tzudir and Gangmei (2015) examined the level of depression prevalent among the senior secondary students in Mokokchung district of Nagaland. The study was

conducted among the students of standard XI and XII of two private schools. A sample of 150 students comprising of 67 boys and 83 girls pursuing science and arts were randomly selected. The Depression Scale of Dr Shamim Karim and Dr Rama Tiwari, was used to measure depression among the Senior Secondary students. The result revealed 32 per cent of the students to have "very low" depression. No significant difference on the level of depression was revealed in relation to gender.

Jiménez-Iglesias et al. (2015) found similar finding with regard to age and body image on HRQOL. They examine impact of family dimensions on adolescents' health-related quality of life. The study used the 2006 Spanish Health Behaviour in School-aged Children (HBSC) questionnaire to measures adolescents' health habits and well-being. The respondents fall in the ages of 13 to 18 comprising of 14,825 sample size. They found that girls and older adolescents score lower HRQOL. Among family dimensions, promotion of autonomy, family activities and parental affection predicted better HRQOL. The authors cite the adolescents' perception about their parental behaviours to be a better predictor than the parents' self-reported behaviours.

Meade and Dowswell (2015) assessed the health-related quality of life (HRQoL) among the Australian secondary school-aged children. The KIDSCREEN-27 instrument was used among a total of 1111 students in the ages of 11 and 17 from six secondary schools. Significant gender and age differences were observed in the HRQoL score, where girls and older adolescents scored lower HRQoL. The author suggested gender differences to be due to "diverse social expectations, puberty being a more significant experience for females (i.e. menstruation and fluctuating hormones), and females having more frequent physical health problems".

Hidalgo-Rasmussen and Martin (2015) analysed the relationship between suicidal-related behaviour and quality of life among the Mexican adolescents. The respondents belonged to 14 to 18 years of age and the total sample consisted of 899 students. The study used the translated version of the Youth Risk Behaviour Survey and the Spanish version of the Youth Quality of Life Research. The result revealed association between Suicidal Related Behaviour (SRB) and quality of life, where feeling sad or hopeless presented the greatest effect. The prevalence of SRB behaviour was found more in females compared to males, however the difference was

not significant. Male respondents presented greater quality of life as compared to females in the personal and relational domains.

Nuken and Singh (2013) assessed the prevalence and pattern of risk-taking behaviour among youth aged 15 to 24 years in Dimapur district of Nagaland. The study sample size was 300 youth which include 200 college going youth and 100 non-college going youth selected from a stratified random sampling technique. Risk-taking behaviour referred to engaging in smokeless tobacco, smoking tobacco, drinking alcohol, other substance use and engaging in sex. Early initiation into risk-taking behaviour, as early as, teenage years was revealed (mean age was 18.2 years). Gender difference in terms of engaging in risk-taking behaviours was found. Boys were found to initiate into risk-taking behaviour earlier than girls. The study also revealed childhood exposure to alcohol use to be significantly associating with alcohol use pattern. Out of the sexually active participants, 69.3 per cent reportedly did not use any protection. The authors suggest for programs that aim at reducing early childhood exposure to alcohol and programs that educates youth about various adverse effects of engaging in risk-taking behaviour and to impart refusal skills.

Lima-Serrano, Lemos and Nunes (2013) studied cross-cultural differences of perceived quality of life and health-related behaviours on adolescents from southern Portugal and southern Spain. The Kidscreen-27 child self-report, a short version of Health Behaviour in School-aged Children Questionnaire and a Socio-demographic questionnaire were used. Using cluster random, 319 adolescents were selected, 158 Portuguese and 161 Spanish adolescents. The finding suggests significant differences between Portuguese and Spanish adolescents' health behaviours. The results revealed that "alcohol and substance abuse during adolescence were related with lower health-related Quality of Life and a higher report of psychopathological symptoms in the adolescents" (p. 899), while, both the Portuguese and Spanish adolescents perceived better general quality of life. Gender differences were also found on several dimensions of Quality of Life.

Petanidou, Daskagianni, Dimitrakaki, Kolaitis and Tountas (2013) aimed to study adolescents' perceived well-being in the three main social contexts, namely, home, school and within their peer group and its role in predicting Subjective Health Complaints (SHC) among adolescents. Since during adolescence, children experience

expansion of their social arena, roles and impact of others, apart from the family members, gain importance for adolescents' socio-emotional adjustment. The KIDSCREEN-52 instrument was administered to school children randomly in age group of 12 to 18 years in 2003. A total of 1087 adolescents formed the final sample and their data were used for the analysis. The mean score of adolescents' perceived well-being was found highest in their peer context in comparison to family and school contexts. The results show that the female and older age group had significant association with SHC. Adolescents' perceived well-being in each of the three social contexts showed proportions in self-reported Subjective Health Complaints. Besides, low perception of school well-being was associated with higher levels of SHC, which was an alarming issue.

Campos et al. (2013) aimed to measure social capital and its relation to adolescents' quality of life. The study utilized the Portuguese version of the Integrated Questionnaire to measure Social Capital (SC-QI) and WHO Quality of Life Brief (WHOQoL-BREF). The total respondents consist of 363 adolescents aged 16 to 18 years from the Brazilian NGO. The result revealed good quality of life in all the WHOQoL domains. A majority of adolescents also reported high social capital. The relation between social capital and quality of life was established as adolescents with higher social capital also presented high quality of life.

A school survey on health related quality of life (HRQOL) among participants of aged eight to 18 years by Haraldstad et al. (2011) revealed body image, pain and being bullied significantly predicted lower HRQOL. The study used the Norwegian version of the KIDSCREEN-52 index to measure HRQOL among 1066 participants. They revealed that the participants' perception of their body may be negative despite having normal Body Mass Index (BMI). Girls reported significantly lower HRQOL than boys; however, when relevant variables like pain and negative body image were controlled, there was no gender difference. They also found that older participants reported lower HRQOL. The study emphasised the importance of understanding the predictors of HRQOL since, quality of life when young is considered the basis for quality of life in adulthood.

2.4. Critical Analysis of the Review of Literature

There are copious literatures available on adolescents and family. Overviewing the related literature highlighted some gaps especially with respect to culture specific context. Firstly, studies on family and adolescents were conducted mostly in American and European countries which have a different culture and lifestyle and advanced system of health records in the schools and in the healthcare agencies. These advance countries have a record of longitudinal data on adolescent health that helps them in making conclusions from their findings. However, studies conducted in Asian countries on family and adolescents were mostly conducted in South East Asian countries. It is noted that family studies were quite limited in India. From the sampling perspective, numerous studies conducted on adolescents' wellbeing and their family were mostly specific to adolescents with certain physical or mental condition and disabilities. Studies on the general adolescent population were conducted with emphasis on the influence of family environment on their academic achievement and performance of the adolescent. Studies on quality of life of the general adolescent population were also partial. In the area of social support, focus has been given mostly on family and peer support and also there are limited studies on social support seeking in the social media and social support provided by the other sources. Lastly, studies on the relation between family environment and social support were quite limited.

The present study, therefore, aims to study the family environment of the general adolescent population and its relationship to their general quality of life as perceived by the adolescent. It additionally aims to explore the various sources of social support found reliable by the adolescents and other related concerns about problem sharing and support seeking. The present study will further provide perspectives from the key informants, such as, parents, teachers, spiritual leaders and mental health professional.

In this chapter, an attempt has been made to present reviews of literature on the various facets of family and adolescents and also highlighted the research gaps in the literature. In light of this, the methodology of the present study is deliberated in the next chapter. The methodology includes the objectives, hypotheses, research design, sampling, tools of data collection, data processing and analysis of the study.

CHAPTER III

METHODOLOGY

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METHODOLOGY

The previous chapter reviewed available literature on the various aspects of family, sources of social support and the quality of life among adolescents. Those studies were reviewed in terms of themes covered, methods applied, tools used and results generated. This third chapter presents the methodology applied to carry out the present study. Details of the setting of the study area, research design, sampling method, tools, data collection and analysis are described in this chapter.

3.1. The Setting of the Study Area

The present study was conducted in the state of Nagaland in two of its districts of Dimapur and Phek. Dimapur district constitute the urban district, it being the commercial and educational hub of the state; while Phek district constitute one of the rural districts of the state.

3.1.1 The State of Nagaland

The state of Nagaland is situated in the North Eastern parts of India, bordering states of Manipur in the South, Assam in the West and North-West, Arunachal Pradesh in the North-East and sharing international border with Myanmar in the East. The state attained its statehood on 1st December, 1963, becoming the 16th state of the Indian Union. Since 2017, Nagaland state consists of twelve districts with its state capital in Kohima and commercial district in Dimapur. As per the Census 2011, Nagaland has a total population of 1,978,502 and the total literacy rate of 79.55 per cent. As per 2011 census, the majority of the population, around 71.14 per cent, live in the rural areas; while, 28.86 per cent of the people live in the urban regions. Seventy-three per cent of the people in Nagaland are engaged in agriculture with rice being the staple food and the main food grain production in the State.

The indigenous people of Nagaland belong to the mongoloid race and currently the State comprises of 16 major tribes and many other minor tribes. Besides the indigenous tribes, the state population also comprises of many other communities, such as Bengalis, Assamese, Nepalese, Biharis, Marwaris, Punjabis, Tamils and Keralites. Culturally in the ancient times, Naga communities practiced animism and indigenous religion, until the coming of the Christian Missionaries in the Naga areas

during the British colonial rule in the 1840s. Since then, majority of the Nagas have converted into Christianity and according to the Census 2011, 87.93 per cent of the state population belongs to Christianity.

3.1.1.1. Dimapur District

Dimapur district is situated in the South west of Nagaland, bordering Kohima in the East, Peren in the South, Karbi Anglong district of Assam in the West and Golaghat district of Assam in the North. The district came into existence in the 2nd of December, 1997 with an area of 927 sq. km, carved out from the district of Kohima. Dimapur district is mostly plain in area except for Medziphema sub-division and other few villages which are located in the foothills. Dimapur district is the commercial hub of the state with the only railway line and airport of the state located in the district and it is one of the fastest developing towns of the North East India. Dimapur is also a gateway to the districts of both Nagaland and Manipur state.

Dimapur is the most populous district of Nagaland. According to census 2011, Dimapur had a total population of 3,78,811 and the average literacy rate stand at 84.79 per cent. Dimapur population comprises of about 59 per cent of the Naga population, while the other half consisting of other communities belonging to Bengalis, Assamese, Nepalese, Biharis, Marwaris, Punjabis, Tamils, Keralites and also Tibetan traders residing in the State's commercial district. The populations of the district living in the urban area consist of 52.23 per cent of the total population of the district. The District headquarter is situated in Dimapur Town which has been proposed to be shifted to the new district headquarter in Chumoukedima block, which is however being halted because of objection from the residents of Dimapur town. The district has three statutory towns, namely, Dimapur Municipal Council, Chumoukedima Town Council and Medziphema Town Council. For the present study, Chumoukedima circle was selected purposely, which is also the proposed Headquarter of the District.

Chumoukedima Town is 14 kms away from Dimapur Town. Chumoukedima is the fastest growing town and is situated at the foothill with an area of 1,35,12,341.1 Sq m and population of 25,885 (as per 2011 census). Chumoukedima served as the first district headquarters to the then Naga Hills District of Assam during 19th century

of British rule. The literacy rate of Chumoukedima town according to 2011 census is 89.72 per cent.

3.1.1.2. Phek District

Phek district lies in the South-East of Nagaland and is bordered by Myanmar in the east, Manipur state in the south, Kohima district on the west and Zunheboto district on the north. It is the second largest district in terms of geographical area. The Government of Nagaland inaugurated Phek as a separate and full-fledged district on the 19th of December, 1973 with an area of 2026 sq. km. The district is home to the Chakhesang and Pochury tribes. It is a hilly district rich in flora and fauna. There are three important rivers namely Tizu, Lanye, and Sedzu and three important lakes called Shilloi, Chida and Dzudu. The main occupation of the district is agriculture with 80.84 per cent of the population engaged in agriculture, predominantly Terrace Rice Cultivation (TRC). The area is also known for salt making, weaving, wood carving and making fruit juice.

Phek district has two statutory towns, namely, Phek Town and Pfutsero Town. According to the Census 2011, the district consist of a total population of 1,63,148. The literacy rate stand at 78.05 per cent and 15.04 per cent of the district population live in the urban regions of the district. A big majority of 84.96 per cent of the population of the district live in rural areas of villages. Administratively, Phek district is divided into eight blocks. Pfutsero town was purposely selected for the study area as it has the highest population of schools among the other Blocks in the District.

Pfutsero block is the most populous block of the district with population of 31,229 (Census 2001). Agriculture is the main occupation of the people with rice (Terrace Rice Cultivation) as the main crop cultivated. The literacy rate of Pfutsero town stands at 87.24 per cent according to Census 2011.

3.1.2. Pilot Study

A thorough background of the setting was reviewed for the feasibility of the study being carried out. The geographical location, human resource and population of the study were considered. Since, school was the most reliable institution to identify and reach out to the population being studied, that is adolescents, list of schools were collected from the State School Education department website and proper planning

was carried out for the actual data collection that took place from August to November 2019.

3.2. Methodology

This section discusses the methodology applied to undertake the present study. The sub-headings include the objectives, hypotheses, research design, population, sampling, tools of data collection, pretesting of tools, data collection, validity and reliability of the tools and data processing and analysis.

3.2.1. Research Design

The present study is descriptive in design and cross sectional in nature. The study was undertaken from a mix method approach applying both quantitative and qualitative methods of data collection and analysis since, mix approach presents the reality better by incorporating both quantitative and qualitative aspects of the research problem. To present the multiple realities of the subject being studied, understanding the research problem from the respondents' perspective is as equally important as data collected from the standardized set of tools.

3.2.2. Population and Unit of the Study

The students of seven schools; four from Chumoukedima and three from Pfutsero, studying in standard nine to twelve formed the population of the present study. School was selected to reach out to the targeted population as adolescents are populated in educational institutions and reaching out to them through other agencies or means was not feasible. The unit of the study is a student studying in standard nine, ten, eleven and twelve. These students were considered for the present study since they fall under the age group of adolescence (10 to 19 years according to the WHO definition).

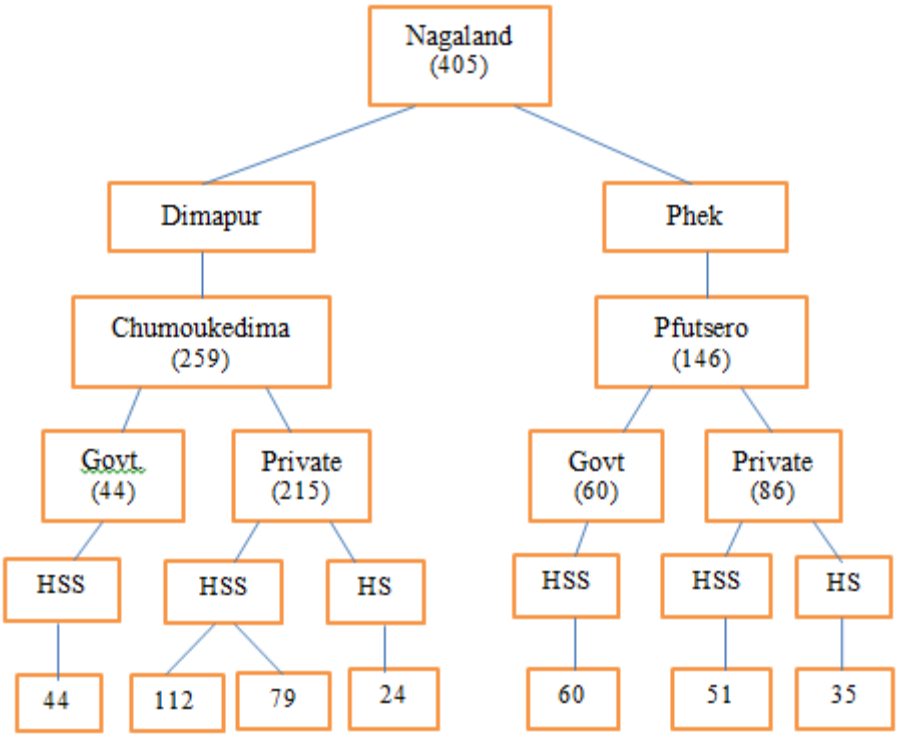
3.2.3. Sampling

The study was conducted in two districts of Nagaland; Dimapur and Phek. These two districts were purposefully selected to represent rural (Phek District) and urban (Dimapur District) characteristics. Chumoukedima block and Pfutsero block were purposefully selected from Dimapur and Phek Districts respectively. Adopting multi stage sampling, these two blocks were further divided into governmental and private schools and further into high school and higher secondary school. Four (4) schools from Chumoukedima Block and three (3) schools from Pfutsero Block were

purposively selected. Students belonging to class 9, 10, 11 and 12 of these selected schools were included in the study. Following the proportionate stratified random sampling technique, the population was divided into a strata based on class. Thirty-three per cent of the total population was decided to be the sampling fraction which was 475. The total population was 1437 and the total number of respondents participated were 472, however only 405 completed sample responses with consent from the parents/guardians were collected by the end of the data collection.

For the qualitative data collection, non-probability purposive sampling technique was applied to select the samples and key informants for interview. A total of nine (9) case studies were conducted which consist of five (5) female and four (4) male participants. Six (6) Key Informant Interviews consisting of three (3) parents, one (1) teacher, one (1) spiritual leader and one (1) mental health professional were conducted to understand their perspective on the subject.

Figure 2: Multi Stage Proportionate Stratified Random Sampling



Source: Constructed

3.2.4. Tools of Data Collection and Sources of Data

A structured questionnaire was prepared to collect quantitative data from the respondents. Family Environment Scale (FES) by Moos & Moos (1987) was used to assess the family environment of the adolescent. Out of the total 10 subscales of FES, only five subscales were used for the present study based on the objectives which are more relational in nature. WHOQOL BREF (1996) was used to assess the quality of life of the adolescents.

The questionnaire consists of five parts which includes the demographic profile of the respondents, family environment questionnaire (FES by Moos and Moos), psychosocial aspects of adolescents' life, social support and WHO Quality of Life questionnaire. For the qualitative part, open ended interview guide was prepared to conduct case studies and Key Informant Interviews (KIIs). The primary data was collected directly from the adolescents and key informants through the method of questionnaire and interviews.

3.2.5. Pretesting

The structured questionnaire was pretested with responses from 45 respondents. Certain terms were slightly modified with simpler terms or were added for easier understanding and more information were incorporate for diverse demographic population. The standardized tools of FES and WHOQOL-BREF were statistically tested for validity and reliability. The Cronbach alpha value of FES was .844 and split half values .764 and .729. The Cronbach alpha value ofWHOQOL-BREF was .877 and split half value .802 and .774. Since both the tool's Cronbach alpha values were above .8, both the tools were used for the actual data collection after modifying and adding simpler terms for the adolescents to understand the questions being inquired upon.

3.2.6. Data Collection

The actual data collection was undertaken in two phases. The first phase took place from August to November 2019 in both the Districts where the questionnaires were distributed among the sample respondents of the selected schools. Data collected from the questionnaire constituted the quantitative data. The second phase took place between March 2020 and October 2020 where qualitative aspect of the study were carried out. Case studies were conducted among the targeted population, who are

students of standard nine to twelve. Key Informants were also interviewed, who were the parents of adolescents, church leader, school teacher and mental health professional.

3.2.7. Validity and Reliability

The two standardized tools of FES and WHOQOL-BREF were statistically tested for validity and reliability after the final data collection was over. The Cronbach alpha value of FES was .618 and the split half values are .605 and .613. The Cronbach alpha value of WHOQOL-BREF was .854and split half value of .801 and .753.

3.2.8. Data Analysis

To process and analyze the quantitative data, Microsoft Excel and Statistical Package for Social Sciences (SPSS) software were used. Simple averages, percentages, correlation, independent t test and ANOVA were used to analyse the quantitative data. The qualitative data is presented in the form of case studies and the key informant interviews were thematically analysed and presented as themes.

3.3. Concepts and Definitions

Adolescent: The WHO defines an adolescent as any person between the ages of 10 and 19. In the present study, an adolescent is referred to school student studying in class 9, 10, 11 and 12 roughly in the ages of 13 to 19 years.

Family: According to Nam (2004), a family is a social unit created by blood, marriage, or adoption, and can be described as nuclear or extended. In the present study, a family is a group of two or more individuals related by blood, marriage or adoption living together in the same house/building and could be either nuclear or extended/joint and may not necessarily share the same kitchen.

Psychosocial: According to Webster's New World College Dictionary, psychosocial pertains to the psychological development of the individual in relation to his or her social environment. In the present study, psychosocial involves the psychological and socio-environmental factors.

Family environment: The Family Environment, according to Family Environment Scale (FES) by Moos & Moos (1987), includes areas of interpersonal relationship, personal growth and system maintenance in the family. The present

study adopted the FES components of family environment, which includes cohesion, expressiveness, moral-religious, control and conflict.

Quality of life: The WHO (1998) defines quality of life as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". The present study adopts the WHO's definition of quality of life in respect to the subjective views about the physical and psychological health, social life and the physical and infrastructural environment.

Social support: Social support generally includes verbal and non-verbal communication aimed to offer support in the form of instrumental/material, emotional, informational and appraisal support. In the present study, social support includes any emotional, informational and appraisal support provided by the social circle.

3.4. Limitations of the Study

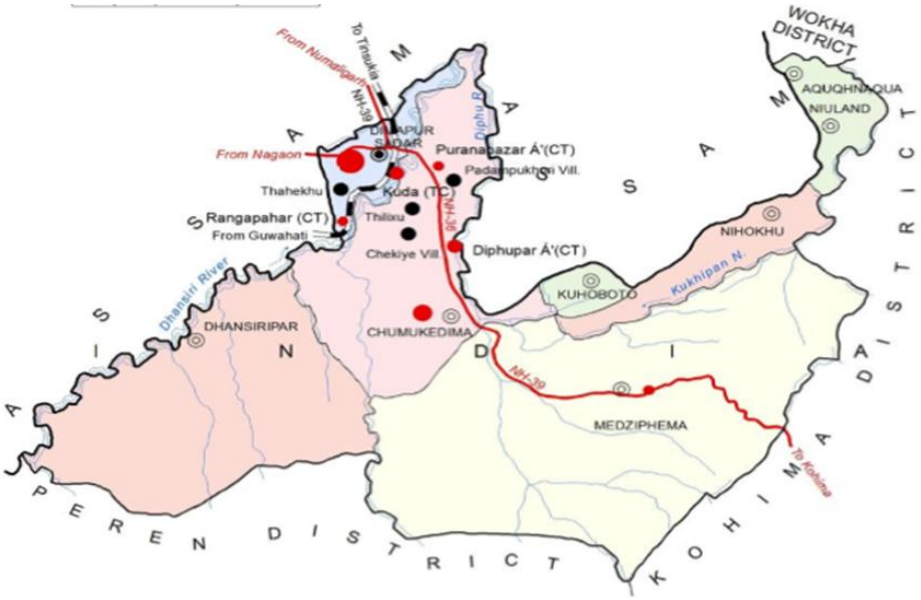
The total adolescent (10-19 years) population of Nagaland according to Census 2011 is 478,000, which is 24 per cent of the total population of Nagaland. From the sampling perspective, the study sample is limited to generalise the findings for the entirety of adolescent population in Nagaland. Furthermore, since samples were selected from schools, adolescents who have dropped out from school have been excluded from the study. The key informants interviewed were limited to few parents and stakeholders and interviewing more of them could reveal broader perspectives from the stakeholders involved. From the conceptual perspective, the study did not distinguish and inquired upon the types of social support that adolescents seek. Hence, the kind of support provided by the respective sources of support could not be ascertained.

In this chapter, an attempt has been made to describe the setting of the study area and the methodology applied for the present study. From the following chapter, the analysis and interpretation of the data begins. The next chapter deals with profiling the socio-demographic characteristics of the respondents and their families.

Figure 3: Map of Nagaland

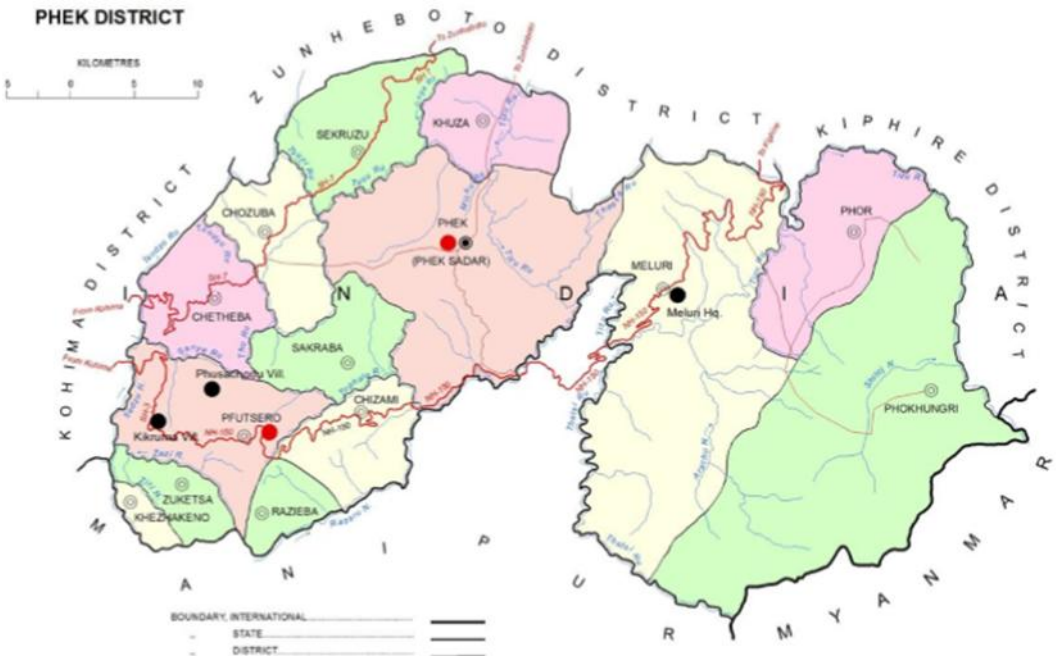
Source: https://easternmirrornagaland.com/rio-inaugurates-nagalands-youngest-district-noklak/

Figure 4: Map of Dimapur District



Source: Census, 2011

Figure 5: Map of Phek District



Source: Census, 2011

CHAPTER IV

SOCIO-DEMOGRAPHIC PROFILE OF THE ADOLESCENTS

CHAPTER IV

SOCIO-DEMOGRAPHIC PROFILE OF THE ADOLESCENTS

The current chapter profiles the socio-demographic characteristics of the respondents and their families. In social sciences studies, the socio-demographic details are essential to understand the background of the respondents at the time of the study and to analyse them from the perspective of the respondents' context. For proper dissemination, the socio-demographic profile of the respondents is organized into five sub-headings; demographic characteristics, socio-religious characteristics, family characteristics, economic characteristics and parents' profile.

4.1. Profile of the Respondents

Examining the socio-demographic profile of the population being studied is crucial as this information itself presents background information of the subject being investigated in terms of their socio-cultural beliefs, practices, economic status and other variables that gives a social identity to the respondents. In this regard, the socio-demographic profile of the respondents is organized into five sub-headings. The first sub-heading describes the demographic details of the respondents. The second sub-heading states the socio-religious affiliation of the respondents. The third sub-heading portrays the respondents' family characteristics. The fourth sub-heading describes the respondents' parents' profile. Lastly, the fifth sub-heading deals with the economic characteristics of the respondents.

4.1.1. Demographic Profile of the Respondents

The demographic profile of the respondents have been categorized into four sub characteristics; gender, educational standard, type of school and present residence and is presented by the age group as in **table 1** below.

Age is a significant variable that determines many of the respondents' experiences, opinion and decisions. Generally, age is associated with maturity and that helps in understanding the respondents' perspective better. The ages of the respondents ranges from 14 to 19 years old and has been grouped into mid adolescence and late adolescence in the present study. Mid adolescence includes respondents in the ages of 14 to 16 years and late adolescence includes respondents in the ages of 17 to 19 years. Respondents in late adolescence (52.6%) comprised of a

little more than half and mid adolescents (47.4%) formed almost half of the total respondents. The mean age of the respondents is 16.6 years with standard deviation of 1.35 years.

Table 1: Demographic Characteristics of the Respondents

Sl. No.	Demographic characteristics		Age Group		Total (N=405)
			Mid Adolescence (n=192)	Late Adolescence (n=213)	
1	**Gender**	Female	123 (64.1)	85 (39.9)	208 (51.4)
		Male	69 (35.9)	128 (60.1)	197 (48.6)
		Mean Age ± SD	**16.6 ± 1.35**		
2	**Educational Standard**	Higher Secondary	56 (29.2)	192 (90.1)	248 (61.2)
		High School	136 (70.8)	21 (9.9)	157 (38.8)
3	**Type of School**	Private	143 (74.5)	158 (74.2)	301 (74.3)
		Government	49 (25.5)	55 (25.8)	104 (25.7)
4	**Present Residence**	Parental Home	136 (70.8)	138 (64.8)	274 (67.7)
		Rented House	27 (14.1)	23 (10.8)	50 (12.3)
		Relative's House	11 (5.7)	27 (12.7)	38 (9.4)
		Hostel	11 (5.7)	23 (10.8)	34 (8.4)
		Others	7 (3.6)	2 (0.9)	9 (2.2)

Source: Computed Figures in parentheses are percentages

Gender is a significant variable in social sciences studies as gender has been shown to have differences in experiences, opinions and decision making in many fields. Further, gender roles, responsibilities and expectations are different in different context. Analysing the gender play is an important part of the present study as previous researches have indicated gender differences in similar studies conducted in multiple contexts. The **table 1** shows that a little more than half of the total respondents were female respondents (51.4%) and almost half constitute male

respondents (48.6%). Female (64.1%) formed majority among mid adolescence respondents, while male (60.1%) formed majority among late adolescence respondents.

