

**Perceived Parenting Style Correlates of Psychopathology
and Mental Wellbeing among Mizo Adolescents**

Ms. Mary Zothanmawii

Ph.D. Registration No. & Date : MZU/Ph. D/ 502 of 02.05.2012.

**Thesis Submitted for the Degree of
Doctor of Philosophy in Psychology**

**DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
MIZORAM UNIVERSITY
AIZAWL: 796004**

2016



**DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
MIZORAM UNIVERSITY
AIZAWL-796004
MIZORAM**

CERTIFICATE

This is to certify that the present research work titled, “Perceived Parenting Style Correlates of Psychopathology and Mental Wellbeing among Mizo Adolescents” is the original research work carried out by Ms. Mary Zothanmawii under my supervision. The work done is being submitted for the award of the degree of Doctor of Philosophy in Psychology of the Mizoram University.

This is to further certify that the research conducted by Ms. Mary Zothanmawii has not been submitted in support of an application to this or any other University or an Institute of Learning.

(Dr. ZOKAITLUANGI)
Supervisor

Mizoram University
January, 2016

DECLARATION

I, Mary Zothanmawii, 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 do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/ Institute,

This is being submitted to the Mizoram University for the degree of Doctor of Philosophy in Psychology.

(MARY ZOTHANMAWII)

(Dr. ZOKAITLUANGI)

Supervisor

(Dr. ZOKAITLUANGI)

Head,

Department of Psychology

ACKNOWLEDGEMENT

To begin with, I am grateful to the Almighty for making this acknowledgement possible. This work has been a collective undertaking and it would have never been whole without the contribution of thoughts and support from the following people.

I would like to express my gratitude to my supervisor, Prof. Zokaitluangi, for her guidance and patience. Her knowledge and expertise helped me materialize this research.

A special thank you to all the participants of this research work, the receptive school teachers and their avid pupils, for their immense contribution and time. They have greatly influenced the course of this work.

I would also like to thank all the academic faculty for their notable suggestions and comments. They have always induced enthusiasm amongst their students and have inspired many, including me, through my graduation years.

A sincere appreciation to my wonderful friends and colleagues, Zomuanawmi, C.Lalremruati and Lalthazuali for their significant assistance and help during my research work. An extended appreciation to Dr.Zoramhmagaihzuai and Dr.C.Lalfakzuai for sharing their research knowledge and providing me with resources.

Last, but not the least, a heartfelt gratitude to my dear family, my backbone. Thank you for everything.

This book is dedicated to my beloved grandparents, Robula and Rinpuii

(MARY ZOTHANMAWII)

Aizawl: 4th February, 2016

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The term 'adolescence' is commonly understood to define the period of life between childhood and adulthood (Kaplan, 2004). This time frame, however, not only describes a very diverse reality, but adolescence varies considerably across cultures, over time, and within individuals. Western culture, for example, defines adolescence as the time period from puberty to age 18 or 21, but non-Western cultures tend to mark the beginning of adulthood with rites of passage often following the onset of puberty. These rites mark the end of an individual's childhood and his or her acceptance into adult society.

Most researchers have parsed adolescence into three developmental periods, entailing early adolescence (typically ages 10–13), middle adolescence (ages 14–17), and late adolescence (18 until the early twenties). Early adolescence might be broadly considered to stretch between the ages of 10 and 14. It is at this stage that physical changes generally commence, usually beginning with a growth spurt and soon followed by the development of the sex organs and secondary sexual characteristics. These external changes are often very obvious and can be a source of anxiety as well as excitement or pride for the individual whose body is undergoing the transformation.

Late adolescence encompasses the latter part of the teenage years, broadly between the ages of 15 and 19. The major physical changes have usually occurred by now, although the body is still developing. The brain continues to develop and reorganize itself, and the capacity for analytical and reflective thought is greatly enhanced. Peer-group opinions still tend to be important at the outset, but their hold diminishes as adolescents gain more clarity and confidence in their own identity and opinions.

Adolescence is a critical period of development. Adolescence is viewed as the most traumatic or challenging period of time within the parent-child relationship (Santrock and Yussen, 1984). Adolescents are continuously changing mentally, physically, and psychologically (Santrock, 2004). They are learning more about the 'real world' and trying to strive for both independence from parents and inclusion in social groups (Santrock and Yussen, 1984). Adolescents want to be perceived as adults with capable decision-making skills, but also want to remain members of a large peer group. Girls in late adolescence tend to be at greater risk than boys of

negative health outcomes, including depression, and these risks are often magnified by gender-based discrimination and abuse. Girls are particularly prone to eating disorders such as anorexia and bulimia; this vulnerability derives in part from profound anxieties over body image that is fuelled by cultural and media stereotypes of feminine beauty.

PARENTING:

Growing up in a comforting home and experiencing a stable and secure relationship with one's parents is an important prerequisite for socialization (Vandeleur et. al., 2007). Children at adolescence stage require parental love, care, warmth and serious attention to adjust adequately, in the environment in which he/she finds him/herself. Parents have major roles to play in the adjustment process of adolescent. Parsons (1955) defined the family as the "factory where personality is made". Families today can take many forms—single parent, shared custody, adoptive, blended, foster, traditional dual parent, to name a few. Regardless of family form, a strong sense of bonding, closeness, and attachment to family have been found to be associated with better emotional development, better school performance, and engagement in fewer high-risk activities, such as drug use (Resnick et al., 1997). Parenting has been playing very crucial roles in adolescents' transition to adulthood. Parenting has been recognized as a major vehicle in socializing the child. Parenting is the act of parenthood, the child upbringing, training rearing or child education (Utti, 2006).

PARENTING STYLE:

The vehicle through which the parents' attitudes are experienced is parenting style. According to Darling and Steinberg (1993), 'Parenting Styles' are the parents' perceivable attitudes towards the child, and these styles create an emotional climate in which the parents' behaviour is expressed. Krohne (1988) defined parenting styles as "a set of relatively stable behaviours through which parents interact with their child in relatively specific situations, thus emphasizing that parents may show a relatively uniform set of behaviours in a given context". For example, a parent with low degree of support will not encourage his or her child to help with the housework, nor to achieve academic grades. In contrast, a parent with a high degree of support will give positive and encouraging feedback to his or her child regardless of whether the child

has finished homework or is engaged in other activities such as challenging sports activities or making music.

There is clear evidence for a relation between perceived parenting styles and children's psychological functioning. A parenting style is an attitude that is expressed toward the child across a wide-range of situations, whereas practices or behaviours are expressed toward the child's behaviour in specific situations (Darling and Steinberg, 1993). Theories concerning parenting style are not simply about the individual behaviour of parents but refer to a pattern of bi-directional relationships between parents and child. Baumrind's (1971) original conceptualization of parenting style included parents' attitudes and values about parenting, beliefs about development, and the parenting practices they utilize with their children.

As these parenting attitudes, values, beliefs, and behaviours are maintained, stable styles of parenting tend to emerge (Darling and Steinberg, 1993). More recently these styles have been defined by the interaction of parental warmth/ responsiveness and control/demandingness, with control/ demandingness separated into restrictiveness and firm control (Maccoby and Martin, 1983). Authoritative parents are high on warmth and firm control; authoritarian parents are high on restrictiveness and firm control, and low on warmth; permissive parents are high on warmth and low on control (Baumrind, 1991). Specifically, authoritative parenting might include high warmth and involvement, clear communication of expectations, reasoning, democratic participation, and general pleasantness, while authoritarian parenting might be characterized by high parental control, verbal hostility, restrictiveness, and other punitive discipline strategies (Robinson et al., 1995). Furthermore, permissive parenting might include lax or inconsistent discipline, a general ignorance of child misbehaviour, and lack of self-confidence about parenting (Robinson et al., 1995). Overall, while parenting practices may influence child behaviour during specific situations, parenting styles are thought to influence the effectiveness of parents' socialization attempts by providing a context from which the children are parented and develop over time (Darling and Steinberg 1993). Previous researches have shown that different parenting styles lead to different outcomes and progress development in children in terms of their well-being, psychosocial competency and responding to the environmental demands (Rossman and Rea, 2005). Human behaviour genetic research suggests that parenting style may be heritable; e.g. genetic factors may play

substantial roles in eliciting warmth from parents and influence parental protectiveness and authoritarianism (Kendler, 1996).

Many researchers like Herz and Gullone (1999) have argued that the quality of the parent–child relationship has a significant impact on the long-term confidence, resilience and well-being of individuals. Parents are perhaps the most influential persons that one will ever encounter in life. Their impact is both profound and enduring. In fact, parenting styles are largely influenced by parents’ experiences, both positive and negative, with their own parents as they themselves grew up (Smith and Mosby, 2003). Other factors such as prevailing cultural norms and expectations, religious beliefs, and characteristics of the children in the parent–child relationship also shape the dynamic and complex phenomenon of parenting (O’Connor and Scott, 2007).

Baumrind (1967) first conceptualized a typology for parenting discipline styles. She has described four types of parenting styles. **Authoritarian** parenting is restrictive, punitive style in which parents exhort the child to follow their directions and respect their work and effort. Children of authoritarian parents are often unhappy, fearful and anxious about comparing themselves with others, fall to initiate activity, and have weak communication skills. Sons of authoritarian parents may behave aggressively (Hart et. al., 2003).

Authoritative parenting encourages children to be independent but still places limits and controls on their actions. Extensive verbal give and take is allowed, and parents are warm and nurturing toward the child. In a comforting way children whose parents are authoritative are often cheerful, self-controlled and self-reliant, and achievement oriented. They tend to maintain friendly relations with peers, cooperate with adults, and cope well with stress.

Indulgent/permissive parenting is a style of parenting in which parents are highly involved with their children but place few demands or controls on them. Such parents let them do what they want. They might be domineering, egocentric, noncompliant, and have difficulties in peer relations. Permissive parenting is characterized by high levels of responsiveness and low levels of demandingness. Permissive parents behave

in an affirmative manner toward the adolescent's impulses, desires, and actions while consulting with the adolescent about family decisions. Further, permissive parents do not set rules, avoid engaging in behavioural control, and set few behavioural expectations for adolescents. Interestingly, permissive parents showed steep decreases in monitoring once their children reached adolescence and these children increased their levels of externalizing behaviour. Adolescents from permissive families report a higher frequency of substance use, school misconduct, and are less engaged and less positively oriented to school compared to individuals from authoritative or authoritarian families. Permissive parenting is also associated with low self-esteem and extrinsic motivational orientation among adolescents.

Finally, *uninvolved/neglectful parenting style* has been found to have the most negative effect on adolescent outcomes when compared to the other three parenting styles. Uninvolved parents often fail to monitor or supervise their child's behaviour and do not support or encourage their child's self-regulation. The uninvolved parenting style is described as low in responsiveness and low in demandingness. In general, these parents often show disengagement from the responsibilities of child rearing and are often seen as being uninvolved regarding the needs of their offspring. Uninvolved parents do not engage in structure or control with their adolescents and often there is a lack of closeness in the parent-child dyad; therefore, adolescents of uninvolved parents often engage in more externalizing behaviour. They frequently have low self-esteem, are immature, and may be alienated from the family; in adults they may show patterns of truancy and delinquency. For example, researchers found an association between an uninvolved parenting style and delinquent acts ranging from vandalism and petty theft to assault and rape.

These categories seem to consist of the dimensions of warmth and control (Paquette et al., 2000). Parental control has been identified as a salient dimension of parenting associated with youths' social, emotional, and psychological development (Maccoby and Martin, 1983). Thus, psychological control is theoretically linked to more internalizing distress, including anxiety and depression (Barber, 1996), as well as lower self-esteem (Barber and Harmon, 2002). Behavioural control encompasses behaviours such as supervision, setting limits, and enforcing household rules and curfews. Theoretically, behavioural control produces well-adjusted youths by providing "a regulating structure" (Barber et al., 2005), within which youths develop

self-regulatory strategies. Thus, behavioural control is assumed to increase self-regulation and reduce externalizing problems. Parents use less behavioural control with boys than with girls (Ruble and Martin, 1998).

Baumrind (1967) found that an authoritarian style was associated with lack of warmth and high control. She found children of these parents to be discontent, withdrawn, and distrustful. An authoritative parenting style was associated with being controlling and demanding, but also warm and receptive. Children of authoritative parents were found to be content, self-reliant, explorative, and self-controlled. Finally, permissive parents were not controlling or demanding, but were warm. These children were found to be the least self-reliant, explorative, and self-controlled. As Baumrind (1967) originally found, the authoritative style appears to be associated with the most positive outcomes.

In a study of adolescents, Steinberg and colleagues (1994) found that adolescent-reported authoritative parenting was associated with maintaining a higher level of social competence and adjustment across a two-year period of high school. In contrast, authoritarian parenting was associated with increased internalized distress, while permissive parenting was associated with less distress and more externalizing problems.

In general, authoritative parenting is negatively associated with internalizing and externalizing problems in childhood and adolescence (Steinberg et al., 2006). On the other hand, both permissive and authoritarian parenting are positively associated with internalizing and externalizing problems, including internalized distress, conduct disorder, and delinquent behaviour (Thompson et al., 2003).

Specifically, the parenting literature differentiates between two types of control: *behavioural and psychological*. ***Behavioural control*** consists of behaviours parents use to manage, regulate, and supervise their children (Pettit et al., 2001). It is further broken down into two types: discipline and monitoring. Discipline refers to the specific strategies that parents use to enforce rules and foster values in their children (Cummings et al., 2000). Monitoring is the level of awareness and supervision that parents maintain to track their child's activities and whereabouts (Cummings et al., 2000). ***Psychological control*** is defined as the attempts parents make to impede their child's development of independence and autonomy (Pettit et al., 2001).

Parental monitoring as a form of behavioural control is increasingly important in adolescence because it allows parents to keep track of their adolescents' activities, peer associations, and whereabouts while permitting greater autonomy. Numerous studies indicate that inadequate parental monitoring is associated with externalizing problems such as drug use, truancy, and antisocial behaviour (Steinberg and Silk 2002), while greater parental monitoring is associated with higher academic achievement and better adolescent adjustment (Lamborn et al., 1996).

Parental monitoring has been studied in relation to many psychosocial variables, such as academic achievement and adjustment, and is central to behaviour change (Dishion and McMahon, 1998). For instance, a longitudinal study of 10-year-old boys demonstrated that poor parental monitoring at age 10 was predictive of subsequent involvement with antisocial peers at age 12 (Dishion et al., 1991). Since many studies have documented that aggressive behaviours are more prevalent in adolescent boys (Kashani et al., 1999) and that depressive symptoms are more prevalent in adolescent girls (Geet et al., 2001) it could be assumed that negative parental upbringing behaviours, such as perceived parental rejection, have specific differential effects on adolescent boys' and girls' internalizing and externalizing problem behaviours. In addition, research on samples of children who are difficult or easily frustrated has shown that parental control may exacerbate the child's frustration and lead to greater externalizing behaviour (Degnan et al., 2008).

Parental inconsistency may occur in three forms: temporal, situational, and father–mother inconsistency. Temporal inconsistency is the inconsistency in the parent's reaction to the same situation from time to time, situational inconsistency is the inconsistency in the parental reaction from one situation to another, and father–mother inconsistency is the inconsistency between the two parents in their reaction to the same situation. Inconsistent parental disciplinary behaviours may even inadvertently reinforce adolescent's conduct problems. Adolescents' aggressive and noncompliant behaviour is reinforced when parents engage in an inconsistent discipline practice when the parent makes a request, the adolescent responds negatively, and the parent backs down. Numerous researchers found associations between higher levels of inconsistent discipline and more behaviour problems. For example, inconsistent discipline, relative to more consistent discipline, has been associated with problematic

psychological adjustment of adolescents, such as depression and anxiety and externalizing behaviours, such as delinquent acts.

While *parental involvement* in decision making is advantageous in early and middle adolescence, adolescents' increased decision-making autonomy between middle and late adolescence leads to better adjustment in late adolescence (Smetana et al., 2004). One important dimension of unhealthy parental involvement is expressed emotion, referred to as critical or over-involved communication styles within the home (Brown et al., 1972). Negative expressed emotion has been linked to worse outcomes in adults and children with a wide range of psychiatric disorders and elevates the relapse rate for those problems (Weisman et al., 1998). Families play a crucial role in supporting adolescents' academic outcomes. Parenting practices, such as parental monitoring, have been linked positively to academic outcomes among minority youth (Henry et al., 2011).

Positive Parenting (authoritative) has positive effects on the adolescents' behaviour while authoritarian and laissez-faire (negative parenting) has negative effect. Odebunmi (2007) and Okapko (2006) identified some factors which will make for positive parenting as: provision of children's needs: good food, shelter, water, love, warmth, affection, education, control, monitoring, dialogue, supervision, etc. Stanford University News Service reported that positive parenting styles have been shown to help American teenagers earn good grades, avoid delinquency, and also enhance ethnic pride in teens who are ethnic minorities.

Generally, children of authoritative parents perform well in all domains (social competence, psychosocial development and instrumental competence), having more friends, better school performance, more self-discipline and emotional self-control (Weiss and Schwarz, 1996). Children from uninvolved families are poorer in all the domains, while those with authoritarian parents may do well academically and behaviourally but are poor in social skills, have low self-esteem and an increased level of depression and risk of suicide. Indulgent parenting produces children more likely to be involved in problem behaviours (substance abuse, deviant behaviour and school misconduct); they have a lower level of academic performance but better social skills and lower levels of depression (Steinberg et. al., 1994).