The enforcement of compulsory education have made formal education a part and parcel of present generation society and educational standard gives an impression about the intellectual standpoint of the respondents and the basis of their thought processes, opinions, knowledge and decision making. In the present study, samples of respondents were selected from a population of student studying in standard nine to standard 12. The **table 1** depicts that the respondents studying in the Higher Secondary standard (61.2%) formed majority of the respondents with more than three fifth and respondents studying in High School standard (38.8%) formed more than one third of the respondents. As expected, majority of the High School respondents belong to mid adolescence (70.8%) and majority of Higher Secondary respondents belong to late adolescence (90.1%).

The type of school forms an important aspect in studies conducted among students. The present study was conducted in two types of school; Government and private. Respondents from private school (74.3%) formed the majority with more than two third and respondents from government school (25.7%) formed one fourth of the total respondents. The difference is expected since the number of government schools are less as compared to private schools in the study area and hence, the selection of schools for the present study was also based on that factor. The proportion of respondents in private and government school is similar in both the mid adolescence and late adolescence.

Lastly, the type of present residence is considered for the present study since hostels are a common type of residence for students and home environment is distinctly different from other types of residence. This is bound to result differences in experiences and opinions about the topic being studied. For the present study, the types of present residence are categorized into four types; namely, parental home, rented house, relatives' house, hostels and others. The majority of respondents forming more than two third resides at parental home (67.7%), a little more than one tenth resides at rented house (12.3%); while, less than one tenth resides at hostels (8.4%) and relative's house (9.4%). More respondents in mid adolescents (70.8%)

reside at parental home compared to late adolescents (64.8%). Similarly, more respondents in late adolescence (10.8%) reside at hostel compared to mid adolescents (5.7%). Hence, majority of the respondents attend school as day scholars from their parental home.

4.1.2. Socio-Religious Characteristics of the Respondents

This sub-heading describes the socio-religious characteristics of the respondents. The socio-religious details provide a picture about the respondents' background and family in light of their cultural and religious beliefs. The **table 2** details the socio-religious characteristics which are categorized into ethnicity and religious affiliation.

Table 2: Socio-Religious Characteristics

Sl. No.	Socio-Religious Characteristics		Age Group		Total (N=405)
			Mid Adolescence (n=192)	Late Adolescence (n=213)	
1	**Ethnicity**	Naga Tribal	179 (93.2)	189 (88.7)	368 (90.9)
		Other Tribal	6 (3.1)	12 (5.6)	18 (4.4)
		Non-Tribal	7 (3.6)	12 (5.6)	19 (4.7)
2	**Religion**	Christianity	181 (94.3)	197 (92.5)	378 (93.3)
		Hinduism	9 (4.7)	13 (6.1)	22 (5.4)
		Islam	2 (1.0)	3 (1.4)	5 (1.2)
3	**Christian Denomination**	Baptist	151 (78.6)	168 (78.9)	319 (78.8)
		Catholic	14 (7.3)	12 (5.6)	26 (6.4)
		Revival	11 (5.7)	10 (4.7)	21 (5.2)
		Pentecost	4 (2.1)	2 (0.9)	6 (1.5)
		No Response	1 (0.5)	5 (2.3)	6 (1.5)
		NA	11 (5.7)	16 (7.5)	27 (6.7)

Source: Computed Figures in parentheses are percentages

Ethnicity in social sciences research may be considered important since ethnicity is associated to cultural aspect and it gives a glimpse of cultural factor at play. In the present study, ethnicity is grouped into, Naga tribal, Non-Naga tribal and non-tribal. The table 2 shows that vast majority of the respondents belong to Naga tribal community (90.9%) and less than one tenth of the respondents belonged to non-tribal community (4.7%) like the Gorkha, Bengali and others not-specified, and other tribal communities (4.4%) such as Kuki and Kachari (both are indigenous but non-Naga tribes of Nagaland). The proportion of respondents in each ethnic group is not very different irrespective of age groups.

Religion is a significant part of the society, especially in India, and the religious institution holds a respectable place in the society. A person's thoughts, beliefs, opinions and actions are highly based on their religious beliefs. In the present study, three religions were identified; namely, Christianity, Hinduism and Islam. The table 2 shows that the vast majority of the respondents are affiliated to Christianity (93.3%) and very few of the respondents are affiliated to Hinduism (5.4%) and Islam (1.2%). Among the Christian denominations, more than two third of the respondents affiliated to Christianity belong to Baptist (78.8%), less than one tenth belong to Catholic (6.4%), Revival (5.2%) and Pentecostal (1.2%) denominations respectively. There is not much percentage difference in each category irrespective of age group.

4.1.3. Family Characteristics of the Respondents

Family environment is one of the variables of the present study and understanding the family composition is important to achieve the objective of the study. Family forms an important aspect of human life and many of the experiences can be associated and understood from family background. The **table 3** presents family characteristics which has been organized into types of family, size of family and family structure.

There are basically two types of family; nuclear and extended or joint family. The Naga cultures basically practice nuclear type of family except for the eldest or the youngest son (depending on the respective tribe) who are traditionally entrusted to take care of the ageing parents. For the present study, the types of family are categorized into nuclear family and joint family. Since joint family involves more generations living together, the types of relationships shared among the members are

diverse and that is an important factor in family studies. The table 3 shows that, with regard to type of family, majority consisting of more than two third of the respondents comes from nuclear family (77.8%) and less than one fourth from joint family (22.2%). Similar proportion of respondents can be observed in respect to age groups.

Table 3: Family Characteristics of the Respondents

Sl. No.	Characteristics		Age Group		Total (N=405)
			Mid Adolescence (n=192)	Late Adolescence (n=213)	
1	Type of family	Nuclear Family	146 (76.0)	169 (79.3)	315 (77.8)
		Joint Family	46 (24.0)	44 (20.7)	90 (22.2)
2	Size of the Family	Small (1-3)	7 (3.6)	14 (6.6)	21 (5.2)
		Medium (4-6)	118 (61.5)	127 (59.6)	245 (60.5)
		Large (7 and above)	67 (34.9)	72 (33.8)	139 (34.3)
		Mean ± SD	**5.8±2.4**		
3	Family Structure	Biological Parents	170 (88.5)	174 (81.7)	344 (84.9)
		Single Parent (Parent's Death)	18 (9.4)	21 (9.9)	39 (9.6)
		Single Parent (Parents' Divorced)	0 0.0	5 (2.3)	5 (1.2)
		Step Parent/s (step mom/dad)	2 (1.0)	5 (2.3)	7 (1.7)
		Adoptive Parents	2 (1.0)	8 (3.8)	10 (2.4)

Source: Computed Figures in parentheses are percentages

The size of family is another important family element which has been a concern not only at the macro level of population control but also in the economic conditions and relationship at the micro level of family. In the present study, it will give a picture of parental involvement in their child's life and the economic burden of the dependents on the bread winner of the family. In this regard, the size of family has been divided into small (1-3 members), medium (4-6 members) and large (more than six members). The table 3 shows that the majority of the respondents forming more

than half (60.5%) have medium size family, a little more than one third (34.3%) with large size family and less than one tenth (5.2%) with small size family. The mean size of the family was 5.8 with standard deviation 2.4.

Family structure is considered of great significance for the present study which reveals parents' marital status and life status since parents are one of the most important persons in adolescents' life. Furthermore, previous researches have indicated association of parents' marital and life status with various aspects of adolescents' life and wellbeing. In order to have a clear distinction of the various types of family structure were investigated; biological parents, single parent (due to parents' separation or divorce), single parent (due to parent's death), step parent (one biological and one step parents) and adoptive parents which also includes grandparents or relatives who have the guardianship of the respondent either due to death of both the biological parents' or relinquishment. The table 3 depicts that the majority of the respondents with more than three fourth live with their "biological parents" (84.9%), almost one tenth live with "single parent (due to parent's death)" (9.6%), a small proportion living with "adoptive parents" (2.4%), "step parent" (1.7%) and "single parent (due to parents' divorce)" (1.2%).

Thus, the table 3 show that the majority of the respondents belong to nuclear and stable family with both the biological parents in a medium size family. There are a considerable proportion of respondents from single parent family (due to parent's death) and very few respondents from reconstituted family, single parent family (due to parents' divorce) and adoptive families.

4.1.4. Respondents' Parents' Profile

Understanding adolescence is complex because of its transitional and diverse nature and nurturing them may be difficult for the parents as well. Parental influences on the children are all rounded and how they deal with their children are dependent on their experiences, knowledge and beliefs. Examining parents' profile is essential for the present study as parents are one of the most important persons in adolescents' lives. Hence, two characteristics of parents' profile are considered for the present study; namely, parents' educational level and occupation.

Table 4: Respondents' Parents' Profile

Parents' Profile		Age Group		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	
Father's Education	Illiterate	5 (2.6)	16 (7.5)	21 (5.2)
	Primary-Middle	27 (14.1)	34 (16.0)	61 (15.1)
	Elementary	48 (25.0)	52 (24.4)	100 (24.7)
	Matriculate-HSSLC	63 (32.8)	67 (31.5)	130 (32.1)
	Graduate & Above	42 (21.9)	38 (17.8)	80 (19.8)
	No Response	7 (3.6)	6 (2.8)	13 (3.2)
Mother's Education	Illiterate	15 (7.8)	34 (16.0)	49 (12.1)
	Primary-Middle	34 (17.7)	38 (17.8)	72 (17.8)
	Elementary	64 (33.3)	59 (27.7)	123 (30.4)
	Matriculate-HSSLC	55 (28.6)	61 (28.6)	116 (28.6)
	Graduate & Above	23 (12.0)	18 (8.5)	41 (10.1)
	No Response	1 (0.5)	3 (1.4)	4 (1.0)
Father's Occupation	Govt. Employed	74 (38.5)	89 (42.0)	163 (40.3)
	Agriculturist	20 (10.4)	30 (14.2)	50 (12.4)
	Private Employed	22 (11.5)	18 (8.5)	40 (9.9)
	Pensioner	18 (9.4)	12 (5.7)	30 (7.4)
	Unemployed	10 (5.2)	29 (13.7)	39 (9.7)
	No Response	48 (25.0)	34 (16.0)	82 (20.3)
Mother's Occupation	Self Employed	43 (22.4)	40 (18.8)	83 (20.5)
	Agriculturist	32 (16.7)	39 (18.3)	71 (17.5)
	Govt. Employed	19 (9.9)	16 (7.5)	35 (8.6)
	Private Employed	9 (4.7)	11 (5.2)	20 (4.9)
	Pensioner	3 (1.6)	5 (2.3)	8 (2.0)
	Unemployed	86 (44.8)	102 (47.9)	188 (46.4)

Source: Computed Figures in parentheses are percentages

Parents' educational level plays a vital role in upbringing and influencing children especially since the current generation is transitioning at a rapid phase with the developments taking place in the world. Children of the digital era seem to be out growing their biological age. Awareness about the fast changing lifestyle of young people is to some extent dependent on one's educational level. Though literacy alone does not indicate one's awareness and knowledge, level of education contribute to awareness and learning from different sources either by reading, listening or writing. For the present study, educational level is categorized into five levels, namely, illiterate, primary-middle, elementary, matriculate and graduate and above.

The **table 4** depicts that the majority of the fathers are matriculate (32.1%) and elementary (24.7%) level of education. Among the mothers, majority of them are elementary (30.4%) and matriculate (28.6%). A considerable proportion of the respondents' fathers (5.2%) and mothers (12.1%) are illiterate. These differences in parent's educational level are bound to contribute differences in understanding adolescence and their approaches in nurturing them.

Parents' occupation is a vital characteristic of a family that indicates the social standing and economic status of the family in the society. For the present study, parents' occupation had been organized into five categories, namely, government employee, private employee, self-employed, agriculturist, pensioner and unemployed. The table 4 above shows that the majority with more than one third of the fathers are government employed (40.3%), followed by agriculturist (12.4%), private employed (9.9%), pensioner (7.4%) and almost one tenth were unemployed (9.7%). Among the respondents' mother, a large proportion of respondents' mothers with less than half are unemployed (46.4%). Among those engaged in occupation, the majority of them, constituting less than one fourth are engaged in self-employment (20.5%), followed by agriculturist (17.5%), government employed (8.6%) and private employed (4.9%). This finding is obvious since in the Naga culture, married women are expected to take care of the household affairs more than engaging in a financial occupation unless the financial condition of the household so require. It is noteworthy that none of the fathers are engaged in self-employment; while among the working mothers, the majority of the mothers are engaged in self-employment.

4.1.5. Economic Characteristics of the Family

Economic condition of the respondents' family is an essential element to consider as economic stability of the family interacts with various areas of family life and relationships. Economic instability leads to many family problems since financial stability is a requirement for a healthy development of family members and the family as a whole. In order to understand the economic condition of the respondents' family, the present study considered five areas of the family's economic life. They are number of wage earners, monthly family income, ownership of house, land holding and vehicles owned. The **table 5** shows the economic profile of the respondents' family.

Number of wage earners of a family reveals the dependency of the family members upon the bread winner of the family and their sources of livelihood which are associated to family life and relationships. In the present study, more than one third of the respondents' families have one earner (38.8%) and two earners (36.8%) and less than one tenth have three earners (6.2%) and more than four earners (1.9%). When crossed analysed with the age group, the majority, consisting of less than half among the respondents in mid adolescence has two earners (43.2%) in the family and one earner (42.3%) among the respondents in late adolescence.

Family income is one of the major indicators of the economic condition of the family. Income is an essential element which can influence family relationship and the overall family environment. In the present study, the majority of the respondents consisting of more than one third falls under the income range of "Rs. 10,001 to Rs. 30,000" per month (34.6%); less than two tenth in the income ranges of "less than Rs. 10,000" (17.5%), "Rs. 30,001 to Rs. 50,000" (16%), "Rs. 50,001 to Rs. 100,000" (9.4%) and "more than Rs. 100,000" (2.5%) per month. Two tenth (20%) of the respondents chose not to respond to the income statement. The mean monthly income of the respondents' family is Rs. 26,194 with standard deviation of Rs. 29,984.

Table 5: Economic Characteristics of Respondents' Family

Sl. No.	Economic characteristics		Age Group		Total (N=405)
			Mid Adolescence (n=192)	Late Adolescence (n=213)	
1	**Wage earners**	One	67 (34.9)	90 (42.3)	157 (38.8)
		two	83 (43.2)	66 (31.0)	149 (36.8)
		Three	12 (6.2)	13 (6.1)	25 (6.2)
		More than 4	2 (1.0)	4 (1.9)	5 (1.5)
		No Response	28 (14.6)	40 (18.8)	68 (16.8)
2	**Monthly Family Income (approximately)**	Less than Rs. 10,000	30 (15.6)	41 (19.2)	71 (17.5)
		Rs. 10,001 to Rs. 30,000	70 (36.5)	70 (32.9)	140 (34.6)
		Rs. 30,001 to Rs. 50,000	30 (15.6)	35 (16.4)	65 (16.0)
		Rs. 50,001 to Rs. 100,000	20 (10.4)	18 (8.5)	38 (9.4)
		More than Rs. 100,000	4 (2.1)	6 (2.8)	10 (2.5)
		No Response	38 (19.8)	43 (20.2)	81 (20.0)
		Mean ± SD	**Rs. 26,194 ± 29984**		
3	**Land Holding**	Owned	144 (75.0)	169 (79.3)	313 (77.3)
		Not Owned	48 (25.0)	44 (20.7)	92 (22.7)
4	**Ownership of House**	Owned House	146 (76.0)	181 (85.0)	327 (80.7)
		Rented House	46 (24.0)	32 (15.0)	78 (19.3)
5	**Vehicles Owned**	Two & Three Wheeler	22 (11.5)	26 (12.2)	48 (11.9)
		Four Wheeler	82 (42.7)	70 (32.9)	152 (37.5)
		Two and Four Wheeler	2 (1.0)	11 (5.2)	13 (3.2)
		No Vehicle	86 (44.8)	106 (49.8)	192 (47.4)

Source: Computed Figures in parentheses are percentages

With regard to household assets, information was collected on three assets, namely, land, house and motor vehicle. It may be considered that in the study area, even though some family may have no income occupation, they may have property assets especially in the form of land; while some of them may have income

occupation with no property assets. The table 4 depicts that more than three fourth of the respondents' family owned land (77.3%) and less than one fourth of the respondents' family have no land holding (22.7%). In regard to owning house, more than three fourth of the respondents' family resides in their "owned house" (80.7%) and almost two tenth resides in "rented house" (19.3%). With regard to vehicles owned, the majority comprising of almost half of the respondents' family do not own any motor vehicle (47.4%), more than one third owns "four wheeler" (37.5%), more than one tenth owns "two & three wheeler" (11.9%) and less than one tenth owns "both two & four wheeler" (3.2%). Cross analysis of economic characteristics with age group presents similar proportions. Hence, it can be concluded from the table 5 that the majority of the respondents belonged to middle economic class. It may further be noted that, lower income may not necessarily indicate poor economic condition because family economic condition is also influenced by the number of financial dependents in the family and various other factors.

4.2. Discussion and Conclusion

In the present study, the vast majority of the adolescents belonged to Naga ethnicity and fall in the age range of 14 to 19 years. Most of them live with both of their biological parents. One tenth of the adolescents come from a single parent family, out of which 9.6% was the case of parental death; while reconstituted family consist of only 1.7%. Remarriage after a divorce or death of a life partner appears to be less common in this case. It could be because of the social stigma attached to divorce and remarriage especially when children are involved. In the Naga society, divorce is not encouraged especially when children are involved. Co-parenting is also a rare concept. Hence, generally if a couple divorces, the children will be deprived of the love, care and protection of one of the parents. Nagaland stood at the second position among the Indian States with the highest divorce rate at 0.88% according to 2011 census, which probably has increased in the forthcoming census data.

With regard to the socio-economic condition, majority of the fathers are employed (70%), while majority of the mothers are unemployed (46.4%). Among the mothers engaged in an occupation, majority are self-employed (20.5%), while no fathers were reported to be self-employed. In a patriarchal society, a father is generally considered as the bread winner of the family and a mother's earning is

considered to be supplementary to the father's earning. Self-employed entrepreneurship as a primary occupation is rare for the older generations and older women are more engaged in small and petty businesses than their male counterparts. Though many local youths have started showing interest and initiated to start-up business. Majority of the family belong to middle class with at least one earners and family income up to Rs. 30,000 per month (52.1%). Besides occupation, land ownership provides a means of livelihood for many landowners. Majority of the family owns land (77.3%) and house (80.7%) though many of them do not own any motor vehicles (47.4%). Hence, majority of the respondents belonged to middle economic class.

The above discussions pertain to the socio-demographic characteristics of the respondents and their family. The next chapter concerns with the lifestyles practices of the adolescents and the various psychosocial problems associated to adolescents.

CHAPTER V

PSYCHOSOCIAL CHARACTERISTICS OF ADOLESCENCE

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PSYCHOSOCIAL CHARACTERISTICS OF ADOLESCENCE

The previous chapter presented the socio-demographic profile of the respondents and their family characteristics. This current chapter analyses some characteristics of adolescents' lifestyle practices and the psychosocial problems as perceived by the adolescents. One of the objectives of the present study is to identify the psychosocial problems of the adolescents. The content of this chapter is broadly organized into adolescents' lifestyle and psychosocial characteristics of adolescents' lives.

5.1. Adolescents' Lifestyle

This section describes certain current lifestyle trends of young people and the choices of the respondents in this regard. The present generations are often recognised as the "digital generation" with the development of technology and increased digital lifestyle. Lifestyle is a large area of research, hence for the present study only certain aspects of lifestyle are studied since social elements of lifestyle are significant areas of investigation in studies related to wellbeing of young people. The areas of lifestyle investigated for the present study are in respect to dating life, social media use, leisure activities and substance use. These lifestyle practices are organized into four sub-headings: social lifestyle, social networking, leisure activities and substance use.

5.1.1. Social Lifestyle

This sub-section presents the lifestyle choices of the respondents in respect to dating, mobile phone and social media account. These three elements are distinct characteristics observed among young people as they begin to indulge and expand their social circle.

Dating is a part of social networking and relationship building and since adolescence is a phase of identity formation and building intimacy with their peers and others, it is a significant area of investigation for the present study. Dating during adolescence in Indian societies may not be as common as in other countries, however, in the recent years, it is more prevalent among adolescents in the study area. The **table 6** shows that almost two tenth of the respondents are dating (17%). Cross

examination shows that more respondents of late adolescents are dating (23%) as compared to one tenth of mid adolescents (10.4%).

Table 6: Respondents' Social Lifestyle

Sl. No.	Social Lifestyle	Age Group		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	
1	**Dating**	20 (10.4)	49 (23.0)	69 (17.0)
2	**Possession of Phone**	79 (41.1)	165 (77.5)	244 (60.2)
3	**Social Media Account**	133 (69.3)	191 (89.7)	324 (80.0)

Source: Computed Figures in parentheses are percentages

Possession of mobile phone is the trend of the digital generation and it has been associated to various aspects of adolescents' physical, mental and social life. In the present study, the **table 6** shows that more than half of the total respondents possess mobile phone of their own (60.2%). Cross examination reveals that majority of them are in late adolescence (77.5%) and more than one third are in mid adolescence (41.1%).

Social media is a social networking platform of the current generations and it has developed enormously with countless mobile applications incorporating various contents. The table 6 reveals that more than three fourth of the total respondents have access to social media (80%), out of which, vast majority are in late adolescence (89.7%) as compared to more than two third (69.3%) in mid adolescence. It may be noted that the difference in percentage of possessing mobile phone and access to social media may be because many of the adolescents and children uses their parents' mobile phone to create and access social media. It may further be noted that children as young as five years old and below are learning to use their parents' mobile phone and accessing various children's content from you tube. Though some parents are proud of their child's learning ability at such young age, the risk of getting exposure to various internet contents not meant for their age lies ahead.

5.1.2. Social Networking Sites

Social networking has become a part and parcel of social life in the present digital era and there are countless social media sites and applications to connect with

people from all over the world. For the present study, four social networking sites (SNSs) were considered; namely, Facebook, WhatsApp, Instagram and Twitter. These social networking applications are some of the most popular among people of all ages.

Table 7: Social Networking Sites

Sl. No.	Social Networking Sites	Age Group		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	
1	**Facebook**	93 (48.4)	143 (67.1)	236 (58.3)
2	**WhatsApp**	77 (40.1)	151 (70.9)	228 (56.3)
3	**Instagram**	34 (17.7)	93 (43.7)	127 (31.4)
4	**Twitter**	4 (2.1)	22 (10.3)	26 (6.4)

Source: Computed Figures in parentheses are percentages

The **table 7** indicates that the majority, with more than half have access to Facebook (58.3%) and WhatsApp (56.3%). A lower proportion with less than one third and less than one tenth have access to Instagram (31.4%) and Twitter (6.4%) respectively. It can be concluded here that, among the four SNSs, Facebook is the most popular social networking application among the respondents, followed by WhatsApp and Instagram. Twitter is the least accessed social networking application among the adolescents.

5.1.3. Leisure Activities by Age group and Gender

Leisure activities are an important aspect of human life and exploring the leisure activities of the current generation is emphasised in the present study to understand how the adolescents' spend their free time. The table 8 below presents the various leisure activities as reported by the respondents. Leisure activities are presented based on the mean score of each activity in a cross tabulation with respect to age group and gender.

The total column in **table 8** shows that most of the respondents spend their free time with their friends (0.32), followed by spending time in social media (0.27), watching TV (0.23) and online games (0.22). It is noteworthy that "sport activities" (0.01) has the least mean score compared to other activities. Cross examining with

age group shows that while the late adolescents followed the total pattern, among mid adolescents, watching TV (0.34) had the highest mean score followed by friends (0.26). With regard to gender, among male respondents, spending time with friends (0.4) reported highest mean score followed by online gaming (0.35); while among the female respondents, watching TV (0.34) and social media (0.3) had the highest mean score. Further, gender differences in the choices of activities can be noted where most of the female prefer indoor activity and being alone as compared to the male respondents.

Table 8: Leisure Activities by Age group and Gender

Sl. No.	Leisure Activities	Age Group				Gender				Total (N=405)	
		Mid Adolescence (n=192)		Late Adolescence (n=213)		Male (n=197)		Female (n=208)			
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
1	With friends	**0.26**	0.441	**0.37**	0.483	**0.4**	0.492	0.24	0.425	**0.32**	0.466
2	Social Media	0.23	0.421	**0.31**	0.464	0.24	0.427	**0.3**	0.461	**0.27**	0.445
3	Watching TV	**0.34**	0.474	0.13	0.333	0.11	0.309	**0.34**	0.475	**0.23**	0.42
4	Online gaming	0.16	0.364	0.28	0.449	**0.35**	0.478	0.1	0.296	**0.22**	0.415
5	Other Hobbies*	0.05	0.212	0.08	0.279	0.06	0.23	0.08	0.267	**0.07**	0.25
6	Reading/ studying	0.03	0.16	0.03	0.179	0.03	0.172	0.03	0.168	**0.03**	0.17
7	Online shows	0.02	0.124	0	0.069	0.01	0.101	0.01	0.098	**0.01**	0.099
8	With family	0.01	0.102	0.01	0.097	0.01	0.071	0.01	0.12	**0.01**	0.099
9	Sport activities	0.01	0.102	0.01	0.097	0.02	0.141	0	0	**0.01**	0.099

Source: Computed Figures in parentheses are percentages

* "Other hobbies" include painting, playing musical instruments, etc.

5.1.4. Respondents' Substance Use

Substance use among young people is a major concern and it has been a subject of interest of various disciplines in regard to its impact on the physical and mental health, social relationships and overall aspects of life. It has been acknowledged that many of the substance users begin initiating its use at an early stage of adolescence or young adulthood. In the present study, substances have been

categorized into chewing tobacco, smoking tobacco and alcohol. The table 9 presents substance use in respect to age group and gender.

The **table 9** reveals that almost one fourth of the total respondents chew tobacco (24.4%), around one tenth smoke tobacco (11.1%) and drink alcohol (9.6%). Age wise analysis reveal similar pattern among both the age groups with higher percentage consumption among the late adolescence as compared to mid adolescence in all the three types of substance. With regard to gender, percentage differences can be observed in all three types of substance use with male indicating higher percentage consumption than the female respondents.

Table 9: Respondents' Substance Use

Sl. No.	Substances	Age Group		Gender		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	Male (n=197)	Female (n=208)	
1	**Chewing Tobacco**	42 (21.9)	57 (26.8)	73 (37.1)	26 (12.5)	99 (24.4)
2	**Smoking Tobacco**	13 (6.8)	32 (15.0)	39 (19.8)	6 (2.9)	45 (11.1)
3	**Alcohol**	11 (5.7)	28 (13.1)	33 (16.8)	6 (2.9)	39 (9.6)

Source: Computed Figures in parentheses are percentages

5.2. Psychosocial Characteristics of Adolescents

This second section of the chapter describes the psychosocial aspects of adolescent life. One of the objectives of the present study is to identify the psychosocial problems associated to adolescents. Since adolescence is a transitional stage involving various changes mostly in their personal, physical, social and academic life, the adjustment they have to make and cope up with these transitions are enormous. In this regard, to understand their psychosocial problems, this section has been sub-headed into three; perception about adolescent life, psychosocial problems and the frequency of experiencing stress.

5.2.1. Perception about Adolescent Life

Adolescents' perception about their adolescence stage was investigated to understand their views about it in terms of how they generally feel emotionally. Five kinds of emotions as to how they feel were incorporated for the present study, such as, feeling happy, difficult/problematic, worried/stressful, depressing and neutral.

The **table 10** indicates that the majority of the total respondents perceive adolescent life "happy" (0.69) and secondly, with a considerably lower mean score, perceives it "difficult/problematic" (0.14), "worried/stressful" (0.1), "neutral" (0.1) and "depressing" (0.06). It may be noted that similar pattern can be observed with respect to age group and gender. It may be concluded that majority of the respondents perceive adolescent life "happy" with a considerably high mean score as compared to other forms of perception.

Table 10: Perception about Adolescent life

Perception about Adolescent Life	Age Group				Gender				Total (N=405)	
	Mid Adolescence (n=192)		Late Adolescence (n=213)		Male (n=197)		Female (n=208)			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	**Mean**	SD
Happy	0.74	0.44	0.64	0.482	0.71	0.457	0.67	0.472	**0.69**	0.465
Difficult/ problematic	0.11	0.319	0.15	0.363	0.16	0.37	0.11	0.314	**0.14**	0.343
Worried/ stressful	0.07	0.252	0.13	0.339	0.11	0.316	0.09	0.289	**0.1**	0.302
Neutral	0.07	0.261	0.12	0.328	0.08	0.274	0.12	0.32	**0.1**	0.299
Depressing	0.05	0.223	0.08	0.264	0.06	0.23	0.07	0.259	**0.06**	0.245

Source: Computed Figures in parentheses are percentages

5.2.2. Psychosocial Problems

This sub-section presents the various psychosocial problems the respondents experience during adolescence. Seven types of problems were identified which are, academic, family, personality, physical appearance, lifestyle standard, peers and dating life. Personality refers to self-esteem, self-confidence, etc. Physical appearance refers to facial features and their whole body image. Lifestyle standard refers to maintaining standard in regard to fashion trends, gadgets, etc. The table 11 below shows the cross tabulation of psychosocial problems in respect to age group and gender.

The **table 11** shows that "academic" factor has the highest mean score (0.49), followed by family (0.32), personality (0.3), physical appearance (0.15), lifestyle

standard (0.14), peers (0.1) and dating (0.06). Cross examining with age group shows similar pattern except among late adolescents, the mean score of "personality" (0.34) was second highest and above "family" (0.29) factor. Cross analysing with gender reveal similar patter with the total score except in regard to "dating" factor, female (0.02) respondents scored the least mean score, while for male respondents, the mean score of "dating" (0.11) was considerably higher than the female (0.02) respondents and above the "peer" (0.09) factor. It may be concluded from the above that academic factor is considered to be the major psychosocial problem associated to adolescents by almost half of the respondents irrespective of age group and gender. Family related problem and personality issues are considered to be some of the other major areas of problem among the adolescents by less than one third of the respondents irrespective of age group and gender. Other factors such as physical appearance, lifestyle standard, peers and dating life have considerably lower mean score since less than two tenth of the respondents considered them to be a problem area.