'Corporal punishment' refers to intentional application of physical pain as a method of behaviour change. It includes a wide variety of methods such as hitting, slapping, spanking, punching, kicking, pinching, shaking, shoving, choking, use of various objects (i.e., wooden paddles, belts, sticks, pins, or others), painful body postures (such as placing in closed spaces), use of electric shock, use of excessive exercise drills, or prevention of urine or stool elimination (Strauss,1998).

Corporal punishment is violence inflicted on children by parents, teachers, carers and others in the name of “discipline” and is experienced by a large majority of children in many states worldwide (UNICEF,2010). Some children, including children with disabilities and young children, are particularly likely to experience it. The use of corporal punishment is associated with increased mental health problems in children including increased psychological distress, which may lead to anxiety, depression, alcohol and drug use, and general psychological maladjustment in those to whom it is applied (Dubanowski,1983). There is abundant evidence that corporal punishment is associated with increased aggression in children (Jones et. al., 2012). Children who have experienced corporal punishment are more likely to be aggressive towards their peers, to approve of the use of violence in peer relationships, to bully and to experience violence from their peers, to use violent methods to resolve conflict and to be aggressive towards their parents (Hart et.al., 1990). Children who have experienced corporal punishment are more likely to be aggressive towards their peers, to approve of the use of violence in peer relationships, to bully and to experience violence from their peers, to use violent methods to resolve conflict and to be aggressive towards their parents (Ohene et. al., 2006). Children who have experienced corporal punishment are more likely to be aggressive towards their peers, to approve of the use of violence in peer relationships, to bully and to experience violence from their peers, to use violent methods to resolve conflict and to be aggressive towards their parents (Ulman and Strauss, 2003).

Current studies indicate that physical punishment is more common in kindergarten through eighth grade versus high school, in rural schools versus urban, in boys versus girls, and in disadvantaged as well as non-Caucasian children versus middle-class and upper-class Caucasians (Gershoff, 2007)

Corporal punishment may be ‘normative’ (appropriate) or ‘abusive’ (inappropriate), depending on the method, its severity and frequency, the age of the child being punished and the context. Because of its potential to escalate, the dividing line between appropriate and abusive punishment can be very thin; crossing the boundary can be quite easy. Parents who use corporal punishment often graduate to harmful forms such as using belts, electrical cords or other objects, or kicking and punching (Gershoff, 2002).

Parental Acceptance generally refers to warm, affectionate, and responsive parenting behaviours that consist of involvement in children’s lives emotionally and behaviourally, acceptance and validation of children’s feelings and behaviours, positive expressed emotion/affection, praise, approval, active listening, and use of reflection (Wood et al., 2003).

Children are likely to show internalizing and externalizing behaviours when their parents display rejection, overprotection, and favouritism. Children who feel rejected may demonstrate externalizing behaviours such as aggression, hostility, emotional instability and low self-worth. They may internalize symptoms such as anxiety and depression. Children who are overprotected may be at higher risks of developing anxiety. They may also develop external psychopathologies such as criminal behaviour and addictions. Parents who show favouritism towards their child may cause increased tension between the child and his or her siblings. The child may feel guilty or anxiety taking away attention from their siblings (Yahav, 2006).

Perceived parental rejection is defined as an adolescent’s belief that his or her parents are not concerned or interested in him or her as a person (Robertson and Simons 1989), parents wanting the adolescent to be a different person or parents frequently criticizing the adolescent (Muris et al., 2001). Rejecting parents can be experienced by any combination of four principal manifestations: cold and unaffectionate, hostile and aggressive, indifferent and neglecting, and undifferentiated rejecting, perceived as such by the children, even though there might not be any clear behavioural indicators of parental rejection (Rohner 2006; Rohner and Khaleque 2005). It has been demonstrated that perceived parental rejection is strongly associated with general adolescent maladjustment (Harold et al., 1997) as well as adolescents’ depressive symptoms (Dallaire et al., 2006) and adolescents’ aggression

(Heidgerken et al., 2004; Simons et al., 1989). Rohner's claim that parental rejection, rather than authoritarianism or parental control, constitute a very dangerous factor affecting people's mental health in all cultures, countries and races (Khaleque, 2007).

Parental rejection and criticism are thought to impact youth's emotion regulation, youth's development of sense of self-worth/competence, and possibly youth's beliefs and attributions toward external environment, and consequently result in increased anxiety in youth (Rapee, 1997). Several studies found that low warmth/acceptance and high criticism and rejection were associated with child anxiety disorders (Moore et al., 2004) or child trait anxiety (Ginsburg et al., 2005).

Overprotection can be described as a high physical and social contact with the child, unnecessary concern over the child, prevention of independent behaviour, and unnecessary permissiveness. They may demonstrate internalizing behaviours such as anxiety and eating disorders. The child may also feel the need to be perfect to lessen tension in the parent-child relationship. Parental overprotection does not allow the child to gain independence or autonomy (Yahav, 2006). It reduces the child's possibilities of reaching their goals and therefore, induces depressive symptoms (Oldehinkel et. al., 2006).

Parental favoritism may be defined as displaying more interest in one child over his or her siblings (Yahav, 2006). The parents show warmth, intimacy, admiration, and great interest toward the favourite child. The parents usually pick a child who has a particular talent or interest that intrigues the parent. The child usually feels uniqueness and grandiosity; however, he or she also feels guilty for taking away the attention from his or her siblings. The siblings feel inferior to and hostile towards the favourite child and may team up against the favourite child. The favoured child may experience high levels of anxiety from parent's expectations and guilt of taking away from his or her siblings. The siblings often suffer emotional damage due to feeling rejected and unappreciated by their parents (Yahav, 2006).

Relevant to the present investigation, parental styles characterized by rejection and overprotection have received increasing attention, with results supporting an association between a rejecting and overprotective parenting style and childhood internalizing symptoms (Arrindell et al., 1983; Parker, 1990).

PSYCHOPATHOLOGY:

'Psychopathology' is a term that refers to the branch of psychology that is concerned with abnormal working of the mind. Psychopathology is referred to whether the thoughts, feelings or behaviour of the person are distressing, dangerous, deviant or dysfunctional (Comer, 2000). Description of the 4 D's when defining abnormality: Deviance: this term describes the idea that specific thoughts, behaviours and emotions are considered deviate when they are unacceptable or not common in society. Clinicians must, however, remember that minority groups are not always deemed deviate just because they may not have anything in common with other groups. Therefore, we define an individual's actions as deviate or abnormal when his or her behaviour is deemed unacceptable by the culture he or she belongs to. Distress: this term accounts for negative feelings by the individual with the disorder. He or she may feel deeply troubled and affected by their illness. Dysfunction: this term involves maladaptive behaviour that impairs the individual's ability to perform normal daily functions such as getting ready for work in the morning, or driving a car. Such maladaptive behaviours prevent the individual from living a normal, healthy lifestyle. However, we must remember that a person's behaviour, who is acting dysfunctional, is not always caused by a disorder. Dysfunctional behaviour may be voluntary, such as engaging in a hunger strike. Danger: this term involves dangerous or violent behaviour directed at the individual, or others in the environment. An example of dangerous behaviour that may suggest a psychological disorder is engaging in suicidal activity (Comer, 1998).

The DSM, or Diagnostic and Statistical Manual of Mental disorders (APA, 1998, 2002), is an official guideline for the diagnosis of psychological disorders. Clinicians, researchers and psychologists use this manual as a reference guide to diagnose psychological disorders. For a diagnosis to be made, 2 levels of criteria within the DSM must be met. First, the disordered behaviour must originate within the person, and it must not be a reaction due to external factors. Second, the disorder must be involuntary, meaning that the individual cannot physically or mentally control their symptoms.

The DSM uses a multi-axial system of classification, which requires the individual to be placed on 5 separate axes which describe possible mental health

factors. Most disorders are recorded on axis I, which are state dependent. Axis II describes disorders that are trait dependent. Axis III describes current physical conditions, Axis IV describes psychosocial or environmental stressors, and lastly, Axis V is used to discuss the individual's global assessment of functioning.

Axis I: Most psychological disorders

Axis II: Personality disorders and mental retardation

Axis III: General medical condition

Axis IV: Psychosocial and environmental stressors

Axis V: Global assessment of functioning

MODELS OF PSYCHOPATHOLOGY

Theories of psychopathology are concerned with understanding the mechanisms which lead one person and not another to develop psychological problems. Historically, psychopathology has been understood in many ways- the result of supernatural forces, the wrath of gods, demonic possession, and the influence of the moon. Today, there are seven major ways in which we can understand psychopathology. These are:

The Biomedical Model

The Psychodynamic Model

The Behavioural Model

The Cognitive Model

The Humanistic Model

The Transpersonal Model

The Sociocultural Model

Each of these models or paradigm has a consistent view of human nature. How it can go awry and lead to psychopathology, and how the resultant psychopathology can be prevented and treated.

Biomedical Model: suggests that psychological problems are the result of physical dysfunction. A person's behaviour may change if there are physical or chemical

changes in the brain and nervous system. The biomedical paradigm suggests that physical illness, brain dysfunction, and biological abnormalities of one sort or other cause psychological problems. The biomedical model (or disease model) of psychopathology views psychological disorders as being caused by biological malfunction or disruption. Biomedical approaches to treatment are based on the idea that we can correct, or at least reduce, the effects of these malfunctions or disruption.

- Mental disorder can be understood as illness in the same way as physical conditions. It can thus be classified, diagnosed and treated by medical personnel in the same way as physical disease.
- The emphasis of the explanations is on the physiological aspects of mental disorder rather than its behavioural, thinking or emotional aspects. For example, the physiological approach would explain depression in terms of an imbalance of biochemical substances in the brain, such as serotonin, rather than in terms of low self-esteem, feelings of helplessness, irrational thinking and so on. This emphasis on physiology is, of course, on a theoretical level and does not suggest that medical practitioners are not also concerned with cognitive and emotional aspects of mental disorder.
- The symptoms of mental disorder can be understood in terms of malfunction of or disruption to biological systems. For example, this may involve the abnormal development of part of the nervous system or neurotransmitters that are too high or too low. The underlying causes of these symptoms are also biological in origin, for example faulty genes or brain damage.
- Mental disorder can be treated by physiologically based approaches, including drugs, surgery and the application of electric shocks, magnetic fields and bright light.

The first assumption of the biological perspective is the Biochemical Imbalances in the brain that result in abnormal behaviour. Researchers attempted to study the relationship between the different neurotransmitters and the different psychological problems as defined using the DSM system. Neurotransmitters play a

crucial role in many psychological processes, including mood and emotion. Theories linking psychopathology to neurotransmitters often suggest that too little or too much of a particular neurotransmitter may be responsible for the condition. It is also possible that the receptors are at fault – if they are too numerous or too easily excited then this can have the same effect as too much transmitter being released. One of the theories of schizophrenia is that the hallucinations and delusions experienced are the result of an excess of dopamine receptors.

A second assumption of the biomedical model is that biochemical processes are affected by genetic factors. Research in the developmental genetics has shown that abnormalities in the structure or number of chromosomes are associated with a range of malformations.

It is also possible that the genotype can produce experiences that may result in a certain phenotype. By their influence on brain chemistry genes may, for example, have the direct influence of producing timidity in a baby boy. This may then have certain indirect consequences, for example, it may cause his mother to protect him and his peers to mock him. This in turn increases his timidity. The genotype has therefore had an indirect effect on the phenotype.

It is important to note that psychopathological conditions are disorders of the phenotype, not the genotype. People do not, for example, inherit genes for such conditions as schizophrenia or an anxiety disorder. Rather, they inherit genes that make them vulnerable to the disorder. They inherit a genotype for the vulnerability, also known as the diathesis, but not the condition itself. This is expressed in the diathesis-stress model, which states that a combination of both genetic vulnerability and environmental stress produces mental disorders. Whether the genotype will eventually translate into the phenotype depends on many environmental factors. The potential effects that genes have on clinical syndromes (such as mental disorders) have been investigated by conducting family studies, twin studies and adoption studies.

Psychodynamic Model: suggests that psychological problems are caused by conflict between unconscious forces. The central assumption of the psychoanalytic theory that Sigmund Freud developed was that psychopathology resulted from unconscious conflicts in the individual. More specifically, Freud believed that the various forms of

psychopathology resulted from the presence of strong drives or id instincts, which set the stage for the development of unconscious conflicts linked to a particular psychosexual stage. For example, he proposed that obsessive-compulsive disorder was traced to the anal stage, with the urge to soil or to be aggressive transformed by reaction formation into compulsive cleanliness.

In his early writings and lectures, Freud postulated that his patients' maladies were caused by environmental events (e.g., abuse). However, he later came to believe that many of his patients' accounts were fantasies (Masson, 1984). This change had a profound impact on the development of psychoanalysis, for it directed the search for the causes of psychopathology away from the environment and toward the patient and his or her fantasies. Furthermore, the emphasis on fantasy was crucial to Freud's conception of the oedipal conflict, a cornerstone of psychoanalytic thought. So important was this emphasis on fantasy that in a letter to Jeffrey Masson, a well-known critic of psychoanalysis, Anna Freud wrote that without it there would have been no psychoanalysis. Psychoanalysis and its later variants is the essence of the psychoanalytic paradigm. Although psychoanalysis and other psychodynamic therapies are based on a theory about the causes of abnormal behaviour, very little research has been conducted to support the theory. Part of the reason for this is that the theory does not lend itself easily to empirical scrutiny. However, psychoanalysis was also based largely on observations of a select group of patients. Even later followers of Freud were not as concerned with empirically verifying the theory as they were with treating patients. Thus, the major contribution of this paradigm is in treatment, not in understanding the causes of psychopathology.

Although traditional psychoanalysis is still practiced today, it is rarer than other forms of psychotherapy, and psychodynamic therapies are more common than traditional psychoanalysis. A number of Freud's followers altered psychoanalysis and developed variants on this treatment.

Cognitive-Behavioural Model: the cognitive aspect suggests that psychological problems are caused by irrational or distorted thinking and the behavioural aspect suggests that psychological problems are a result of maladaptive learning. The cognitive behavioural paradigm traces its roots to behaviour therapy (and the learning view that people can best be understood by principles on which this treatment is

based) and cognitive science. Cognition is a term that groups together the mental processes of perceiving, recognizing, conceiving, judging, and reasoning. Cognitive science focuses on how people (and animals) structure their experiences, how they make sense of them, and how they relate often explained as depending on their current experiences to past ones that have been stored in memory.

One of the key influences from behaviourism is the notion that problem behaviour is likely to continue if it is reinforced. Generally, problem behaviour is thought to be reinforced by four possible consequences: getting attention, escaping from tasks, generating sensory feedback and operant conditioning gaining access to desirable things or situations (Carr et al., 1994). Once the source of the reinforcement has been identified, treatment is then tailored to alter the consequences of person is temporarily removed from a setting the problem behaviour. For example, if it was established that the problem behaviour was where reinforcers can be obtained and reinforced by getting attention, the treatment might be to ignore the behaviour. Alternatively, the problem behaviour could be followed by time-out—the person is sent for a period of time to a location where positive reinforcers are not available.

Humanistic Model: suggests that psychological problems are caused by a failure to know oneself and accept oneself. The humanistic model emphasizes choices, values, and purpose in life and psychopathology is seen as resulting from not accepting responsibility for one's actions. The most well-known name associated with humanistic psychology is that of Carl Rogers (1902-1987). The foundations of Roger's theory is that of what he called the actualizing tendency, which Rogers argued was the one natural motivation force of human beings and which is always directed towards constructive growth. This tendency towards growth however, can become thwarted when the person receives conditional positive regard from his or her social environment and thus develops what he referred to as the conditional positive self-regard (Rogers, 1959).

Transpersonal Model: is concerned with spirituality. Transpersonal approach is most closely associated with the work of Abraham Maslow. Maslow emphasized that human beings strive to fulfill their potential and was concerned with the motives that drive people. He suggested that there were two kinds of motivations, which he called deficiency motivation, i.e. the need to reduce physiological tensions such as thirst and

hunger, and growth motivation, i.e. the satisfaction of needs such as the need to be loved and esteemed, respectively. Maslow described a hierarchy of human needs.

- **Body -Physiological Needs:** On this level are the very basic needs for air, warmth, food, sleep, stimulation and activity. People can die due to lack of biological needs and equilibrium (homeostasis).
- **Security - Safety Needs:** Here we might include living in a safe area away from threats. This level is more likely to be found in children as they have a greater need to feel safe.
- **Social - Love and Belongingness Needs:** At this level the needs of love from family and friends are important.
- **Ego -Self Esteem Needs:** We need to believe in ourselves and have healthy pride. At this level we need self-respect, and respect from others.
- **Self-Actualization -Fulfilment Needs:** This is the rare level where people have need of purpose, personal growth and realization of their potentials. This is the point where people start to become fully functional, acting purely on their own volition and having a healthy personality.

Sociocultural Model: suggests that psychological problems result from social factors. A good deal of research has focused on the ways in which sociocultural factors, such as culture, ethnicity, gender, and social relationships can contribute to different psychological disorders. Researchers who study such sociocultural factors and psychopathology all share the premise that environmental factors can trigger, exacerbate, or maintain the symptoms that make up the different disorders. These studies often involve thousands of participants, and allow researchers a chance to examine sociocultural variables like poverty and unemployment.

INTERPERSONAL PROBLEM:

Interpersonal relationships may be defined as patterns of interaction with specific partners, such as parents or peers that are carried out over time and entail some degree of investment by participants (Hinde, 1979). During adolescence, communication with other people is very important for adolescents (Muuss, 1996).

Communication is one of the most basic elements of human functioning, because it is the cornerstone of strong, healthy interpersonal relationships. Interpersonal relationships begin and develop through communication. The quality of communication has a direct impact on the quality of the interpersonal relationships. And interpersonal relationship problems arise when messages on either end are misunderstood (Cücelo lu, 2004).

During the past decade, there has been an increased emphasis on (and greater methodological sophistication in) studies that examine the multiple interactions among different contexts, such as family, schools, and neighbourhoods (Cook et al., 2002). For instance, recent research informed by family systems theory (Minuchin 2002) has led to a greater awareness of the relationships and mutual influences among different subsystems in the family. The interest in extending attachment theory beyond infancy has led to research examining adolescents' representations of relationships with parents, peers, and romantic partners, and several longitudinal studies have become available to test the crucial prediction that relationships during infancy influence the course of social relationships in adolescence and young adulthood.

Structural changes in the family, like divorce and remarriage, have been found to lead to a temporary disruption of adolescent-parent relationships, including increased conflict, particularly in the first two years following a divorce and with the new stepparent (Hetherington and Kelly 2002). However, some evidence suggests that adolescent-parent conflict is less frequent in stably divorced, mother-headed households than in two-parent households, perhaps because mother-adolescent relationships in stably divorced families tend to be less hierarchical (Smetana et al., 1991a).

A well-established finding, supported by vast numbers of studies, is that adolescents raised in authoritative homes (where parents are both demanding and responsive) are more psychosocially competent as assessed on a wide array of outcomes than are adolescents raised in authoritarian, permissive, or rejecting neglecting homes (Steinberg, 2001). Furthermore, the benefits of authoritativeness trump the benefits of consistency in parenting; adolescents reared in homes where only one parent is authoritative have been shown to be more academically competent

than adolescents reared in homes where parents are consistent but not authoritative in their parenting (Fletcher et al., 1999).

Observational studies of family interactions provide further evidence for the reciprocal nature of interactions between parents and adolescents. In both cross sectional and longitudinal analyses, family interactions that allow adolescents the opportunity to express independent thoughts and feelings while maintaining closeness and connection to parents facilitate higher self-esteem, better psychosocial competence, less depression, greater ego and identity development, and more mature moral reasoning (Allen et al., 1994). Several large-scale cross-sectional and longitudinal studies of family decision making in ethnically diverse samples likewise have shown that joint decision making between parents and adolescents is associated with better adjustment and less deviance (Dornbusch et al., 1990).

Sibling relationships are highly salient to adolescents; early adolescents have more conflicts with siblings than with anyone else e.g., fathers, grandparents, friends, or teachers (Furman and Buhrmester, 1985) except maybe mothers, but relationships with brothers and sisters are also important sources of companionship, affection, and intimacy (Buhrmester and Furman, 1990). The quality of the relationship has been found to vary by birth order. Older siblings are perceived as more domineering and more nurturing than are later-born siblings, while later-born siblings admire and feel closer to their older brothers and sisters than their brothers or sisters feel toward them (Furman and Buhrmester, 1992). Even after controlling for level of parental and peer support, greater support from brothers and sisters has been associated longitudinally with lower levels of internalizing problems for both younger and older adolescents and with less externalizing behaviour, particularly when girls perceive more support from an older brother (Branje et al., 2004).

Parents' differential treatment has been found to affect children's development (Daniels et al., 1985) and adjustment (Feinberg and Hetherington, 2001). The effects of parents' differential treatment persist even after controlling for the effects of parenting, particularly when parenting is low in warmth or high in negativity (Feinberg and Hetherington, 2001). Parents' (and particularly fathers') differential treatment has been associated with higher levels of negative behaviour between siblings (Brody et al., 1992; Feinberg and Hetherington, 2001).

SUICIDE:

Suicidal ideation refers to thoughts of harming or killing oneself. Attempted suicide is a non-fatal, self-inflicted destructive act with explicit or inferred intent to die. Suicide is a fatal self-inflicted destructive act with explicit or inferred intent to die. Lifetime estimates of suicide attempts among adolescents range from 1.3–3.8% in males and 1.5– 10.1% in females, with higher rates in females than males in the older adolescent age range (Andrews and Lewinsohn, 1992).

Suicide rates consistently increase from childhood to adolescence, perhaps because of the greater prevalence of psychopathology in adolescents, particular combinations of mood disorder and substance abuse, and the greater risk for suicide conveyed by psychopathology in older adolescents (Brent et.al., 1999). Adolescents are also more cognitively capable of planning and executing a lethal suicide attempt, and show greater planning and intent than younger suicide victims (Groholt et al., 1998).

In countries such as China more females complete suicide than males, especially in rural areas where highly lethal insecticides are common and treatment facilities harder to access (World Health Organization, 2002). Psychiatric disorder is present in nearly 90% of unselected adolescent suicide victims, and poses a 9-fold increase risk for suicide (Shaffer et al., 1996).

The quality of the parent–child relationship is an important factor in suicide and suicidal behaviour (Wagner et.al., 1995). Gould and friends (1996) found that poor communication with father was a significant risk factor for suicide in older adolescents, even after adjusting for other factors. Tousignant and colleagues (1993) also found that a negative father–child relationship had a key and enduring role in suicidal behaviour of adolescents and young adults. Lack of perceived parental support or availability is also associated with adolescent attempted suicide (Yuen et al., 1996). Conversely, family cohesion, positive parent– child connection, spending time together, parental supervision, and high parental academic and behaviour expectations were protective (Borowsky et al., 1999).

EATING DISORDER:

According to the DSM-IV (APA, 2000), eating disorders are characterised by a severe disturbance in eating behaviour. There are two types of anorexia nervosa; the restrictive type and the binge eating/purging type. In restrictive type, every effort is made to limit how much food is eaten, and calorie intake is rightly controlled. A binge involves the out-of-control eating of amounts of food that are far greater than what most people would eat in the same amount of time and under the same circumstances which may be followed by purging. Bulimia nervosa is characterised by binge eating and by efforts to prevent weight gain using such inappropriate behaviours and self-induced vomiting and excessive exercise.

In a culture that glorifies being thin, some adolescents. Mostly girls, become overly preoccupied with their physical appearance and, in an effort to achieve or maintain a thin body, begin to diet obsessively. A minority of these adolescents eventually develops an eating disorder such as anorexia nervosa or bulimia (Striegel-Moore & Cachelin, 1999). The consequences of eating disorders are potentially very serious, resulting in death in the most extreme cases.

Between 0.5% and 1% of all females' ages 12 to 18 in the United States are anorexic, and 1% to 3% are bulimic, with perhaps 20% engaging in less extreme but still unhealthy dieting behaviours (Dounchis et al., 2001). Although boys can also have these eating disorders, the large majority are female (over 90%). Symptoms of eating disorders usually first become evident early in adolescence. Factors that appear to place girls at increased risk for anorexia or bulimia include low self-esteem, poor coping skills, childhood physical or sexual abuse, early sexual maturation, and perfectionism. Less responsive parenting has been found to be associated with maternal eating disorder psychopathology (Woolley and McPherson, 1999).

Information is limited about the prevalence of eating disorders among different ethnic groups, although there is some evidence to suggest that patterns of disordered eating differ. For example, dieting appears to occur most frequently in Hispanic females and least frequently in Black females and binge eating may be more frequent in Black females (Dounchis et al., 2001). Although anorexia and bulimia appear to occur much more frequently in White girls as compared to ethnic minority

girls, there is also evidence that the prevalence of eating disorders is more common than has been reported among ethnic minorities.

ACADEMIC PROBLEMS:

Families play a crucial role in supporting adolescents' academic outcomes. Parenting practices, such as parental monitoring, have been linked positively to academic outcomes among minority youth (Gonzales et al., 1996). Warm parent-child relationships also have been associated positively to minority youths' academic outcomes (Alfaro et al., 2009). An integrative model of parenting (Darling and Stenberg 1993) suggests that the effects of parenting practices depend in part on the context of the parent-child relationship. Darling and Stenberg (1993) viewed parenting style, or the emotional climate of the parent-child relationship, as the overarching contextual variable in which parenting practices were carried out, while parenting practices were defined as more specific behaviours that were tailored to the socialization domain of interest. Parental monitoring has been associated with reduction in school dropout (Martinez et al. 2004) and promotion of academic achievement, school engagement, and academic motivation among minority youth (Gonzales et al., 1996).

Whether parents are involved in and support their adolescents' school life can directly affect their personal and social development as well as their academic success (Gecas and Schwalbe, 1986). Previous research has shown parent involvement in school directly impacts student success (Harris and Goodall, 2008). Kaisa, Hakan and Jari-erik (2000) studied the extent to which adolescents' achievement strategies were associated with parenting styles in the family. The findings revealed that adolescents from authoritative families practiced adaptive achievement strategies which were characterized by low levels of failure expectations, task-irrelevant behaviour, passivity and self-enhancing attributions. Adolescents from neglectful families, in turn, applied maladaptive strategies characterized by high levels of task-irrelevant behaviours, passivity and a lack of self-enhancing attributions.

Findings revealed that parenting styles influenced adolescents' academic achievement. Xitao and Michael (2001) found parental involvement as positively related to students' academic achievement. In another study of adolescents, Leung and friends (1998) found that that academic achievement was negatively related to

authoritarianism. In a study of adolescent minority students (Hispanic American, African American, and Asian American), Boveja (1998) found that adolescents who perceived their parents to be authoritative engaged in more effective learning and studying strategies. Although there are ethnic and cultural variations in the impact of parenting style, Asian-American from authoritarian families score higher than non-authoritarian. This empirical pattern appears to transcend gender, family structure, age and social class divisions (Glasgow et. al., 1997).

Adolescents from homes in which adults were employed in low-income unskilled occupations were found to have lower levels of achievement than those from homes in which adults were in higher paying occupations (Kalmijn, 1995). Studies on the relation between parenting behaviour and children's school achievement conducted in a cross national study in Thailand (Intasuwan, 1985), Indonesia (Din and Achir, 1978), India (Jain and Mishra, 1994), China (Chen et al.1997), and Taiwan (Pong et al. 2010) revealed the same outcomes.

SBSTANCE ABUSE DISORDER:

Substance abuse generally involves a pathological use of substance resulting potentially hazardous behaviour and continued use despite persistent social, psychological, occupational, or health problems. A large body of research shows that the type of parenting style used by the parent(s) has greatest effect on adolescent drug use. A strong feeling of rejection, hostility, and helplessness are the factors associated with drug dependency. Dhillon and Parwah (1981) reported that drug abusers to be emotionally insecure when compared to normal subjects. Mc Cord and Howard (1963) found rejection, primitiveness and inconsistencies in the background of delinquent and aggressive boys. It has also been found repeatedly that high use of punishment with rejection is closely associated with aggression or delinquency in youth. Cook and friends (1997) reported that parental rearing style has its significant effect on the personality traits and risk behaviour of developing child. Preeti and Priyanka (2006) reported that the drug addict's street children carry the mind-set of rejection by their parents, relatives and the society at large.

Low parental monitoring indirectly impacted adolescent substance abuse by increasing the likelihood of more time being spent with deviant peers (Dishion and Loeber, 1985). The above discovery became important because other studies

conducted in the 90's equally confirm that under controlled children were more likely to use marijuana (Shedler & Block, 1990) as well as other gateway drugs (Iacono et.al., 1999).

The parenting style shown by a child's mother and/or father has been found to influence whether he or she will use alcohol. Students with strong emotional ties to family members are less likely to engage in deviant behaviour (Durkin et al., 1999). Children whose parents do not set clear rules against or do not monitor alcohol use by children could be at greater risk for alcohol use (Jackson et.al., 1997). Parenting that is relatively low in warmth and high in hostility predicted greater risk of alcohol and other drug use by adolescents (Johnson and Padina, 1991). In contrast, positive feedback, encouragement, and physical affection from parents predicted lower risk of alcohol use by adolescents (Jackson et al., 1997). Cohen, Richardson, and LaBree (1994) concluded that parental behaviours are significant precursors to disruptive behaviour, vulnerability and succumbing to peer pressure, and substance use by children and adolescents. A study by Cohen and Rice (1997), found that students who smoke and drink perceive their parents as less authoritative than students who do not. The child's perception of the parents' demanding behaviour, as associated with authoritative style parenting, was found to be a strong inverse predictor of the child's alcohol use (Jackson et al., 1997).

Recent research has shown a clear positive relationship between parental nurturance (care) and self-worth (Rodriguez et al., 1996). Hopkins and Klein (1995) found a greater proportion of women's global self-worth was accounted for by the parental nurturance score.

Certainly from the literature in the area it would appear that perceived parental care would be positively, and both perceived denial of psychological autonomy and perceived discouragement of behavioural freedom negatively, associated with happiness (Furnham and Cheng, 2000).

CONDUCT DISORDER: Conduct disorders are the most common reason for referral of young children to mental health services. The term 'Conduct disorder' is generally used to describe a pattern of repeated and persistent misbehaviour. This misbehaviour is much worse than would normally be expected in a child of that age. The essential feature is a persistent pattern of conduct in which the basic rights of

others and major age-appropriate societal norms and rules are violated (American Psychiatric Association, 2000).

The prevalence of CD in children between the ages of 5 and 10 years is 1.7% for boys and 0.6% for girls (Meltzer et al., 2000). Although symptoms are generally similar in each gender, boys may have more confrontational behaviour and more persistent symptoms. There are also differences regarding gender in relation to the age of onset of conduct disorders. Robins (1966) found that the median age of onset for children referred to mental health clinics with antisocial behaviour was in the 8–10-year age range. Fifty-seven per cent of boys had an onset before the age of 10 years, whereas for girls the onset was mainly between 14 and 16 years of age.

Farrington (1995) found that, as well as developing psychiatric problems, many children with conduct disorder develop non-psychiatric antisocial behaviours, which include theft, violence to people and property, drunk driving, use of illegal drugs, carrying and using weapons, and group violence.

Conduct disorders in childhood have also been linked to: failure to complete schooling; joblessness and consequent financial dependency; poor interpersonal relationships, particularly family breakup and divorce. They have also been shown to lead to abuse of the next generation of children, thus increasing the chance of them developing conduct disorders (Rutter and Giller, 1983; Robins, 1991).

According to Carr (1999), neglect, abuse, separations, lack of opportunities to develop secure attachments, and harsh, lax or inconsistent discipline are among the more important aspects of the parent–child relationship that place youngsters at risk of developing conduct disorders. Parenting behaviour and parent characteristics such as depression are among the strongest predictors of child behaviour problems (Marshall and Watt, 1999).

Scott (1998) showed that five aspects of how parents bring up their children have been found repeatedly to have a long-term association with conduct disorders. These are poor supervision, erratic harsh discipline, parental disharmony, rejection of the child and low parental involvement in the child's activities.

Parents who used coercive control such as yelling, screaming, shouting, slapping, and hitting had adolescents who were more likely to exhibit deviance

behaviour and act out at school. Also, adolescents who reported having more house rules or higher levels of parental monitoring displayed the lowest levels of behavioural problems like drinking, illicit drug use, deviance, or misconduct at school (Patoek-Peckham and Morgan Lopez, 2006).

Webster-Stratton and Spitzer (1991) found parents of children with conduct disorders lack fundamental parenting skills and exhibit less positive behaviour. Their discipline involves more violence and criticism, and they are more permissive, erratic and inconsistent, and more likely to fail to monitor their child's behaviour, to reinforce inappropriate behaviours and to ignore or punish pro-social behaviours. Social disadvantage, homelessness, low socio-economic status, poverty, overcrowding and social isolation are broader factors that predispose children to conduct disorder (Hausman and Hammen, 1993). It seems that the longer the child has been living in poverty within the first four years of life, the more prevalent externalising behaviour problems become (Duncan et al., 1994). According to Graham (1991), children from large families and those living in homes where divorce or separation has occurred are at greater risk of conduct disorders. Children with conduct disorders are more likely to come from troubled neighbourhoods. Urban areas have higher rates of conduct disorders (Rutter et al., (1975).

SELF CONCEPT:

Self-concept is a person's sense of his or her own identity, worth, capabilities and limitations (Carson et. al., 2007). Adolescents begin building their own self-concept through observing the reactions directed toward them by vital individuals in their lives (Gibson and Jefferson, 2006). Personal experiences that evolve from the parent-adolescent relationship are the initial source that sets in motion the cycle of how adolescents will self-evaluate and interact with others. In other words, the type of relationship they experience with their parents is thought to foreshadow their attitudes toward themselves and the quality of relationships they will have with their peers (Gecas, 1971).

Authoritative parenting is believed to foster a heightened sense of self efficacy and self-worth which may be an important mediating factor of the association between this parenting style and low levels of depression (Smith et. al., 2011). Although the idea that girls have more negative self-concepts than boys is a mainstay

of the pop-psychology literature, empirical studies testing this hypothesis have produced mixed results. Several studies have found no gender differences in self-esteem, self-concept, or dysfunctional attitudes. Those studies that do find gender differences, however, tend to show that girls have poorer self-concepts than boys. Again, negative self-concepts could contribute directly to depression, and could interact with stressors to contribute to depression. Negative self-concept has been shown to predict increases in depression in some studies of children (Nolen-Hoeksema and Girgus, 1994).