Table 11: Psychosocial Problems

Psychosocial Problems	Age Group				Gender				Total (N=405)	
	Mid Adolescence (n=192)		Late Adolescence (n=213)		Male (n=197)		Female (n=208)			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	**Mean**	SD
Academic	0.53	0.501	0.46	0.5	0.46	0.5	0.52	0.501	**0.49**	0.501
Family	0.35	0.478	0.29	0.453	0.29	0.457	0.34	0.474	**0.32**	0.466
Personality	0.26	0.437	0.34	0.474	0.27	0.447	0.32	0.468	**0.3**	0.458
Physical appearance	0.11	0.319	0.17	0.38	0.14	0.35	0.15	0.357	**0.15**	0.353
Lifestyle standard	0.14	0.343	0.14	0.349	0.16	0.37	0.12	0.32	**0.14**	0.346
Peers	0.1	0.299	0.09	0.292	0.09	0.282	0.11	0.308	**0.1**	0.295
Dating	0.04	0.2	0.08	0.279	0.11	0.309	0.02	0.154	**0.06**	0.245

Source: Computed Figures in parentheses are percentages

5.2.3. Frequency of Stress

Adolescence is considered as a period of "storm and stress" and in order to understand this factor, the present study inquired upon the frequency of respondents' experiencing stress. The frequency has been scaled from always to never. The **table 12** reveals that majority of the respondents, with more than two third, reported frequency of stressful moments "sometimes" (67.4%), followed by "very often" (19.8%). Cross analysis with age group shows similar pattern with slightly higher percentage towards higher frequency among the late adolescents; while cross examination of gender does not reveal much difference in percentages.

It may be concluded that though majority of the respondents experiences stress "sometimes", the percentage of respondents is higher towards higher frequencies of "very often" and "always" as compare to lower frequencies of "seldom" and "never".

Table 12: Frequency of Stress

Frequency of Stress	Age Group		Gender		Total (N=405)
	Mid Adolescence (n=192)	Late Adolescence (n=213)	Male (n=197)	Female (n=208)	
Always	5 (2.6)	14 (6.6)	9 (4.6)	10 (4.8)	**19 (4.7)**
Very often	32 (16.7)	48 (22.5)	32 (16.2)	48 (23.1)	**80 (19.8)**
Sometimes	138 (71.9)	135 (63.4)	139 (70.6)	134 (64.4)	**273 (67.4)**
Seldom	15 (7.8)	10 (4.7)	13 (6.6)	12 (5.8)	**25 (6.2)**
Never	2 (1.0)	6 (2.8)	4 (2.0)	4 (1.9)	**8 (2.0)**

Source: Computed Figures in parentheses are percentages

5.3.Discussion and Conclusion

Summarizing the lifestyle practices of the adolescents, it may be concluded that majority of the respondents are not in a dating relationship; also majority of them possess a mobile phone of their own and greater proportion of the respondents have access to social media accounts even those without a possession of mobile phone. This can be understood as many children have access to their parents' phone and as a result have access to and are active in social media. Among those who have access to social media accounts, majority of them uses Facebook and Whatsapp and lesser

Instagram user and very few have Twitter account. With regard to leisure activities, some of the common activities mentioned by the respondents are spending times with peers, social media, watching television programs and online gaming. Comparatively, female respondents preferred indoor activities more than the male respondents. In regard to substance use, considerable proportions (around 10%-25%) of the respondents are consuming tobacco and alcohol, amongst which, older respondents and male respondents constitute greater proportions. This finding complement the study of Nuken and Singh (2013) which revealed initiation of risk-taking behaviour as early as the teenage years.

Among the various psychosocial problems, academic factor was found to be the most common and major contributor to adolescents' psychosocial problem irrespective of age group and gender. This finding complement previous study of Gonmei and Devendiran (2017) conducted in the same study area with college students. Family related problem and personality factor are some other major contributors of psychosocial problem among the adolescents. Further, though majority of the respondents reported experiencing stress "sometimes", the percentage of respondents is higher towards higher frequencies of stress as compare to lower frequencies.

The above deliberations concern certain aspects of lifestyle practices of the respondents and the various psychosocial aspects of adolescents' life. In the next chapter, the various components of family environment, sources of social support and the quality of life of adolescents and their relationships will be presented.

CHAPTER VI

FAMILY ENVIRONMENT, SOCIAL SUPPORT AND QUALITY OF LIFE

CHAPTER VI

FAMILY ENVIRONMENT, SOCIAL SUPPORT AND QUALITY OF LIFE

The previous chapter presented the aspects of adolescent lifestyle and the psychosocial problems associated to adolescents. This chapter analyses the quantitative and qualitative data on family environment and other related family characteristics of the adolescents along with the various sources of social support and quality of life of adolescents. Three of the objectives of the present study are to study the family environment, probe into the sources of social support of the adolescents and their quality of life. This chapter is broadly divided into three headings; quantitative data analysis, qualitative data analysis and discussion.

6.1. Quantitative Data Analysis and Findings

The first section of the chapter presents the quantitative data analysis and findings on the subject of inquiry. Data are analysed with percentages, mean, correlation, independent sample t test, ANOVA and multiple linear regression which are presented in the forms of tables and cross tabulations. Quantitative data analysis is further sub-divided into six headings: family environment, social support, quality of life, test of significance, test of relationship and multiple linear regression analysis.

6.1.1. Family Environment

Family environment is one of the variables being investigated in the present study. Besides the use of the Family Environment Scale (FES) by Moos and Moos, additional details about the respondents' family have been collected for better analysis and interpretation of the research findings. The family environment of the respondents have been sub-categorized into family rituals, family relationships and bonding, alcohol use in the family and the family environment Dimensions as mentioned in the Family Environment Scale.

6.1.1.1. Family Rituals

This sub-section of the family environment defines the basic rituals being practiced in the family. Family rituals are an important part of family life and it indicates the family time being spent together as a whole. Previous researches have revealed relationship of adolescents' wellbeing with family rituals such as family meal and occasional festive gatherings. For the present study, two family rituals,

namely, family meal and family pray, have been incorporated to understand and associate respondents' family rituals with other essential variables of the study. The table 13 below presents family rituals in a cross tabulation with age group.

Table 13: Family Rituals

Frequency of Family Rituals		Age Group		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	
Family Meal	Daily	146 (76.0)	136 (63.8)	282 (69.6)
	Weekly	25 (13.0)	37 (17.4)	62 (15.3)
	Occasionally	19 (9.9)	37 (17.4)	56 (13.8)
	Never	2 (1.0)	3 (1.4)	5 (1.2)
Family Prayer	Daily	63 (32.8)	73 (34.3)	136 (33.6)
	Weekly	55 (28.6)	52 (24.4)	107 (26.4)
	Monthly	11 (5.7)	13 (6.1)	24 (5.9)
	Occasionally	59 (30.7)	67 (31.5)	126 (31.1)
	Never	4 (2.1)	8 (3.8)	12 (3.0)

Source: Computed Figures in parentheses are percentages

Family meal holds an important part of family life and it has been associated to relationships and wellbeing of family members in the previous studies. In the present study, the frequency of family meal has been scaled into daily, weekly, occasionally and never. The table 13 shows that the majority of the respondents' families dine together "daily" (69.6%), followed by dining "weekly" (15.3%),"occasionally" (13.8%) and a small proportion indicating "never" (1.2%) dining together. It indicates that the majority of the respondents spent time in dining together with their family members. However, it may be noted that some of the respondents who are currently not residing at their parental home and are residing in a hostel or rented house may not be reporting the frequency of family meal as accurately as when they are back at their parental home. While assessing the

frequency of any family rituals, their present residence may be considered for proper findings.

Prayer is an integral part in a society where religious beliefs and rituals play a significant role in shaping people's way of life, beliefs and decision making in life. Religious beliefs are considered as one of the coping mechanisms and it has been associated to the types of support in studies conducted among population samples of physical or mental health patients and victims of various natural and traumatic events. For the purpose of the present study, frequency of family prayer has been scaled into five; daily, weekly, monthly, occasionally and never. The table 13 shows that one third of the total respondents' family practices family pray "daily" (33.6%), followed by "occasionally" (31.1%) and "weekly" (26.4%). A small per cent of the respondents reported "never" (3%) practicing family prayer at home. Age wise analysis reveal similar pattern in both the age groups in both the family rituals. It may be concluded about the family rituals that, majority of the families are spending time together in family meal and family prayer at least occasionally. It may be noted that family rituals are not the only ways in which family members spent time together, however, only two elements of family rituals were incorporated and the various other activities of family time were not considered in the present study.

6.1.1.2. Family Relationships and Bonding

This sub-section deals with the relationship of the respondents with their family members and their emotional state at home. Family relationship is an integral aspect of family studies and the emotional state of the family members are often influenced by each other. In this regard, these two elements are presented in the below in a cross tabulation with age group and gender.

Parents are the most important people in a child's life and as the child grows into an adolescent, previous researches have indicated decrease in parent-child relationship overtime. In this regard, the present study investigates the parent-adolescent relationship based on the closeness between them as perceived by the adolescents, in a five scale rating from "very close" to "very distant". The **table 14** indicates that the majority of the total respondents, consisting of more than half, perceived "very close" (51.9%) relationship with their parents, followed by "close" (30.9%), "neither close nor distant" (15.6%) and "distant" (1.7%). No respondents

reported “very distant” relationship with their parents. Cross examination with age group reveal slight percentage differences between the two age groups. Higher percentage of mid adolescence (57.3%) perceived “very close” relationship with their parent as compared to late adolescents (46.9%). However, cross analysis with gender does not show much percentage difference between male and female respondents in the perception about their relationship with their parents.

In order to understand parent-adolescent relationship and bonding, the present study explored the closest bonding the adolescents share among their family members. The **table 14** reveals that almost half of the total respondents reported sharing the closest bonding with their “mother” (48.4%), followed by “sister” (25.7%), “brother” (10.4) and lastly, “father” (8.6%). A small per cent (1.2%) reported bonding closely with all the family members; while, a small but considerable percentage reported sharing closest bonding with “no one” (5.2%) in the family. The difference of adolescents’ bonding with their mother (48.4%) and father (8.6%) is noteworthy. While irrespective of age group and gender, respondents reported closest bonding with their mother, among the siblings, male respondents bonded equally, in terms of percentage, with both sister (15.7%) and brother (15.2%) while female respondents bonded closer with sister (35.1) than with brother (5.8%). With regard to bonding with fathers, comparatively male respondents (9.6%) constituted higher proportion than the female respondents (7.7%). It may also be noted that among the family members, the closest bonding is shared mostly among the female members of the family than the male members.

The emotional state of the adolescents at home contributes to understanding the existing family environment and its perception by the adolescents. The table 14 reveals that vast majority of the respondents reported being “happy” (91.4%) at home. Small percentages reported feeling “neutral” (4.9%), “depressed” (1.2%), “feared” (0.7%), “worried” (0.7%), “lonely” (0.5%) and even “bored” (0.5%). Cross analysis does not show much percentage differences between the two age groups and between male and female respondents. It may be concluded that vast majority of the respondents feel happy in their family irrespective of age group and gender.

Table 14: Family Relationships by Age and Gender

Family Relationships		Age Group		Gender		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	Male (n=197)	Female (n=208)	
Parent-Adolescent Relationship	Very Close	110 (57.3)	100 (46.9)	104 (52.8)	106 (51.0)	210 (51.9)
	Close	54 (28.1)	71 (33.3)	59 (29.9)	66 (31.7)	125 (30.9)
	Neither Close nor Distant	26 (13.5)	37 (17.4)	30 (15.2)	33 (15.9)	63 (15.6)
	Distant	2 (1.0)	5 (2.3)	4 (2.0)	3 (1.4)	7 (1.7)
Closest Bonding in the Family	Mother	94 (49.0)	102 (47.9)	104 (52.8)	92 (44.2)	196 (48.4)
	Sister	56 (29.2)	48 (22.5)	31 (15.7)	73 (35.1)	104 (25.7)
	Brother	16 (8.3)	26 (12.2)	30 (15.2)	12 (5.8)	42 (10.4)
	Father	17 (8.9)	18 (8.5)	19 (9.6)	16 (7.7)	35 (8.6)
	No One	9 (4.7)	12 (5.6)	9 (4.6)	12 (5.8)	21 (5.2)
	All	0 0.0	5 (2.3)	2 (1.0)	3 (1.4)	5 (1.2)
	Others	0 0.0	2 (0.9)	2 (1.0)	0 0.0	2 (0.5)
Emotional State at Home	Happy	177 (92.2)	193 (90.6)	180 (91.4)	190 (91.3)	370 (91.4)
	Neutral	5 (2.6)	15 (7.0)	9 (4.6)	11 (5.3)	20 (4.9)
	Depressed	3 (1.6)	2 (0.9)	3 (1.5)	2 (1.0)	5 (1.2)
	Scared/feared	3 (1.6)	0 0.0	1 (0.5)	2 (1.0)	3 (0.7)
	Worried	1 (0.5)	2 (0.9)	2 (1.0)	1 (0.5)	3 (0.7)
	Lonely	1 (0.5)	1 (0.5)	1 (0.5)	1 (0.5)	2 (0.5)
	Boring	2 (1.0)	0 0.0	1 (0.5)	1 (0.5)	2 (0.5)

Source: Computed Figures in parentheses are percentages

6.1.1.3. Alcohol User in the Family

Family relationships and environment are different from the general population in a family where there is substance abuse. Misuse or abuse of substance in a family impact all the other members in the family and are often associated to disturbances in the family. Since such families are a case of special population and the present study does not deal particularly on substance use, only alcohol use in the family was inquired upon since alcohol use is a common practice in the study area.

The **table 15** shows that the majority of the total respondents with two third (66.2%) reported no alcohol user in the family; while more than one tenth (14.8%) reported alcohol user in the family. It may also be noted that the percentage of alcohol user family may be higher as almost two tenth (19%) of the respondents did not respond to the question.

Table 15: Alcohol User in the Family

Alcohol User in the Family	Age Group		Total (N=405)
	Mid Adolescence (n=192)	Late Adolescence (n=213)	
Yes	30 (15.6)	30 (14.1)	**60 (14.8)**
No	129 (67.2)	139 (65.3)	**268 (66.2)**
No Response	33 (17.2)	44 (20.7)	**77 (19.0)**

Source: Computed Figures in parentheses are percentages

6.1.1.4. Family Environment Dimensions by Age Groups

Family environment is one of the variables being examined in the present study and for that purpose, the Family Environment Scale (FES) by Moos and Moos was incorporated. The present study included five dimensions of FES out of the total ten dimensions; namely, cohesion, expressiveness, conflict, moral religious and control. The FES dimensions was analysed by their mean score as presented in table 16 in relation with age group.

The **table 16** shows that out of the five FES dimensions, moral religious (7.24) have the highest mean score, followed by cohesion (6.72), expressiveness (5.2), control (4.94) and conflict (3.01). Similar pattern can be observed in cross analysing with age group except with regard to conflict dimension; late adolescents reported

higher mean score than the mid adolescents. It can be concluded from the analysis, the importance and influence of moral religious beliefs and conduct in the study area. Negative dimensions of control and conflict also are being indicated to be low as compared to other positive dimensions. Thus, it can be concluded that the respondents have healthy family environment by comparing the existence of high mean score with regard to the positive dimensions of moral religious, cohesion and expressiveness.

Table 16: FES Dimensions by Age Groups

FES Dimensions	Age Group				t	Total	
	Mid Adolescence (n=192)		Late Adolescence (n=213)				
	Mean	SD	Mean	SD		Mean	SD
Moral Religious	7.34	1.012	7.15	1.148	1.184	7.24	1.089
Cohesion	6.67	1.459	6.77	1.381	-0.707	6.72	1.418
Expressiveness	5.07	1.51	5.32	1.454	-1.733	5.2	1.484
Control	4.93	1.508	4.96	1.517	-0.200	4.94	1.511
Conflict	2.84	1.536	3.16	1.684	-1.954	3.01	1.621

Source: Computed

The t test of significance was also performed to see the relationship of family environment dimensions with age group and gender. The t values may be observed from the t column. No significant mean difference between the age groups could be found with any of the five dimensions of moral religious, cohesion, expressiveness, control and conflict.

6.1.1.5. Family Environment Dimensions by Gender

The mean score of FES Dimensions by gender is analysed and presented in the following **table 17** in order to statistically examine whether gender plays any significant role in the family environment. The table reveals that there is very small mean difference in the mean scores between male and female respondents. The t test conducted also does not reveal any significant difference in mean scores of male and female with regard to the FES dimensions.

Table 17: FES Dimensions by Gender

FES Dimensions	Gender				t	Total	
	Male (n=197)		Female (n=208)				
	Mean	SD	Mean	SD		Mean	SD
Moral Religious	7.16	1.092	7.32	1.083	-1.415	7.24	1.089
Cohesion	6.72	1.335	6.72	1.495	0.016	6.72	1.418
Expressiveness	5.13	1.613	5.27	1.352	-0.964	5.2	1.484
Control	4.95	1.464	4.93	1.558	0.131	4.94	1.511
Conflict	3.01	1.692	3	1.555	0.04	3.01	1.621

Source: Computed

6.1.1.6. ANOVA Test of Significance of FES by Family Structure

In this section, ANOVA test of significance will be assessed in regard to family structure and FES dimensions. In the present study, the family structure consists of stable, single-parent, reconstituted and adoptive families. Stable family includes families with both biological parents, single-parent family includes families with a single parent either because of marital breakdown or death of one of the parents, reconstituted family includes families with one biological parent and another step parent and lastly, adoptive family includes families where the adolescent is being adopted, including by grandparents or relatives who adopted the adolescent either due to death of both the parents or relinquishment.

Table 18: ANOVA Test of FES and Family Structure

FES Dimensions	Mean				ANOVA	
	Family Structure					
	Stable (n=344)	Single Parent (n=44)	Reconstituted (n=7)	Adoptive (n=10)	F	Sig.
Cohesion	6.79	6.44	6.40	5.99	2.615	0.074
Expressiveness	5.23	5.13	4.71	4.80	0.858	0.425
Moral Religious	7.26	7.11	7.57	6.90	0.407	0.666
Control	4.96	4.94	5.14	4.10	0.669	0.513
Conflict	2.92	3.40	2.86	4.30	3.35	**0.036***

Source: Computed *p<0.05

The **table 18** shows that the score of FES dimensions are statistically not significantly different with the family structure, except with regard to conflict dimension which is significantly different for the family structure at 0.05 level of significance. It may further be observed that in the mean score of conflict dimension, adoptive families reported the highest conflict score followed by single parent families. It indicates that occurrence of conflict in the family as a result of the family structure is statistically proven. In other words, adoptive families and single parent family experiences conflict in the family more often than the stable and reconstituted forms of family.

Hence, the hypothesis "there is a relationship between family structure and family environment" is rejected for four of the family dimensions (cohesion, expressiveness, moral religious and control). Only conflict dimension is revealed to have significant difference among the different family structure.

6.1.1.7. ANOVA Test of Significance of FES and Family Income

This section of the chapter presents the ANOVA test conducted to examine the mean difference of FES score in regard to family income groups. In the present study, family income has been grouped into five groups based on the approximate monthly family income ranging from "less than Rs. 10,000" to "more than 1,000,000". In the table, income groups are designated by numbers from "1" indicating the lowest income group, to "5" representing the highest income group. It may be noted that 81 respondents chose not to reveal their family income details.

Table 19: ANOVA Test of FES and Family Income

FES Dimensions	Mean					ANOVA	
	Income Groups						
	1 (n=71)	2 (n=140)	3 (n=65)	4 (n=38)	5 (n=10)	F	Sig.
Cohesion	6.44	6.76	6.76	6.78	6.70	0.78	0.565
Expressiveness	5.13	5.38	5.46	4.80	5.40	2.136	0.06
Moral Religious	7.10	7.19	7.28	7.64	7.50	1.492	0.191
Control	4.78	5.05	4.71	5.02	4.70	0.8	0.55
Conflict	3.56	2.85	2.88	2.92	1.90	3.037	**0.011***

Source: Computed *p<0.05

The **table 19** reveals that only conflict dimension of FES is significantly different for the income groups at 0.05 level of significance. Further from the mean score of each income groups, it may be observed that the mean score of conflict is highest for the lowest income group and lowest for the highest income group. Thus, indicating that families with lowest income group experience conflict in the family more than those families with the highest income.

6.1.1.8. ANOVA Test of FES and Frequency of Family Meal

This section presents ANOVA test conducted between the frequency of family meal and the FES dimensions to examine whether the frequency of family meal have any implication on their family environment which is one of the hypotheses of the present study.

Table 20: ANOVA Test of FES and Family Meal

FES Dimensions	Mean				F	Sig.
	Family Meal					
	Daily n=282	Weekly n=62	Occasionally n=56	Never n=5		
Cohesion	6.88	6.54	6.3	4.6	7.25	**0.00****
Expressiveness	5.34	5.09	4.64	4.8	3.861	**0.01****
Moral Religious	7.36	7.08	6.81	7.2	4.792	**0.003***
Conflict	2.91	3.5	2.95	3	2.28	0.079
Control	4.87	5.23	4.92	5.8	1.528	0.207

Source: Computed **p<0.01 *p<0.05

The **table 20** above shows that the FES dimensions of cohesion and expressiveness is significantly different among the families with different frequencies of family meal at 0.01 level of significance. The more frequently the families have meal together, the more mean score can be observed in the two FES dimensions. Moral religious dimension is also significantly different among the families with different frequencies of family meal at 0.05 level of significance.

Hence the hypothesis “higher frequency of family meal is associated to better family environment” is accepted in FES dimensions of cohesion, expressiveness and moral religious.

6.1.1.9. t Test of FES and Respondents' Dating Status

This section presents t test conducted between the dating status of the respondents and the FES dimensions to examine whether the dating status of the respondents have any implication on their family environment.

Table 21: t Test of FES and Respondents' Dating Status

FES Dimensions	Mean		t-test for Equality of Means	
	Dating Status			
	Dating (n=69)	Not Dating (n=336)	t	Sig. (2-tailed)
Cohesion	6.81	6.71	0.546	0.586
Expressiveness	5.19	5.20	-0.083	0.934
Moral Religious	7.31	7.23	0.604	0.546
Control	5.17	4.90	1.398	0.163
Conflict	3.44	2.92	2.465	**0.014***

Source: Computed *p<0.05

The **table 21** above shows that the difference of FES score in regard to conflict dimension between those in a dating relationship and those not involve in a dating relationship is statistically significantly different at 0.05 level of significance. This indicates that occurrence of conflict in the family as a result of adolescents' dating relationship is statistically evident at 95 per cent confidence level. In other words, families where the adolescents are in a dating relationship experiences higher conflict in the family as compared to those not dating.

6.1.1.11. t Test of FES and Alcohol Consumption in the Family

This section of the chapter presents the t test result conducted to examine the mean difference in FES score between families with alcohol consumption and those without alcohol consumption. It may be noted that 77 respondents chose not to answer this statement regarding alcohol consumption in their family.

The **table 22** above shows that the mean difference of cohesion and conflict dimensions of FES are statistically significant with status of alcohol consumption at 0.05 and 0.01 level of significance respectively. This indicates that there is significant difference in the cohesiveness and conflict between alcohol consumption family and non-alcohol consumption family. In other words, alcohol consumption by any of the

family member disturbs the cohesiveness of the family and those families with alcohol consumption have higher occurrences of conflict in the family as compared to those families with no alcohol consumption.

Table 22: t Test of FES and Alcohol Consumption in the Family

FES Dimensions	Mean		t-test for Equality of Means		
	Alcohol Consumption				
	Alcohol Consumption (n=60)	Non-Alcohol consumption (n=268)	t	df	Sig. (2-tailed)
Cohesion	6.28	6.86	-2.555	77.818	**0.013***
Expressiveness	5.25	5.22	0.156	326	0.876
Moral Religious	7.11	7.29	-1.104	326	0.27
Control	4.91	4.92	-0.06	326	0.952
Conflict	3.44	2.83	2.726	326	**0.007****

Source: Computed *p<0.05 **p<0.01

6.1.2. Social Support

Social support is one of the effective and easily available coping mechanisms. There are different types of social support which are being fulfilled by various sources of support. In the present study, though the types of social were not incorporated for investigation, the sources of social support and various aspects in relation to social support were explored to understand the adolescents' perception of their sources. These aspects of social support are presented in five sub-heading; perceived available support, trustworthy person, guidance support, problem sharing with parents and support from social networking.

6.1.2.1. Perceived Available Sources of Support

According to the stress buffering theory, social support is believed to work in two ways; the perceived presence of social support and the actual use of it. Perceived availability of social support itself is believed to contribute in reducing stress and hence in this regard, the following **table 23** presents various sources of support perceived by the respondents to be available for them. These sources are presented and analysed based on their mean score.

Table 23: Perceived available Sources of Support

Sources of Social Support	Age Group				Gender				Total (N=405)	
	Mid Adolescence (n=192)		Late Adolescence (n=213)		Male (n=197)		Female (n=208)			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Parents	0.7	0.46	0.73	0.446	0.74	0.442	0.69	0.463	**0.71**	0.453
Siblings	0.18	0.383	0.23	0.419	0.21	0.407	0.2	0.399	**0.2**	0.402
Close friend	0.17	0.378	0.23	0.419	0.19	0.392	0.21	0.409	**0.2**	0.4
Boy/girlfriend	0.01	0.102	0.05	0.222	0.04	0.186	0.03	0.168	**0.03**	0.176
Social media Friends	0	0	0.01	0.118	0.01	0.071	0.01	0.098	**0.01**	0.086
Relatives	0.02	0.124	0	0	0	0	0.01	0.12	**0.01**	0.086
Teacher	0	0	0	0.069	0.01	0.071	0	0	**0**	0.05
No One	0.03	0.174	0.03	0.166	0.04	0.186	0.02	0.154	**0.03**	0.17

Source: Computed

The **table 23** reveals that the mean score of parents (0.71) is considerably higher than the other sources of support indicating that more than two third of adolescents perceived their parents as the most available source of support. Siblings (0.2) and close friends (0.2) come with second highest mean score indicating less than one fourth of respondents perceived siblings and close friends each as available sources of support. Boyfriend/girlfriend (0.03), social media friends (0.01) and relatives (0.01) were among the sources with the least mean score. It may be noted that, there were respondents who did not perceived any available sources of social support (0.03). Similar pattern can be observed in cross examination with age group and gender.

6.1.2.2. Reliable Source of Support

Trust is an essential element involved in seeking support from the support sources. The availability of support may contribute to stress reduction, however problem sharing and actually seeking help from the sources require certain level of trust the respondents' have on the various sources. The preceding table 23 indicated parents to be the most perceived available source of support; however, previous

researches have indicated that the parent-child relationship decreases as the child reaches adolescence. In this regard, the following **table 24** presents the various sources of support that the adolescents perceived to be reliable and trustworthy. The sources of support are analysed in accordance with their mean score.

Table 24: Reliable Source of Social Support

Sources of Social Support	Age Group				Gender				Total (N=405)	
	Mid Adolescence (n=192)		Late Adolescence (n=213)		Male (n=197)		Female (n=208)			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Close friend	0.31	0.465	0.43	0.496	0.41	0.492	0.34	0.475	**0.37**	0.484
Parents	0.32	0.469	0.38	0.485	0.37	0.483	0.34	0.474	**0.35**	0.478
Siblings	0.32	0.469	0.23	0.425	0.24	0.427	0.31	0.465	**0.28**	0.448
Boy/girlfriend	0.02	0.143	0.09	0.292	0.08	0.266	0.04	0.204	**0.06**	0.236
Spiritual leader	0.01	0.102	0.03	0.179	0.04	0.198	0	0.069	**0.02**	0.148
Social media Friends	0.01	0.102	0.01	0.118	0.02	0.123	0.01	0.098	**0.01**	0.111
Other Adults	0.02	0.124	0	0	0	0	0.01	0.12	**0.01**	0.086
No One	0.03	0.16	0.05	0.212	0.03	0.158	0.05	0.214	**0.04**	0.189

Source: Computed

It is indicated in **table 24** that "close friends" (0.37) has the highest mean score and without much score difference, is "parents" (0.35) indicating that "close friends" and "parents" each are regarded as reliable sources of support by more than one third of the respondents. "Siblings" (0.28) have the third highest mean score with more than one fourth of the respondents. Thus, adolescents regard their "close friends" to be the most reliable source of support followed by "parents" and "siblings". Sources of support with a slightly lower mean score are "boyfriend/girlfriend" (0.06), "spiritual leader" (0.02), "social media friends" (0.01) and "other adults" (0.01). It may be noted that certain respondents reported "no one" (0.04) as their reliable sources of support. Cross examining age group and gender reveals similar pattern among the late adolescents, male and female adolescents; while among mid adolescents, "parents" (0.32) and "siblings" (0.32) have equal and slightly higher mean score than their "close friends" (0.31).

6.1.2.3. Sources of Support Seeking

Support seeking is an essential aspect of social support. According to the stress buffering theory, perceived availability of social support and actually receiving support are the two ways in which social support contribute to wellbeing and minimizing stressful impacts. Perceived availability of social support has been assessed in table 23, and in the following **table 25**, seeking social support for advice or guidance from the available sources is presented on the basis of mean score of each sources.