MAJOR DEPRESSION:

Major depressive disorder is a moderate to severe mood disorder in which a person experiences only a major depressive episode, a mental condition in which a person must be markedly depressed for most of everyday for most days for at least two weeks (DSM-IV). For children, the prevalence of major depressive disorder (MDD) is low, ranging from 1–2.5% (Fleming and Offord, 1990), but rates increase from the early teens to the mid-20s (Kessler et al., 2001), with MDD prevalence rising sharply over the course of adolescence, to 15–20% (Lewinsohn et al., 1993). In school-aged youngsters, depression undermines peer relationships and academic functioning, and generates significant family stress and use of mental health services (Angold et al., 1998; Clarke, DeBar and Lewinsohn, 2003). Youth depression is also linked to increased risk of other psychiatric disorders (Angold and Costello, 1993) as well as drug use and suicide (Gould et al., 1998; Rohde, Lewinsohn, and Seeley, 1991), the third most common cause of death in adolescence (Arias et al., 2003).

Numerous investigators have probed the relation between parenting and youth dysfunction, including depression and other internalizing problems and disorders (Burbach and Borduin, 1986). Across the wide array of literature on parenting and youth psychopathology, two broad dimensions of parental behaviour have attracted special interest: rejection and control. Rejection is defined in the literature as a cluster of parent behaviours associated with unresponsiveness to and disapproval of the child (Clark and Ladd, 2000). Clinical studies have found that depressed patients are highly likely to remember their parents as providing low care and being overprotective (Blatt et al., 1979).

Hankin and friends found that the differences in depression between the genders can first be traced to the ages 13 through 15 years and that the largest increase in this gender difference occurs between the ages of 15 and 18 years (mid to late adolescence), a period when they run the greatest risk for depression onset. In light of findings that female sensitivity to negative interpersonal interactions may explain the differences between boys' and girls' depression rates 18% to 20% and Hankin and friends suggestion that older female adolescents run the highest risk for depression onset, it is hypothesized that perceived parental rejection will have the strongest effect on the older girls' depression, as compared with the other groups.

Across many nations, cultures, and ethnicities, women are about twice as likely as men to develop depression (Nolen-Hoeksema, 1990; Weissman et al., 1996). This is true whether depression is indexed as a diagnosed mental disorder or as subclinical symptoms. Diagnosable depressive disorders are extraordinarily common in women, who have lifetime prevalence for major depressive disorder of 21.3%, compared with 12.7% in men (Kessler et al., 1993).

GENERALIZED ANXIETY DISORDER:

Generalised anxiety disorder is a chronic excessive worry about a number of events or activities, with no specific threat present, accompanied by at least three of the following symptoms; restlessness, fatigue, difficulty concentrating, irritability, muscle tension or sleep disturbance (DSM-IV). Anxiety disorders are among the most common psychological disorders experienced among youth (Weiss and Last, 2001) and are associated with negative outcomes in a variety of psychosocial domains (Ollendick and King, 1994). Evidence has accumulated in recent years supporting a role of familial factors in the aetiology of youth anxiety, and familial pathways to anxiety development have become an important target of research (Ginsburg et al., 2004). A substantial body of research has demonstrated associations between certain parenting styles and childhood anxiety (Boogels and Brechman-Toussaint, 2006; Ginsburg et al., 2004; Wood et al., 2003).

Modest associations between youth anxiety and parenting styles falling on the negative end of each spectrum, i.e., marked by parental control or parental rejection, have been widely demonstrated among samples of both clinically anxious and no referred youth (Gerlsma et al., 1990; McLeod et al., 2007b; Rapee, 1997; Wood et al.,

2003). It has been theorized that controlling parenting leads to anxiety by reducing the child's experience of mastery of challenges in his or her environment. If the child is prevented from facing problems without parental intervention, he or she is unable to learn adaptive coping skills or develop reality-based expectancies of situational outcomes, leading to a lack of perceived control over his or her affairs, in turn leading to anxiety (Chorpita and Barlow 1998; Rapee, 1997; Wood et al., 2003).

Anxiety disorders are among the most prevalent forms of adult and childhood psychiatric disorders (Kashani and Orvaschel, 1990), affecting between 10% and 25% of the population over the course of an individual's lifetime (Kessler et al., 1994; Robins et al., 1984).

Parental rearing style (warmth, rejection, (over) protection and anxious behaviour) has been linked to the transmission of anxiety from parents to their children (Lieb et al., 2000; Moore, Whaley, & Sigman, 2004). Chorpita and Barlow (1998) noted that the combination of the parenting styles overprotection (a pattern of intrusive governance and associated constraint imposed on the child's actions) and low warmth (responsiveness) by the parent has a relatively strong influence on the development of anxiety in children. The meta-analysis by McLeod and friends (2006) also identified a relationship between parental rejection and child anxiety.

A smaller number of studies have investigated the role of perceived parenting styles in the development of anxiety suggesting that parental rejection and control are closely associated with anxiety in childhood (Furukawa, 1992). Adolescents in 6th, 10th, and 12th grades with authoritative parents demonstrated lower test anxiety than adolescents with no authoritative parents (Chapell and Overton, 1998).

POST TRAUMA STRESS DISORDER (PTSD):

PTSD comprises feelings of distrust of others, and reflects a state of anxious apprehension that impedes an individual's ability to have satisfying interpersonal relationships (Stewart, 1996). Childhood trauma is common; 38.5% of American adults endorse having experienced a traumatic event before age 13 years, and 25.1% of youth report having undergone a significant trauma before age 16 years (Costello et.al., 2002). These traumas include a wide range of terrifying or life-threatening experiences, including child maltreatment (including physical and sexual abuse and

neglect), medical traumas, accidents, natural disasters, war, terrorism, refugee trauma, traumatic loss, severe bullying, and exposure to domestic and community violence. The effects of such events can last long into adulthood, as traumatic experiences in childhood lead to a greater risk of psychiatric, cardiac, metabolic, immunological, and gastrointestinal illness later in life (Felitti et.al., 1998). The immediate effects of traumatic stress on children and adolescents are also profound. Most youth who experience significant trauma display disturbances of mood, arousal, and behaviour immediately, and although many recover, approximately one-third develop enduring symptoms of posttraumatic stress disorder (Cohen, 2010). Adolescents with PTSD are at increased risk for major depression, aggression, and conduct disorder (Allwood, 2008). They manifest more frequent suicidal ideation and attempts even after controlling for depressive symptoms, gender, and treatment setting (Lipschitz, 1999). Youth exposed to violence or maltreatment perform less well academically and are more likely to drop out of school (Coohey, 2011). Adolescents with a history of early trauma engage in more risk-taking behaviours, such as substance abuse (including binge drinking), multiple sex partners, and criminal involvement, and are at a greater risk for sexual assaults and relationship violence (Trickett, 2011).

ANGER/VIOLENCE:

The development of adolescent antisocial behaviour is often considered to be the result of a set of family and personal factors, with the child's aggressive behaviour representing a substantial part of that developmental pattern. For example, children with difficult temperaments and early behavioural problems are at greater risk for later adolescent aggression and conduct problems. This developmental course is also set within the child's social environment. For example, poor parenting practices, such as poor parental monitoring and supervision and high rates of harsh and inconsistent discipline, have been shown to contribute to children's aggressive behaviour (Tammy, 2004).

OPPOSITIONAL DEFIANT DISORDER:

Oppositional Defiant Disorder is a childhood disorder that appears by age 6 and is characterised by persistent acts of aggressive or anti-social behaviour that may or may not be against the law (DSM-IV). Meltzer and friends (2000) found the prevalence of ODD in 5–10-year-olds to be 4.8% for boys and 2.1% for girls. Harsh

and inconsistent parenting is the main cause of conduct disorders. The persistence aspects of parental rearing styles of children which are strong discipline; parental disharmony; rejection of the child and inadequate involvement in the child's activities cause delinquency among adolescents (Okorodudu and Okorodudu, 2003). Some research reports have shown that a large percentage of all juvenile delinquents come from homes that lacked normal parental love and care. Attention, love and warmth go a long way in assisting the child's emotional development and adjustment (Odebumi, 2007). Children at adolescence stage require parental love, care, warmth and serious attention to adjust adequately, in the environment in which he/she finds him/herself. Parents have major roles to play in the adjustment process of adolescent. The behavioural problems of most deviants are rooted in their homes (Loromeke, 2007). Otuadah (2006) noted that when the relationship between the parents and the adolescent is warm, it creates a healthy environment for the development of the adolescent. The neglected adolescent gradually becomes a drug addict, hardened criminal, aggressive, restive, arm robber, cultist, ritualistic, rapist etc. The required parental monitoring and control (Ang and Goh, 2006) for adolescents' development may be hindered due to parents' serious involvement in economic activities to meet up with family financial commitments.

MENTAL WELL-BEING:

Psychological well-being refers to how individuals self-evaluate and their ability to fulfil certain aspects of their lives, such as relationships, support, and work (Amato, 1994). The relationship between perceived parental involvement and adolescent psychological well-being is based on two realities. The first reality, the home environment, is the initial social arena in which adolescents have remained more consistently under the influence and supervision of their parents. Later, these individuals begin to seek an alternate reality, separating from parents and seeking inclusion with peers during adolescence (Bossard and Boll, 1966). For adolescents, psychological distress can result in the possession of many negative personal thoughts and emotions. Diong and associates (2005) suggested that psychological distress is associated with anger and stress. Furthermore, psychological distress was also positively correlated with physical illnesses (such as the cold and flu) and other problematic symptoms. Therefore, psychological distress not only affects an

individual's psychological health, but also his or her physical health and behaviour patterns.

Young adults with low psychological well-being may encounter lower levels of happiness, satisfaction, and self-esteem, while experiencing high levels of distress (Amato, 1994). Similarly, adolescents who possess low psychological well-being or psychological distress may also exhibit characteristics of low levels of happiness and self-efficacy, along with high levels of depression (Flouri and Buchanan, 2003). Furthermore, these adolescents may view social problems as being more serious than other youth (Wilkinson, 2004). In summary, adolescents with low psychological well-being tend to form less than desirable self-evaluations, which significantly affect their happiness and satisfaction.

GENDER AND ECOLOGY:

Within developmental science, there has been a quiet revolution in thinking about the importance of ecology in affecting the direction and course of child development. The idea is relatively simple: Children's social adaptation can be understood as embedded within multiple relationships and contexts, including home, school, peers, family, and communities (Bronfenbrenner, 1979). This social ecology theory of development was initially proposed by Bronfenbrenner (1979), but has been adapted and revised as it has been applied to different developmental problems and interventions. Originally, this theory was uniquely focused on both context and the transactions between systems that impact the child. Within this model, the child is the inner circle and the environment is a series of nested structures surrounding the child, each imparting unique influences on development. Ecological systems and connections between various systems are viewed as equally important. A central feature of the ecological model is the idea that culture is more than a component of stressful life contexts. Rather, culture potentially redefines the meaning and validity of key psychological constructs.

PEER RELATIONS

Children who are able to form positive friendships in early childhood show continuity in these patterns of relationships over time, leading to positive adjustment at school and decreased academic failure (Ladd, 1990). Children who are aggressive

and disruptive in early childhood tend to become rejected by peers, leading to the formation of deviant peer associations in middle childhood that are the conduit to antisocial behaviour and substance use (Coie, Belding and Underwood, 1988).

COMMUNITY SYSTEMS

Psychopathology and problem behaviour emerge when the socialization systems are disrupted by a number of contextual and community influences, including poverty (McLoyd, 1990), acculturation (Coatsworth et. al., 1997), or colonial attacks on a community's culture (Duran and Duran, 1995). Much of the research on the impact of context proposes a mediation model in which context disrupts parenting practices, leading to a variety of mental health problems, including antisocial behaviour and adolescent depression (Sheeber et.al., 1998).

Contexts can also disrupt families by undermining marital relationships, which in turn, compromises parenting (Brody and Forehand, 1993). Communities can have a disruptive effect on child development by through how they are organized (Sampson and Laub, 1994). For example, community organizations may support a variety of opportunities for unstructured, unmonitored peer contact with at-risk youth, yielding ample opportunity for peer associations that encourage and amplify serious problem behaviour (Dishion et al., 1995).

Sex differences in child and adolescent mental disorders fall into two main groups (Rutter et al., 2003). Early-onset disorders such as conduct disorder, autism, developmental language disorders, attention deficit-hyperactivity disorder (ADHD), and dyslexia show a marked male preponderance. Adolescent-onset emotional disorders such as depressive/mood disorders, anxiety disorders, and eating disorders show a marked female preponderance. The study of sex differences provides a means to identify the complex etiologies for different forms of emotional and behavioural problems (Rutter et al. 2003).

With regards to gender differences in parent-child relationships, females tend to establish a better relationship with their mothers and fathers as compared to their male counterparts (Rozumah and Nor Sheereen, 2009). This is consistent with previous research that indicates females perceive a more positive quality relationship with their parents as compared to males (Tam and Yeoh, 2008). On the other hand, a

study by Lloyd and Devine (2006) reveals that gender differences of the children have affected how parents select parenting styles and the strength of the parent-child relationship. Parents tend to practice more positive parenting on females than males. In addition, females are being praised and cuddled more than males; females are also being hit and shouted at less. Lloyd and Devine (2006) further explain that parents tend to have better communication and are more supportive towards their daughters. Likewise, Weiss and Schwarz (1996) showed that parents tend to be less demanding towards the well-being of their daughters compared to their sons.

Zhang and Fuligni (2006) conducted a study in China on 700 rural and urban 10th and 12th standard children. They found that urban males were less close with their mothers as compared to rural males. On the other hand, both females from the rural area and urban area were close to their mothers. Zhang and Fuligni (2006) also found that urban females tend to disagree with their fathers more than urban boys or rural males and females. Many cultural beliefs and mass media images portray parenting styles of fathers and mothers as distinct (Lamb, 1987). Proving that, studies have typically indicated that mothers are more likely to utilize an authoritative style of parenting (Smetana, 1995). Besides, Dornbusch and friends (1987) found that mothers were more likely to employ authoritarian style with males rather than with females.

The relationship between urbanism and mental illness and psychological distress remains ambiguous. Four decades ago, there was no controversy about this relationship. Epidemiological studies consistently showed lower rates of mental illness in rural areas (Cockerham, 1989). These findings were consistent with Wirth's (1938) theory of urbanism and were considered major support for his thesis that the stress of city life affected the people who lived there. In 1960, then, the fact of higher rates of mental illness in urban areas was not only a universally accepted empirical generalization. During the same period, the epidemiological evidence showing lower rates of mental illness in rural areas was brought into question (Fischer, 1973). Further, new theories arose which suggest that rural life may in fact be more stress inducing than city life. Some recent findings (Granoveter, 1973) appear to support this position.

Traditional wisdom supports the belief that urban living is more stressful than living in rural areas (Flax et al., 1979). Jaco's (1960) conclusion of higher rates of

psychosis in urban areas is typical. There is convincing evidence to show that individual well-being is enhanced by involvement in social relationships (Umberson, 1987) and that lack of social ties may contribute to poor psychological well-being and even death (Berkman and Syme, 1979).

Several studies have investigated whether or not the features of rural communities that tend to evoke images of tranquility - such as beautiful landscapes, privacy from neighbors, and harmony with nature - actually minimize mental health disorders (Lavik, 1977). Interestingly, older studies tend to report that urban youth are at higher risk for mental health problems, while more recent studies seem to suggest the opposite. For example, it has been reported that mental health disorders among adolescents from rural communities are increasing to the point of equalling or exceeding those of urban youth (Ruiz, 2005), especially with respect to drug and alcohol use and abuse (Atav and Spencer, 2002). Similarly, Gordon and Caltabiano (Gordon and Caltabiano, 1996) have shown rural urban differences with regard to self-esteem of adolescents (with rural youth scoring lower than their urban counterparts) and engagement with deviant leisure behaviours such as drug and alcohol use (with rural youth being more likely to engage in such behaviours than urban youth). Despite some results indicating differences in the mental health of youth from rural and urban communities, many other studies have not detected significant differences (Jacob, 1997).

CULTURAL ASPECT:

Mounting interest in the variability of parenting styles has emerged from the literature, with heightened recognition that different cultural groups approach parenting in unique ways (Chao 1994; Darling and Steinberg 1994; Zayas 1992). Anthropologists have long studied cultural notions of family and parenting, and differences in African-American parenting styles were acknowledged even in early psychological studies (Baumrind, 1972). However, researchers are just beginning to explore the complexity of how different cultural groups approach parenting (Ferrari, 2002). Developing standards for a universally ideal parental disciplinary strategy is elusive if not impossible. Alternatively, culturally relativist approaches suggest specific parenting practices may actually be productive for some ethnic groups (Chao, 1994; Zayas, 1992) but counterproductive for others.

Asian parents' use of parenting methods that is punishment-oriented and authoritarian in nature (Lee and Zhan, 1997). Asian children whose parents employ the authoritarian parenting method tend to exhibit higher levels of depression and lower levels of self-esteem (Fry, 1984). On the contrary, children whose parents employ the authoritative parenting method tend to report higher levels of self-esteem, a well-developed sense of self, and independent and confident qualities (Phan, 2005). The authoritative style of parenting tends to be more emphasized in Western society than in Asian cultures (Papps et al., 1995).

Cheung and Nguyen (2001) reported that fathers tended to exert control over their children while mothers tended to ally with their children to gain control, but the overall goal for both was to enforce absolute obedience from their children. For instance, Asian Indian parenting practices typically include authoritarian parenting styles (Inman et al., 2007). The persistence aspects of parental rearing styles of children which are strong discipline; parental disharmony; rejection of the child and inadequate involvement in the child's activities cause delinquency among adolescents (Okorodudu and Okorodudu, 2003).

Reports had shown that authoritarian parenting styles has negative connotation in literature because of the negative behaviour outcomes of adolescents and children. However, on the same, note outcome of some researches revealed that authoritarian parenting yield positive effects on Asian and Indian adolescents (Ang and Goh, 2006). Some found that authoritative parenting style has more positive effects on the adolescent's behaviour.

Parents across cultures have unique socialization goals, such as helping their child become an autonomous, self-reliant individual or a socially interdependent individual (Keller and Otto, 2009). The socialization goals shape parents' everyday interactions and parenting styles with their children. Parents in Western cultures endorse autonomous socialization goals that focus on helping their children become independent, competitive, and self-expressive, while parents in Asian cultures emphasize obedience, respect, and social interdependence (Keller and Otto, 2009). Authoritative parenting style places a high emphasis on development of autonomy in children, and is consistent with the socialization goals of Western parents. In contrast, authoritarian parenting that focuses on obedience and respect is consistent with the

socialization goals of many Asian parents. Jambunathan and Counselman (2002) found that mothers in India were more likely to report using authoritarian parenting and corporate punishment, while Indian immigrant mothers in the United States were most likely to report authoritative parenting. Even when children were asked to report on their mothers' parenting styles, similar patterns were found. For instance, adolescents of European background in Canada were most likely to report authoritative parenting, while adolescents in India were more likely to report higher incidences of authoritarian parenting than the Canadian adolescents (Garg et al., 2005). Specifically in India, authoritarian parenting is also consistent with Hindu values of respect for and duty towards one's parents (Saraswathi and Pai, 1997).

Conrade and Ho (2001) found that college-aged females perceived their mothers to be more authoritative than males did, who were more likely to perceive mothers as permissive. Males also were more likely than females to view their fathers as authoritarian. This study adds to both the findings on differential socialization of sons and daughters as discussed earlier and to the findings on differential socialization likely practiced by mothers and fathers.

Globalization has brought a lot of changes in Indian families from changes in family structure, parental socialization goals, and to more women joining the workforce (Gore, 2003). A review of literature indicates that all along father's role in the family has been that of a bread winner but the changes in Indian families due to globalization calls for a need to look at the role of fathers as more nurturing (Kumari, 2008). Hence, there is a need to examine the role of fathers as emotional coaches in the new millennium.

Structural changes in the family, like divorce and remarriage, have been found to lead to a temporary disruption of adolescent-parent relationships, including increased conflict, particularly in the first two years following a divorce and with the new stepparent (Hetherington and Kelly, 2002). However, some evidence suggests that adolescent-parent conflict is less frequent in stably divorced, mother-headed households than in two-parent households, perhaps because mother-adolescent relationships in stably divorced families tend to be less hierarchical (Smetana et al., 1991). Likewise, economic strain, both chronic (Gutman and Eccles, 1999) and more sudden (for instance, among Midwestern farming families who experienced economic

decline is associated with more negative parent-adolescent relationships, including greater parent-adolescent conflict and more negative emotions, as well as more harsh, punitive parenting (Conger et al., 1992). Indeed, a recent meta-analysis has shown that socioeconomic disadvantage is strongly and consistently related to harsh, unresponsive parenting (Grant et al., 2003).

Inadequate parenting style can have important detrimental effects on a child's socio-emotional development. Even in the absence of severe deprivation, neglect, or trauma, many kinds of deviations in parenting can have profound effects on a child's subsequent ability to cope with life's challenges and thus can create a child's vulnerability to various forms of psychopathology. Therefore, although their explanations vary considerably, the psychosocial viewpoints on causes of psychopathology all focus on the behavioural tendencies a child acquires in the course of early social interaction with others- chiefly parents, or parental surrogates (Sroufe et al., 2000).

The statement of problem of the present study was presented in the next chapter under **Chapter – II: Statement of the Problem** (including the objectives and hypothesis set forth for the present study).

Evidence suggests that family environments constitute the basic ecology where children's behaviour is manifested, learned, encouraged, and suppressed (Dishion, 2006). Parents' roles in the family environment have primarily been to prepare children for adulthood through rules and discipline. Research has clearly demonstrated that parenting accounts for more variance in externalizing behaviours in adolescence than any other one factor (Gavazzi, 2005). Parents basically mould and shape their children into adults through their world of influence (Baumrind, 1971). A way of reflection between parent and child relationships is parenting and it is a complex activity that includes many specific attitudes and behaviours that work separately and collectively to influence child outcomes and generate an emotional bond in which the parent's behaviours are expressed (Darling and Steinberg, 1993; Darling, 1999).

Baumrind identified three styles: authoritative, authoritarian, and permissive with these concepts of responsiveness and demandingness in mind (Baumrind, 1971). Authoritative parent is combination of demandingness and responsiveness. They make logical demands, set limits and insist on children's compliance, whereas at the same time, they are warm, accept the children's points of view, and encourage the children's participation in decision making and often seek their children's views in family considerations and decisions (Berg, 2011). The authoritarian parenting style of parents is demanding and unresponsive. They engage in little mutual interaction with the children and expect them to accept adult's demands without any questions. The permissive parenting comprises few clear and predictable rules because follow-through is not constant and misconduct is ignored, neutral or positive affective tone. They give children a high level of freedom and do not restrain their behaviours unless physical harm is involved (Rossman and Rea, 2005).

Baumrind (1966) theoretical model of parenting style which included the nurturance and control dimensions of child rearing into a conceptualization of parenting style that was fastened in an emphasis on parents 'belief system (Darling and Steinberg, 1993). For Baumrind, key element of parental role is to socialize the child to conform to the necessary demands of others and maintaining a sense of personal integrity. She defined control as strictness, use

of corporal punishment, consistency of punishment, use of explanations, and so on (Baumrind, 1966).

On the one hand Rossman and Rea, (2005) study in western culture explored that authoritative parenting lead to better child adaptation and less externalizing problems such as being less aggressive and higher learning and conduct problems in children are due to strong authoritarian parenting while permissive parenting leads to a higher anxiety level and higher internalising problems in children such as depression and social withdrawal. On the other hand Chen, Dong, and Zhou (1997) conducted a research in the Asian context and found that higher aggressive behaviours and lower social competency and academic achievement were connected with authoritarian parenting. In contrast, social and school adjustment positively and adjustment problems negatively linked with authoritative style. Similarly Hickman and Crossland (2005) study revealed that authoritative parenting, humour; academic achievement was positively linked to students' college adjustment.

Lamborn, Mounts, Steinberg, and Dornbusch (1991) study investigated that authoritative parents reported significantly higher academic capability, lower levels of problem behaviour, and higher levels of psychosocial development. Same result of Steinberg, Lamborn, Dornbusch and Darling, (1992) study that Parental involvement in the context of an authoritative home environment is much more likely to promote school success. Similarly adolescent with authoritative home environment do good in school, more self-reliance, report less psychological distress, and engage less in delinquent activity (Steinberg, Mounts, Lamborn and Dornbusch, 1991). Same result of study of Strage and Brandt (1999) showed that college students living in an authoritative home reported more persistence, confidence, and academic success compared with their counterparts.

Cohen and Rice (1997) study indicated that high grades were related with child and parent perception of higher authoritative and Child alcohol and tobacco use was associated with child perception of higher permissiveness. Milevsky, Schlechter, Netter, and Keehn (2007) study also revealed that Authoritative mothering was related to higher self-esteem and life-satisfaction

and to lower depression. Paternal Authoritative parenting styles was also related to psychological adjustment. Similarly Silva, Dorso, Azhar, and Renk (2007) study suggested that fathers' authoritative parenting was related to decreases, whereas authoritarian mothers' parenting was related to increases, in college students' anxiety. Same like Mothers and fathers' authoritative positively relate to the academic achievement of the students (Nyarko, 2011). Similarly, Kazmi, Sajjid, and Pervez (2011) study explored impact of father's style of dealing with their children at home and their academic achievements at school and result were in favor of the fathers' involvement for the academic achievements. In contrast Khan, Atta, Bhatti, and Ali (2008) found that democratic and autocratic parenting was insignificant in board results of students but laissez faire parenting style and the performance of students in board results was significant.

Shek, Lee, and Chan, (1998) study on Chinese revealed cause of low academic achievement was conflict with mother and father of less responsive and less demanding parents had conflict with their children. On basis of gender differences, perceptions of parental authoritative were associated with high hope in males, at the same time as females showed a greater decline in hope. Perceptions of parental authoritarianism were related to low self-esteem with females manifesting lower self-esteem than boys (Heaven and Ciarrochi, 2008). Study of Fletcher and friends (2008) argued that when parents scored low on both dimensions of responsiveness and demandingness (authoritative parenting) then children demonstrated the most problematic development and caused internalizing, externalizing, and social problems. Parents has impact on social emotional development of preschool aged children if parents using authoritative parenting practices had children with highest score on the social emotional development screening tool (Berg, 2011). Reciprocal relationship of study of Boutelle, Eisenberg, Gregory and Neumark-Sztainer (2009) showed that self-esteem was associated with increased parent-child connectedness among females while depressive symptoms predicted decreased parent-child connectedness. Children social relationships rely heavily on the strength of relationship between children and their parents especially from a young age and Authoritative in their parenting style has significantly higher parent child

relationship (Tam, Lee, Kumarasuriar, and Har, 2012). Authoritative parenting was generally connected with good outcome (adjustment and guilt), Authoritative parents were seen as more consistent in discipline than authoritarian and neglectful parents (Shilkret and Vecchiotti, 1997).

Correlational analyses Abar, Carter, and Winsler (2009) showed authoritative parenting to be associated with high levels of academic performance and study skills. Adolescents with authoritarian parenting style in the maladjusted cluster had poorer attitudes towards school and teachers compared to adolescents in the well-adjusted cluster for both samples (Ang and Goh 2006). The study revealed that authoritative styles have more positive impact on academic achievement (Aiyappa and Acharya, 2012). Dornbusch, Ritter, Leiderman, Roberts and Fraleigh (1987) found authoritative parenting was positively associated with academic performance than authoritarian and permissive parenting. Tafarodi, Wild, and Ho (2010) study revealed those highly redundant positive relations of mothers' and fathers' authoritativeness and nurturance with both self-liking and self-competence. Contrary to expectation, mothers' and fathers' authoritarianism was also positively associated with self-liking. Many other previous studies explored that Authoritative parenting styles has been related to children and adolescents' academic achievement (Amato and Gilbreth, 1999; Lamborn et al., 1991), optimism, (Baldwin, McIntyre and Hardaway, 2007), confidence level, persistence, task involvement, and rapport (Strage and Brandt, 1999), motivation (Gonzalez & Wolters, 2006), externalizing problem behaviour and attention problems and poor subsequent math achievement is results of high levels of control in mothers and low levels of support in fathers (Gadeyne, Ghesquiere and Onghena, 2004). Various studies have concluded strong relationship between parenting styles and the academic achievements of children and stable and strong relationship between parenting style and a wide variety of adolescence outcomes, including subjective well-being and self-esteem, health and risky behaviour, and school results and enrolment (Chan and Koo, 2010).

Adolescents with authoritative parents are less prone to externalizing behaviours, and specifically are less likely to engage in drug use than individuals with uninvolved parents (Fletcher, 1999). Recent findings show that positive effects of authoritative parenting are amplified when both parents engage in an authoritative parenting style (Simons et.al. 2007). This study also indicated that having at least one authoritative parent fosters better outcomes than family parenting styles that do not include an authoritative parent. In another study, adolescents whose parents are both authoritative or whose mother alone is authoritative report higher well-being, such as higher self-esteem and life-satisfaction, than participants with no authoritative parent (Milevsky et. al., 2008). Interestingly, researchers found that monitoring varies among parenting styles. Researchers found that authoritative parents exhibit higher levels of parental monitoring during their child's childhood and slight decreases across adolescence (Luyckx et. al., 2011).

The authoritarian parenting style is associated with parents who emphasize obedience and conformity and expect that rules be obeyed without explanation in a less warm environment (Baumrind et. al., 2010). Authoritarian parents exhibit low levels of trust and engagement toward their child, discourage open communication, and engage in strict control. More specifically, verbal hostility and psychological control were found to be the most detrimental of the authoritarian-distinctive, coercive power-assertive behaviours. Adolescents from most Caucasian authoritarian families have been found to exhibit poor social skills, low levels of self-esteem, and high levels of depression (Milevsky et. al., 2007). However, the effects of this parenting style vary based on the communities in which the adolescent lives.

Permissive parents behave in an affirmative manner toward the adolescent's impulses, desires, and actions while consulting with the adolescent about family decisions. Further, permissive parents do not set rules, avoid engaging in behavioural control, and set few behavioural expectations for adolescents (Baumrind, 2010). Adolescents from permissive families report a higher frequency of substance use, school misconduct, and are less engaged and less positively oriented to school compared to individuals from authoritative or authoritarian families (Querido et. al., 2002). Permissive parenting is also

associated with low self-esteem and extrinsic motivational orientation among adolescents (Ginsberg and Bronstein, 1993).

Uninvolved parenting style has been found to have the most negative effect on adolescent outcomes when compared to the other three parenting styles. Uninvolved parents often fail to monitor or supervise their child's behaviour and do not support or encourage their child's self-regulation (Baumrind, 2010). Uninvolved parents do not engage in structure or control with their adolescents and often there is a lack of closeness in the parent-child dyad; therefore, adolescents of uninvolved parents often engage in more externalizing behaviours. For example, researchers found an association between an uninvolved parenting style and delinquent acts ranging from vandalism and petty theft to assault and rape (Hoeve et. al., 2009). Further, researchers found that by grade 12, adolescents with uninvolved parents drank alcohol almost twice as much and smoked twice as much as their peers that lived in authoritative households (Luyckx, 2011). Adolescents who perceived their parents as uninvolved used more drugs compared to adolescents who perceived their parents as authoritative (Adalbjarnardottir et. al., 2001). In addition to increased externalizing behaviours among adolescents who have uninvolved parents, findings show that participants with either an uninvolved parent or two uninvolved parents scored lower on self-esteem than participants without a uninvolved parent . Similarly, in another study, the effects of uninvolved parenting were associated with higher levels of child-reported depressive symptoms during adolescence (Simons et. al., 2002).

Researchers define parental monitoring as parental behaviours that regulate and provide awareness of their offspring' whereabouts, conduct, and companions (Li et. al., 2000). Parental monitoring is important since it reduces adolescents' externalizing outcomes. For example, studies have found that greater parental monitoring is associated with less initial adolescent involvement with alcohol and other substances, lower rates of misuse over time (Barnes et.al., 2006), and an increase in the age of an adolescent's first sexual intercourse, as well as decreased sexual risk behaviour (Barber et.al., 2005).

Consistent discipline has been associated with positive outcomes among adolescents. Researchers have found that consistent discipline was associated with positive adolescent adjustment (Leidy et.al., 2011). Consistent discipline also buffers adolescents against the effects of a variety of stressful and negative events. For instance, researchers found that consistent discipline buffered the effects of peer group affiliation on girls' alcohol use, but not among boys. Adolescents who experience high levels of consistent discipline are more resilient to peer influence because the imposition of parental norms and values discourages adolescents from subscribing to the values of their drug-use promoting peers (Marshal and Chassin, 2000). Further, inconsistent parental disciplinary behaviours may even inadvertently reinforce adolescent's conduct problems. Adolescents' aggressive and noncompliant behaviour is reinforced when parents engage in an inconsistent discipline practice when the parent makes a request, the adolescent responds negatively, and the parent backs down (Patterson, 1992). Numerous researchers found associations between higher levels of inconsistent discipline and more behaviour problems. For example, inconsistent discipline, relative to more consistent discipline, has been associated with problematic psychological adjustment of adolescents, such as depression and anxiety and externalizing behaviours, such as delinquent acts (Dwairy, 2008).

Harsh parenting, such as threatening, yelling, or screaming in response to misbehaviour, is thought to contribute to more frequent externalizing behaviours that normalize violence or aggression (Catalano & Hawkins, 1996). Studies demonstrate that harsh discipline is linked to behaviour problems ranging from conduct disorder to depression and low self-esteem. For instance, researchers found that the use of harsh discipline by either parent in a two-parent household was related to greater adolescent depression and externalizing behaviour (Bender et.al., 2007). Some studies have considered differences in harsh discipline based on the gender of both parents and the adolescent. For example, researchers indicate that paternal harsh discipline was more strongly related to sons' aggression than to daughters' aggression, whereas there was no gender differential effect with mother's harsh parenting (Chang et.al., 2003).

Researchers have found that families living in poverty have increased use of corporal punishment, in which parents utilize physical punishment, such as hitting with a belt, pushing or grabbing, when administering discipline (Albright and Tamis LeMonda, 2002). Researchers have also found a positive association between corporal punishment and adolescent externalizing behaviours (Deater-Deckard and Dodge, 1997). However, the consequences of corporal punishment may depend on how often parents exhibit effective parenting, the severity of corporal punishment, and the use of corporal punishment within a community (Polana et. al., 2004).

Parenting behaviours such as parental warmth and support, inductive reasoning, and parent-child communication can facilitate positive adolescent adjustment. It is important to study nurturing parental behaviours since researchers have consistently found them to be associated with enhanced behavioural outcomes, as discussed below. Moreover, nurturing and involved parenting during adolescence appears to protect adolescents from the negative consequences of adversities in their lives (Roche, 2007). Nurturing behaviours include parental warmth, support, the use of inductive reasoning, and communication.