Table 25: Seeking Advice/Guidance

Sources of Social Support	Age Group				Gender				Total (N=405)	
	Mid Adolescence (n=192)		Late Adolescence (n=213)		Male (n=197)		Female (n=208)			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	**Mean**	SD
Parents	0.74	0.437	0.57	0.497	0.61	0.488	0.69	0.465	**0.65**	0.477
Sister/Brother	0.14	0.349	0.25	0.433	0.21	0.407	0.19	0.391	**0.2**	0.399
Close friend	0.11	0.313	0.25	0.436	0.22	0.414	0.15	0.362	**0.19**	0.389
Other Adults	0.04	0.188	0.05	0.212	0.04	0.198	0.04	0.204	**0.04**	0.201
Teacher/ counsellor	0.02	0.124	0.07	0.256	0.07	0.249	0.02	0.154	**0.04**	0.206
Boy/girlfriend	0.01	0.072	0.05	0.222	0.04	0.186	0.02	0.154	**0.03**	0.17
Spiritual leader	0	0	0.06	0.231	0.04	0.198	0.02	0.138	**0.03**	0.17
No One	0.02	0.124	0.02	0.136	0.01	0.101	0.02	0.154	**0.02**	0.13
Social media Friends	0	0	0.01	0.118	0.01	0.071	0.01	0.098	**0.01**	0.086

Source: Computed

The **table 25** reveals that "parents" (0.65) have the highest mean score indicating that almost two third of the respondents seek support mostly from their parents as compared to their other sources of support. With a much lower mean score, one fourth of the respondents seek support from their "siblings" (0.2) and less than one fourth of the respondents seek support from their "close friends" (0.19). The remaining sources of support have very low mean scores; "other adults" (0.04), "teacher/counsellor" (0.04), "boyfriend/girlfriend" (0.03), "spiritual leader" (0.03) and

"social media friends" (0.01). It may be noted that there were certain respondents who reportedly seek support from "no one" (0.02) indicating that they do not seek support from any of the sources. It may be noted that the present study did not distinguish the various types of support being sought except support in the form of advice and guidance.

6.1.2.4. Problem Sharing with Parents

Problem sharing is an integral part of seeking and receiving support from the support sources. For the present study, problem sharing was considered with regard to how comfortable are the adolescents in sharing problems with their parents and the satisfaction with their parents' support. In order to analyse that, a cross tabulation with age group and gender is presented in **table 26** below.

Table 26: Problem Sharing with Parents

Sl. No.	Problem Sharing	Age Group		Gender		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	Male (n=197)	Female (n=208)	
1	**Comfort Level in Problem Sharing with Parents**					
	Comfortable	59 (30.7)	74 (34.7)	68 (34.5)	65 (31.2)	133 (32.8)
	Comfortable to Some Extend	98 (51.0)	103 (48.4)	97 (49.2)	104 (50.0)	201 (49.6)
	Not Comfortable	35 (18.2)	36 (16.9)	32 (16.2)	39 (18.8)	71 (17.5)
2	**Satisfied with Parents' Support**					
	Very Satisfied	119 (62.0)	126 (59.2)	126 (64.0)	119 (57.2)	245 (60.5)
	Satisfied	47 (24.5)	68 (31.9)	56 (28.4)	59 (28.4)	115 (28.4)
	Neither satisfied nor dissatisfied	24 (12.5)	18 (8.5)	14 (7.1)	28 (13.5)	42 (10.4)
	Dissatisfied	2 (1.0)	0 0.0	0 0.0	2 (1.0)	2 (0.5)
	Very Dissatisfied	0 0.0	1 (0.5)	1 (0.5)	0 0.0	1 (0.2)

Source: Computed Figures in parentheses are percentages

The **table 26** shows that with regard to comfort in problem sharing with parents, the majority of the total respondents constituting almost half feels "comfortable to some extend" (49.6%), almost one third feels "comfortable" (32.8%) and less than two fifth reported "not comfortable" (17.5%). Cross analysing with age

group and gender shows similar proportion of percentages in both the age groups and gender.

With regard to satisfaction with parents' support, less than two third of the total respondents feel "very satisfied" (60.5%), more than one fourth feel "satisfied" (28.4%), around one tenth feel "neither satisfied nor dissatisfied" (10.4%) and very small proportion feel "dissatisfied" (0.5%) and "very dissatisfied" (0.2%). Analysing age group shows similar pattern in both the age groups; however slight percentage difference can be observed in gender as more percentage of male respondents (64%) reported "very satisfied" as compared to female respondents (57.2%); while more percentage of female respondents reported "neither satisfied nor dissatisfied" (13.5%) as compared to male respondents (7.1%).

It can be concluded from table 25 that majority of the respondents irrespective of age group and gender feel comfortable to some extend in sharing their personal problems with their parents and consequently the majority of them are very satisfied with their parents' support. Besides that, slight gender difference can be observed in regard to satisfaction levels of parents' support though majority of them reported high satisfaction level.

6.1.2.5. Social Media Usage during Stressful Moment

The popularity of social media use in the present digital era is enormous especially among the young people. Its content keeps on incorporating vast range of interest areas for every age. Every sectors of the society are making use of social media to reach out to its targeted population, including governmental and non-governmental. Many of the health related services are also being provided through means of social media. Social media use for networking, entertainment or for other purposes may be one of the ways people cope with their life. Hence, in this regard, the present study investigated to understand from the respondents' perspective whether social media use, for networking, entertainment, etc., during stressful moments contribute to minimizing their stress. The contribution of social media use during stressful moment is explored as to how helpful its usage is in reducing the stressful impact and it is presented in a cross tabulation in respect to age group and gender.

The table 27 shows that among those who have access to social media, the majority of the total respondents with more than one third find usage of social media

"helpful sometimes" (39.3%), less than one fourth find it "helpful" (21.5%) and almost one fifth find it "not helpful" (19.3%). Hence, it may be concluded that majority of the respondents find the usage of social media during stressful moments to be helpful in certain ways. However, it may be noted that the present study did not investigate what contents of social media are considered helpful in minimizing their stress.

Table 27: Social Media Usage during Stressful Moment

Usage of Social Media During Stressful Moment	Age Group		Gender		Total (N=405)
	Mid Adolescence (n=192)	Late Adolescence (n=213)	Male (n=197)	Female (n=208)	
Helpful	29 (15.1)	58 (27.2)	44 (22.3)	43 (20.7)	87 (21.5)
Helpful Sometimes	67 (34.9)	92 (43.2)	79 (40.1)	80 (38.5)	159 (39.3)
Not Helpful	37 (19.3)	41 (19.2)	44 (22.3)	34 (16.3)	78 (19.3)
NA	59 (30.7)	22 (10.3)	30 (15.2)	51 (24.5)	81 (20.0)

Source: Computed Figures in parentheses are percentages

6.1.3. Quality Of Life

This section deals with the quality of life aspect of the adolescents. One of the objectives of the present study is to assess the quality of life of the adolescents as perceived by them. The present study utilized the WHOQOL-BREF to assess the quality of life of adolescents and accordingly, aspects of quality of life are presented in two sub-sections. The first sub-section deals with the respondents' opinion about their quality of life and health in general. The second sub-section deals with the four Dimensions of quality of life as mentioned in WHOQOL-BREF, namely, physical, psychological, social and environmental.

6.1.3.1. General Quality of Life and Health

As mentioned in the WHOQOL-BREF, the first section of the tool investigates the respondents' opinion on their quality of life and health in general. Hence, this sub-section presents the respondents' opinion about their general quality of life and their satisfaction level of their health in a cross tabulation with age group and gender.

The table 28 indicates that the majority of the total respondents, consisting of more than half, rated their general quality of life to be "good" (52.6%), one third rated their quality of life "neither good nor poor" (33.3%), one tenth rated "very good" (10.9%) quality of life and less than one tenth rated "poor" (3%) and "very poor" (0.2%) quality of life. Cross analysing with age group reveals slight percentage difference between the two age groups as higher proportion of mid adolescents rated better quality of life as compared to late adolescents. Gender wise, small percentage difference between the male and female respondents can be observed as higher proportions of male respondents rated better quality of life as compared to female respondents.

Table 28: Quality of Life by Age Group and Gender

Sl. No.	Quality of Life	Age Group		Gender		Total (N=405)
		Mid Adolescence (n=192)	Late Adolescence (n=213)	Male (n=197)	Female (n=208)	
1	**How would you rate your quality of life?**					
	Very Poor	0 0.0	1 (0.5)	0 0.0	1 (0.5)	**1 (0.2)**
	Poor	3 (1.6)	9 (4.2)	4 (2.0)	8 (3.8)	**12 (3.0)**
	Neither poor nor good	55 (28.6)	80 (37.6)	66 (33.5)	69 (33.2)	**135 (33.3)**
	Good	110 (57.3)	103 (48.4)	102 (51.8)	111 (53.4)	**213 (52.6)**
	Very Good	24 (12.5)	20 (9.4)	25 (12.7)	19 (9.1)	**44 (10.9)**
2	**How satisfied are you with your health?**					
	Very Dissatisfied	1 (0.5)	6 (2.8)	4 (2.0)	3 (1.4)	**7 (1.7)**
	Dissatisfied	17 (8.9)	19 (8.9)	16 (8.1)	20 (9.6)	**36 (8.9)**
	Neither satisfied nor dissatisfied	38 (19.8)	44 (20.7)	32 (16.2)	50 (24.0)	**82 (20.2)**
	Satisfied	88 (45.8)	94 (44.1)	94 (47.7)	88 (42.3)	**182 (44.9)**
	Very satisfied	48 (25.0)	50 (23.5)	51 (25.9)	47 (22.6)	**98 (24.2)**

Source: Computed Figures in parentheses are percentages

With regard to the respondents' satisfaction level about their health, majority of the total respondents consisting of less than half reported "satisfied" (44.9%), almost one fourth reported "very satisfied" (24.2%), two fifth reported "neither satisfied nor dissatisfied" (20.2%) and less than one tenth reported "dissatisfied" (8.9%) and "very dissatisfied" (1.7%). Cross analysing with age group and gender does not reveal much percentage difference.

6.1.3.2. Quality of Life Domains by Age Group

In this sub-section, as mentioned in the WHOQOL-BREF, the four domains of quality of life are assessed with respect to age group. The domains of the quality of life are assessed on the basis of their mean score. The **table 29** shows that among the four domains, "social" domain (73.98) has the highest mean score, followed by "physical" (72.4), "environmental" (63.91) and "psychological" (60.21) domains. This indicates that among the four domains of quality of life, the respondents' quality of life is highest in the social aspect and comparatively, the lowest in the psychological aspect.

Table 29: Quality of Life by Age Group

Quality of Life Domains	Age Group				t	Total (N=405)	
	Mid Adolescence (n=192)		Late Adolescence (n=213)				
	Mean	SD	Mean	SD		Mean	SD
Social	74.39	4.717	73.61	5.832	1.479	**73.98**	5.341
Physical	72.6	4.782	72.21	5.429	0.769	**72.4**	5.13
Environmental	64.71	13.251	63.19	14.558	1.095	**63.91**	13.957
Psychological	61.15	12.972	59.37	14.742	1.28	**60.21**	13.942

Source: Computed

Cross examining with age group reveal similar pattern in both the age groups in all the four domains. The t test of significance was conducted to examine the mean difference of age groups with regard to quality of life of adolescents. From the t column, it may be observed that no significant mean difference between the two age groups could be ascertained for any of the domains of quality of life. Hence, the hypothesis "younger adolescents have better quality of life than the older adolescents" is rejected.

6.1.3.3. Quality of Life Domains by Gender

In this sub-section, the four domains of quality of life are assessed with respect to gender. No significant mean difference could be observed in respect to three domains of quality of life (social, physical and environmental domains); however, with regard to psychological domain of quality of life, significant mean difference between male and female respondents could be ascertained at 0.01 level of significance (t=2.916). This indicates that the psychological domain score of quality of life is significantly different for both the gender, whereby, female adolescents have lower quality of life in the psychological domain as compared to male adolescents.

The hypothesis "adolescent boys have better quality of life than adolescent girls" is rejected for the social, physical and environmental domains of quality of life. Adolescent boys appear to have better quality of life than girls only in the psychological domain.

Table 30: Quality of Life by Gender

Quality of Life Domains	Gender				t	Total (N=405)	
	Male (n=197)		Female (n=208)				
	Mean	SD	Mean	SD		Mean	SD
Social	74.29	4.875	73.68	5.743	1.143	**73.98**	5.341
Physical	72.7	5.428	72.12	4.826	1.138	**72.4**	5.13
Environmental	64.24	14.548	63.59	13.401	0.47	**63.91**	13.957
Psychological	62.27	13.587	58.26	14.026	**2.916****	**60.21**	13.942

Source: Computed **p<0.01

6.1.3.4. t Test of QoL Domains and Respondents' Educational Level

The following **table 31** presents the t test conducted to assess the mean difference in the score of quality of life domains based on the respondents' educational level. The educational level of the respondents are categorised into High School and Higher Secondary indicated by HS and HSS respectively in the table.

The **table 31** reveals that out of the four domains of quality of life, the mean score of three of the domains (physical, psychological and social) are significantly different for HS and HSS respondents. While the mean difference of physical and social domain is at 0.05 level of significance, the mean difference of psychological domain is at 0.01 level of significance. Based on the mean score and the significance

level, it indicates that high school respondents have better quality of life than the higher secondary respondents in the domains of physical, psychological and social life.

Table 31: QoL Domains and Respondents' Educational Level

QoL Domains	Mean		t-test for Equality of Means		
	Educational Level				
	HS (n=157)	HSS (n=248)	t	df	Sig. (2-tailed)
Physical	73.05	71.98	2.162	385.344	**0.031***
Psychological	62.82	58.56	3.127	368.633	**0.002****
Social	74.76	73.48	2.478	376.547	**0.014***
Environmental	65.49	62.91	1.82	403	0.07

Source: Computed *p<0.05 **p<0.01

6.1.3.5. t Test of QoL Domains and Type of School

This section of the chapter present the t test result conducted to examine the mean difference in the quality of life domains score by the types of school, namely, private and government schools.

Table 32: QoL Domains and Type of School

QoL Domains	Mean		t-test for Equality of Means		
	Type of School				
	Private (n=301)	Govt. (n=104)	t	df	Sig. (2-tailed)
Physical	72.16	73.09	-1.592	403	0.112
Psychological	59.36	62.69	-2.113	403	**0.035***
Social	73.63	74.99	-2.254	403	**0.025***
Environmental	62.85	66.96	-2.606	403	**0.01****

Source: Computed *p<0.05 **p<0.01

The above **table 32** shows that, besides the physical domain of QoL, the other three domains' scores are significantly different for private and government schools. Psychological and social domains of quality of life are significantly different at 0.05 level of significance and environmental domain is significantly different at 0.01 level of significance for private and government schools. From the mean table, it may be further observed that psychological, social and environmental domains' mean score

are higher for government school. Hence, it indicates that the quality of life of respondents from government schools is statistically higher than the respondents from private schools, except for the physical domain.

6.1.3.6. t Test of QoL Domains and Location

The following table presents the t test result conducted to examine the mean difference in the score of quality of life domains by location. In the present study, location is categorised as urban and rural. The **table 33** shows that the mean difference in the scores of psychological and social domains of quality of life is significantly different for urban and rural at 0.05 level of significance. Analysing the mean score and the significance level, it may be concluded that respondents from the rural area have better quality of life in respect to psychological and social domains as compared to respondents from the urban area.

Table 33: QoL Domains and Location

QoL Domains	Mean		t-test for Equality of Means		
	Location				
	Urban (n=259)	Rural (n=146)	t	df	Sig. (2-tailed)
Physical	72.15	72.84	-1.4	360.426	0.162
Psychological	59.18	62.04	-2.119	358.767	**0.035***
Social	73.60	74.64	-2.041	370.134	**0.042***
Environmental	63.63	64.41	-0.543	403	0.587

Source: Computed *p<0.05

6.1.4. Test of Significance

This section presents the statistical test of significance conducted for various Dimensions of family environment, social support and quality of life. Independent sample t test and ANOVA were applied to examine the mean differences of two or more independent variables respectively in respect to other dependable variables.

6.1.4.1. Form of family and Quality of Life

In this section, an ANOVA table is presented to examine whether the family structure differ in the mean scores of quality of life domains. The **table 34**shows that there is no statistically significant mean difference in the domains score of quality of life in respects to the family structure. This indicates that family structure do not statistically determine the domain scores of quality of life.

Table 34: QoL and Family Structure

QoL Domains	Mean				ANOVA	
	Family Structure					
	Stable	Single-parent	Reconstituted	Adopted	F	Sig.
Physical	72.54	72.30	70.29	69.30	1.719	.163
Psychological	60.64	58.64	58.29	53.29	1.069	.362
Social	74.13	72.57	75.00	74.30	1.212	.305
Environmental	64.45	61.32	60.00	59.40	1.211	.305

Source: Computed

6.1.4.2. Perceived Social Support and QoL

In order to examine the mean differences in quality of life domains of respondents who perceived available social support and those who do not, an independent sample t test is presented in the table below.

Table 35: QoL and Perceived Social Support

QoL Domains	Mean		t-test for Equality of Means		
	Perceived Support		t	df	Sig. (2-tailed)
	Available	Not Available			
Physical	72.57	66.67	2.266	11.199	**0.044***
Psychological	60.49	51.08	2.315	403	**0.021***
Social	74.2	66.67	4.952	403	**0.00****
Environmental	64.23	53.25	2.706	403	**0.007****

Source: Computed *p<0.05 **p<0.01

The **table 35**shows that the mean difference in the quality of life scores between respondents who perceived available social support and thosewho do not perceived available social support are significantly different in physical and psychological domains at 0.05 level of significance and in social and environmental domains at 0.01 level of significance. Analysing the mean of both the groups in each domain, it may be stated that respondents who perceived available social support have better quality of life than those who do not perceived available social support. This is consistent with the stress buffering theory of social support.

6.1.4.3. Support Seeking and Quality of Life

In this section, the mean difference in the domain scores of quality of life between respondents who seeks support and those who do not seeks support from their sources are presented in an independent sample t test below.

Table 36: QoL Domains and Support Seeking

QoL Domains	Mean		t-test for Equality of Means		
	Support Seeking		t	df	Sig. (2-tailed)
	Yes	No			
Physical	72.49	67.14	2.756	403	**0.006****
Psychological	60.34	52.71	1	6.1	0.355
Social	74.12	65.71	2.954	6.102	**0.025***
Environmental	64.14	50.86	2.512	403	**0.012***

Source: Computed *p<0.05 **p<0.01

The **table 36** reveals that the mean difference of respondents who seeks social support and those who do not in the quality of life scores are significantly different in physical domain at 0.01 level of significance and in social and environmental domains at 0.05 level of significance. Analysing the mean of both the groups in each domain, it may be stated that respondents who seek social support have better quality of life than those who do not. Interestingly, the psychological domain does not reveal significant difference in the mean scores of respondent who seek support and those that do not seek support even though the gap in the mean of both the groups is quite huge. It may be stated that statistically, seeking support does not improve psychological domain of quality of life probably because there are other factors that contribute to improving the psychological domain of quality of life.

6.1.5. Test of Relationship

This section presents the statistical test of relationship of various Dimensions of family environment, social support and quality of life. Correlation tests examine the relationship between two or more numerical variables and hence, in the present study, correlation test of various Dimensions were conducted to assess the relationships among the variables being studied.

6.1.5.1. Correlation Matrix of Family Rituals and Parent-Adolescent Relationship

Besides the Family Environment Scale (FES) used to examine the family environment of the adolescents, other family related factors were investigated for an overall assessment of family which are not incorporated in the FES. This section presents correlation matrix with regard to family rituals and aspects of adolescents' psychosocial problems such as frequency of stress, parent-adolescent relationship, problem sharing behaviour and their satisfaction level with their parents' support. These relationships were being examined to understand the respondents' experiences in the family and relatively their psychosocial problems, problem sharing behaviour and satisfaction with the support they receive from their parents. The relationships of these factors among each other are evaluated in a correlation table below.

Table 37: Family Rituals and Parent-Adolescent Relationship

Family Related Factors	Family Meal	Family Prayer	Parent-Adolescent Relationship	Problem Sharing	Satisfaction Level
Family Meal	1				
Family Prayer	.224**	1			
Parent-Adolescent Relationship	.196**	.127*	1		
Problem Sharing	.133**	.084	.222**	1	
Satisfaction Level	.157**	.035	.399**	.248**	1

Source: Computed *p< 0.05 **p< 0.01

The **table 37** shows that there is positive relationship of family meal with family prayer (.224), parent-adolescent relationship (.196), problem sharing (.133) and satisfaction level of parents' support (.157) at 0.01 level of significance. It indicates that when the frequency in family meal or family prayer increases, the closeness of parent-adolescent relationship and their satisfaction level increases as well and vice versa. Besides positively correlating with family meal, family prayer positively correlates with parent-adolescent relationship (.127) at 0.05 level of significance.

There is positive correlation of parent-adolescent relationship with problem sharing (.222) and satisfaction level (.399) at 0.01 level of significance. Lastly,

problem sharing and satisfaction level (.248) correlates positively at 0.01 level of significance. However, these correlations do no reveal cause-effect relationship and only the direction of the relationship is being expressed in this table.

6.1.5.2. Correlation Matrix of FES Dimensions

The present study utilised the Family Environment Scale (FES; Moos & Moos, 1994) to assess the family environment of the adolescents. The five Dimensions which were incorporated out of the ten Dimensions of FES were cohesion, expressiveness, conflict, moral religious and control. Hence in order to examine the association among these Dimensions of FES, a correlation matrix of the same is presented in **table 38.**

Table 38: Correlation Matrix of FES Dimensions

FES Dimensions	Cohesion	Expressiveness	Conflict	Moral Religious	Control
Cohesion	1				
Expressiveness	.242**	1			
Conflict	-.186**	0.063	1		
Moral Religious	.309**	.168**	-0.035	1	
Control	-0.071	-.111*	.115*	-0.019	1

Source: Computed *p< 0.05 **p< 0.01

The **table 38** shows that three dimensions of FES, cohesion expressiveness and moral religious dimensions are positively correlating with each other at 0.01 level of significance. An ideal and healthy family environment basically requires cohesiveness which allows its members to be expressive, while moral religious dimensions are generally believe to bring family members together in unity. Hence the interrelatedness of cohesion, expressiveness and moral religious are expected to move in the same direction as revealed by the correlation analysis. FES dimensions of control and conflict are positively correlating at 0.05 level of significance. This is expected as more control in the family may likely lead to more conflict among the members. As expected, FES dimensions of cohesion and conflict are negatively correlating (-.186) at 0.01 level of significance since cohesion and conflict are polar apart and a family experiencing more conflict can't be living in cohesiveness. And similarly, control and expressiveness are negatively correlating at 0.05 level of

significance as more control in the family may likely lead to less expressiveness. Hence, it may be concluded that the positive dimensions of FES are correlating positively among each other and similarly, negative dimensions of FES are correlating positively with each other.

6.1.5.3. Correlation Matrix of WHOQOL-BREF Domains

The present study incorporated the WHOQOL-BREF to assess the quality of life of adolescents. In this section, a correlation matrix of the domains of quality of life will be analysed to understand their interrelationships with each other.

Table 39: Correlation Matrix of WHOQOL Domains

WHOQOL Domains	Physical	Psychological	Social	Environmental
Physical	1			
Psychological	.503**	1		
Social	.450**	.407**	1	
Environmental	.470**	.514**	.437**	1

Source: Computed **p< 0.01

The above **table 39** reveals that there is positive correlation among all the domains of quality of life with each other at 0.01 level of significance. This indicates that they all contribute to quality of life since when the value of one domain increases, the values of the other three domains increases in the same direction. Hence, they are interdependent on each other.

6.1.5.4. Correlation Matrix of FES and WHOQOL Dimensions

This section deals with the correlation of family environment and quality of life. One of the objectives of the present study is to find the relationship between family environment and quality of life. For this purpose, a correlation matrix of the Dimensions of FES and WHOQOL-BREF is presented in **table 40**.

The **table 40** shows that cohesion dimension of FES has positive correlation with all the four dimensions of quality of life at 0.01 level of significance which indicates that better cohesiveness in the family correlates to better quality of life of adolescents as a whole. Expressiveness dimension of FES positively correlates to physical dimension of the quality of life at 0.05 level of significance. Conflict dimension of FES negatively correlates to social and environmental dimensions of

quality of life at 0.05 and 0.01 level of significance respectively indicating that increased conflict in the family relates to decrease quality in social and environmental aspect of life. Moral religious dimension of FES positively correlates to psychological and environmental dimensions of quality of life at 0.05 and 0.01 level of significance. The control dimension of FES did not show any significant relationship with any of the dimensions of quality of life.

Table 40: Correlation Matrix of FES and QOL Dimensions

FES and QOL Dimensions	Cohesion	Expressiveness	Conflict	Moral Religious	Control
Physical	.183**	.100*	-0.093	0.09	-0.07
Psychological	.171**	0.083	-0.054	.107*	-0.004
Social	.189**	0.064	-.126*	0.096	-0.004
Environmental	.181**	0.071	-.133**	.167**	-0.046

Source: Computed *p< 0.05 **p< 0.01

6.1.5.5. Correlation Matrix of FES and QOL Dimensions with Family Rituals

The following **table 41** presents the correlation matrix of family environment dimensions and quality of life domains with family rituals. These relationships were examined to assess the interrelationships among these dimensions as previous studies indicated family rituals to have positive contribution in the overall family environment and relationships.

With regard to family environment dimensions, frequency of family meal positively correlates to cohesion (.203), expressiveness (.163) and moral religious (.175) at 0.01 level of significance. Frequency of family prayer positively correlates to cohesion (.177) and moral religious (.173) at 0.01 level of significance. This indicates that family rituals (family meal and family prayer) have positive relationship with certain dimensions of family environment, hence increasing the frequency of family rituals may improve certain dimensions of family environment or better family environment could increase frequency of family rituals.

With regard to quality of life domains, frequency of family meal correlates positively with physical (.111) and environmental (.106) domains of quality of life at 0.05 level of significance. However, frequency of family prayer does not reveal significant relationship with any of the domains of quality of life. This indicates that

increasing the frequency of family meal may contribute to better quality of life in certain domains though the strength of relationship is weak.

Table 41: FES and QOL Dimensions with Family Rituals

FES and QOL Dimensions		Frequencies of	
		Family Meal	**Family Prayer**
Family Environment Dimensions	Cohesion	.203**	.177**
	Expressiveness	.163**	0.071
	Moral Religious	.175**	.173**
	Control	-0.059	0.025
	Conflict	-0.048	-0.036
Quality of Life Domains	Physical	.111*	-0.054
	Psychological	.076	-0.037
	Social	.091	-0.001
	Environmental	.106*	0.057

Source: Computed *p< 0.05 **p< 0.01

6.1.5.6. Correlation Matrix of FES, QOL and Psychosocial Aspects of Support

The following **table 42** presents the correlation of family environment and quality of life domains with psychosocial aspects of adolescents' problem, frequency of stress, problem sharing behaviour, parent-adolescent relationship and their satisfaction level with their parents' support. Parent-adolescent relationship is measured based on the closeness.

With regard to family environment dimensions, the frequency of stress negatively correlates with cohesion (-.155) and positively correlates with conflict (.161) at 0.01 level of significance indicating that as the frequency of stress increases, cohesion in the family decreases while there is increase in family conflict. Parent-adolescent relationship positively correlates with cohesion (.294), expressiveness (.148) and moral religious (.173) dimensions of FES at 0.01 level of significance. Problem sharing positively correlates with cohesion (.197), expressiveness (.147) and negatively correlates with control (-.150) at 0.01 level of significance indicating that cohesion and expressiveness in the family increases when problem sharing increases and vice versa, while problem sharing decreases when there is increase in control in

the family and vice versa. Lastly, in regard to satisfaction of parents' support, there is positive correlation with cohesion (.196) and moral religious (.148) at 0.01 level of significance and negative relationship with conflict (-.126) dimension at 0.05 level of significance indicating that satisfaction level, cohesion and moral religious increases when one of them increases, while satisfaction level decreases when there is increase in conflict in the family and vice versa.

Table 42: FES, QOL and Psychosocial Aspects of Support

FES and QOL Dimensions		Stress Frequency	Parent-Adolescent Relationship	Problem Sharing	Satisfaction level
FES Dimensions	Cohesion	-.155**	.294**	.197**	.196**
	Expressiveness	-0.087	.148**	.147**	0.017
	Moral Religious	-0.06	.173**	0.067	.148**
	Control	0.095	-0.014	-.150**	-0.068
	Conflict	.161**	-0.077	-0.061	-.126*
QOL Domains	Physical	-.168**	.252**	.216**	.290**
	Psychological	-.159**	.269**	.115*	.292**
	Social	-.173**	.276**	.125*	.253**
	Environmental	-.270**	.233**	.214**	.306**

Source: Computed *p< 0.05 **p< 0.01

With regard to quality of life domains, frequency of stress negatively correlates with all the four domains of quality of life at 0.01 level of significance indicating that quality of life decreases when frequency in stress increases and vice versa. Parent-adolescent relationship, problem sharing and satisfaction level of parents' support all have positive correlation with all the four domains of quality of life, indicating that quality of life increases when there is improvement in parent-adolescent relationship, problem sharing and satisfaction level and vice versa.

6.2.Qualitative Data Analysis and Findings

This second section of the chapter presents the qualitative data analysis and findings on family environment, social support and quality of life of adolescents. Qualitative data were collected through interviews from the adolescents and the key informants and presented as case studies and themes. Qualitative data analysis is

further sub-divided into two: case studies and key informant interviews which are analyse in themes.

6.2.1. Case Studies

Case study is an efficient method of qualitative research to obtain an in-depth understanding of an event or phenomena in its natural context. "A case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident." (Yin, 2009, p 18). For the present study, nine case studies were conducted inclusive of male and female adolescents in the ages of 13 to 19 years and they are presented case wise in the following.