Higher levels of parental warmth are associated with significantly reduced alcohol use and substance use (Barnow et.al., 2002). In a sample of Latino adolescents, researchers found that higher levels of parental warmth were positively associated with the parent-adolescent relationship and also was associated with decreased alcohol use (Wilson, 2008). Further, researchers found parental warmth was associated with decreases in externalizing behaviours and increases in self-esteem over time (Doyle and Markiewics, 2004). Overall, findings suggest that higher levels of parental warmth are positively associated with adolescent outcomes. Parental support is defined as the presence of close, caring, and accepting relationships between an adolescent and his or her caregivers (Barnow et.al., 2002). Research has consistently shown that higher levels of perceived parental support are associated with lower levels of adolescent delinquency, aggression, or other adjustment problems (Urberg et.al., 2005). Researchers have also found that parental support during

adolescence predicted lower levels of depressive symptoms and irritability among young adults (Aquilino and Supple, 2001).

Research has shown much variability on the effects of highly restrictive parenting and behavioural control on adolescent outcomes across racial and ethnic groups. Research has compared parenting practices across ethnic groups and found that authoritarian parenting is associated with more negative behavioural outcomes among Caucasian adolescents when compared to adolescents across other racial and ethnic groups (Lansford et.al., 2004). Despite the negative effects of authoritarian parenting among some adolescents, especially among Caucasians, studies indicate that authoritarian parenting style has less of a negative effect for some ethnic minority adolescents. For example, research indicates that parents adapt their parenting styles to match the localized settings of their lives (Murry et.al., 2001). Researchers have found that high levels of control has been linked to positive outcomes for minority adolescents that live in high-risk environments because they are more likely to interpret parents' strict discipline as more necessary and acceptable than do adolescents in low-risk communities (Simons et.al., 2004).

Lamborn, Mounts, Steinberg, and Dornbusch (1991) also reported that adolescents with authoritative parents were better adjusted (in terms of less school misconduct, drug use and delinquency) and more competent (areas of achievement) than adolescents with neglectful or indulgent parents. Johnson, Shulman, and Collins (1991) found that parental warmth was positively related to optimal psychological adjustment, and also found that rejecting discipline (e.g. control, punishment) was related to poorer psychological adjustment. Wagner, Cohen, and Brook (1996) also found that adolescents who reported warm parenting by both mother and father were less likely to suffer symptoms of depression in reaction to stressful events than were adolescents who reported harsher discipline by both parents.

Among Asians, researchers have found that strict and controlling parenting practices are valued, and child obedience is emphasized. These parenting behaviours are characterized as authoritarian and are associated with close involvement with the adolescent, devotion and willingness to make

sacrifices for the child's well-being, and family-based control that is seen by both Asian adolescents and parents as important (Chao and Sue, 1996). Using an Asian American sample, researchers found that the authoritarian parenting style is associated with enhanced adjustment and academic performance among adolescents when compared to authoritative parenting practices (Steinberg et.al., 1994). In another study that used a sample of Taiwanese mothers, researchers found that corporal punishment showed no association with conduct problems when mothers were high on warmth/control, whereas there was a positive relationship between the two variables when mothers' warmth/control was low (Simons et.al., 2000).

There is considerable evidence that suggests that socioeconomic status is a strong predictor of parenting. Research suggests that economic status affects parents' psychological functioning, which then affects their parenting behaviours and adolescent's socioemotional functioning (Conger et.al.,2002). Parental disciplinary styles and parenting practices vary among families of different socioeconomic backgrounds. Conger and colleagues found that economic pressure was indirectly related to poor parenting through high maternal and paternal depressed mood, and also found that poor parenting was related to adolescent externalizing behaviour. Research suggests that lower SES fathers are more restrictive and punitive with their children, engage in higher levels of harsh punishment, and exhibit a parent-centered style or authoritarian style (Pinderhughes et. al., 2000). Further, researchers have found that lower SES fathers show less involvement than higher SES (Yueng et. al., 2001). In contrast, researchers have found lower-socioeconomic mothers were more controlling, restrictive, and disapproving than higher-socioeconomic mothers.

However, that parenting practices among higher SES families have also been associated with negative adolescent outcomes when overindulgent parenting occurs. Overindulgent parents inundate their adolescent with family resources such as material wealth and experiences at developmentally inappropriate times (Bredehoft et.al., 1998).

Community context: Findings from one study indicate that adolescent deviant behaviour will remain low to the extent that adults in the community

take responsibility for monitoring and correcting the adolescents living in the area (Simons, 2004). For example, adults who intervene when adolescents are acting inappropriately in a neighbourhood have some level of collective efficacy. Collective efficacy within a community has been found to protect against problem behaviours among adolescents associated with permissive parenting (Browning et.al. 2005). Researchers have found that high levels of collective efficacy increased the quality of parenting within a community, since adults in these communities' exerted pressures on other parents of delinquent adolescents to become more responsible caretakers (Simons et.al. 2005). These findings suggest that supportive social dynamics within a community has positive effects on adolescent development.

Research has shown that adolescents in married, biological two-parent families generally fare better than children in single-mother, cohabiting stepfather, and married stepfather families. Data suggest that family structure serves as a risk factor for adolescents, since adolescents from divorced or single-parent families are two to three times more likely to display problem behaviours (Simons et.al. 2004). In contrast, researchers have examined factors that contribute to adolescent enhanced adjustment among intact families. Adolescents in two biological parent households are more likely to have greater socioeconomic resources, as well as greater investments of parental time, attention, and support (Amato and Sobolewski, 2004). Some researchers report that within intact families, mothers communicated more positively and supported their adolescents more than did single mothers, suggesting that having two parents in a household enhances the quality of parent-adolescent relationships (Lansford et.al. 2004). Children do better on average in two-biological-parent families because a greater proportion of them enjoy close ties to their fathers (Booth et.al., 2010). Research indicates that growing up with a single parent is often associated with a number of adolescent behavioural problems. Adolescents in single-parent families might have more opportunities to engage in high risk behaviours since there may be only one parent to provide supervision. For example, levels of monitoring in single parent families have been examined and this research indicates that single-parent families monitor their adolescents less when compared to two-biological-parent families.

Research findings indicate that adolescents from single-parent families engage in the highest rates of problem behaviors when compared to other family structures (Griffin et.al.,2000).

Mizoram lies in the North Eastern region of India and shares international boundary with Myanmar and Bangladesh. Mizoram is one of the main trade route for illegal drug trafficking from the neighbouring country to India. There is easy access to illicit drug in the black market which provides a gateway for deviant outcomes. Mizoram is a developing state and today's generation is highly influenced by the lifestyle of Western culture. Technological advancement has taken over the conventional way of life on most adolescents. This developmental change has its greatest impact among the Mizo adolescents in terms of their lifestyle which may directly or indirectly impact their mental health.

Parents play a major role in the choices and ethical principles that children and adolescents may adopt during their lifetime. Amidst all these developments and changes, we can conclude from the given literature that the mental well-being of children and adolescents hugely depend on parenting styles.

OBJECTIVES:

In view of the foregoing theoretical background, the present study was designed to meet the following objectives:

- 1) To study the relationship between Perceived Parenting Styles, Psychopathology and Mental Wellbeing.
- 2) To gain deeper insight into the cause and effect of Perceived Parenting Styles, Psychopathology and Mental Well being
- 3) To study the effect of 'Gender' and 'Ecology' on Perceived Parenting Styles, Psychopathology and Mental Wellbeing.
- 4) To examine interaction effect of 'Gender, and 'Ecology' on dependent variables (Perceived Parenting styles, Psychopathology and Mental Wellbeing).

HYPOTHESIS:

To meet the objectives set forth, the following hypotheses are framed:

1. It is expected that authoritative parenting style will lead to better mental wellbeing than those with authoritarian and permissive parenting styles,
2. It is expected that parental warmth will have positive correlation to mental wellbeing than rejection and overprotection parenting styles.
3. It is expected that positive parenting and parental involvement will have higher correlation with mental wellbeing than those with poor monitoring, inconsistent discipline and corporal punishment parenting styles.
4. It is expected that authoritarian and permissive parenting style will lead to higher psychopathology than those with authoritative parenting style.
5. It is expected that parental rejection and overprotection will have positive correlation to psychopathology.
6. It is expected that poor monitoring, inconsistent discipline and corporal punishment parenting styles will have higher correlation with psychopathology than those with positive parenting and parental involvement.
7. There will be significant independent effect of the two main variables 'Gender' and 'Ecology' in correspondence with dependent variables (Perceived Parenting Styles, Psychopathology and Mental Wellbeing).
8. There will be interaction effect of 'Gender and Ecology' on dependent variables (Perceived Parenting Styles, Psychopathology and Mental Wellbeing).

The methods and procedures that were aimed to be incorporated to achieve the objectives of the study are outlined in the next chapter under **Chapter-III: Methods and Procedure.**

SAMPLE:

A multi- stage random sampling method was employed. Firstly, 600 Mizo adolescent between 12-19 years of age were selected with an attempt of equal representation of gender and ecology. At the initial stage, two districts (Aizawl and Mamit districts) were randomly selected from the eight districts of Mizoram. In the second stage, 2 blocks were selected from the two districts. In the third stage two villages were selected to represent rural samples and their district capital were selected to represent urban samples; all selection was done in view of equal representation of ecology and gender. In the final count, 200 males and 200 females from the schools situated in the randomly selected districts of Mizoram were selected based on their background information on the Demographic profile of each participant. Participants were selected from the 'rural' and 'urban' areas, referred to as the 'ecology' variable; and equal representation of male and female was referred as 'gender' variable for the study. The background information (Demographic Profile) includes age, sex, educational qualification, birth order, parent's employment status, sibling size, family size (nuclear or joint), family type(intact or divorce) and ecology (urban or rural) to equate or match the participants along the dimensions of 'gender' and 'ecology'. The Demographic Profile was utilized to cross check the sample selected for true representation as per designed. All the 400 participants selected were school going and the required psychological tools such as Parental Authority Questionnaire, Alabama Parenting Questionnaire, Perceived Parental Rearing Scale, Adolescent Psychopathology Scale and Warwick Edinburg Mental Well Being Scale were administered to the subjects.

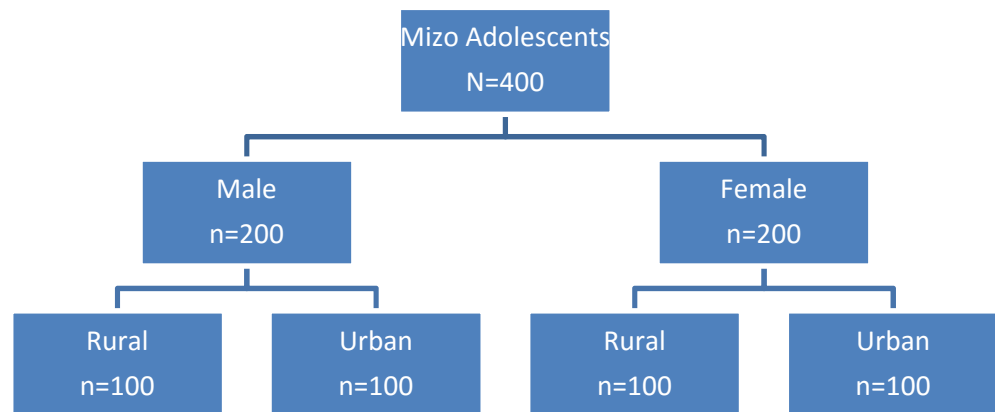
DESIGN:

The study incorporates two-way classification of variables: 'gender' and 'ecology'. To achieve the objectives, a correlational research design was employed to elucidate the inter relationships between perceived parenting style, psychopathology and mental wellbeing. Thus, 2 x 2 factorial designs was employed as 2 Gender (male and female) and 2 Ecology (rural and urban), and

100 participants in each cell, which represented Mizo adolescent for the present study.

The present study entitled “Perceived Parenting Style Correlates Of Psychopathology And Mental Well Being Among Mizo Adolescents” was designed to investigate any significant difference of the two main variables and their interaction effects of ‘gender’ (male and female) and ‘ecology’(urban and rural) on perceived parenting style and its effects on psychopathology and mental wellbeing.

Figure-1: Showing the 2 x 2 factorial designs of the present study.



PSYCHOLOGICAL TOOLS:

The following psychological tools were used to measure psychological variables:

1. *Egna Minnen av Barndoms Uppfostran/Perceived Parental Rearing Style Questionnaire (EMBU; Perris, Jacobsson, Lindström, Von Knorring & Perris, 1980)*: The original EMBU was a 54-item self-report measure developed in the Swedish language. The EMBU was rapidly adapted to English and redesigned by Arrindell, Emmelkamp, Brillman and Monsma (1983). This last elaboration was composed of 64 items measuring four scales: Rejection,

Emotional Warmth, Overprotection, and Favoring Subject. Items are answered on a four-point Likert-type scale (1: Never; 4: Always).

Good reliability coefficients have been reported for the Spanish version. Specifically, coefficients were 0.89, and 0.90 for Rejection (RE), 0.89, and 0.89 for Emotional Warmth (EW), 0.77, and 0.73 for Overprotection (OV), and 0.55, and 0.45 for Favoring Subject (FS), for fathers and mothers respectively.

2. Alabama Parenting Questionnaire (APQ; Frick, 1991): The Child Global Report version of the APQ consists of 42 items. The APQ consists of items that assess the five parenting constructs: parental involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment. Items assessing the first two constructs are worded in the positive direction (indicating more positive parenting) and items assessing the latter three constructs are worded in the negative direction. The APQ has four parallel forms for obtaining child and parent report using both a global report format, in which the typical frequency of each parenting behavior is rated on a 5-point frequency scale (1=Never to 5=Always). The APQ scales had acceptable levels of reliability (above .70), with the exception of the inconsistent discipline scale .54 and .62 for father and mother data, respectively.

3. Parental Authority Questionnaire (PAQ; Buri, 1991): The PAQ is designed to measure parental authority, or disciplinary practices, from the point of view of the child (of any age). The PAQ has three subscales: authoritarian, authoritative and permissiveness. The PAQ is scored easily by summing the individual items to comprise the subscale scores. Scores on each subscale range from 10 to 50. 23, 27, and 30). Mother and father forms of the assessment are identical except for references to gender.

4. Adolescent Psychopathology Scale (APS; Reynolds, 2004): The Adolescent Psychopathology Scale- Short form is made up of 12 clinical scales and 2 validity scales. Half of the APS-SF clinical scales are directed towards specific indicators covered in the DSM-IV. These particular scales were intended to model critical DSM-IV symptoms related with these disorders: General Anxiety Disorder, Conduct disorder, Major Depression, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, and Substance Abuse Disorder.

The APS-SF is a multidimensional measure of psychopathology and personality characteristics derived from the Adolescent Psychopathology Scale (APS). It consists of 115 items in 12 clinical scales and 2 validity scales. The APS-SF Clinical scales include Conduct Disorder (CND), Major Depression (DEP), Posttraumatic Stress Disorder (PTS), Eating Disturbance (EAT), Academic Problems (ADP), Self-Concept (SCP), Oppositional Defiant Disorder (OPD), Generalized Anxiety Abuse Disorder (GAD), Substance Abuse Disorder (SUB), Suicide (SUI), Anger/Violence Proneness (AVP), and Interpersonal Problems (IPP). The APS-SF Validity scales include Defensiveness (DEF) and Consistency Response (CNR). It evaluates the presence and severity of symptoms of psychological disorders and distress and is administered to children between the age group of 12-19years.

5. Warwick Edinburgh Mental Well Being Scale (WEMWBS; Tennant *et.al.*, 2007): The WEMWBS Scale has 14 items and participants are asked to relate their findings back to the previous two weeks. The scale item for WEMWBS cover both the hedonic (subjective happiness) and eudemonic (psychological functioning) aspects of mental health for the WEMWBS scale, each of the 14 item response are scored from 1 (none of the time) to 5 (all of the time). The minimum score is 14 and the maximum is 70.

PROCEDURE:

The selected psychological measures were originally English, and were translated into Mizo language as the participants mostly speak in Mizo and then back to English language, to confirm the reliability of the translated scale. The original and translated psychological tests were compared by three language experts, who were both fluent in English and Mizo, and they agreed the translated version as not losing their originality. Through pilot study, the translated scales were confirmed to be reliable and were found reliable (.67) for the present study. Even though the reliability of the translated scales was previously proved reliable in the same population, it was administered again to confirm the reliability.

After taking the necessary consent, the psychological tools were administered by the researcher from the proposed sample in a group setting after

the formation of a good rapport in the appropriate environment. Each participant was required to complete the detachable demographic profile with assured confidentiality to maintain anonymity of the participants. A separate booklet of psychological measures was also presented to each participant. The responses of the participants on the psychological measures were further screened for missing responses, outliers and participants falling outside the sampling frame and discarded. The responses of the participants on the psychological measures were then tabulated and scored for further analysis.

STATISTICAL ANALYSIS:

Keeping in view of the problems of the study, the methodological refinements were done in a step-wise manner. Firstly, the preliminary psychometric analyses of the psychological measures on the sampled equated and/or matched on the demographic variables included the statistical analyses of psychometric adequacy including: item-total coefficient of correlation, Cronbach alpha and split-half reliability coefficient and inter-scale relationships as the psychological reliability and validity of their proven psychometric adequacy cannot be assumed to carry their psychometric properties when transported and applied in any other cultural setting.