Table 43: Details of Cases

Sl. No.	Case No.	Age	Gender	Educational Standard
1	Case I	18	F	12
2	Case II	17	F	12
3	Case III	16	F	11
4	Case IV	14	F	10
5	Case V	13	F	9
6	Case VI	13	M	9
7	Case VII	16	M	10
8	Case VIII	16	F	10
9	Case IX	15	M	10

Case I

Thungi (name changed) is an 18 year old girl studying in class 11 (Arts) and residing in a hostel. Currently her family consists of a total of seven members including both her parents who are agriculturists. She is a middle child among her nine siblings, four of whom are married and living separately. She defines herself as a friendly person and dutiful daughter. She doesn't seem to experience any problem and considers her life stress free. The only thing that sometimes saddens her is the geographical distance between her and her family as she stays in a hostel. She normally cries out her emotions and doesn't feel the need to express her emotions with others. According to her, her father is very strict in regard to their lifestyle and academic performance. As a result she has a personal phone to keep in touch with her family members but no social media accounts. Hence she doesn't feel very close to

her father; while she considers her mother as a close friend. She is very satisfied with how her mother supports her. She finds her family loving, caring and happy; however she wishes her father was not very strict with their lifestyles especially with regard to their dressing style and phone usage. She considers herself as an average performing student in her academic life and has no particular issue in the school and academic life. She is satisfied with her spiritual, social life and with her life in general. To the society in general, she finds the adults quite judgmental about adolescents ("do not judge and discriminate"), particularly regarding the usage of phone. She wishes people do not compare them with others, especially with regard to their academic performance.

Case II

Beril (name changed) is a 17 year old girl studying in class 11 (science). She defines herself as friendly, caring, emotional and short tempered person. She lives with her mother, grandmother and aunts since her parents' separation and she barely remembers her father, who later passed away few years back. Her most concern issue about herself is her stage fright and her temperament. Besides that, she has concern about her appearance though she is satisfied with how she looks physically. She is very close to her mother, who has high expectation on her which she considers to be a motivating factor. However, she wished her mother would stop comparing her with others academically. Other than that, her mother is the most supportive person in her life and she is satisfied with her mother's support. According to her, the good qualities about her family are that they are God fearing, caring and the elders respects her privacy. Academically, she performs well (60-70%) but is not satisfied with it. She is currently happy and satisfied with her life in general. She wishes to gain more confidence and learn to control her temperament. According to her, the problems with the adolescents in Nagaland are internet usage ("many adolescents are exposing their personal life in social media"), consuming tobacco and negligence of their academic life. According to her, parents in general, often compare them with others and she wishes them to "stop comparing".

Case III

Suzy (name changed) is a 16 year old girl studying in class 11 (science). She defines herself as a friendly and active person. She enjoys playing volley ball and

playing musical instruments. Her family consists of nine members including both her parents. She sometimes finds life stressful especially during academic exams. She performs well academically (60%) but is not satisfied with her performance. She normally deals with this academic stress by playing music and sometimes by sharing with her friends. According to her, her parents are very strict, particularly about her academic performance and have high expectation on her but are also understanding to certain extend. She revealed she is not close with her parents and doesn't feel free to share her issues with them since she has been staying in hostels since standard five and the physical distance has contributed to it, according to her. Despite not being close with her parents, she feels their love and care in their gesture of providing her with whatever is needed. Her mother is also considered to be her biggest support. However, she wishes her parents were friendlier with her. She is satisfied with her social life in general and is active in social media by staying connected with friends and loved ones. She is not quite satisfied with her present life as she thinks her life does not have enough time for her to enjoy with her friends as she has to study hard. According to her, the current problems with the adolescents in Nagaland are addiction to tobacco use, excessive use of social media and negligence of academic life because of distraction caused by dating lifestyle. To the older generations of the society, she wishes them to accept their children's individuality. "Not all the adolescents are same. Some are good in this area; some are good in other areas. Accept us as we are."

Case IV

Khere (name changed) is a 14 year old girl studying in class X. Her family consists of her parents, paternal grandmother and six siblings including her. She is the fourth and the only girl child of her family. Her father is a retired army and her mother is a housewife. She considers her family relationship among the members good and she is closest to her mother. According to her, she has a shy and quite personality, average in her study and dreams to be an air hostess in the future. In her social life, she is reserved and expressive only with her close friends. She doesn't own a mobile phone but recently opened a Facebook account through her mother's phone. In school, she has average relationship with her classmates and teachers and doesn't have any specific problem besides her studies. She is not satisfied with her life, especially in her communication skills and desires to be friendlier with people.

Besides that, she has some worries about her sick grandmother. In times of troubles, she expresses her concerns with her close friends and seeks her parents' advice, especially her mother who consoles her. Her biggest support is her mother.

Case V

Solei (name changed) is a 13 year old girl studying in class IX. Her family consists of her parents and four siblings including her. Her father is involved in business and her mother is a housewife. According to her, her parents are strict. Among her family members, she feels closest with her elder sister and her mother. She has friendly personality and is active in social media like Facebook, Instagram and plays online games though she doesn't owned a personal mobile phone. According to her, she is average in her study, active in outdoor sports like badminton and basketball and she aim to become an IPS officer in future. She is satisfied and does not have any problems in her academic, school life and spiritual life. According to her, she is satisfied with her life in general. Her sister and mother are her biggest support and her parents are her most reliable support when she needs guidance.

Case VI

Athe (name changed) is a 13 year old boy studying in class 9. His family consists of his parents and three siblings including him. He is the middle child and the only son in the family. His father is a teacher in a private school and his mother is a church leader. According to him, his parents are very dedicated in spiritual activities and they are strict to them and puts an average controls on them. According to him, he feels boring at home and wants to hang out with his friends from the neighbourhood. He feels close to both parents but the closest with his father. He is good and satisfied with his social life in school and church. He doesn't have any social media account but he plays online games with his parents' phone. He doesn't seem to have any specific problem or difficulty in life. According to him, his parents and close friends are his reliable support.

Case VII

Loshu (name changed) is a 16 year old boy studying in standard 10. His family consists of eight members including his parent and six siblings of whom he is the youngest. He considers his life to be stressful as he has many things to fulfil in life along with the academic stress. According to him, his biggest problem is to be at par

with his peers in academic performance and other activities especially because of his parents' expectation on him to be as good as his peers. To him, seeking refuge and advice from his parents and friends are the remedy to stressful moments; however his friends seem to understand him better. His friend and his brother are the ones he shares his problem with since they also do the same and are supportive to him. Sharing problems with his parents is not always preferred since his parent don't reckon with the fact that everyone makes mistakes. There were times when he needed support from his parent, but they instead scolded him. Even then he is satisfied with his parents' support and has good relationship with them. He feels loved by his parents in the way they provide him with whatever he need like food, education, etc. and by praying for him. According to him, his parents are strict but not controlling and have high expectation on him; however have "mediocre understanding". He wishes his parents to be more frank, open and not compare him with others especially with regard to academic performance and mannerism, etc. Family unity and the time they spend together in prayer and dinner are the positive things about his family as he considers these activities to be bonding them stronger; while, the negative thing about his family is less understanding and lack of gratitude. Among his family members, he is closest with his mother and she is the most supportive person in his life as she provides him advice to deal with problems she herself had faced. His academic performance is average and his spiritual life and social life are good as well. He is satisfied with his current life as there is not much restriction on him. According to him, the problems of the adolescents as he sees are indulgence in substance use which is harmful for the health causing depression and even death. Eloping at a young age has also led to regret and shame among young girls which makes them difficult to cope up in life. He considers the requirement of a school counsellor who can help students in dealing with the physical and mental stress which he believe will help student in performing better academically. He wishes the larger society to know that young people are easily hurt emotionally and wants to let them know that what the adults do is what the young people imitate.

Case VIII

Kethi (name changed) is a 16 year old girl studying in standard 10. Her family consists of 10 members including 7 other siblings and she being the eldest. She

described herself as energetic and a person eager to learn new skills. She doesn't find life in general stressful or problematic and as of now her life seems to be moving on smoothly. The only stress, according to her, comes sometimes for not studying sincerely. To her, her parents are the ones who understand her better and even if they are strict, it is in a good way. Her relationship with her parents is very good and is built on trust and loyalty. She shares her problems with her mother and sister and is very satisfied and happy with their support and care. She shares the closest bonding with her mother and she is also her biggest support. What her parents do for her, by providing her needs, is their greatest gesture of love according to her and there is nothing she wishes to change about her parents. They expect her to become someone great in life which is a motivating factor for her. Her family, as a whole is united and strong as she believes family prayer keeps them strong together. Her life in general, academically, socially and spiritually is good and she is very much happy and satisfied with her current life. According to her, the problems existing among her age groups are irregularity in school attendance because they are engaged in labour work as a result of financial problems at home and alcohol consumption due to family problems, tension and anxieties. Lastly, she regards the need for a school counsellor who can guide students in coping with academic stress and in making career choices.

Case IX

Shouru (name changed) is a 15 year old boy studying in standard 10. His family consists of eight members including his parents and six siblings of whom he is the youngest. He considers life to be stressful especially in academic life. His academic performance is his biggest problem as he is unable to secure good grades and he finds it hopeless. His mother helps him the most when he faces any problem by helping him to see the problem positively and she is also the most supportive person in his life and he is satisfied with his parents' support though he stresses that being supportive may not mean that they understands him well. He shares the closest bonding with his mother as she constantly reminds him to share his problems whether big or small. He considers his parents to be very good compared to other parents. They do control him in certain aspect of his life and expects highly of him as he is the youngest child. However, since he is the youngest, there is less understanding and his parents prefer to consult his older siblings instead. He is quite close to his parents but

not very close since they fail to understand him better. He, however, feels their love in their support and encouragement during times of his failure. He wants his parents to be slow to anger as sometimes, being the youngest, he becomes the victim/scapegoat in case of quarrels in the family even though the quarrel does not begin with him. Even then he considers his family friendly, lovable, caring and supportive. According to him, the positive things about his family is they always pray for their family during pray time, encourages each other, have meal together and does household chores sincerely together. However, he do have concerns about being the youngest one as he seem to get neglected sometimes and his parents seem to prefer his older siblings and he is being compared with them. He finds his life in school pleasant since his teacher told them that learning is more important than securing grades and he finds learning at school to actually solve some of his problems. He strive to be a good person spiritually, he however become lazy striving to become the person he wants to. He is very happy and satisfied with his social life and considers his friends making his life happier. In general, he is not quite happy and satisfied with his current life. He stresses the need for a professional school counsellor because many students avoid school unable to cope with their studies. He believes that a professional counsellor can help students make proper decisions about career and life. He opines that the older and younger ones should be given importance equally and the younger ones should not be left unattended. He considers academic stress to be the most common problem among the adolescents in Nagaland.

Analysis of Case Studies

Analysis of the cases of nine adolescents involves a range of matters such as, parent-adolescent relationship and communication, adolescents' psychosocial problems and their wellbeing in general.

Respondents reported good relationship with their parents and majority of them, irrespective of gender, having particularly close bonding with their mothers. Evidently, almost all of the respondents considered their mother to be the most supportive person in their life. Respondents perceived their parents' love for them in the way their parents provide them with whatever they need (food, education, etc.) and in their prayers. Thus, though some of the respondents claimed their parents to be strict, they perceive them as caring and loving parents. High expectation from the

parents was reported which some of them considers to be a motivating factor while others consider it to be stress inducing. One of the respondents from a big size family was troubled by the difference of treatment meted out by his parents towards the older children and youngest child as it made him feel neglected being the youngest child. Normally, the youngest child gets most of their parents' attention, however in a big size family, the case may not be the same and naturally since there are huge gaps between the parents and the youngest child, their level of understanding may be difficult to reach. In one of the case, being admitted in a hostel since the young age has made the respondents unable to feel close with her parents (case no. 3). This is a common practice in the study area where children are being admitted in residential hostel as early as primary schooling. Children who have grown up in hostel all throughout their academic life are distanced geographically, physically and inevitably emotionally from their parents because education is being emphasised, from one perspective, at the cost of parent-child bonding.

One of the most commonly expressed complaints of the respondents about parenting was parents making comparison of their children with others (peers, sibling, etc.) who are doing better in life. Almost all the respondents disliked and were annoyed with their parents' behaviour of comparing them to their peers, elder siblings or others, especially with regard to their academic performance. This particular finding reveals that adolescents don't like being compared to others and wishes their individuality to be accepted. Besides that, though all the respondents considered their parents to be supportive, many of them reported their parents to be less understanding towards them. In this regard, one of the respondents described that being supportive may not necessarily mean being understanding (case no. 9); while, another respondent expressed his parents' understanding level to be "mediocre" (case no. 7). Hence, problem sharing with parents is not always considered convenient as parents have less understanding and often tend to scold them for the mistakes they make; which in turns obstruct them from being closer with their parents and hinders problem disclosure. It may be noted that, being supportive and being understanding were considered as two different elements from the respondents' perspective. From the cases, it was revealed that being supportive meant providing them with their requirements in life, motivating and encouraging them in their strives, providing them guidance and being there for

them whenever they needed them; while the concept of being understanding was considered a different matter. Few of the respondents also reported their parents, especially father, being strict and wishing them to be friendlier with them. One of the respondents emphasised that young people are easily hurt emotionally and wishes the larger society to know that young people imitate what the adults do (case no. 7).

Academic stress was the most commonly reported concern and a problem reported by the respondents. Academic factor also seem to be the one parents emphasis upon their children and have high expectation on, as reported by almost all of the respondents. According to the respondents, two of the most common problems existing among the adolescents in general were substance use and negligence of academic life. Other problems mentioned were excessive use of social media, dating, and early marriage due to eloping. It may be noted that from the adolescents' perspective, academic performance holds an important part of their life both as an achievement and as a stress inducing problem. Almost all of them reported not being satisfied with their academic performance, some even with good grades. In general, from the case studies, younger adolescents appear to be more satisfied with their life and they reported good perception about their parents and family. Lastly, majority of the respondents have expressed positive opinion about inducting a professional school counsellor particularly to guide them in handling academic or mental stress in healthy ways and in guiding them to make proper career choice. Some of them expressed their opinion that a professional counsellor would help them in performing better academically.

6.2.3. Key Informant Interviews

For a comprehensive analysis and understanding of the subject being studied, interviews were conducted with the key informants as well. The key informants comprises of the parents, school teacher, spiritual leader and mental health professional. The contents of the interviews are analysed and presented in the form of themes.

Table 44: Details of Key Informants

Sl. No.	Name	Category	Age	Gender	Occupation/Designation
1	Mrs Asci	Parent	40	F	Housewife
2	Mrs Luan	Parent	46	F	Nursery Teacher
3	Mr Gai	Parent	54	M	Government servant
4	Ms Akhe	Teacher	33	F	PG Teacher
5	Mr Theja	Spiritual Leader	35	M	Church Youth Chairman
6	Ms Kezhano	Mental Health Professional	32	F	Psychiatric Nurse

Theme I: Parent-Child Relationship and Communication

Informants acknowledged that Naga societies have developed much as compared to olden days and one of the major changes is visible in the importance given to formal education by the parents for their children's schooling and career; however, parent-child relationship and communication pattern are not considered to be satisfactory. Mr Theja, a youth spiritual leader, opined that "*though parents are more educated and give importance to education, unlike earlier days, parents hardly spend time with their children*". He reasons that due to generation gap, it's hard for them to go along with their parents. Mrs Luan, one of the parents reported, "*fear of negative response from parents leads to improper communication between parent and child*" which in turn makes parents not being able to communicate properly to their children. Mr Gai, another parent reported, "*Naga parents are not able to communicate properly because some parents are not qualified enough, while others do not give time for parent-child interaction*". He further described adolescents "*to be aloof and self-conscious and unwilling to open up with their parents and adults*". Similar statement was made by Ms Akhe, a PG teacher, who opined that parents who are fortunate enough have an access to right information and resources, while others are still caught up with primitive beliefs. She explained that there is "*high implication of moral values on children while it is considered taboo to talk about sex education openly*" and they end up seeking information from unhealthy sources. Hence, she specified that the awareness and involvement of parents in their children's affairs depend on how well informed parents are and how much they are willing to invest. She stressed the need to sensitized not only students but parents as well.

According to the parents, some of the reasons that hamper parent-child communication and relationship in general were family conflict and discord, lack of discipline, disagreement about child rearing between parents, parental control that is too tight, over protection, marital conflict, separation or divorce, lack of cooperation from the adolescents, stubbornness and influence of social media.

Theme II: Perception about Adolescence

Informants consider adolescence stage complex and stressful. Ms Akhe states the vulnerabilities of adolescence are "*complex and interlinked to their developing physique and cognitive maturity and their tendency of identity crisis*". Mrs Luan states that adolescents at that stage are very concern and conscious about their physical changes, while besides that, they are pressured by the academic stress. Similar opinion was stated by Mr Theja, who believes adolescence is "*a time of complex decision making and often pressured from both the parents and the institution*". Besides that, he opines that adolescence is a time to know one self. Ms Kezha, a psychiatric nurse, described that adolescence is "*a stage of peer influence as adolescents love to make comparisons about their lifestyles and tend to match up with one another*". In the same manner, Mrs Luan emphasised that "*the current generation tend to be developing negative thoughts and feelings about themselves by comparing themselves with others in social media*". While, Mrs Asci, one of the parent, asserts that adolescence stage would not be stressful if parents are modern in their approach and given special attention and understanding to their problems and dreams.

Parents approve that adolescence stage is stressful for the parents as well from parenting perspectives. They expressed the difficulty of being a parent to an adolescent because of the delicate nature of adolescence. Mrs Luan reported "*the difficulty in agreeing to terms with the adolescent since certain decisions taken for their benefit are misunderstood as a way of controlling them*". Mr Gai expressed the "*difficulty and inability to mould them according to their emotional or other mental needs lies due to their unwillingness to share or disclose themselves with parents*". In this regard, Ms Akhe emphasises on the need for a "*conducive environment to enable adolescents to express themselves and to help them nurture their personal traits*".

Theme III: Problems of Adolescents

Some of the common problems of adolescents in Nagaland identified by the informants were addiction to phone use and gaming, substance use, conduct problem, bullying, verbal abuse, body shaming, early and unwanted pregnancy, loss of interest and negligence in studies and curriculum activities, depression, being materialistic, high consumption of processed and junk food. Suicide is considered a looming threat among adolescents. Mrs Luan stated that young people are "*so much engaged in social media and gaming which have impacted their lives as they spend less time with their friends in person and have less sleep time and more digital time*". Mrs Asci further stated that adolescents are becoming more materialistic and don't want to be themselves. Mr Gai expressed that young people "*are confused while some others feel unwanted and are not able to reason clearly*" and with no availability of proper counselling or guidance, some of them resort to extreme steps. Informants believe the above mentioned problems to have been instigated by peer pressure and the need for validation, music culture, unhealthy domestic and social environment, lack of guidance from parents, lack of sex education, early exposure to negative impact of media, insufficient attention from parents and guardians. Mr Theja described that due to the "*influence of movies and popular culture, indiscipline in the form of disrespect and using slang words become normal for most of them influencing their overall living style*".

Ms Kezha, a Psychiatric Nurse, revealed that clinically, anxiety disorder and depression are the common mental disorders among adolescents in Nagaland. She believes that only "*two tenth of the parents are aware or understand issues concerning mental health*" of young people in general. She reasons that younger people are triggered to mental disorder most probably because of the "*pressure and competitiveness in the field of education and career*", and ultimately succumbs when they fail to achieve their goals. Furthermore, experimenting illicit drugs and psychoactive substances among peer groups definitely hampers their journey to become who they wanted to be. Hence, she opines, the whole starting point of competitiveness to be the influence of social media which makes them more conscious about the progress of other peer members.

Theme IV: Problem Disclosure and Support Seeking

Parents expressed that adolescents are not fully comfortable in problem disclosure because of shyness, uneasiness and less parent-adolescent interaction. It is considered rare for adolescents to disclose their problems and fears to their parents. Mrs Luan stated, "*parents are not empathetic and understanding of the little things that their children faces in the early years which may be big to them and so they find it hard to open up about the big things*". She reasons that most of the adolescents fail to seek help from adults due to "*stigma, embarrassment, difficulty with recognising problem and a desire to deal with it themselves*". Mr Gai further expressed that most of the "*adolescents don't feel the need to seek support or guidance from parents or others unless parents understand them and provide them*". While, Mrs Asci emphasised that problem disclosure by adolescents "*depend on the parents' approach and believes cordial approach will help children open up to share their problems*". Parents emphasised the need for continuous monitoring of adolescents and guidance by their parents. In this regard, Ms Akhe expressed that only few parents are believed to encourage their children to be opinionative and stand for their cause. This cause many adolescents to confine their problems and fears on their friends rather than their parents or someone older who can understand situation better and help them. Mr Theja opines that because of the advance technology, "*most of the adolescents shares their joys, problems and seeks advice or guidance through phone or social media instead*". Further, with regard to mental health problems among young people, Ms Kheza expresses that parents hardly discusses or support such issues, while many are uneducated about it. She states that the stigma of being a laughing stock in the society lies till date.

Theme V: Quality of Life of Adolescents

Informants expressed that healthy lifestyle is not practice by most of the adolescents. Parents believe that many adolescents are living unhealthy lifestyle and opined that it could be because the parents are uneducated in this aspect of nurturing or lacks parenting skill to deal with lifestyle issues of the adolescents. Mr Theja states there is "*hardly any physical exercise, while there is pressure of the future from a young age, negative influence of social media and living in isolation from the society*". He regards lifestyle of the parents and the society, poor quality education,

influence of peer and mobile internet to be encouraging practices of unhealthy developments in adolescents. Ms Akhe deliberate that the issues which seem to be hampering the healthy development of an adolescent are negative influence of media, invalidating their cause and voice, stigmatizing them for being different, lack of love and caring from parents and insecurities about their physical changes. On the other hand, Ms Kezha expresses that adolescents in Nagaland are in some way living a healthy lifestyles, by trying to explore their talents and interests in many ways; while in other ways, they are living an unhealthy lifestyle as many are indulging in alcohol and other illicit drugs which are hampering their health physically as well as mentally. She deliberated that the "*concerned and responsible authorities (families, school staffs) fail to counsel children and adolescents about what they are undergoing silently which leads to anxiety or depression*": two of the most common mental disorders among young people. She expressed that the "*education system focuses purely on scoring more marks and hitting high ranks in their academics but fails to explore the child's talent*" and she believes the problem starts there.

Theme VI: Suggestions by the Informants

Parents regarded the necessity of parenting education and skills for parents in the Naga society to nurture healthy parent-child communication and relationship. They believe proper education and guidance for both parent and children will bring progress and have a great impact in the lives of adolescents as they grow into adulthood. They emphasised the need for parents to be "*more empathetic, understanding, spend time to communicate with children and stop being over protective*" (Mrs Luan) and "*give free and frank instruction to their children at home*" (Mr Gai).

Ms Akhe expressed that most schools, institution and communities are lacking far behind in fulfilling the need of the adolescents, such as counsellor for a school, introducing sports and vocational education on a main stream, upgrading teaching method to smart classroom, leisure parks for recreational purpose, maintaining school and public library, easy access to medical assistant and dieticians. The parents have emphasised the requirement of school counsellor for timely assessment of students and expressed that educational institutions are giving least importance to counselling the students. Mrs Luan stressed that "*schools need to educate staffs, parents and*

students on symptoms and guidance for mental health problems". She further states that as children spent more time in school and they learn and explore the world around them, school counsellors can help figure out what they want to do with their lives. Similarly, Ms Akhe suggest that since most of the hours of student's life are spent in school institution, taking advantage of this, the school can design syllabus that includes two way communication, activities that promote trust building between teacher and student, hold seminars frequently on personal development and social issues, organising educational tour, conducting survey on inputs from students and holding parents-student meeting. Mr Gai expressed the need for "*proper teachings related to their physical and emotional changes during this particular period of life*". In this regard, informants emphasised the need to include or introduce special lessons on adolescence and their related problems in the school curriculum and produce various programmes to address adolescent mental health issues and other policies that affect their lives, such as career guidance, health and hygiene. Mr Theja suggests that "*adolescent should be given with what is needed in the current generation and not sticking to out-dated methods and facilities*". He emphasises on physical exercise and importance of mental health besides educating the growing adolescents on healthy ways of coping up with the challenges of the present generation in regards to their education, job, physical and social environment and most importantly their spiritual life. He deliberated that adolescence is one of the most important stages in a person's life where decisions about their future are made; hence, they need proper training and guidance to make the society a better place to live in. Mr Gai expressed that "*adolescents in Nagaland need to be properly advised or taught either in school or any other institution in the society so that they grow up as good healthy adults in their lives*".

From the Health Ministry perspectives, with regard to mental health promotion, the District Mental health programmes are reaching out to schools, colleges, churches and villages in providing more awareness regarding mental health and the stigma associated to it. They provide free counselling, mental health check-ups and free psychotropic medicines which are funded by the central government. Ms Kezha stresses the need for more such health camp and awareness programme and also the need to open up more centres where help can be reached to all the people especially in

the rural areas. She concludes that mental health is equally important as physical health and hence in taking care to nurture it.

6.3. Discussion

This section discusses the findings generated from both the quantitative and qualitative data in detail and corroborates the findings with the already existing knowledge and developing contents on the subject being studied. The discussion is categorised into themes in the following manner.

6.3.1. Family Environment

Among the five dimensions of FES, the present study revealed high scores in moral religious and cohesion, while conflict had the lowest score. Besides that, adopted family, single parent family, families with lower income and adolescents involved in a dating relationship were statistically revealed to have experience more conflict in the family. Similar to the finding of Jogsan (2012), the present study revealed alcohol user family to have lower cohesion and higher conflict in the family as compared to non-alcohol user family. Furthermore, family meal positively correlate to certain FES dimensions (cohesion, expressiveness and moral religious) and also revealed higher frequency of family meal to have closer parent-adolescent relationship, more problem sharing and higher satisfaction level of parents' support. This complements the study of Santos et al. (2012) and Utter et al (2013). Significant association of family meal with physical and environmental domains of QoL were also observed. Meanwhile, parent-adolescent relationship, problem sharing and satisfaction level of parents' support all correlates positively to quality of life, whereby, indicating that quality of life increases when there is improvement in parent-adolescent relationship, problem sharing and satisfaction level and vice versa.

6.3.3. Psychosocial Problems of Adolescents

Academic factor was reportedly the most common and major contributor to adolescents' psychosocial problem irrespective of age group and gender revealed by both quantitative and qualitative data. This finding complements previous study of Kai-Wen (2016); and Gonmei and Devendiran (2017) which were conducted among college students. Furthermore, vast majority of the respondents reported experiencing stress at least "sometimes" and more frequently than less. Academic achievement was a concern that the parents emphasises upon their children and have high expectation

on. Academic performance holds an important part of adolescents' life both as an achievement and as a stress inducing problem. Good academic performance and achievement appear to be the outmost accomplishment for adolescents and students in general, probably because of the belief that good academic grades will offer better job opportunities. Most often, good academic grades and securing government jobs are being highly emphasised at a young age and at the cost of their mental health. In this regard, Kezo, a Psychiatrist from Nagaland have emphasised, "deprivation of bright students to get selected especially in competitive exams…., leads to depression and ultimately into substance abuse," (Kire, 2016). As expressed by Ms Kezha, a Psychiatric Nurse (key informant of the present study), the educational institutions are emphasising more on scoring good grades but failing to explore the child's talent. With the competition rising, educational institutions are becoming more of a breeding ground for triggering psychological issues with the academic stress and anxiety rather than a nurturing and educating institution, at the backdrop of lack of mental health education and counselling services in schools. Moreover, the pressure of the future is instilled from a young age. In such competitive environment to secure good grades, other career scopes and opportunities are being neglected. Hence, unfortunately, the interest and talents of the students are rarely explored and encouraged, since scoring high marks and securing good grades are considered as their main purpose of schooling. Evidently, along with the competition in the academic and career fields (securing government jobs) and the failure to achieve their targets are speculated to be the triggering factor of substance abuse and mental disorders and among young people in Nagaland. Family related problem and personality factor are some other major contributors of psychosocial problem reported by almost one third of the adolescents as revealed by quantitative inquiry. Family related problems could be enormous from finance to relationship matters. However, personality issue is to be taken noteworthy, as it indicates their struggle with their personality development. It indicates the need for personality development programmes and activities for the adolescent population who are in the process of identifying themselves and building their personality.

From the general perspective, besides and despite the pressure to secure good grades, loss of interest and negligence of academic responsibilities was reported

common among the young people. Many of the students, in general, are considered to be striving for pass percentage and not giving their best in their academic requirements. It is considered so common that phrase such as “third division is Naga division” came to be commonly used. Besides that, unhealthy lifestyle practices of adolescents were reported as common problems among adolescents by the informants, such as excessive use of phone and indulgence in gaming and substance use to be the most common problems visible among the general adolescent population. Some of the common leisure activities identified from the study are spending times with peers, social media, watching television programs and online gaming. As young people are more and more indulged in social media and online gaming, evidently there is lack of physical exercise among them and outdoor activities were reported by very few respondents. Substance use among young people is reported to be a common practice by the key informants and adolescents. Considerable proportions (around 10-25%) of the respondents were at least chewing tobacco products or smoking tobacco and consuming alcohol, amongst which, older respondents and male respondents constitute greater proportions. This finding complements the study of Nuken and Singh (2013) which revealed initiation of risk-taking behaviour as early as the teenage years. Besides substance use, bullying and verbal abuse or usage of slang words are issues of the young people considered to be of concern, which is also practiced by the adult population. Hence, Mr Theja regarded lifestyle practices of the parents and the society to be encouraging practices of unhealthy developments among adolescents. Besides that, influences of media, popular culture, peer pressure, need for validation and unhealthy family and social environment are considered to be instigating these unhealthy practices among young people. The need for validation from their peer groups may be the driving forces in making young people adapt to common peer cultural practices.

Lastly, from the quantitative data analysis no statistically significant age difference was revealed in the Qol domains; however, in the case studies, younger adolescents appear to be more satisfied with their life in general. Previous researches have revealed younger adolescents to have better wellbeing, life satisfaction and quality of life as compared to late adolescents (Ronen, et. al. 2016). Instead, quantitative data analysis revealed significant difference in the domains of QoL for

High School and Higher Secondary School respondents. This could possibly be because as the educational standard increases, specific roles and responsibilities and future planning also enlarge. Younger adolescents likely are also unable to identify their problem areas or they are not comfortable enough to express themselves. Certain times, people don't realise what they are experiencing is a concerned problem until some other people verbalise them and label them as a problem.