The analyses of the preliminary psychometric analyses subscribes to the admonition of researchers in culture specific and cross-cultural studies: that scale constructed and validated for measurement of theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Berry, 1974; Witkin, et al., 1975); and that cultural researches employing the derived-etic approach assume that each group that occupies an ecological niche is equivalent to that of the other and the study is free of systematic bias (Pootinga, 1989).

Secondly, correlation design between the four groups (Male-Urban, Female-Urban, Male-Rural and Female-rural), was proposed with appropriate Post-hoc mean comparison to highlight the independent and interaction effects of the independent variables on the dependent measures. Appropriate Statistical Analysis of data were employed which included Pearson's correlation, and Post-hoc comparison. Scheffe's procedure is perhaps the most popular of the Post-

hoc procedures, the most flexible, and the most conservative. Scheffe's procedure corrects alpha for all pair-wise or simple comparisons of means, but also for all complex comparisons of means as well. Complex comparisons involve contrasts of more than two means at a time.

Thirdly, one way ANOVA parametric analyses was employed for the prediction of the psychological symptoms from the other behavioural measures for clarity and precision.

The responses of the subjects were computerized and analysed employing statistical software by following the objectives set forth for this study. The overall analyses of results are presented and discussed in the chapter to follow, **Chapter – IV: Results and Discussion.**

The present study is entitled “Perceived Parenting Styles Correlates of Psychopathology and Mental Well Being among Mizo Adolescents”. A total of 400 samples, consisting 200 males and 200 females from urban and rural areas with equal proportion, within the age range of 12 to 19 years were selected following random sampling procedures from different districts of Mizoram. The samples were drawn from various schools across Mizoram. The *Demographic Profile* which was a semi structured Proforma was specially prepared by the researcher for the current study. It includes information like age, sex, education, name of the district and village, family type, family structure, monthly income of parents, family size. The demographic profile was utilized for cross checking of the true representative as per design.

A multi stage random sampling method was employed and 400 Mizo adolescent between 12-19 years of age were selected. Thus, 200 males and 200 females were selected from the schools and colleges situated in the different districts of Mizoram. Equal number of participants was selected from the ‘rural’ and ‘urban’ areas, referred to as the ‘ecology’ variable. The background information including age, sex, educational qualification, birth order, parent’s employment status, sibling size, family size (nuclear or joint), family type (intact or divorce) and ecology (urban or rural) to equate or match the participants along the dimensions of ‘gender’ and ‘ecology’. All the 400 participants selected were school and college students; selected psychological tools were administered at their institutions but some were conducted in their home; accordingly some were conducted individually and some were in group condition. In view of the foregoing objectives and hypotheses set forth, the outcome of the study was to highlight the “*Perceived Parenting Styles Correlates of Psychopathology and Mental Well Being among Mizo Adolescents*” in the target population by using the psychological tools.

The data was computerized employing different statistical analyses. Firstly, the descriptive statistics were computed including the mean, standard deviation, Skewness, kurtosis, reliability, linearity of the Scales/ Sub Scales in checking the normal distribution of scores for checking data structure to decide appropriate statistics on selected behavioural measures such as:

1) *Egna Minnen av Barndoms Uppfostran/PPRSQ (EMBU; Perris, Jacobsson, Lindström, Von Knorring & Perris, 1980)*: it is composed of 64 items measuring four scales: Rejection, Emotional Warmth, Overprotection, and Favouring Subject;

2) *Alabama Parenting Questionnaire (APQ; Frick, 1991)*: it consists of items that assess the five parenting constructs: parental involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment;

3) *Parental Authority Questionnaire (PAQ; Buri, 1991)*: it has three subscales: authoritarian, authoritative and permissiveness;

4) *Adolescent Psychopathology Scale (APS; Reynolds, 2004)*: it has 12 clinical scales and 2 validity scales. The APS-SF Clinical scales include Conduct Disorder (CND), Major Depression (DEP), Posttraumatic Stress Disorder (PTS), Eating Disturbance (EAT), Academic Problems (ADP), Self-Concept (SCP), Oppositional Defiant Disorder (OPD), Generalized Anxiety Abuse Disorder (GAD), Substance Abuse Disorder (SUB), Suicide (SUI), Anger/Violence Proneness (AVP), and Interpersonal Problems (IPP). The APS-SF Validity scales include Defensiveness (DEF) and Consistency Response (CNR); and

5) *Warwick Edinburgh Mental Well Being Scale (WEMWBS; Tennant et.al, 2007)*: The WEMWBS Scale has 14 items and participants are asked to relate their findings back to the previous two weeks.

Secondly, Pearson's bivariate correlation on scales /subscales of the behavioural measures for the whole sample were calculated to indicate significant relationship of variables for further analysis in predicting cause and effect among variables. Thirdly, 2 X 2 ANOVA with Post-hoc multiple mean comparison was employed to illustrate the independent and interaction effect of the independent variables on selected dependent variables for the whole samples. Finally, multiple regression analysis was employed to determine Multi-collinearity indices of Durbin-Watson statistic, Tolerance and Variance Inflation Factor (VIF) were employed. This was done to detect the presence of autocorrelation in the residuals (prediction errors) to make conclusion of the cause and effect relationship. The outcome of the statistical analyses may be summarized here as below.

Psychometric properties of the behavioral measures:

The parametric statistical analyses of Descriptive statistics, Cronbach Alpha, normality, linearity, additively and homogeneity were checked with an objective to justify the appropriate statistical treatment for further analyses of specific item, missing responses, outliers and those responses outside the sampling frame as well as deviated responses from the distributed data are excluded for statistical analyses. The descriptive statistics of the scales/subscales of the behavioural measures are presented in Table –1-6.

The results (Table –1-4) highlighted the Mean, Standard Deviation, Skewness, Skewness Standard Error, Kurtosis, Kurtosis Standard Error of the scales/subscales of: i) ***Adolescent Psychopathology Scale*** (Reynolds,2004) which has 12 sub scales: Conduct Disorder, Anger Violence Proneness, Post-Traumatic Stress Disorder, Eating Disorder, Oppositional Defiant Disorder, Academic Problem, Interpersonal Problem, Generalised Anxiety Disorder, Suicide, Substance Abuse Disorder and Depression . Again, the psychopathological scale broadly categorized the subscales into two (a) *internalizing behavioural symptoms* are Post-Traumatic Stress Disorder, Generalised Anxiety Disorder and Depression; whereas (b) *the externalizing behavioural symptoms* includes Conduct Disorder, Anger Violence Proneness, Eating Disorder, Oppositional Defiant Disorder, Academic Problem, Interpersonal Problem, Suicide, and Substance Abuse Disorder; (ii) ***Warwick Edinburg Mental Well Being Scale*** (Tennant et.al.,2007); (iii) ***Alabama Parenting Questionnaire*** (Frick,1991) with its 5 sub scales: Parental Involvement, Positive Parenting, Inconsistent Discipline, Poor Monitoring and Corporal Punishment; (iv) ***Parental Authority Questionnaire-*** (Buri,1991) which has 3 sub scales: Authoritarian, Authoritative and Permissive; and (v) ***Perceived Parental Rearing Style Questionnaire*** (Perris et.al., 1980) which has 4 sub scales: Overprotection, Emotional Warmth, Rejection and Favouring Subject for the whole sample.

The results are given together/compiled in Table-5 and Table-6 for the four comparison groups.

Table -5: Mean of the sub-scales of the Adolescent Psychopathology Scales for the four groups (Ecology x Gender) overall sample (N=400).

Ecology	Gender	Statistics	Adolescent Psychopathology Scales										
			CN	AV	ODD	ADP	SUB	EAT	IP	GAD	PTSD	DEP	SUI
Urban	Male	M	3.88	4.29	7.12	7.82	16.72	6.54	7.71	10.64	7.93	12.69	5.32
	Female	M	2.26	3.68	5.75	6.05	12.55	8.44	5.94	11.35	9.85	14.41	4.41
Total Urban		M	3.08	4.03	6.47	6.92	14.65	7.46	6.85	10.94	8.86	13.49	4.87
Rural	Male	M	7.60	7.70	8.81	5.28	14.52	2.90	5.67	6.84	3.90	9.58	3.68
	Female	M	6.25	6.22	7.38	4.97	12.73	3.80	4.69	9.77	4.55	10.04	2.82
Total Rural		M	6.93	6.92	8.07	5.14	13.60	3.36	5.15	8.35	4.24	9.85	3.24
Total Male		M	5.74	6.00	7.97	6.55	15.62	4.72	6.69	8.74	5.92	11.14	4.50
Total Female		M	4.26	4.95	6.57	5.51	12.64	6.12	5.32	10.56	7.20	12.23	3.62
Total Samples		M	5.00	5.47	7.27	6.03	14.13	5.42	6.00	9.65	6.56	11.68	4.06

Figure -1: Showing Mean of the sub-scales of the Adolescent Psychopathology Scales for the two groups of ecology (Urban and Rural) overall samples (N=400).

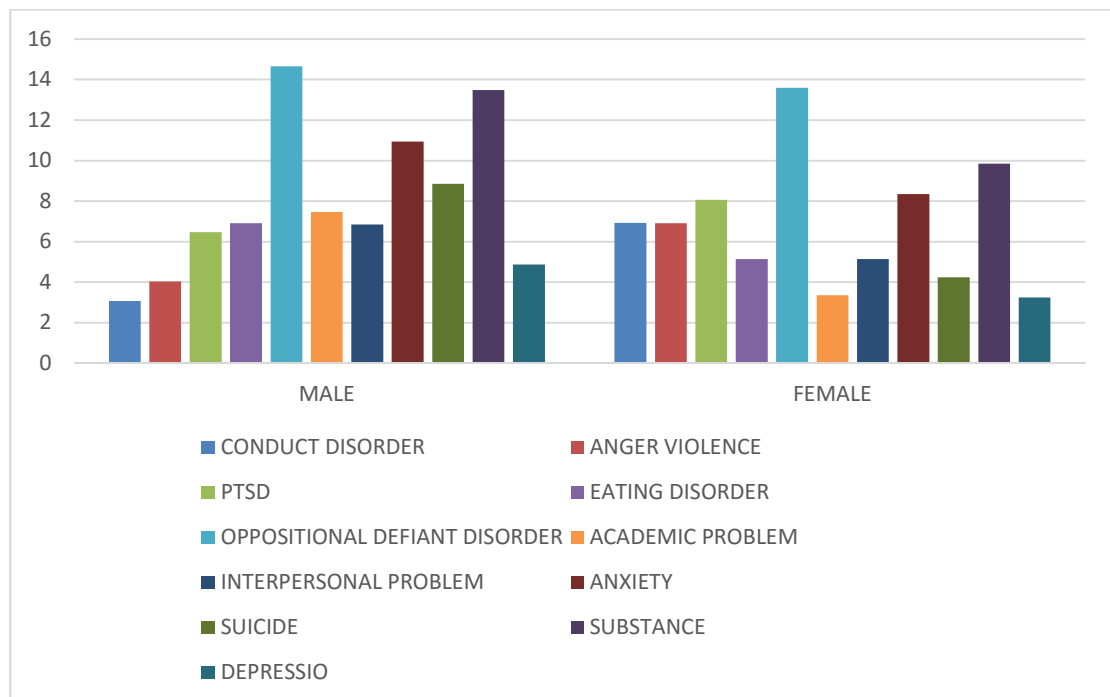


Figure -2: Showing Mean of the sub-scales of the Adolescent Psychopathology Scales for the two groups of gender (Male and Female) overall samples (N=400).

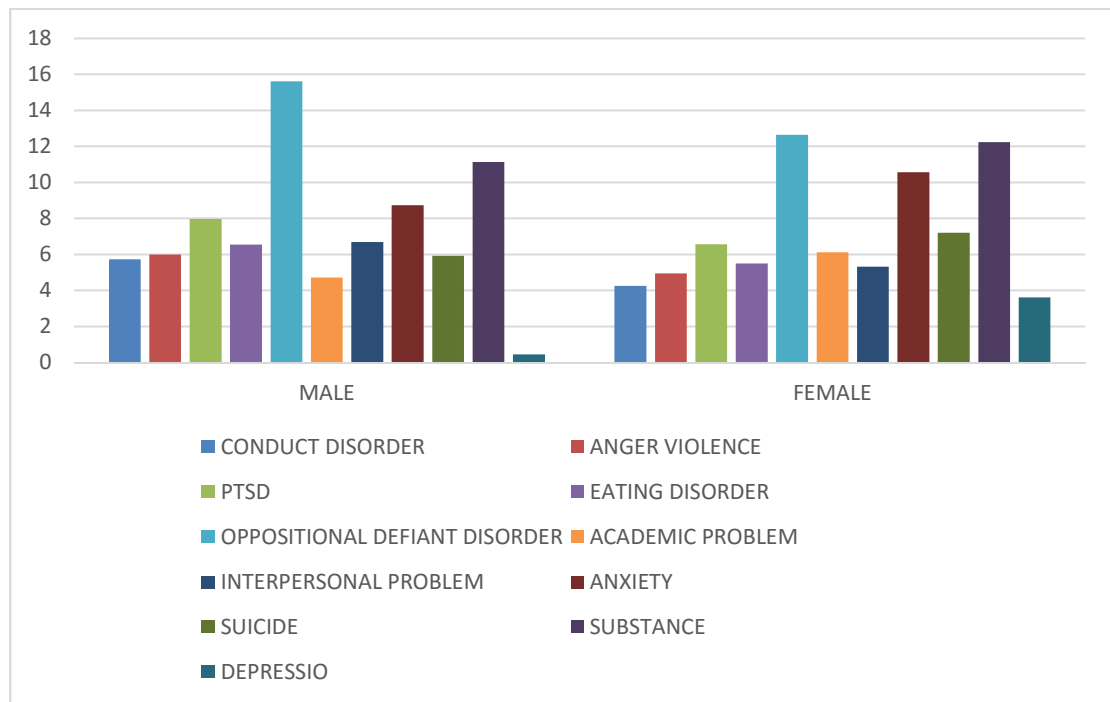


Table -6: Mean of the scales/ sub-scales of the Mental Wellbeing, APQ, PAQ and EMBU for the four groups (Ecology x Gender) overall sample (N=400).

Ecology	Gender	Stats	WB	APQ					PAQ			EMBU			
				PI	ID	PP	PM	CP	PQP	PQA	PQF	EMBO	EMR	EMEW	EMFS
Urban	Male	M	46.50	44.85	12.73	21.06	18.09	7.38	26.09	32.75	35.59	31.42	32.68	53.58	12.28
	Female	M	44.18	47.10	12.87	17.24	18.95	7.48	21.32	34.47	33.07	27.45	32.72	47.12	9.69
Total Urban		M	45.33	45.97	12.81	19.17	18.55	7.45	23.72	33.61	34.31	29.44	32.80	50.40	11.00
Rural	Male	M	47.22	48.34	12.58	19.71	18.01	7.84	20.70	34.80	32.56	24.14	32.31	42.54	11.91
	Female	M	45.70	47.62	11.74	15.15	20.54	7.00	18.93	34.99	28.40	24.50	34.22	38.60	11.46
Total Rural		M	46.47	48.00	12.15	17.40	19.25	7.40	19.78	34.90	30.48	24.29	33.17	40.47	11.67
Total Male		M	46.86	46.60	12.66	20.39	18.05	7.61	23.40	33.78	34.08	27.78	32.50	48.06	12.10
Total Female		M	44.94	47.36	12.31	16.20	19.75	7.24	20.13	34.73	30.74	25.98	33.47	42.86	10.58
Total samples		M	45.90	46.98	12.48	18.29	18.90	7.43	21.76	34.25	32.41	26.88	32.98	45.46	11.34

Figure -3: Showing Mean of Wellbeing and the sub-scales of the APQ, PAQ and EMBU Scales for the two groups of Ecology (Urban and Rural) overall samples (N=400).

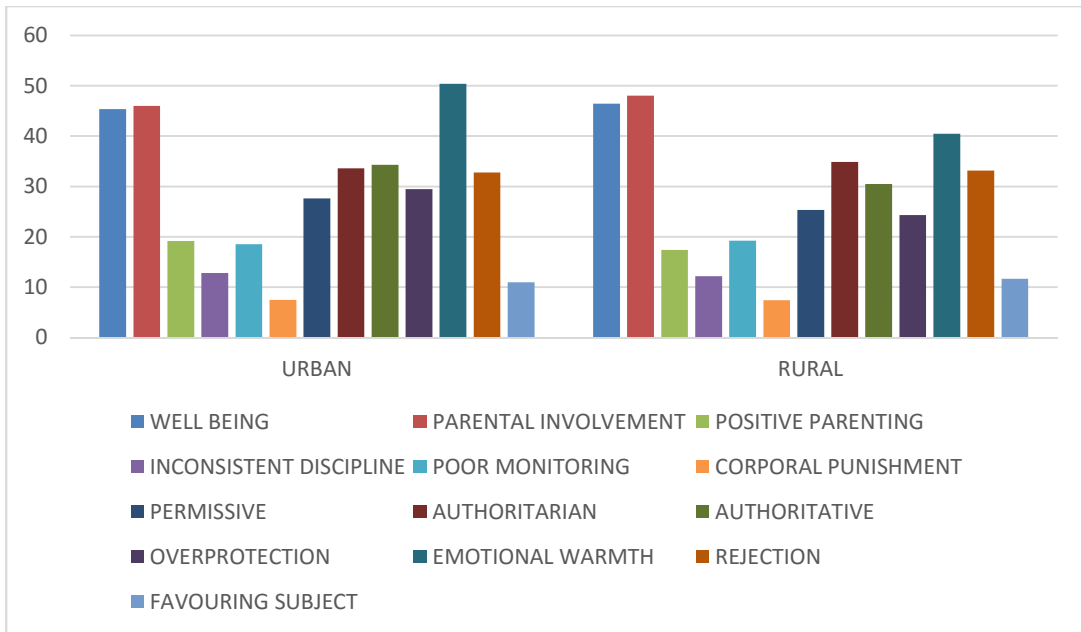


Figure -4: Showing Mean difference on Wellbeing and the sub-scales of the APQ, PAQ and EMBU Scales for the two groups of gender (Male and Female) overall samples (N=400).