6.3.4. Problem Disclosure and Support Seeking

Parents assert adolescence to be a stressful and complex stage associated with various psychosocial problems but reiterated that they are not willing to open up and express their problems to their parents. Problem disclosure by the adolescents with parents and older adults is reported rare by the key informants. From the adolescents' point of view, problem sharing with parents is not always considered convenient as parents have less understanding. Majority of the respondents irrespective of age group and gender expressed feeling comfortable only to some extend in sharing their personal problems with their parents. Negative response or being scolded for the mistakes committed, when the adolescent simply want their parents' support, seems to hinder problem disclosure from the adolescent's part. Furthermore, disregarding something as insignificant or less significant which the adolescents consider to be of importance could contribute to hindering problem disclosure. Thus, negative response from parents is speculated to leads to little communication between parents and adolescents. Moreover, under normal circumstances, emotional and heart-to-heart talks between parents and their children are considerably rare in the Naga society.

Besides all these, majority of the adolescents are reportedly very satisfied with their parents' support. However, being supportive was not necessarily considered as being understanding by the adolescents and participants of case study reported less understanding from their parents. Hence, the hindrance to problem disclosure could also be probably because adolescents were never welcomed or told and reminded to feel free to approach their parents and other adults in expressing their problems, fears and concerns, or perhaps they were not made comfortable enough for problem disclosure. As expressed by one of the key informants, in many households, being opinionative in the family is not often encouraged from a young age. These early experiences possibly restrict children and adolescents in confiding to their parents or

adults and thus dealing with their issues by themselves. Moreover, the younger adolescents also have difficulty with identifying and recognising their problems. Evidently, they won't feel the need to seek support or to express their confusion on their own accord, unless parents and others notice and understand them first; while, others have a desire or are conditioned to deal with their issues on their own. In the end, they apparently confide to their peers or in their social media pages instead of someone older who can guide them properly, as reported by one of the participants of the case study that many of the adolescents are exposing their private life in social media.

Though parents expressed that adolescents rarely approach them for guidance, adolescents reported that parents' guidance was most sought after as compared to other sources of support. Hence, besides the hindrance in problem sharing, parents were perceived by the adolescents to be the most supportive and reliable source of support; while, close friends were equally perceived to be reliable source of support to share their personal problems with. This finding complements finding of Bokhorst et al. (2010). It may be noted that the present study did not distinguish the various types of support being sought except support in the form of advice and guidance. Usage of social media during stressful moments was also reported to be helpful in certain ways, which could be related to the study of Frison and Eggermont (2015). However, the present study did not investigate what contents of social media are considered helpful in minimizing their stress.

6.3.5. Quality of Life

With regard to quality of life, around half of the respondents rated their general quality of life to be good and reported satisfaction with their health in general. Additionally, among the four domains of the WHOQOL-BREF, the respondents' quality of life is comparatively found to be the lowest in the psychological aspect; while quality of life was found to be highest in the social aspect, corresponding the result of Rajachar and Gupta (2017) and contradicting the finding of Kamaraj et al. (2016) whose study revealed lowest quality of life score in the social domain. Contrary to previous studies (Meade & Dowswell, 2015; Haraldstad et al., 2011), no significant difference of gender was observed in relation to quality of life except in the psychological domain where male respondents reported better quality of

psychological life as compared to the female respondents. There was also no significant age difference in the domains of quality of life except in the psychological domain; however, significant difference was revealed for High School and Higher Secondary School students in three domains of quality of life except in environmental domain. Hence, it may be stated that age group as such may not have direct association with quality of life; however, educational level do influences the quality of life of adolescents. Stress frequency negatively correlates to all the QoL domains indicating higher frequency of stress relation to lower QoL score. Statistical tests of significance reveal that high school respondents have better quality of life than the higher secondary respondents, except in the environmental domain. Respondents from government schools also proved to have better quality of life in the psychological, social and environmental domains than the respondents from private schools, except for the physical domain. Furthermore, respondents from rural area also proved to have better quality of life in respect to psychological and social domains than the respondents from urban area. T test of significance revealed that respondents who perceive and seek support have better quality of life than those who do not; except in the case of seeking support, no significant difference was revealed in the psychological domain.

6.3.6. Parent-Adolescent Relationship

Naga society in Nagaland has indeed transformed since the entry of the British in the Naga Hills during the 19th century. By the mid twentieth century, since the statehood of Nagaland, influence of westernization was enormous and the influence could be observed in religious affiliation and emphasis on education. The Naga society seemed to have developed rapidly but it was more like an adoption of others' advanced civilization instead of gradually civilising on its own. In line with this thought, key informants acknowledged that importance to formal education was highly emphasized, however, parent-adolescent relationship and communication pattern are considered to be unsatisfactory. Such that, parents and adolescents don't seem to be spending time together much as compared to earlier days (Mr Theja). Complementing that, children are being sent to hostels from as early as primary schooling and emphasising education at the cost of parent-child relationship and bonding. Contradictory to the opinions of the key informants, adolescents reported

good relationship with their parents and majority of them, irrespective of gender and age group, having particularly close bonding with their mothers. This supplements the finding of Ombrados-Mendieta et al. (2012). Similar to their findings, huge difference in proportion of adolescents' bonding with their mother and their father was observed, whereby most of the respondents reported close bonding with their mothers, while very few reported close bonding with their fathers. Further, it is also observed that the closest bonding is shared mostly among the female members of the family than the male members.

However, the generation gap between the current generation parents and adolescents seem to be enormous as drastic transformation in the Naga society was witnessed after the millennium. Also academically, majority of the parents of adolescents are second generation or at the most third generation literates/educates. Parents who are less educated about the psychological processes during adolescence definitely would not understand their children as much as an educated parent could. This gap in understanding between parents and adolescents was also reported by both the parents and adolescents. Hence, though all the adolescents considered their parents to be supportive, many of them reported their parents to be less understanding towards them. Despite all these gaps, adolescents perceived their parents' love for them in their parents' contribution, sacrifices, concerns and cares. It may be considered that tenderness, such as verbal and physical expressions of love (saying 'I love you', hugging, kissing, etc.) are not commonly practiced by parents in the Naga society as children grow older into late childhood. Hence, love, care and tenderness all depends on one's perception.

6.3.7. Parenting Practices

Parenting practices could be understood from two aspects; "how well informed parents are and how much they are willing to invest" (Ms Akhe). This relates to parenting practices adopted as older generation parents resort to a stricter and more disciplined and rigid parenting practices, while younger generation parents seems to be less rigid and more empathetic. Hence, parents who are fortunate and educated enough have access to right information and resources, while others are still caught up with the primitive beliefs and practices. However, with the advancement, as more emphasis is being given to education, the nurturing element seems to be taking a

step back. As presented in one of the case, being admitted in a hostel since the young age has made the adolescent unable to feel close with her parents (case 3). Children being admitted in residential hostel as early as primary school are not a rare practice in the study area. Evidently, children who have grown up in hostel all throughout their academic life are distanced geographically, physically and inevitably emotionally from their parents because education is being emphasised at the cost of parent-child bonding. However, the matter of fact remains that parents can best nurture their children, especially during the nurturing phase of childhood and adolescence. Since, parenthood involves all round development of children, the nurturing factor lies at risk when children are being sent away from home in residential schools and hostel all throughout their childhood and adolescence, as these are the early and prime phases of building relationship bonding. Furthermore, the physical and emotional distance created during childhood and adolescence may be difficult to compensate once the child reaches adulthood. Few of the respondents also reported their parents, especially father, being strict and wishing their parents to be friendlier with them. Parenting in the western societies involves a friendlier approach by being equal with their children and being empathetic to their age specific issues; while parenting in the Indian societies typically appears like a relationship between the authority and the subject where corporal punishment is not an uncommon practice, though in the recent years, it has visibly reduced. It has been a common parenting belief that disciplining children requires caning or flogging. This parenting belief have led older generation parents to resort to being stricter in disciplining which, likely and inherently, made children and adolescents to feel less understood by their parents.

One of the contradicting views expressed by the parents and the adolescents was with regard to "comparison". While, one of the most commonly expressed complaints of the adolescents about parenting was about their parents making comparison of them with their peers and others who are doing better academically or in life; parents, on the other hand, expressed that adolescents are engaged in comparing themselves with others in social media. While both opinions are factual, the problem begins in the communication pattern of parent and adolescent. Adolescents expressed their dislike and annoyance of being compared to their peers and desired their parents to accept their individuality, their limitations and strengths. It

is indeed a common practice in the Naga society where parents and older adults tend to make comparison of their children with other's children often as a means to motivate them. The means to motivate them instead possibly appear like a criticism, apparently making them feel not enough, which could be the reason in adolescents' complaint about their parents. Moreover, adolescents reported high expectation from their parents, which was considered both a motivating factor and a source of stress. Undoubtedly, comparing them with those doing better than them could be annoying and stressful and could lead to parent-adolescent conflict or gap in their relationship.

Undeniably, parents expressed that adolescence is a stressful stage for them as well from the parenting perspective. They expressed their inabilities and helplessness in nurturing healthy and mutual communication and to reach a mutual understanding level with their adolescents. It may be noted that very high emphasis on formal education is given, while parenting practices are yet to catch up with the other fast transitioning aspects of life. This possibly is the reason why parents conveyed the need for parenting education and skills for the parents in Nagaland. It is worth mentioning that a person undertakes years and decades of education and training for their profession, whereas education and training in parenting and family life education are not considered earnestly by any of the social institutions, except for the bits and crumbs of advices from their social circle. Consequently, children, in one way, become a training ground for their parents to practice their parenting skills through trial and error. There is no equal balance of education, nurturing and parenting methods with that of the advances in lifestyle and technology and the world in general, since the Naga society had adopted advanced development with no proper background education. Moreover, needs of people changes according to the changes taking place in the world and as the situation demands.

6.4. Conclusion

This chapter presented the findings based on the quantitative and qualitative data analysis in regard to family environment, parent-adolescent relationship, problem disclosure, social support and quality of life of adolescents. It also deliberated discussion on the findings of the present study. The next and final chapter of the thesis will present a brief summary of the findings of the present study, suggest measures and conclude the report of the study being conducted.

CHAPTER VII

SUMMARY AND CONCLUSION

CHAPTER VII

SUMMARY AND CONCLUSION

The present study was an attempt to understand and describe the family environment, social support and quality of life of adolescents in Nagaland from a mixed method approach. It was in the interest of the researcher to explore into adolescent life and wellbeing with specific reference to their family since family studies are still limited and growing in India where the cultures are diverse and distinct from one another.

The whole thesis is organized into eight chapters and this last chapter presents the major findings and suggest measures and implication for Social Work practice.

7.1.Major Findings

The major findings of the present study, including quantitative and qualitative inquiry, are organized and presented in the following into nine headings; namely, profile of the respondents, family socio-economic profile, lifestyle practices, psychosocial problems, parent-adolescent relationship, family environment, social support and support seeking, quality of life and relationship among family environment, social support and quality of life.

7.1.1. Profile of the Respondents

Briefly summarizing the socio-demographic data, it can be concluded that the respondents of the present study belongs to ages of 14 to 19 years with the mean age of 16.6 years. The male: female proportion of respondents is almost equally distributed (48.6% and 51.4% respectively). The respondents from Higher Secondary (61.2%) and private school (74.3%) constitute majority of the respondents. The majority of the respondents are residing at their parental home (67.7%). Vast majority of these respondents belong to Naga ethnicity (90.9%) with religious affinity to Christianity (93.3%).

7.1.2. Family Socio-Economic Profile

With regard to family composition, majority of the respondents belong to nuclear family (77.8%) with both biological parents (84.9%) in a medium size family (60.5%) and around one tenth of the respondents are living with single parent (10.8%), reconstituted (1.7%) and adopted families (2.4%). Majority of the parents

are at least elementary level educated (around 70-80%) and while majority of the fathers are employed (70%), majority of the mothers are unemployed (46.4%). Among the mothers engaged in an occupation, majority are self-employed (20.5%), while no fathers were reported to be self-employed. Majority of the family have at least one or two wage earners with majority of them in family income up to Rs. 30,000 per month (52.1%). Majority of the family owns land (77.3%) and house (80.7%) though many of them do not own any motor vehicles (47.4%). Hence, it can be concluded that the majority of the respondents belonged to middle economic class.

7.1.3. Family Environment

Family rituals such as family meal and family prayer reveal that the majority of the families were reported to be spending time together in family meal and family prayer at least occasionally. With regard to alcohol user in the family, a few reported alcohol user in their family (14.8%); however, considerable proportion of respondents did not respond to the statement (19%), hence, the percentage of alcohol user family could be higher. With regard to FES dimensions, moral religious dimension was revealed to be the highest dominant factor in the family followed by cohesion, expressiveness, control and conflict. The importance and influence of moral religious beliefs and conduct in the study area can be observed.

Conflict dimension of the FES was statistically proven to have significant mean difference by the forms of family, whereby adopted and single parent forms of family experiences conflict in the family more often than the stable and reconstituted forms of family. Families with low income were also statistically proven to experience conflict in the family more than those families with high income. Further, families where the adolescents are in a dating relationship also experiences higher conflict in the family as compared to those not dating. Alcohol consumption, additionally, interacted with the cohesiveness and conflict in the family whereby, alcohol user families experiences disturbance in family cohesiveness and higher occurrences of conflict in the family as compared to those families with no alcohol user. In terms of relationship, among the FES dimensions, cohesion, expressiveness and moral religious dimensions positively correlate with each other, while conflict dimension positively correlate to control and negatively correlate to cohesion dimension. Family rituals such as, family meal and family prayer positively correlates

to FES dimensions of cohesion and moral religious, indicating increase in the frequency of family rituals to lead to more cohesiveness and increased moral religious ties in the family. Higher frequency of family rituals also indicate better parent-adolescent relationship; while parent-adolescent relationship, problem sharing and satisfaction level all correlates positively with each other, indicating increased involvement in one of these areas will lead to improvement in the other two areas.

7.1.4. Parent-Adolescent Relationship

The majority of adolescents reported to have shared at least a close (82.8%) relationship with their parents. This is also supplemented by the case studies; however key informants (parents) were reportedly unsatisfied with their parent-adolescent relationship. Parents and adolescents are considered to not be spending quality time together as much compared to earlier days (key informants). One of the most commonly expressed complaints of the respondents about parenting was parents making comparison of them with others (peers, sibling, etc.) who are doing better in life, especially in the field of academic performance. Few of the respondents also reported their parents, especially father, being strict and wishing them to be friendlier with them. Besides all these, majority of the adolescents reported sharing closest bonding with their mother (48.4%) irrespective of age group and gender. Huge percentage difference of adolescents' bonding with their mother (48.4%) and their father (8.6%) was observed. Further, it is also observed that the closest bonding is shared mostly among the female members (74.1%) of the family than the male members (19%).

High expectation from the parents was reported which some of the adolescents considers to be a motivating factor while others consider it to be stress inducing. Further, though all the adolescents considered their parents to be supportive, many of them reported their parents to be less understanding towards them. The gap of understanding each other between parents and adolescents was reported by both the parents and adolescents. Though some of the respondents claimed their parents to be strict and less understanding, they perceive them as caring and loving parents. Key informants perceive adolescence to be a stressful phase both for the adolescents and for the parents as well. The difficulty to mould adolescents according to their

emotional or other mental needs when the communication pattern between parents and adolescents is poor has stressed the parents.

7.1.5. Lifestyle Practices of Adolescents

Summarizing the lifestyle practices of the adolescents, it may be concluded that majority of the respondents are not in a dating relationship (83%); also majority of them possess a mobile phone (60.2%) of their own and greater proportion of the respondents have access to at least one social media account (80%). Among those who have access to social media accounts, majority of them uses Facebook (58.3%) and Whatsapp (56.3%) and lesser Instagram user (31.4%) and very few have Twitter account (6.4%). With regard to leisure activities, some of the most common activities as mentioned by the respondents are spending times with peers (32%), social media (27%), watching television programs (23%) and online gaming (22%). Female respondents appear to prefer indoor activities as compared to the male respondents. In regard to substance use, considerable proportions (around 10-25%) of the respondents are at least chewing tobacco products or smoking tobacco and consuming alcohol, amongst which, older respondents and male respondents constitute greater proportions compared to their other counterparts.

Informants expressed that healthy lifestyle is not practice by most of the adolescents. Lack of physical activities, pressure of academic performance, influence and indulgence in virtual life, substance use and such lifestyles are believed to be common among the adolescents. Lifestyle practices of the parents and the community, poor quality education, influence of peer and mobile internet are expressed to be encouraging practices of unhealthy developments in adolescents.

7.1.6. Psychosocial Problems of Adolescents

Majority of the respondents perceive their current adolescent life to be “happy” (69%) with considerable proportion perceiving their adolescent life to be “difficult or problematic” (14%). Additionally, among the various areas of problem, academic factor (49%) was considered to be the major contributor to adolescents’ psychosocial problem irrespective of age group and gender which is supplemented by the case studies. Family related problem (32%) and personality factor (30%) are some other major contributors of psychosocial problem among the adolescents.

According to the adolescents, two of the most common problems existing among the adolescents in general were substance use and negligence of academic life as revealed from the case studies. According to the key informants, addiction to phone use and gaming and substance use were the most common problems among the general adolescent population, besides others such as, conduct problem, bullying, verbal abuse, body shaming, early and unwanted pregnancy, loss of interest and negligence in studies and curriculum activities, depression, etc. Informants believe the above mentioned problems to have been instigated by peer pressure and the need for validation, music culture, unhealthy domestic and social environment, lack of guidance from parents, lack of sex education, early exposure to negative impact of media, insufficient attention from parents and guardians.

Clinically, anxiety disorder and depression are reported to be the common mental disorders among adolescents in Nagaland. In relation to this, vast majority of the adolescents reported experiencing stress at least "sometimes" (91.9%) in their daily lives. "Pressure and competitiveness in the field of education and career" are believed to be instigating mental stress and substance abuse among the adolescents and young people in general.

7.1.7. Social Support and Support Seeking

Among the various sources of social support, parents (71%) were perceived by the adolescents to be the most available source of support, while, parents (37%) and close friends (35%) were almost equally perceived to be trustworthy to share their personal problems with. However, parents (65%) were better sought for guidance or advices as compared to other sources of support which is supplemented by the case studies as well. Further, though "parents" is considered to be the dominant source of social support, from the case studies, it was analysed that individually "mother" was the most supportive source of support for the adolescents. However, though almost all the respondents considered their parents to be supportive, many of them reported their parents to be less understanding towards them as revealed from the case studies.

Further, in regard to problem sharing, majority of the respondents, irrespective of age group and gender, reportedly expressed feeling comfortable at least to some extend (82.4%) in sharing their personal problems with their parents and consequently the majority of them expressed their satisfaction (88.9%) with their parents' support.

Case studies revealed that problem sharing with parents is not always considered convenient as parents have less understanding and often tend to scold them for the mistakes they make; which in turns obstruct them from being closer with their parents and hinders problem disclosure. Parents expressed that adolescents are not fully comfortable in problem disclosure because of shyness, uneasiness and less parent-adolescent interaction. In this regard, it is expressed that only few parents are believed to encourage their children to be opinionative and stand for themselves which cause adolescents to confine their problems and fears on their friends rather than older adults. Parents' inability to understand the adolescence transitional phase and their emotional fragility, along with the adolescents' desire to deal with their problems by themselves are believed to be hindering problem sharing by the adolescents to their parents. Furthermore, most of the adolescents are believed to be sharing their joys and problems in social media instead. In this regard, usage of social media during stressful moments was also reported to be helpful at least "sometimes" (60.8%).

7.1.8. Quality of Life

With regard to quality of life, majority of the respondents rated their general quality of life to be at least good (63.5%) while more than two third of them reported their satisfaction (69.1%) with their health in general. Further, among the four domains of the WHOQOL-BREF, the respondents' quality of life was highest in the social domain (73.98%) and comparatively, the lowest in the psychological domain (60.21%). No significant gender difference was revealed in the domains of quality of life except in the psychological domain, whereby male respondents (62.27%) reported better quality of psychological life as compared to the female respondents (58.26%). No significant age difference was observed in the domains of quality of life except in the psychological domain; however, significant difference was revealed for High School and Higher Secondary School students in three domains of quality of life except in environmental domain.

In regard to domains of QoL, all the four domains positively correlate with each other. Statistical tests of significance reveal that high school respondents have better quality of life than the higher secondary respondents in the domains of physical, psychological and social life. Respondents from government schools also proved to have better quality of life in the psychological, social and environmental

domains than the respondents from private schools, except for the physical domain. Furthermore, respondents from rural area also proved to have better quality of life in respect to psychological and social domains than the respondents from urban area. In general, from the case studies, younger adolescents appear to be more satisfied with their life and they reported good perception about their parents and family.

7.1.9. Relationships among Family Environment, Social Support and QoL

With regard to the relationship between family environment and QoL, cohesion dimension of FES positively correlate with all the four domains of QoL; expressiveness and moral religious positively correlates to certain domains of QoL; while, conflict dimension negatively correlates with social and environmental domains of QoL. Further, family meal positively correlates to QoL domains of physical and environmental. Stress frequency negatively correlates to all the four domains of QoL indicating decreases in QoL as the frequency of stress increases. On the other hand, parent-adolescent relationship, problem sharing and satisfaction level of parents' support all have positive correlation with all the four domains of quality of life, indicating that quality of life increases when there is improvement in parent-adolescent relationship, increase in problem sharing and higher satisfaction level and vice versa.

In regard to relationship between social support and quality of life, t test of significance revealed that respondents who perceived available social support have better quality of life than those who do not perceived available social support. Similarly, respondents who seek support have better quality of life than those who do not seek social support, except in the case of psychological domain, where seeking support did not reveal better quality of psychological life.

7.2. Hypotheses Test

The findings about the hypotheses of the present study are presented below:

H_0 : There is no relationship between family structure and family environment.

H_1 : There is a relationship between family structure and family environment.

The alternate hypothesis is rejected for four of the family dimensions (cohesion, expressiveness, moral religious and control). The ANOVA test revealed only conflict dimension to have significant difference among the different family structure.

H_0 : Higher frequency of family meal is not associated to better family environment.

H_1 : Higher frequency of family meal is associated to better family environment.

The alternate hypothesis is accepted for three FES dimensions of cohesion, expressiveness and moral religious. The ANOVA test did not reveal significant difference irrespective of frequencies of family meal for FES dimensions of conflict and control.

H_0 : Adolescent boys do not have better quality of life than adolescent girls.

H_1 : Adolescent boys have better quality of life than adolescent girls.

The alternate hypothesis is rejected for the social, physical and environmental domains of quality of life. The t test revealed adolescent boys to have better quality of life compared to girls only in the psychological domain.

H_0 : Younger adolescents do not have better quality of life than the older adolescents.

H_1 : Younger adolescents have better quality of life than the older adolescents.

The alternate hypothesis is rejected as the t test conducted did not reveal any significant difference between the two age groups.

H_0 : Adolescents who perceive available social support do not have better QoL.

H_1 : Adolescents who perceive available social support have better QoL.

The alternate hypothesis is accepted as the t test revealed the adolescents who perceive available social support to have better QoL

H_0 : Adolescents who seek social support do not have better QoL.

H_1 : Adolescents who seek social support have better QoL.

The alternate hypothesis is accepted as the t test revealed the adolescents who seek social support to have better QoL, except in the psychological domain.

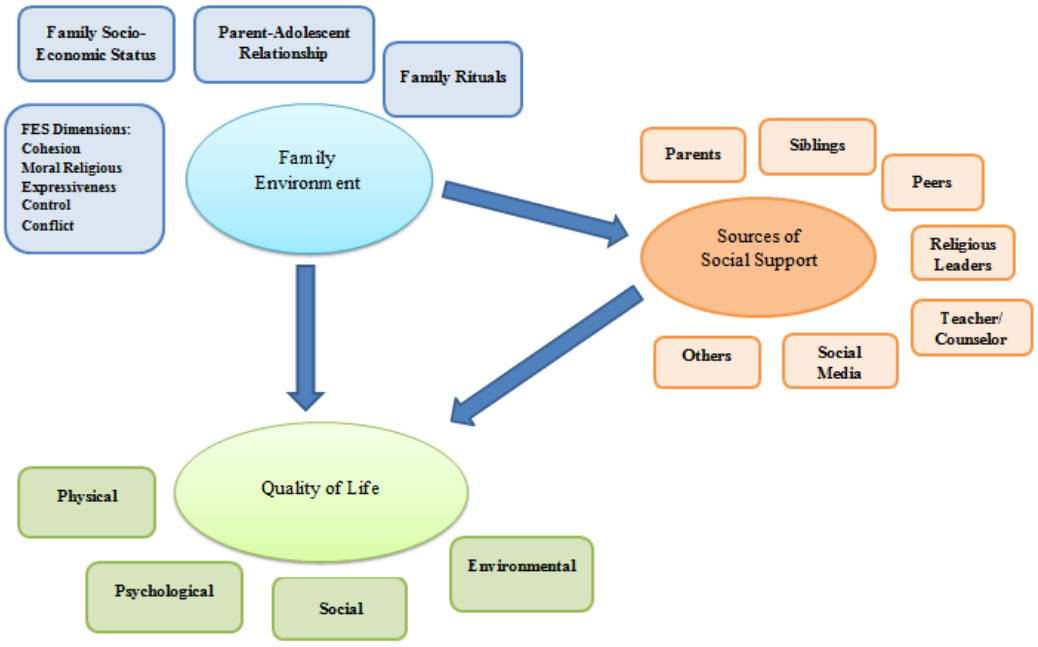
7.3. Theoretical Model

The study revealed family environment, in general, that is more stable with high score in family cohesion and low score in family conflict. In the present study, family environment including FES dimensions of cohesion, expressiveness and moral-religious, parent-adolescent relationship, family meals and other socio-economic family elements were revealed to contribute to subjective quality of life of adolescents. Besides this, adolescents' perceived availability of social support and

support seeking also revealed positive result in majority of them. Further, adolescents' subjective quality of life, in general, was found to be good. Applicability of the theoretical model in the present study area, i.e. Nagaland, is revealed to be relevant in certain aspects. Family structure did not reveal statistical significance except for the conflict dimension of FES, which could be because of small samples from single parent, reconstituted and adopted families. Similarly, frequency of family meal also did not reveal significance for FES dimensions like conflict and control. Perceived availability of social support and actually seeking social support was statistically significant to better quality of life. Hence, the applicability of the model is subject to certain dimensions of FES and quality of life.

The relationship among the three variables is summed up in the following figure 4, a theoretical model incorporating the Bowen's family systems' theory, stress buffering and relational regulation theory of social support adopted for the present study:

Figure 6: Theoretical Model



Source: Constructed

7.4. Suggestions

As part of the study, both from the findings of the present study and observation of the study area, the following measures are being suggested for the improvement and wellbeing of family and the adolescents' lives in Nagaland.

7.4.1. Parenting or Family Life Education

As revealed in the present study, there is a gap in understanding between the adolescents and their parents because of the generation gap between them. Parents are reportedly lacking the knowledge and skills to understand and nurture adolescents to the best of their abilities. They, therefore, expressed the need for the parents to be equipped in parenting knowledge and skills to cope up with the psychosocial development of adolescents in constantly changing technological and cultural developments. In a child's life, family is the most important institution that nurtures and shapes their foundation. However, there is no mandatory formal training required to begin a family life and yet the whole responsibility of nurturing new lives befalls on the untrained and less educated (in terms of family education) individuals. The knowledge about family life is gained mostly through personal experiences from the parents and the social environment where one lives. Family, the first and the basic institution, has not been given due importance as a nurturing institution and family life education has been neglected for long. Individuals, from a young age are taught rigorously on the traditional subjects, such as, mathematics, science, social science etc., and exams are conducted to test their knowledge and skills in the respective subjects; and trained for their profession for years and decades; however, people are not educated enough on family life education and importance on establishing a healthy family life. Hence, as reported by the parents of the present study, there is a requirement for parents to undertake parenting skills and training. Government agencies, non-profit organizations and other social institutions can initiate such workshops, seminars and trainings on parenting for the newly wedded couple as well as for the parents in general.

7.4.2. Role of Religious Institutions

Since, from birth to death, religious institution plays an important part in an individual's life who is affiliated to it, family has been an important subject of religious institution. The starting phase of family, that is marriage, is socially

bestowed and witnessed by the respective religious institutions. Hence, in one way, religious institutions do hold some responsibility to educate the couples who are starting a family. In a Christian majority state of Nagaland, churches have taken responsibilities for marriage counselling classes; however, these classes are not practiced as rigorously as any other certificate training courses and lasting merely few days. The content of such classes are likely to be purely from the religious perspective and ignoring the psychological perspective. Moreover, it is not mandatory for all the couples to undertake such marriage counselling classes. Hence, even with all the religious teachings and guidance for a healthy family life, the parents (informants of the present study) reported their dilemma in nurturing adolescents according to their child's needs and requirements. It is time for religious institutions, to mandatorily implement not only marriagecounselling classes but parenting as well and from a broad perspective which transcends the religious perspective. Furthermore, provision of such family and parenting education from professional sources on a timely basis could help parents understand the changing dynamics of young people and of parent-child relationship and improve wellbeing of the family life in general.

7.4.3. Counselling Services

As evident from the finding of the present study, academic stress was reportedly the most common problem among the adolescents. High emphasis on academic performance and pressure from the parents and school authorities has been considered to be stress inducing for the adolescents. The failure of schools in providing counselling services and stress management skills in the backdrop of academic competition is a source of concern. Hence, awareness on the ill effects of stress and its associated issues such as anxiety, depression, substance abuse, self-harming behaviours and suicides need to be openly discussed with the students; since young people may resort to unhealthy sources if the concerned authorities doesn't provide them with proper information. Moreover, while students are pressured to secure good grades, they are not provided with counselling services to handle that mental stress. As emphasised by the adolescents, there is requirement for a school counsellor or counselling services to help students process their mental stress in healthy ways. Along with promoting awareness, stress management skills need to be taught in schools from a younger age. Such services may not limit to one-on-one

counselling but resort to group counselling and or reach out to a bigger number by taking classes which emphasises early identification of problem by the students themselves and provide them healthy ways of coping which are useful for all the students in general. Age specific contents on mental health and wellbeing need to be disseminated to students of various age groups from professionally trained Counsellors, Psychologists and Social Workers.

7.4.4. Career Guidance

Academic grades have been overrated as the base for good career opportunity and many other vocations as a career have been underrated. However, adolescence is the stage of making the earliest decisions about their education, career and future in general; hence, awareness of the various disciplines and career choices and opportunities available for them to explore need to be disseminated. And the reliable and concerned institution to address this is the formal educational institutions. Many schools fail to provide services for career guidance and school students' awareness on career opportunities are limited to the traditional professions, such as, doctors, engineers, government civil servants, etc. Moreover, while good performing students are highly regarded and appraised, the poor performing students are left out without much opportunities to explore, since securing good grades and getting a degree have been unintentionally regarded as the purpose of schooling. As emphasised by the adolescents of the present study, there is requirement for a professional career guidance to help students process their abilities and interest and guide them in deciding their career choices.

7.4.5. Mainstreaming Sports

Sports have always been a leisure activity and it has not been considered sincerely as a career opportunity in Nagaland. Moreover, probably because of no linkages with sports agencies, young people rarely get opportunity to explore in this field. It is high time for the government agencies as well as the concern department and organizations to make linkages with national sport agencies and provide opportunities for the interested and talented young people.

7.4.6. Skill Based Leisure Activities

From the present study, it is revealed that very few proportion of the adolescents spent their leisure time in skill based and learning activities (such as,

sports, painting, musical instruments, etc.). Adolescents may be encouraged to learn new skills as majority of the adolescents' life are fixated in their academic life and their leisure time idled away. Depending on the family's financial condition, adolescents may be encouraged to take up skill based trainings. Besides undertaking formal training, the Generation Z have many sources available in the internet (YouTube, Google play store, etc.) for learning various new skills free of cost. Parents and adults should encourage adolescents and young people to learn new skills and knowledge beyond their academic syllabus.

7.4.7. Health Records

For a long term plan in regard to health benefits of children and young people, maintaining health records of each enrolled students in school would be beneficial for longitudinal studies that will help plan out a more efficient and contextual need as and when the situation demands. It can also provide data in policy reforms for the students and the young people in general. It is a far sighted long term plan far from reality; however, no matter how slow developmental progresses may take place, deterioration of physical and mental health of young people is not happening at a slow pace. The concerned Government departments and educational institutions may begin by taking up the first step to experiment and introduce such system for the wellbeing of the students in general.

7.4.8. Inclusion of Mental Health in the School Curriculum

School education of Nagaland ranked third lowest among the other Indian States and UTs, according to the Performance Grading Index (PGI, 2019-20). In this regard, there have been growing concerns about the present educational institutions turning into an income generating business establishments, striving for good academic records and a name for the institution, while neglecting and undermining students' welfare for all round development. In such a situation, introduction of updated and modern methods to fulfil the needs and requirements of transitioning adolescents in a fast progressing society is the need of the present education system. Besides the infrastructural development, provision of facilities and services such as school libraries, medical assistance, counselling services, career guidance and parent-teacher meeting are still lacking in many schools which are required for the all-round development of the students in general. Besides the emphasis on the traditional

subjects, importance on mental health education, personality development and life skills are required in the school curriculum to prepare students to efficiently process and manage the competitive environment that awaits them in the later years. Moreover, throughout the academic calendar, there is high focus on completing the syllabus and little opportunity provided for field experiences and skill development activities. Students are provided with less opportunity to train their intellect in critical thinking and reasoning abilities since many schools are still practicing the traditional ways of teaching and learning. In the present competitive environment, schools ought to introduce new methods of teaching and learning activities which will provide opportunities for students to train and nurture their intellectual capabilities.

7.5. Implication for Social Work Practice

Social Work is a helping profession that practices in a range of social issues. In the context of the present study, Social Workers can intervene in the following manner:

1. As has been continuously emphasised, the need for school counsellor has been evident for the wellbeing of students and teachers as well. Social workers from respective mental health and counselling background can perform duties as a counsellor or as a social worker and be a mediator or liaison among teachers, students and parents. As a counsellor, they can keep a record and track of students who are high risk and efficiently provide assistance to the parents and guardians as and when required. Individual or group counselling or group work can be practiced on a timely basis at school or colleges.
2. Family counsellor and therapist is a rare profession. In a close knitted Naga society, personal and family affairs, such as family breakdown, are seldom expressed until it reaches the breaking point. When it does break down, such family problems are mostly handled and decided by respective clan members or tribal leaders. The concerned family rarely have access to professional family or couple counselling since such services are also not available. The only available counselling they can access will be from the religious institution and the clan or tribal leaders. Hence, Social Workers, with the required training, as a family counsellor or therapist, can provide such services for families to access before they reach the breaking point and help build up and strengthen relationship among

the family members. Hence, marriage and family therapy (MFT) also need to be promoted and encouraged since marriages and family are breaking without professional insights.

3. Social Workers from NGOs are already doing commendable work in promoting mental health at the community level, such as schools, churches and communities. Besides that, Psychiatric Social Workers are employed under National Mental Health Programme (NMHP) promoting mental health and awareness on mental disorders along with other NMHP health workers from Health department. Such programmes need to be conducted in every nook and corner of the society for early identification and treatment of mental disorders and do away with the stigma.
4. As a Social Work researcher, researches in family can be encouraged and conducted since family studies are limited in India. Moreover, family system differs from region to region and culture to culture which are diverse and multiple in India. More researches in family will contribute in suggesting and planning context specific needs of the families of particular region or society. Furthermore, researches on adolescents are important as this section of the community is the one who deals with the constant societal changes along with their physical and psychological transitions.

7.6. Further Research

From the deliberation of the present study, the relevance and significance of the family studies for adolescents' wellbeing could be ascertained. In this regard, future researches in the following areas are being suggested:

1. Family studies pertaining to parenting and parent-adolescent relationship may be investigated from a qualitative approach or mix approach to discover the context specific and cultural elements interacting in parenting practices. Factors, such as "comparison" of children to others by the parents, which was identified from the qualitative inquiry of the present study was not deliberated in the literatures but was found to be evident to an extent in the study area, could be explored more in detail in relation to other areas of life.
2. Academic stress, which was revealed to be the most common source of problem among the adolescents, could be further investigated and their academic stress

level may be correlated with aspects of their mental health and wellbeing and other areas of life.

3. Personality development factors such as self-esteem were also reported in the present study to be a concerning factor to the adolescents. Assessing the self-esteem or assertiveness of adolescents would contribute in planning personality development and life skills programmes for adolescents.
4. Lifestyle studies of adolescents is also emphasised here as the key informants of the present study reported adolescents to be highly indulgent in social media and substance use. Such lifestyle studies can be correlated with their wellbeing, academic and others areas of life.
5. The present study explored into the various sources of social support available and sought after by the adolescents but did not investigate the types of support provided by the respective sources. Future researches may examine the various types of support and the sources of support that meets each type of support.

APPENDICES

QUESTIONNAIRE

Date: Form No.

FAMILY ENVIRONMENT, SOCIAL SUPPORT AND QUALITY OF LIFE OF ADOLESCENTS IN NAGALAND

(Confidential and for research purpose only)

Dear Respondent,

I am a Research scholar pursuing my PhD. in the Department of Social Work, Mizoram University. I am conducting a research on the above topic for which I request you to kindly spare your valuable time by giving your honest opinion on the following given statements with a tick mark **(✓).** All details and information collected through this questionnaire is confidential and will be used only for the research purpose.

Thank you.

(Janet Gonmei)

Research Scholar,
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Part I: Profile of the Respondents (Tick (√) the most appropriate option)

1. Name (optional) :……
2. Age (in years) :……..……..….
3. Gender : **1**. Male **2**. Female
4. Religion : **1.** Christianity **2.** Hinduism **3.**Islam **4.** Others

If Christian, which Denomination? : **1.** Baptist **2.**Catholic **3.** Revival **4.** Pentecost **5.**Others, specify ……

5. Ethnicity : **1.** Naga Tribal **2.** Other Tribal **3.** Non-Tribal
   Name of the Tribe :……..
6. Type of School : **1.** Private **2.** Government
7. Standard/Class : **1.** Class 9 **2.** Class 10 **3.** Class 11 **4.** Class 12

8. Family structure : **1**. Biological parents family ☐
2. Single parent family (parents divorced) ☐
3. Single parent family (mom/dad died) ☐
4. Reconstituted family (step mom/dad) ☐
5. Adopted family (including grandparents/relatives) ☐

9. Currently staying at : **1**. Home **2**. Hostel **3.** Rented house
4. Others, specify _____

10. Father's educational level : **1.** Illiterate ☐ **2.** Primary-Middle ☐
3. Elementary ☐ **4.**HSLC ☐
5. HSSLC ☐ **6**. Graduate & above ☐

11. Mother's educational level : **1.** Illiterate ☐ **2.** Primary-Middle ☐
3. Elementary ☐ **4.** HSLC ☐
5. HSSLC ☐ **6**. Graduate & above ☐

12. Type of family : **1**. Nuclear family **2**. Joint family
13. No. of family members : …….
14. Birth order : **1.** Eldest child **2.** Middle child
3. Youngest child **4.** Only child

15. Father's occupation: **1.** Govt. employee ☐ **2.** Private Employee ☐
3. Self Employed ☐ **4.** Agriculturist ☐
5. Pensioner ☐ **6.** Unemployed ☐
7. Others, specify ……..

16. Mother's occupation : **1.** Govt. employee ☐ **2.** Private Employee ☐
3. Self Employed ☐ **4.** Agriculturist ☐
5. Pensioner ☐ **6.** Unemployed ☐
7. Others, specify ……..

17. No. of wage-earners in your family :……
18. Total family income (per month) : ₹……
19. Does your family own cultivatable land? : **1.** Yes **2.** No

20. Does your family own vehicle? : **1.** Yes **2.** No
If yes, what type of vehicle/s? : **1.** Two wheeler **2.**Four wheeler
3. Both two & four wheeler

21. Ownership of your house : **1**. Owned house **2**. Rented house
3. Quarter

Part II: Family Environment **(**Tick (√) the most appropriate option)

1. How often does your family have lunch/dinner together?
   1. Daily **2.** 4-6 times/week **3.** 1-3 times/week
   4. Occasionally **5.** Never
2. How often does your family pray together?
   1. Daily **2.** Weekly **3.** Monthly **4.** Occasionally **5.**Never
3. How do you feel when you are with your family members at home?
   1. Happy **2.** Worried **3.** Lonely **4.** Sad/depressed **5.** Scared/fear
   6. Any other, **specify** ……..
4. How is your relationship with your parent/s?
   1.Very close **2.** Close **3.** Neither close, nor distant **4.** Distant
   5. Very distant
5. Does any member of your family drink alcohol?
   1. Yes **2.** No

Kindly tick (√) whichever is true or false in your opinion about your family.

Sl. No.	**Statements**	**True**	**False**
1	Family members really help and support one another.		
2	Family members often keep their feelings to themselves.		
3	We fight a lot in our family.		
4	Family members attend church/temple/mosque fairly often.		
5	Family members are rarely ordered around.		
6	We often seem to be killing time at home.		
7	We say anything we want to at home.		
8	Family members rarely become openly angry.		
9	We don't say prayers in our family.		
10	There are very few rules to follow in our family.		
11	We put a lot of energy into what we do at home.		

Sl. No.	Statements	True	False
12	It's hard to express strong emotions at home because it upset someone at home.		
13	Family members sometimes get so angry they throw things.		
14	We often talk about the religious meaning of Christmas/Pujas/Id or other religious holidays.		
15	There is one family member who makes most of the decisions.		
16	There is a feeling of togetherness in our family.		
17	We tell each other about our personal problems.		
18	Family members hardly ever lose their tempers.		
19	We don't believe in heaven or hell.		
20	There are set ways of doing things at home.		
21	We rarely volunteer when something has to be done at home.		
22	If we feel like doing something at home, we often just do it.		
23	Family members often criticize each other.		
24	Family members have strict ideas about what is right and wrong.		
25	There is a strong emphasis on following rules in our family.		
26	Family members really back each other up.		
27	Someone in the family usually gets upset if you complain in our family.		
28	Family members sometimes hit each other.		
29	We believe there are some things you just have to take on faith.		
30	Everyone has an equal say in family decisions.		
31	There is very little group spirit in our family.		
32	Money and household expenses are openly talked about in our family.		
33	If there's a disagreement in our family, we try hard to smooth things over and keep the peace.		

Sl. No.	Statements	True	False
34	In our family each person has different ideas about what is right and wrong.		
35	We can do whatever we want to in our family.		
36	We really get along well with each other.		
37	We are usually careful about what we say to each other.		
38	Family members often try to one-up or out-do each other,		
39	The Bible/Geeta/Quran is a very important book in our home.		
40	Rules are pretty inflexible in our household.		
41	There is plenty of time and attention for everyone in our family.		
42	There are a lot of unplanned and sudden discussions of various topics in our family.		
43	In our family, we believe you don't ever get anywhere by raising your voice.		
44	Family members believe that if you sin you will be punished.		
45	You can't get away with much in our family.		

PART III: Psychosocial Aspects of Adolescents' Life (Tick (√) the most appropriate option)

1. Are you in a dating relationship? : **1.** Yes **2.** No

2. Do you own a personal mobile phone? : **1.** Yes **2.** No

3. Do you have access to social media accounts? : **1.** Yes **2.** No
If yes, tick the accounts you maintain from below:

1. Facebook ☐ **3**. Instagram ☐ **5.** Others, specify …….....
2. Whatsapp ☐ **4**. Twitter ☐

4. How do you spend your leisure time?
1. Watching TV ☐ **3**. Online gaming ☐ **5.** Others, specify …….....
2. Social Media ☐ **4**. With friends ☐

5. How do you feel about your adolescent life?

1. Happy/peaceful ☐ **2.** Difficult ☐ **3.** Depressing/sad ☐
4. Worries/Stressful ☐ **5.** Any other, specify ……

6. Which of the following areas contribute to your problem? (you may tick more than one)

1. Family matters ☐ **5.** Physical appearance ☐
2. Peers matters ☐ **6**. Lifestyle standard ☐
3. Dating relationships ☐ **7**. Personality ☐
4. School/academic ☐ **8**. Any other (specify) ……

7. How often do you experience excessive stress?

1. Always ☐ **2.** Very Often ☐ **3**. Sometimes ☐
4. Seldom ☐ **5.** Never ☐

8. Do you consume any of the substances mentioned below?

Sl. No.	Substance	Yes	No
1	Alcohol (beer/wine/rum, etc.)		
2	Smoke weed/cigarette etc.		
3	Tobacco (talab/shikhar/tamul/pan, etc)		

Part IV: Social Support (Tick (√) the most appropriate option)

1. Who are the persons available to help and support you?

1. Parent/s ☐ **5.** Friends on social media ☐
2. Sister/brother ☐ **6**.Other Adults ☐
3. Close Friend/s ☐ **7.** No One ☐
4. Boyfriend/Girlfriend ☐ **8.** Any other (specify) ……

2. Who is the most reliable person to share your personal problems with?

1. Parent/s ☐ **6.** Teacher/s ☐
2. Sister/brother ☐ **7.** Spiritual leader/guide ☐
3. Close Friend/s ☐ **8.** Other Adult/s ☐
4. Boyfriend/Girlfriend ☐ **9**. No One ☐
5. Friends on social media ☐ **10**. Any other (specify) ……

3. Whose advice/guidance/support do you seek most of the time?

1. Parent/s		**6.** Teacher/s	
2. Sister/brother		**7.** Spiritual leader/guide	
3. Close Friend/s		**8.** Other Adults	
4. Boyfriend/Girlfriend		**9.** No One	
5. Friends on social media		**9.** Any other (specify) ……	

4. Among your family members, with whom do you share the closest bonding?

1. Father		**4.** Brother	
2. Mother		**5.** No One	
3. Sister		**6.** Any other (specify) ……	

5. How comfortable are you to share your problems with your parent/s?

1. Comfortable ☐ **2.** Comfortable to Some Extend ☐ **3**. Not Comfortable ☐

6. How satisfied are you with your parents' support?

1.Very satisfied		**4.**Dissatisfied	
2.Satisfied		**5.** Very Dissatisfied	
3.Neither satisfied nor dissatisfied			

7. Does using Social Medias during stressful moment relief your stress?

1. Yes ☐ **2.** Sometimes ☐ **3**. No ☐ **4**. NA ☐

Part V: Quality of Life **(**Tick (√) the most appropriate option)

Sl. No	Statements	Response				
1	How would you rate your quality of life?	Very poor	Poor	Neither poor nor good	Good	Very good
2	How satisfied are you with your health?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
3	How much do you enjoy life?	Not at all	A little	A moderate amount	Very much	An extreme amount
4	To what extent do you feel your life to be meaningful?	Not at all	A little	A moderate amount	Very much	An extreme amount
5	How well are you able to concentrate?	Not at all	A little	A moderate amount	Very much	Extremely
6	How safe do you feel in your daily life?	Not at all	A little	A moderate amount	Very much	Extremely

Sl. No	Statements	Response				
7	How healthy is your physical environment?	Not at all	A little	A moderate amount	Very much	Extremely
8	Do you have enough energy for everyday life?	Not at all	A little	Moderately	Mostly	Completely
9	Are you able to accept your bodily appearance?	Not at all	A little	Moderately	Mostly	Completely
10	Do you have you enough money to meet your needs?	Not at all	A little	Moderately	Mostly	Completely
11	How available to you is the information that you need in your day-to-day life?	Not at all	A little	Moderately	Mostly	Completely
12	To what extent do you have the opportunity for relaxation/leisure activities?	Not at all	A little	Moderately	Mostly	Completely
13	How well are you able to get around with people?	Very poor	Poor	Neither poor nor good	Good	Very good
14	How satisfied are you with your sleep?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
15	How satisfied are you with your ability to perform your daily living activities?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your capacity for work/study?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
17	How satisfied are you with yourself?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
18	How satisfied are you with your personal relationships?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
19	How satisfied are you with the support you get from your friends?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

Sl. No	Statements	Response				
20	How satisfied are you with the conditions of your living place?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
21	How satisfied are you with your access to health services?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
22	How satisfied are you with your transport?	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

Any other comments or suggestions:

……..……

……..…

…….

Thank you for your participation.

INTERVIEW GUIDE I

(For the Adolescents)

1. How do you viewyour family?
2. What are the things you like and dislike about your family?
3. How is your relationship with your family members?
4. How would you describe your current life?
5. In what areas of your life do you experience problems/difficulties?
6. What are the things you would like to change about your life?
7. What are the various problems you observe among your peer groups?
8. What is your opinion on adolescents support seeking behaviour?
9. Whom do you seek support from in times of your troubles?
10. How comfortable are you in sharing your personal problems with your parents/family? What may be obstructing you from opening up?
11. According to you, how well isyour parents/family able to understand your problems?
12. Are you satisfied with how your parents/family support you and help you with your problems?
13. What changes would you like to see in your family?
14. Are you happy and satisfied with your present life?
15. What can be done by the parents, societies, schools, churches, NGOs or government to improve the lives of adolescents and to nurture efficient adults?
16. Do you think professional counsellors are required in schools? And why?
17. Any other comments or suggestions.

INTERVIEW GUIDE II

(For the Key Informants)

1. How do you see family relationship in the present Naga society?
2. Do you consider life during adolescence stressful? Give reasons.
3. What are the various problems you observe in adolescents of the present generation in Nagaland?
4. What are your opinions on young people's mental health?
5. What is your opinion on adolescents support seeking behaviour?
6. How comfortable are the adolescents in sharing their personal problems with their parents? What may be obstructing them from opening up?
7. To what extent are the adolescents seeking support (for guidance and advice) from their parents, friends, spiritual leaders, social media friends and others?
8. According to you, what may be obstructing the adolescents from reaching out for help from reliable adults?
9. According to you, are Naga parents able to communicate properly with their adolescent child/children? Give reasons.
10. What difficulties are being experienced by parents of adolescents? Is it stressful to parent an adolescent?
11. According to your opinion, what are the things that hamper healthy parent-child communication and relationship?
12. According to you, are the adolescents in Nagaland living a healthy and quality life? Give reasons.
13. What can be done by the parents, societies, schools, churches, NGOs or government to improve the lives of adolescents and to nurture efficient adults?
14. Do you think professional counsellors are required in schools? And why?
15. Any other comments or suggestions.

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3	Youth lifestyle, mental health and the challenges of the tribal Naga society	25thAsia-Pacific Social Work Conference (APSWC)	INPSWA, NIMHANS & Christ (Deemed to be University)	18th to 20th Sept., 2019

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ABSTRACT

FAMILY ENVIRONMENT, SOCIAL SUPPORT AND QUALITY OF LIFE OF ADOLESCENTS IN NAGALAND

AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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DEPARTMENT OF SOCIAL WORK

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Introduction

The present study is an attempt to understand the family environment, social support and quality of life of adolescents in Nagaland.

Adolescence is a challenging period and the most crucial and foundational stage of human growth and development due to its diverse transitional nature. This period of transition is considered to be critical or sensitive for the healthy development of the individuals (Steinberg, 2005). Traditionally, the word '*adolescent'*, derived from the Latin word '*adolescere'*, means '*to grow into adulthood*'. In the present society, this stage is commonly known as "*coming of age*". The present generation adolescents belong to the Generation Z who witnessed and experienced the booming of technology and social media. The WHO defines adolescence as those individuals in the age group of 10 through 19 years of age. In this stage, all the necessary developmental processes take place which transforms the child into an adult. The transition from childhood to adulthood exposed the children to taking up adults' behaviour which also includes unpleasant behaviours which is likely to get them involved into or develop harmful habits. It is generally believed to be a time when many problem behaviours begin or escalate. Adolescents face psychosocial problems at certain point of their life, not only from the society but from their own physical and psychological developmental process too. Adolescents generally are believed to be "*preoccupied with being liked and viewed positively by others*" (Ikiz & Cakar, 2010). It is a crucial stage for the parents as well, since in this phase, there is increase independence from parental control and heightened exposure to adult lifestyle. This is a period when the children try to explore while their parents try to control.

According to Petanidou et al.(2013), during adolescence, a child transits into a broader social arena from a small family-centered environment. The number of people and contexts that influences the child multiplies and plays key roles in shaping the child's behaviours, ambitions and resources. Hence, the expansion in the social circle of the adolescents increases various challenges in the form of social pressure and responsibilities.An individual in the stage of adolescence is generally considered as a child and are often under the care and protection of their parents. The first primary institution, family, plays a very important role in upbringing of a child into adulthood.

Chubb and Fertman (1992) stated the importance of families as foundations for the adolescents "*to move out into the world and gain independence and autonomy*" (as cited in King & Boyd, 2016).Family cohesion, emotional separation and parents' responses are proven to have link with mental health and well-being of the adolescents including unhealthy behaviours such as deviance, substance use, high levels of family conflict and overall psychosocial functioning (Pegah, 2009; Leme, et al., 2015;Solano, et al., 2017; Sim, et al., 2009). Family rituals, such as celebrations, traditions and family dinners are ways that families organize, adjust and build cohesion (Santos, Crespo, Silva, &Canavarr, 2012). In the words of Musick and Meier (2012, p. 476), "*the search for ways for families to connect in an increasingly complex and fast paced world has led back to the dinner table*".

One factor that may hamper the family cohesion, as cited by Goede et al. (2009) is the natural tendency of adolescents' search for autonomy which may led to "*decreased cohesion, more conflicts, and progressive balance in the relations of hierarchy with parents*" (as cited in Sbicigo & Aglio, 2012). Furstenberg (2000) states the desire of adolescents for greater autonomy and the change in their behaviour with increased amounts of time spending with their peers (as cited in King & Boyd, 2016). In this regard, Kliewer et al. (1994) emphasize on moderate "*family affective involvement*" which promotes both support when needed and also encourages independence for self-efficacy (cited in Rodriguez et al., 2014). In the words of Pegah (2009), "*the quality of relationships in the family is reflected in the adolescent's relationships with friends and later with neighbours, fellow citizens, colleagues, lovers, and with his or her own children*".

According to Hetherington & Stanley-Hagan (2000), when children reaches the stage of adolescence, there is decline in "*parental involvement, supervision, and control and increases in parent–child conflict*" (as cited in King, Boyd & Thorsen, 2015). They stated the importance of parents' marital relationship as one of the major factors in defining parent-child relationship and the family environment. Children growing up with both the biological parents and biological siblings together are believed to foster family belongingness which is considered to be a protective factor against a wide range of negativity in children and adolescents. King and Boyd (2016)found a positive marital relationship to be significantly associating with

adolescents' perception on higher-quality relationships with their parents which was also associating with higher levels of family belongingness. Camara et al. (2017) states the dual role of interpersonal relationships as sources of social support as well as stressors.

The WHO states social support as a "*range of interpersonal relationships or connections that have an impact on the individual's functioning and generally includes support provided by individuals and by social institutions*"(Barker, 2007). According to the stress buffering theory, there are two ways in which social support works; the presence of social support itself and the actual use of social support. Depending on the individual concern and the stressful nature, individuals sometime are able to buffer the negative impact of stressful events without even sharing about it, just because of their perception of the presence of social support. As Costello et al. (2001) stated, "*the perception that social support is available seems to lessen– to buffer – the negative impact of a stressful event and to hasten recovery even if it is not actually verified or used*"(as cited in Barker, 2007).While on the other hand, individuals actually share about their stressful events with their source of social support and thus are able to buffer the negative impacts.

Social support is one of the effective coping mechanisms adopted during stressful events in each culture and each society. The way support is seek and received, however, differs from culture to culture and individual to individual. Kim, Sherman and Taylor (2008) studied the cultural difference in support seeking and receiving between the Asian American and European American. They concluded that the individualistic culture more commonly utilise explicit social support, which means "*specific recruitment and use of their social networks in response to specific stressful events*"; while collectivist culture benefits more from the implicit social support, which means "*emotional comfort one can obtain from social networks without disclosing or discussing one's problems*". Implicit support, according to them, is an internal process of reminding oneself of the availability of the close and loved ones without actually disclosing the nature and feeling of the stress. There are also individual preferences of seeking support from well-acquainted and personally closed person, or seeking support from strangers with whom the person does not have any personal relationship. Here the role of the sources of social support comes into play.

Generally, the sources of social support extend to family, friends, relatives, religious groups, institutional based support, etc. however, in the digital world, the sources of social support extend to social media, as well. Tseng and Yang(2015) discussed that internet has become a common tool for networking among the adolescents in terms of peer relationships and is believed to be used for enhancing existing friendships and also for psychological support.

The Quality of life theory is inspired by Abraham Maslow's hierarchy of needs from the theory of human motivation. The WHO defines Quality of Life as"*...an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment"*(WHO, 1998, p.1).

Quality of life is a multidimensional concept. The quality of life of children and adolescents, according to Wallander et al. (2001), "*encompasses their well-being in material, physical, social, emotional and productive domain*" (as cited in Choo & Shek, 2013). According to Kamaraj et al. (2016), there are two perspectives to quality of life: objective and subjective. The objective measures the external and quantifiable conditions, such as income; while the subjective measures internal evaluations of life circumstances, such as, satisfaction, judgments and emotions. Gilman pointed out that those adolescents who perceive higher quality of life, experiences less physical and psychological problems in their lives (as cited in Kumcagiz & Sahin, 2017).

Overview of the Literature

Adolescence has gained due interest and attention among the researchers from various disciplines. Various dynamics associated to adolescence has been studied all over the world among different races, cultures and societies. These dynamics include the psychosocial development, problems and coping mechanisms of the Adolescents and other factors associated with it, such as family, school, social relationships and their overall life satisfaction.

Adolescents' problem behaviour and its association with family factors have been studied in a wide range (Sim, et al., 2009; Elena-Adriana et al., 2012; Palmer, Welsh & Tiffin, 2016; Suldo, Shaunessy, & Hardesty, 2008; Jewell & Stark, 2003;

Jogsan, 2012). These studies basically considered problem behaviours such as deliberate self-harm, conduct disorder, depressive disorder, stress, drug use, alcohol consumption among the adolescents. Various studies also studied family conflict and development of adolescents' risk behaviours (Rovis, Bezinovic & Basic, 2015; Choo & Shek, 2013).

Family has been an important factor of interest when it comes to adolescent studies. Family environment's association with mental health and psychosocial wellbeing of the adolescents has been thoroughly investigated (Sharma, Pandav & Lally, 2015; Kamble & Kumaje, 2015; Joronen & Åstedt-Kurki, 2005; Sun, 2001; Deb, McGirr, Bhattacharya & Sun, 2015; Sbicigo & Aglio, 2012; Rodriguez et al., 2014; Pegah, 2009; Sathyabama & Eljo, 2014; Bagi& Kumar, 2014; Mishra & Shanwal, 2014; Vandeleur, et al., 2009). These studies basically deliberated psychosocial areas such as subjective wellbeing, self-efficacy, self-esteem, adjustment, anxiety, self-concept, self-confidence and overall general wellbeing. Adolescents belonging to step families and their wellbeing have been investigated but scarcely (Manning & Lamb, 2003; King, Boyd & Thorsen, 2015; King & Boyd, 2016). Also, family rituals such as family dinner, celebrations of birthdays, anniversaries, Christmas, etc have been given due attention for its association to adolescents' wellbeing by few researchers (Musick & Meier, 2012; Santos, Crespo, Silva, & Canavarr, 2012; Utter et al., 2013).

Researchers have expanded their investigation to social support and its contribution in the well-being of the adolescents. Sources of support and social networks of the adolescents have been duly explored (Camara, Bacigalupe & Padilla, 2017; Holden, Brown & Mott, 2009; Cheung & Sim, 2014). Social support in the form of social media has been scarcely probed (Frison & Eggermont, 2016). Social support's role in building self-esteem and wellbeing has also been studied by few researchers (Ikiz & Cakar, 2010; Ronen, Hamama, Rosenbaum, & Mishely-Yarlap, 2016).

Adolescents' Perceived wellbeing has been examined by various researchers (Petanidou, et al., 2013; Rajachar and Gupta, 2017; Kamaraj, Sivaprakasam, Ravichandran, & Pasupathy, 2016). These perceived wellbeing, satisfaction and quality of life have often been associated with social support (Campos et al., 2013;

Reyhani, Mohammadpour, Aemmi, Mazlom & Nekah, 2016); Kumcagiz & Sahin, 2017). While, also Suicide and its association with the quality of life of adolescents have been scarcely studied (Hidalgo-Rasmussen & Martín, 2015).

There are copious literatures available on adolescence and studies being conducted by different disciplines from different perspectives. Most of the study on adolescents' family environment and quality of life were conducted on respondents with specific physical disabilities and physical illness. Also studies on the general population of the adolescent were conducted with more deliberation on the influence of family environment on academic achievement, performance of the adolescent and their wellbeing. In the area of social support, focus has been given mostly on family and peer support and also there are limited studies on social support seeking in the social media and support provided by the religious institutions. Lastly, studies on the interrelationships between family environment and social support are limited. The present study, therefore, aims to study the family environment of the adolescent and inter relate it to their general quality of life as perceived by the adolescent and the sources of social support provided not only by family and peers but also from social networking sites and the religious institutions. The present study will also provide perspectives on the subject from the key informants, such as, parents, teachers, spiritual leaders and mental health professional.

Statement of the Problem

Adolescence being considered a period of storm and stress is the most critical stage in human growth and development. It being a transformation phase from childhood to adulthood, individuals begin to take up the adult behaviour and in doing so; also take up the harmful behaviours. It is also the most crucial parenting stage for the parents as well. Various researches conducted on the family in other cultures and societies indicated relative effects of family system and environment on the adolescents' behaviour, academic performance, socialization, self-esteem and overall well-being. The present generation parents of the adolescents in the Naga society are mostly first or second generation learners and at the most third generation learners. In this young educated society, there is seldom any research conducted on the family. The family which is the primary institution where children learn and develop early behaviours has transformed a lot since its encounter with the Western culture and

introduction of education and Christianity. Priorities of family have significantly shifted to education and career of its members. There is the rising trend of parents sending their children to hostels from as early as primary schooling. This has somehow transferred the task and responsibilities of nurturing the children from parents to the hostel wardens and other caregivers. In such a situation, the source and the kind of social support children and adolescents receive likely affect the way they perceive their value and quality of life. In the recent years when health professionals are promoting mental health and upbringing of mentally healthy individuals, the need to understand adolescents' life and wellbeing from their perspective is of great significance, especially in a tribal Naga society which has experience intense cultural influences from the West and other Asian countries like South Korea.

Objectives

The objectives of the present study are:

1. To study the family environment of the adolescents;
2. To identify the psychosocial problems of the adolescents;
3. To probe into the sources of social support of the adolescents;
4. To assess the quality of life of adolescents;
5. To assess the relationship among family environment, social support and quality of life.

Hypotheses

The following hypotheses are derived from the available literature and theories which the present study aims to validate empirically.

H_1 : There is a relationship between form of family and family environment.

This hypothesis derives its inspiration from the study of Manning and Lamb (2003).

H_1 : Higher frequency of family meal is associated to better quality of life.

This hypothesis derives its inspiration from the studies of Utter et al. (2013), Santos et al. (2012) and Musick and Meier (2012).

H_1 : Adolescent boys have better quality of life than adolescent girls.

This hypothesis derives its inspiration from the studies of Lima-Serrano et. al. (2013), Haraldstad et al. (2011), Langeland et al. (2019) and Jiménez-Iglesias et al. (2015).

H_1 : Younger adolescents have better quality of life than the older adolescents.

This hypothesis derives its inspiration from the previous studies of Jiménez-Iglesias et al. (2015) and Haraldstad et al. (2011).

H_1 : Adolescents who perceive available social support have better QoL.

This hypothesis derives its inspiration for the relational regulation theory of social support.

H_1 : Adolescents who seek social support have better QoL.

This hypothesis emerged from the interest of the researcher.

Research Design

The present study is descriptive in design and cross sectional in nature. The study was undertaken from a mixed method approach applying both quantitative and qualitative methods of data collection and analysis,since mixed approach presents the reality better by incorporating both quantitative and qualitative aspects of the research problem. To present the multiple realities of the subject being studied, understanding the research problem from the respondents' perspective is as equally important as data collected from the standardized set of tools.

Sampling

The study was conducted in two districts of Nagaland; Dimapur and Phek. These two districts were purposefully selected to represent rural (Phek District) and urban (Dimapur District) characteristics. Chumoukedima block and Pfutsero block were purposefully selected from Dimapur and Phek Districts respectively. Adopting multi stage sampling, these two blocks were further divided into governmental and private schools and further into high school and higher secondary school. Four (4) schools from Chumoukedima Block and three (3) schools from Pfutsero Block were purposively selected. Students belonging to class 9, 10, 11 and 12 of these selected schools were included in the study. Following the proportionate stratified random

sampling technique, the population was divided into a strata based on class. Thirty-three per cent of the total population was decided to be the sampling fraction which was 475. The total population was 1437 and the total number of respondents participated were 472, however only 405 completed sample responses were collected by the end of the data collection.

For the qualitative data collection, non-probability purposive sampling technique was applied to select the samples and key informants for interview. A total of nine (9) case studies were conducted which consist of five (5) female and four (4) male participants. Six (6) Key Informant Interviews consisting of three (3) parents, one (1) teacher, one (1) spiritual leader and one (1) mental health professional were conducted to understand their perspective on the subject.

Tools of Data Collection and Sources of Data

A structured questionnaire was prepared to collect quantitative data from the respondents. Family Environment Scale (FES) by Moos & Moos (1987) was used to assess the family environment of the adolescent. Out of the total 10 subscales of FES, only five subscales were used for the present study based on the objectives which are more relational in nature. WHOQOL BREF (1996) was used to assess the quality of life of the adolescents.

The questionnaire consists of five parts which includes the demographic profile of the respondents, family environment questionnaire (FES by Moos and Moos), psychosocial aspects of adolescents' life, social support and WHO Quality of Life questionnaire. For the qualitative part, open ended interview guide was prepared to conduct case studies and Key Informant Interviews (KIIs). The primary data was collected directly from the adolescents and key informants through the method of questionnaire and interviews.

Data Analysis

To process and analyze the quantitative data, Microsoft Excel and Statistical Package for Social Sciences (SPSS) software were used. Simple averages, percentages, correlation, independent t test and ANOVA were used to analyse the quantitative data. The qualitative data is presented in the form of case studies and the key informant interviews were thematically analysed and presented as themes.

Concepts and Definitions

Adolescent: The WHO defines an adolescent as any person between the ages of 10 and 19. In the present study, an adolescent is referred to school student studying in class 9, 10, 11 and 12 roughly in the ages of 13 to 19 years.

Family: According to Nam (2004), a family is a social unit created by blood, marriage, or adoption, and can be described as nuclear or extended. In the present study, a family is a group of two or more individuals related by blood, marriage or adoption living together in the same house/building and could be either nuclear or extended/joint and may not necessarily share the same kitchen.

Psychosocial: According to Webster's New World College Dictionary, psychosocial pertains to the psychological development of the individual in relation to his or her social environment. In the present study, psychosocial involves the psychological and socio-environmental factors.

Family environment: The Family Environment, according to Family Environment Scale (FES) by Moos & Moos (1987), includes areas of interpersonal relationship, personal growth and system maintenance in the family. The present study adopted the FES components of family environment, which includes cohesion, expressiveness, moral-religious, control and conflict.

Quality of life: The WHO (1998) defines quality of life as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". The present study adopts the WHO's definition of quality of life in respect to the subjective views about the physical and psychological health, social life and the physical and infrastructural environment.

Social support: Social support generally includes verbal and non-verbal communication aimed to offer support in the form of instrumental/material, emotional, informational and appraisal support. In the present study, social support includes any emotional, informational and appraisal support provided by the social circle.

Limitations of the Study

The total adolescent (10-19 years) population of Nagaland according to Census 2011 is 478,000, which is 24 per cent of the total population of Nagaland.

From the sampling perspective, the study sample is limited to generalise the findings for the entirety of adolescent population in Nagaland. Furthermore, since samples were selected from schools, adolescents who have dropped out from school have been excluded from the study. The key informants interviewed were limited to few parents and stakeholders and interviewing more of them could reveal broader perspectives from the stakeholders involved. From the conceptual perspective, the study did not distinguish and inquired upon the types of social support that adolescents seek. Hence, the kind of support provided by the respective sources of support could not be ascertained.

Major Findings

The major findings of the present study, including quantitative and qualitative inquiry, are organized and presented in the following into nine headings; namely, profile of the respondents, family socio-economic profile, lifestyle practices, psychosocial problems, parent-adolescent relationship, family environment, social support and support seeking, quality of life and relationship among family environment, social support and quality of life.

Profile of the Respondents

Briefly summarizing the socio-demographic data, it can be concluded that the respondents of the present study belongs to ages of 14 to 19 years with the mean age of 16.6 years. The male: female proportion of respondents is almost equally distributed (48.6% and 51.4% respectively). The respondents from Higher Secondary (61.2%) and private school (74.3%) constitute majority of the respondents. The majority of the respondents are residing at their parental home (67.7%). Vast majority of these respondents belong to Naga ethnicity (90.9%) with religious affinity to Christianity (93.3%).

Family Socio-Economic Profile

With regard to family composition, majority of the respondents belong to nuclear family (77.8%) with both biological parents (84.9%) in a medium size family (60.5%) and around one tenth of the respondents are living with single parent (10.8%), reconstituted (1.7%) and adopted families (2.4%). Majority of the parents are at least elementary level educated (around 70-80%) and while majority of the fathers are employed (70%), majority of the mothers are unemployed (46.4%).

Among the mothers engaged in an occupation, majority are self-employed (20.5%), while no fathers were reported to be self-employed. Majority of the family have at least one or two wage earners with majority of them in family income up to Rs. 30,000 per month (52.1%). Majority of the family owns land (77.3%) and house (80.7%) though many of them do not own any motor vehicles (47.4%). Hence, it can be concluded that the majority of the respondents belonged to middle economic class.

Family Environment

Family rituals such as family meal and family prayer reveal that the majority of the families reported spending time together in family meal and family prayer at least occasionally. With regard to alcohol user in the family, a few reported alcohol user in their family (14.8%); however, considerable proportion of respondents did not respond to the statement (19%), hence, the percentage of alcohol user family could be higher. With regard to FES dimensions, moral religious dimension is revealed to be the highest dominant factor in the family followed by cohesion, expressiveness, control and conflict. The importance and influence of moral religious beliefs and conduct in the study area is quite obvious.

Conflict dimension of the FES was statistically proven to have significant mean difference by the forms of family, whereby adopted and single parent forms of family experiences conflict in the family more often than the stable and reconstituted forms of family. Families with low income were also statistically proven to experience conflict in the family more than those families with high income. Further, families where the adolescents are in a dating relationship also experiences higher conflict in the family as compared to those not dating. Alcohol consumption, additionally, interacted with the cohesiveness and conflict in the family whereby, alcohol user families experiences disturbance in family cohesiveness and higher occurrences of conflict in the family as compared to those families with no alcohol user. In terms of relationship, among the FES dimensions, cohesion, expressiveness and moral religious dimensions positively correlated with each other, while conflict dimension positively correlates to control and negatively correlates to cohesion dimension. It could be due to misunderstanding of parents' controlling behaviour by the adolescents that leads to conflict between them and hence, disturb their cohesion. Family rituals such as, family meal and family prayer positively correlates to FES

dimensions of cohesion and moral religious, indicating increase in the frequency of family rituals to lead to more cohesiveness and increased moral religious ties in the family. Higher frequency of family rituals also indicate better parent-adolescent relationship; while parent-adolescent relationship, problem sharing and satisfaction level all correlates positively with each other, indicating increased involvement in one of these areas will lead to improvement in the other areas too.

Parent-Adolescent Relationship

The majority of adolescents reported to have shared at least a close (82.8%) relationship with their parents. This is also supplemented by the case studies; however key informants (parents) were reportedly unsatisfied with their parent-adolescent relationship. Parents and adolescents are considered to not be spending quality time together as much compared to earlier days (key informants). One of the most commonly expressed complaints of the respondents about parenting was parents making comparison of them with others (peers, sibling, etc.) who are doing better in life, especially in the field of academic performance. Few of the respondents also reported their parents, especially father, being strict and wishing them to be friendlier with them. Besides all these, majority of the adolescents reported sharing closest bonding with their mother (48.4%) irrespective of age group and gender. Huge percentage difference of adolescents' bonding with their mother (48.4%) and their father (8.6%) was observed. Further, it is also observed that the closest bonding is shared mostly among the female members (74.1%) of the family than the male members (19%).

High expectation from the parents was reportedly considered as a motivating factor as well as stress inducing. Further, though all the adolescents considered their parents as supportive, many of them reported their parents are less understanding towards them. The gap in understanding between parents and adolescents was reported by both the parents and adolescents. Though some of the respondents claimed their parents are strict and less understanding, they perceive them as caring and loving parents. Key informants perceive adolescence as a stressful phase both for the adolescents and for the parents as well. The difficulty to mould adolescents according to their emotional or other mental needs when the communication patterns between parents and adolescents are poor has stressed out the parents.

Lifestyle Practices of Adolescents

Summarizing the lifestyle practices of the adolescents, it is concluded that majority of the respondents are not in a dating relationship (83%); also majority of them possess a mobile phone (60.2%) of their own and greater proportion of the respondents have access to at least one social media account (80%). Among those who have access to social media accounts, majority of them uses Facebook (58.3%) and Whatsapp (56.3%) and lesser Instagram user (31.4%) and very few have Twitter account (6.4%). With regard to leisure activities, some of the most common activities as mentioned by the respondents are spending times with peers (32%), social media (27%), watching television programs (23%) and online gaming (22%). Female respondents appear to prefer indoor activities as compared to the male respondents. In regard to substance use, considerable proportions (10-25%) of the respondents are at least chewing tobacco products or smoking tobacco and consuming alcohol, amongst which, older respondents and male respondents constitute greater proportions compared to their other counterparts.

Informants expressed that healthy lifestyle is not practice by most of the adolescents. Lack of physical activities, pressure of academic performance, influence and indulgence in virtual life, substance use and such lifestyles are believed to be common among the adolescents. Lifestyle practices of the parents and the community, poor quality education, influence of peer and mobile internet are expressed to be encouraging practices of unhealthy developments among adolescents.

Psychosocial Problems of Adolescents

Majority of the respondents perceived their current adolescent life as “happy” (69%) with considerable proportion perceiving their adolescent life as “difficult or problematic” (14%). Additionally, among the various areas of problem, academic factor (49%) was considered as the major contributor to adolescents’ psychosocial problem irrespective of age group and gender, which is supplemented by the case studies. Family related problem (32%) and personality factor (30%) are some other major contributors of psychosocial problem of the adolescents.

According to the adolescents, two of the most common problems existing among the adolescents in general were substance use and negligence of academic life as revealed from the case studies. According to the key informants, addiction to

phone use and gaming and substance use were the most common problems among the general adolescent population, besides others such as, conduct problem, bullying, verbal abuse, body shaming, early and unwanted pregnancy, loss of interest and negligence in studies and curriculum activities, depression, etc. Informants believe the above mentioned problems are instigated by peer pressure and the need for validation, music culture, unhealthy domestic and social environment, lack of guidance from parents, lack of sex education, and early exposure to negative impact of media, insufficient attention from parents and guardians.

Clinically, anxiety disorder and depression are reported as the most common mental disorders among adolescents in Nagaland. In relation to this, vast majority of the adolescents reported experiencing stress at least "sometimes" (91.9%) in their daily lives. "Pressure and competitiveness in the field of education and career" are believed to be instigating mental stress and substance abuse among the adolescents and young people in general.

Social Support and Support Seeking

Among the various sources of social support, parents (71%) were perceived by the adolescents as the most available source of support, while, parents (37%) and close friends (35%) were almost equally perceived as trustworthy source to share their personal problems with. However, parents (65%) were better sought for guidance or advices as compared to other sources of support which is supplemented by the case studies as well. Further, though "parents" is considered as the strong source of social support, from the case studies, it was analysed that individually "mother" was the most supportive source of support for the adolescents. However, though almost all the respondents considered their parents as supportive, many of them reported their parents to have less understanding towards them as revealed from the case studies.

Further, in regard to problem sharing, majority of the respondents, irrespective of age group and gender, reportedly expressed feeling comfortable at least to some extend (82.4%) in sharing their personal problems with their parents and consequently the majority of them expressed their satisfaction (88.9%) with their parents' support. Case studies revealed that problem sharing with parents is not always considered convenient as parents have less understanding and often tend to

scold them for the mistakes they make; which in turns obstruct them from feeling closer with their parents and hinders problem disclosure. Parents expressed that adolescents are not fully comfortable in problem disclosure because of shyness, uneasiness and less parent-adolescent interaction. In this regard, it is expressed that only few parents are believed to encourage their children to be opinionative and stand for themselves which cause adolescents to confine their problems and fears on their friends rather than older adults. Parents' inability to understand the psychology of adolescence transitional phase and their emotional fragility, along with the adolescents' desire to deal with their problems by themselves are believed to be hindering problem sharing by the adolescents to their parents. Furthermore, most of the adolescents are believed to be sharing their joys and problems in social media. In this regard, usage of social media during stressful moments was also reported as helpful at least "sometimes" (60.8%).

Quality of Life

With regard to quality of life, majority of the respondents rated their general quality of life as at least good (63.5%) while more than two third of them reported their satisfaction (69.1%) with their health in general. Further, among the four domains of the WHOQOL-BREF, the respondents' quality of life was highest in the social domain (73.98%) and comparatively, the lowest in the psychological domain (60.21%). No significant gender difference was revealed in the domains of quality of life except in the psychological domain, whereby male respondents (62.27%) reported better quality of psychological life as compared to the female respondents (58.26%). No significant age difference was observed in the domains of quality of life except in the psychological domain; however, significant difference was revealed for High School and Higher Secondary School students in three domains of quality of life except in environmental domain.

In regard to domains of QOL, all the four domains positively correlate with each other. Statistical tests of significance reveal that high school respondents have better quality of life than the higher secondary respondents in the domains of physical, psychological and social life. Respondents from government schools also proved to have better quality of life in the psychological, social and environmental domains than the respondents from private schools, except for the physical domain.

Furthermore, respondents from rural area also revealed better quality of life in respect to psychological and social domains than the respondents from urban area. In general, from the case studies, younger adolescents appear to be more satisfied with their life and they reported good perception about their parents and family.

7.1.9. Relationships among Family Environment, Social Support and QOL

With regard to the relationship between family environment and QOL, cohesion dimension of FES positively correlate with all the four domains of QOL; expressiveness and moral religious positively correlates to certain domains of QOL; while, conflict dimension negatively correlates with social and environmental domains of QOL. Further, family meal positively correlates to QOL domains of physical and environmental. Stress frequency negatively correlates to all the four domains of QOL indicating decreases in QOL as the frequency of stress increases. On the other hand, parent-adolescent relationship, problem sharing and satisfaction level of parents' support all have positive correlation with all the four domains of quality of life, indicating that quality of life increases when there is improvement in parent-adolescent relationship, increase in problem sharing and higher satisfaction level and vice versa.

In regard to relationship between social support and quality of life, t test revealed that respondents who perceived available social support have better quality of life than those who do not perceive available social support. Similarly, respondents who seek support have better quality of life than those who do not seek social support, except in the case of psychological domain, where seeking support did not reveal better quality of psychological life.

Hypotheses Test

The findings about the hypotheses of the present study are presented below:

1. There is a relationship between family structure and family environment.

The alternate hypothesis is rejected for four of the family dimensions (cohesion, expressiveness, moral religious and control), since the ANOVA test revealed only conflict dimension to have significant difference among the different family structure.

2. Higher frequency of family meal is associated to better family environment.

The alternate hypothesis is accepted for three FES dimensions of cohesion, expressiveness and moral religious. The ANOVA test did not reveal significant difference irrespective of frequencies of family meal for FES dimensions of conflict and control.

3. Adolescent boys have better quality of life than adolescent girls.

The alternate hypothesis is rejected for the social, physical and environmental domains of quality of life. The t test revealed adolescent boys to have better quality of life compared to girls only in the psychological domain.

4. Younger adolescents have better quality of life than the older adolescents.

The alternate hypothesis is rejected as the t test conducted did not reveal any significant difference between the two age groups.

5. Adolescents who perceive available social support have better QOL.

The alternate hypothesis is accepted as the t test revealed the adolescents who perceive available social support to have better QOL

6. Adolescents who seek social support have better QOL.

The alternate hypothesis is accepted as the t test revealed the adolescents who seek social support to have better QOL, except in the psychological domain.

Suggestions

As part of the study, both from the findings of the present study and observation of the study area, the following measures are being suggested for the improvement and wellbeing of family and the adolescents' lives in Nagaland.

Parenting and Family Life Education

As revealed in the present study, there is a gap of understanding between the adolescents and their parents because of the generation gap between them. Parents are reportedly lacking the knowledge and skills to understand and nurture adolescents to the best of their abilities. They, therefore, expressed the need for the parents to be equipped in parenting knowledge and skills to cope with the psychosocial development of adolescents in constantly changing technological and cultural developments. In a child's life, family is the most important institution that nurtures and shapes their foundation. However, there is no mandatory formal training required

to begin a family life and yet the whole responsibility of nurturing new lives befalls on the untrained and less educated (in terms of family education) individuals.

The knowledge about family life is gained mostly through personal experiences from the parents and the social environment where one lives. Family, the first and the basic institution, has not been given due importance as a nurturing institution and family life education has been neglected for long due to the emergence of alternate form of families. Individuals, from a young age are taught rigorously on the traditional subjects and trained for their profession for years and decades; however, people are not educated enough on family life education and importance on establishing a healthy family life. Hence, as reported by the parents of the present study, there is a requirement for parents to undertake parenting skills and training. Government agencies, non-profit organizations and other social institutions can initiate such workshops, seminars and trainings on parenting for the newly wedded couple as well as for the parents in general.

Role of Religious Institutions

Since, from birth to death, religious institution plays an important part in an individual's life who is affiliated to it, family has been an important subject of religious institution. The starting phase of family, that is marriage, is socially bestowed and witnessed by the respective religious institutions. Hence, in one way, religious institutions do hold some responsibility to educate the couples who are starting a family. In a Christian majority state of Nagaland, churches have taken responsibilities for marriage counselling classes; however, these classes are not practiced as rigorously as any other certificate training courses and lasting merely few days. The content of such classes are likely to be purely from the religious perspective and ignoring the psychological perspective. Moreover, it is not mandatory for all the couples to undertake such marriage counselling classes. Hence, even with all the religious teachings and guidance for a healthy family life, the parents (informants of the present study) reported their dilemma in nurturing adolescents according to their child's needs and requirements. It is time for religious institutions, to mandatorily implement not only marriage counselling classes but parenting as well and from a broad perspective which transcends the religious perspective. Furthermore, provision of such family and parenting education from professional sources on a timely basis

could help parents understand the changing dynamics of young people and of parent-child relationship and improve wellbeing of the family life in general.

Counselling Services

As evident from the finding of the present study, academic stress was reportedly the most common problem among the adolescents. High emphasis on academic performance and pressure from the parents and school authorities has been considered to be stress inducing for the adolescents. The failure of schools in providing counselling services and stress management skills in the backdrop of academic competition is a source of concern. Hence, awareness on the ill effects of stress and its associated issues such as anxiety, depression, substance abuse, self-harming behaviours and suicides need to be openly discussed with the students; since young people may resort to unhealthy sources if the concerned authorities doesn't provide them with proper information. Moreover, while students are pressured to secure good grades, they are not provided with counselling services to handle that mental stress.

As emphasised by the adolescents, there is requirement for a school counselling services to help students process their mental stress in healthy ways. Along with promoting awareness, stress management skills need to be taught in schools from a younger age. Such services should not limit to one-on-one counselling but resort to group counselling and or reach out to a bigger number by taking classes which emphasises early identification of problem by the students themselves and provide them healthy ways of coping which are useful for all the students in general. Age specific contents on mental health and wellbeing need to be disseminated to students of various age groups from professionally trained Counsellors, Psychologists and Social Workers.

Resource Centre

The present study revealed academic factors as the most dominant psychosocial problems among the respondents. Academic grades have been overrated as the base for good career opportunity and many other vocations as a career have been underrated. However, adolescence is the stage of making the earliest decisions about their education, career and future in general; hence, awareness of the various disciplines and career choices and opportunities available for them to explore need to

be disseminated as early as possible. And the reliable and concerned institution to address this is the formal educational institutions. Many school students' awareness on career opportunities is limited to the traditional professions, such as, doctors, engineers, government civil servants, teacher, etc. Moreover, while good performing students are highly regarded and appraised, the poor performing students are left out without much opportunities to explore, since securing good grades and getting a degree have been unintentionally regarded as the purpose of schooling.

As emphasised by the adolescents of the present study, there is requirement for a professional career guidance to help students process their abilities and interest and guide them in deciding their career choices, instead of over pressuring them to achieve good grades. Educational institutions can set up resource centre in schools that would provide counselling services to help students cope with their mental health issues including academic stress and also provide guidance for their career choices.

Promotion of Mental Health with Skill Based Activities

From the present study, it is revealed that very few proportion of the adolescents spent their leisure time in learning skill based and physical activities. Adolescents should be encouraged to learn new skills as majority of the adolescents' life are fixated in their academic life and their leisure time idled away. Besides that, Sports have always been a leisure activity and it has not been considered sincerely as a career opportunity. Young people rarely get opportunity to explore this field for their career. They should be encouraged to take part in sports activities which also contributes to one's physical and mental health instead of idling away their time in unproductive activities. Parents and adults should encourage adolescents and young people to learn new skills and knowledge beyond their academic syllabus.

Inclusion of Mental Health in the School Curriculum

School education of Nagaland ranked third lowest among the other Indian States and UTs, according to the Performance Grading Index (PGI, 2019-20). In this regard, there have been growing concerns about the present educational institutions turning into an income generating business establishments, striving for good academic records and a name for the institution, while neglecting and undermining students' welfare for all round development. In such a situation, introduction of

updated and modern methods to fulfil the needs and requirements of transitioning adolescents in a fast progressing society is the need of the present education system.

Besides the emphasis on the traditional subjects, importance on mental health education, personality development and life skills are required in the school curriculum to prepare students to efficiently process and manage the competitive environment that awaits them in the later years. Moreover, students are provided with less opportunity to train their intellect in critical thinking and reasoning abilities. In the present competitive environment, schools ought to introduce new methods of teaching and learning activities which will provide opportunities for students to train and nurture their intellectual capabilities.

Implication for Social Work Practice

Social Work is a helping profession that practices in a range of social issues. In the context of the present study, Social Workers can intervene in the following manner:

1. The need for school counselling is evident for the wellbeing of students. Social workers from respective mental health and counselling background can perform duties as a counsellor or as a social worker and be a mediator or liaison among teachers, students and parents. As a counsellor, they can keep a record and track of students who are high risk and efficiently provide assistance to the parents and guardians as and when required. Using casework or group work methods, Social Workers can provide individual or group counselling on a timely basis at school or colleges or even in the community.
2. Family counsellor and therapist is a rare profession. In a close knitted Naga society, personal and family affairs, such as family breakdown, are seldom expressed until it reaches the breaking point. The concerned family rarely have access to professional family or couple counselling since such services are also not available. Hence, Social Workers, with the required training, as a family counsellor or therapist, can provide such services for families to build up and strengthen relationship among the family members. Hence, marriage and family therapy (MFT) need to be promoted and encouraged since marriages and family are breaking without professional insights.

3. Social Workers from NGOs are already doing commendable work in promoting mental health at the community level, such as schools, churches and communities. Social Workers can efficiently make linkages with different institutions and organisations, mobilise the resources available in the community to organise programmes, workshops, seminars, trainings, etc. and spread awareness on issues concerning adolescents' mental health and any other related issues for their wellbeing.
4. As a Social Work researcher, researches in family can be encouraged and conducted since family studies are limited in India. Moreover, family system differs from region to region and culture to culture which are diverse and multiple in India. More researches in family will contribute in suggesting and planning context specific needs of the families of particular region or society. Furthermore, researches on adolescents are important as this section of the community is the one who deals with the constant societal changes along with their physical and psychological transitions.
5. Social Workers can also engage in advocacy for policy formulation that address issues of school education system, adolescent health or for the welfare of the adolescents in general. Such policy framework can be formulated with the evidences from researches conducted among the adolescents.

Further Research

From the deliberation of the present study, the relevance and significance of the family studies for adolescents' wellbeing could be ascertained. In this regard, future researches in the following areas are being suggested:

1. Family studies pertaining to parenting and parent-adolescent relationship may be investigated from a qualitative approach or mix approach to discover the context specific and cultural elements interacting in parenting practices. Factors, such as "comparison" of children to others by the parents, which was identified from the qualitative inquiry of the present study was not deliberated in the literatures but was found to be evident to an extent in the study area, could be explored more in detail in relation to other areas of life.
2. Academic stress, which was revealed to be the most common source of problem among the adolescents, could be further investigated and their academic stress

level may be correlated with aspects of their mental health and wellbeing and other areas of life.

3. Personality development factors such as self-esteem were also reported in the present study to be a concerning factor to the adolescents. Assessing the self-esteem or assertiveness of adolescents would contribute in planning personality development and life skills programmes for adolescents.
4. Lifestyle studies of adolescents is also emphasised here as the key informants of the present study reported adolescents to be highly indulgent in social media and substance use. Such lifestyle studies can be correlated with their wellbeing, academic and others areas of life.
5. The present study explored into the various sources of social support available and sought after by the adolescents but did not investigate the types of support provided by the respective sources. Future researches may examine the various types of support and the sources of support that meets each type of support.
6. Future research study can be taken up on the need for maintaining health records of each enrolled students in school that would provide data for longitudinal studies. Data from such records will provide backup for policy reforms meant for the young people. Such studies would contribute for policy reforms since deterioration of physical and mental health of young people is not happening at a slow pace.

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