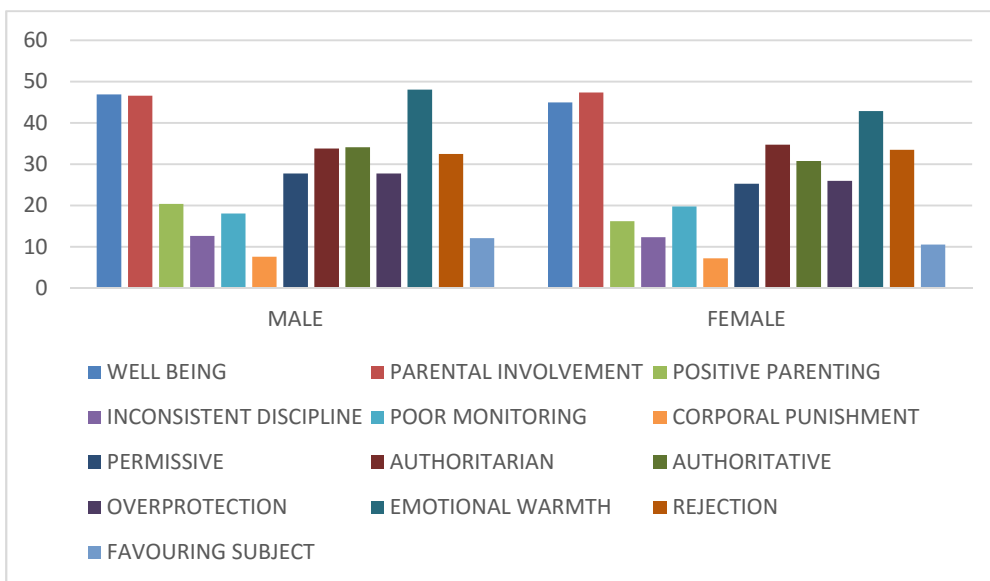


Table – 7: Mean difference of two way interaction effects of ‘Ecology’ and ‘Gender’ on all subscales of APS and Wellbeing between the four comparison groups for the whole sample (Scheffe’s Post Hoc)

Groups		Psychopathology											WB
Ecology	E X G	CD	AV	ODD	AP	SAD	ED	IP	GAD	PTSD	MDD	SUB	
Urban Male	Urban Female	1.62*	.61	1.37*	1.77*	4.17*	-1.90*	1.77*	-.71	-1.92*	-1.72*	-.72	2.32
	Rural-Male	-3.72*	-3.41*	-1.69*	2.54*	2.20*	3.64*	2.04*	3.80*	4.03*	3.11*	.80	-.72
	Rural Female	-2.37*	-1.93*	-.26	2.85*	3.99*	2.74*	3.02*	.87	3.38*	2.65*	-2.32	.80
Urban Female	Urban male	-1.62*	-.61	-1.37*	-1.77*	-4.17*	1.90*	-1.77*	.71	1.92*	1.72*	-3.04*	-2.32
	Rural Male	-5.34*	-4.02*	-3.06*	.77	-1.97*	5.54*	0.27	4.51*	5.95*	4.83*	-1.52	-3.04*
	Rural Female	-3.99*	-2.54*	-1.63*	1.08*	-.18	4.64*	1.25*	1.58*	5.30*	4.37*	.72	-1.52
Rural Male	Urban Male	3.72*	3.41*	1.69*	-2.54*	-2.20*	-3.64*	-2.04*	-3.80*	-4.03*	-3.11*	3.04*	.72
	Urban Female	5.34*	4.02*	3.06*	-.77	1.97*	-5.54*	-.27*	-4.51*	-5.95*	-4.83*	1.52	3.04*
	Rural Female	1.35*	1.48*	1.43*	.31	1.79*	-.90*	.98	-2.93*	-.65	-.46	-.80	1.52
Rural Female	Urban Male	2.37*	1.93*	.26	-2.85*	-3.99*	-2.74*	-3.02*	-.87	-3.38*	-2.65*	1.52	-.80
	Urban Female	3.99*	2.54*	1.63*	-1.08*	.18	-4.64*	-1.25*	-1.58*	-5.30*	-4.37*	-1.52	1.52
	Rural Male	-1.35*	-1.48*	-1.43*	-.31	-1.79*	.90*	-.98	2.93*	.65	.46	2.32	-1.52

**= significant at .01; *=significant at .05

Results from **Table -5** shows that **Conduct Disorder** is seen to be higher in rural area (M=6.93) as compared to urban area (M=3.08). Conduct Disorder result also shows higher score in males (M=5.74) as compared to females (M=4.26). The result also shows the highest score in rural males (M=7.60) and lowest in urban females (M=2.26). The total Mean score for conduct disorder was (M=5.00) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Conduct Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Conduct Disorder was seen between Rural Male and Urban Female and found to be statistically significant (5.34* and $p < .05$).

The results have confirmatory finding that the prevalence of Conduct Disorder in children between the ages of 5 and 10 years is 1.7% for boys and 0.6% for girls (Meltzer et al., 2000); factors of conduct disorder included -Social disadvantage, homelessness, low socio-economic status, poverty, overcrowding and social isolation (Hausman and Hammen, 1993; American Academy of Child and Adolescent Psychiatry, 1997; Carr, 1999).

Results (Table- 5) shows that **Anger Violence Proneness** is also observed to be higher in rural area (M=6.92) where in comparison to urban area (M=4.03). Anger Violence Proneness is also observed to be higher among males (M=6.00) than females (M=4.95). Anger Violence Proneness is also observed to be highest in rural males (M=7.70) and lowest among urban females (M=3.68). The total mean score for anger violence proneness was 5.47 for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Anger Violence Proneness** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Anger Violence Proneness was seen between Rural Male and Urban Female which was significantly different (4.02* and $p < .01$).

Results from Table -5 shows that **Oppositional Defiant Disorder** is observed to be higher in rural area (M=8.07) as compared to a score of urban area (M=6.47). Oppositional Defiant Disorder is also observed to be higher among males (M=7.97) where as compared to a score of among females (M=6.57). Oppositional Defiant Disorder is also observed to be highest among rural males (M=8.81) and lowest among urban female (M=5.75). The total means score for Oppositional Defiant Disorder was 7.27 for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Oppositional Defiant Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Oppositional Defiant Disorder was seen between Rural male and Urban female ($M= 3.06^*$ and $p<.05$). This finding had confirmatory finding in the earlier study as Meltzer and colleagues also (2000) found the prevalence of ODD in 5–10-year-olds to be 4.8% for boys and 2.1% for girls. Oppositional Defiant Disorder result shows a higher score in rural area($M=8.07$) as compared to urban area ($M=6.47$).

Results (Table -5) revealed that **Academic Problem** is observed to be higher in urban area ($M=6.92$) as compared to a score of in rural area ($M=5.14$). Academic Problem is also observed to be higher among males ($M=6.55$) whereas compared to a score of males($M=5.51$). Academic Problem is also observed to be highest among urban males ($M=7.82$) and lowest among rural female ($M=4.97$). The total mean score for Academic Problem is 6.03 for the whole sample.

Results in Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Academic Problem** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Academic Problem was seen between Urban male and Rural female and found statistically significant (2.87^* and $p<.05$).

Results from Table -5 shows that **Substance Abuse Disorder** is observed to be higher in urban area ($M=14.65$) as compared to rural area ($M=13.60$). Substance Abuse Disorder is also observed to be higher among males ($M=15.62$) where as compared to females ($M=12.64$). Substance Abuse Disorder is also observed to be highest among urban males ($M=16.72$) and lowest among urban females ($M=12.55$). The total mean score for Substance Abuse Disorder was 14.13 for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Substance Abuse Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Substance Abuse Disorder was seen between Urban Female and Rural Male ($M=4.17^*$ and $p<.05$).

Results from Table -5 shows that **Eating Disorder** is observed to be higher in urban area (M=7.46) as compared to a score of rural area (M=3.36). Eating Disorder is also observed to be higher among females (M=6.12) as compared to a score of males (M=4.72). Eating Disorder is also observed to be highest among urban females (M=8.44) and lowest among rural male (M=2.90). The total mean score for Eating Disorder was 5.42 for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Eating Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Eating Disorder was seen between Urban Female and Rural Male (M= 5.54* and $p<.05$). The research finding already highlighted its prevalence that in children; between 0.5% and 1% of all females ages 12 to 18 in the United States are anorexic, and 1% to 3% are bulimic, with perhaps 20% engaging in less extreme but still unhealthy dieting behaviours (Douchis, Hayden and Wilfley, 2001). Although boys can also have these eating disorders but the large majority are female (over 90%).

Results in Table -5 shows that **Interpersonal Problem** is observed to be higher in urban area (M=6.85) as compared to a score of rural area (M=5.15). Interpersonal Problem is also observed to be higher among females (M=6.69) as compared to (M=5.32) males. Interpersonal Problem is also observed to be highest among urban males (M=7.71) and lowest in rural female (M=4.69). The total mean score for Interpersonal Problem was 6.00 for the whole sample.

Results showed (Table -7; Scheffe's Post Hoc Comparison) interaction effects of 'Ecology and Gender' on **Interpersonal Problem** variable and revealed significant mean differences between the groups. The highest significant mean differences on Interpersonal Problem was seen between Urban Male and Rural Female (was 3.02* and $p<.05$).

Results (Table -5) shows that **Generalized Anxiety Disorder** is observed to be higher in urban area (M=10.94) as compared to rural area (M=8.35). Generalized Anxiety Disorder is also observed to be higher among females (M=10.56) where as compared to males (M=8.74). Generalized Anxiety Disorder is also observed to be highest among urban females (M=11.35) and lowest among rural males (M=6.84).

The total mean score for Generalized Anxiety Disorder was 9.65 for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Generalized Anxiety Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Generalized Anxiety Disorder was seen between Urban Female and Rural Male ($M=4.51^*$ and $p<.05$).

Results (Table -5) shows that **Post Traumatic Stress Disorder** was observed to be higher in urban area ($M=8.86$) as compared to rural area ($M=4.24$). Post-Traumatic Stress Disorder is also observed to be higher among females ($M=7.20$) where as compared to males ($M=5.92$). Post-Traumatic Stress Disorder was also observed to be highest in urban females ($M=9.85$) and lowest in rural male ($M=3.90$). The total mean score was 6.56 for the whole sample.

Results (Table -7; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Post-Traumatic Stress Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Post-Traumatic Stress Disorder was seen between Urban Female and Rural Male ($M= 5.95^*$ and $p<.05$).

Results (Table -5) showed that **Major Depression** was observed to be higher in urban area ($M=13.49$) as compared to rural area ($M=9.85$). Major Depression was also observed to be higher among females ($M=12.23$) as compared to males ($M=11.14$). Major Depression was also observed to be highest among urban females ($M=14.41$) and lowest among urban males ($M=9.58$). The total mean score for Major Depression was 11.68 for the whole sample.

Results in Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Major Depression** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Major Depression was seen between Urban Female and Rural Male ($M=4.83^*$ and $p<.05$).

Results from Table -5 shows that **Suicidal Ideation** is observed to be higher in urban area ($M=1.05$) as compared to rural area ($M=0.56$). Suicidal Ideation was also

observed to be higher among males ($M=0.99$) as compared to females ($M=0.64$). Suicidal Ideation was also observed to be highest among urban males ($M=1.24$) and lowest among rural females ($M=0.40$). The total mean score for Suicidal Ideation was 0.81 for the whole sample.

Results of Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Suicidal Ideation** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Suicidal Ideation was seen between Urban male and Rural female ($M=0.84^*$ and $p<.05$).

Results from Table -6 shows that **Mental Well Being** is observed to be higher in rural area ($M=46.47$) as compared to urban area ($M=45.33$). Mental Well Being is also observed to be higher among males ($M=46.86$) as compared to females ($M=44.94$). Mental Well Being is also observed to be highest among rural males ($M=47.22$) and lowest in urban females ($M=44.18$). The total mean score for Mental Well Being was 45.90 for the whole sample.

Results (Table -7; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Mental Well Being** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Mental Well Being was seen between Urban male and Rural female ($M=3.04^*$ and $p<.05$).

The Mean difference of two way interaction effects of 'Ecology' and 'Gender' on all the subscales of APS and Wellbeing between the four comparison groups for the whole samples were presented in the **Figures -5 to16**.

Figure -5: Showing interaction effects of 'Ecology' and 'Gender' on *Conduct Disorder* for the whole samples.

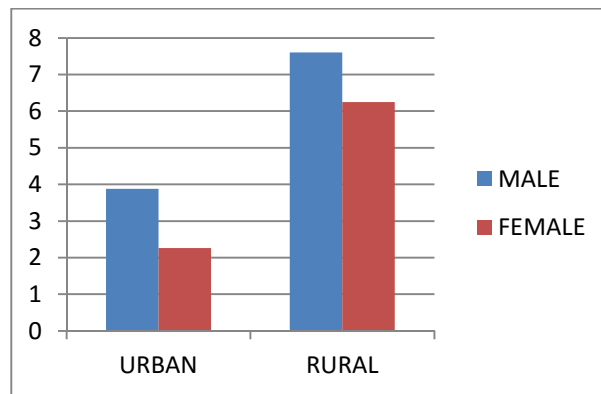


Figure -6: Showing interaction effects of 'Ecology' and 'Gender' on *Anger Violence* for the whole samples.

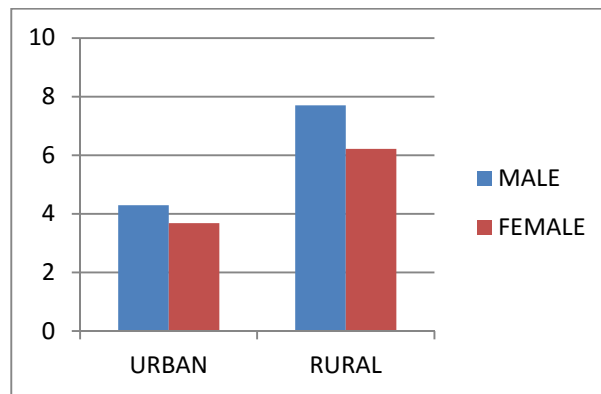


Figure -7: Showing interaction effects of 'Ecology' and 'Gender' on *Oppositional Defiant Disorder* for the whole samples.

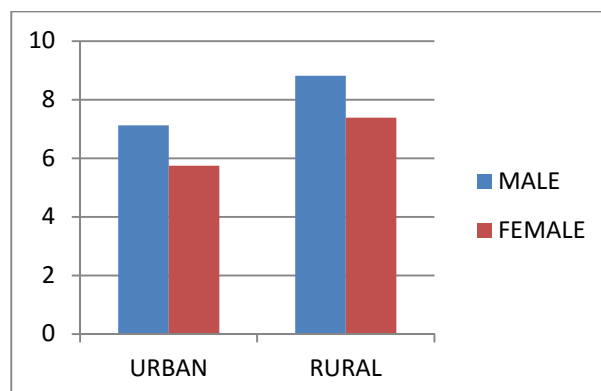


Figure -8: Showing interaction effects of 'Ecology' and 'Gender' on *Academic Problem* for the whole samples.

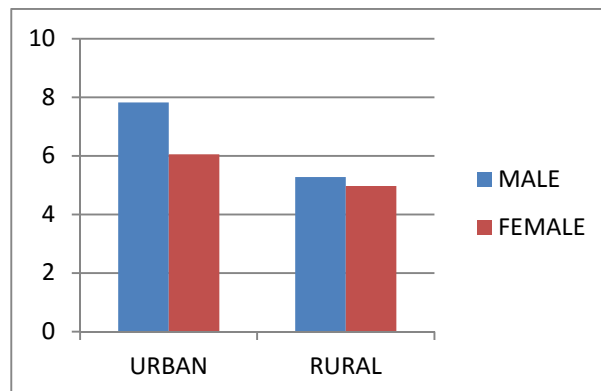


Figure -9: Showing interaction effects of 'Ecology' and 'Gender' on *Substance Abuse Disorder* for the whole samples.

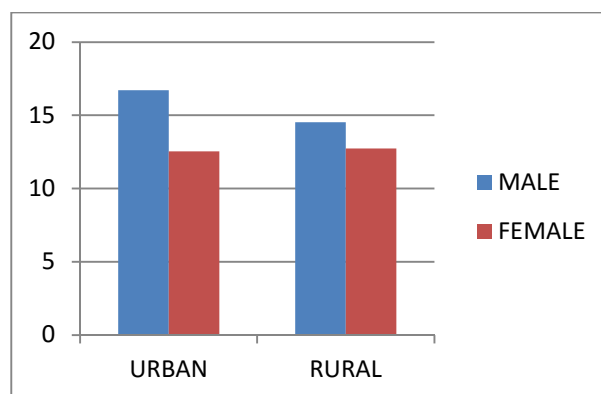


Figure -10: Showing interaction effects of 'Ecology' and 'Gender' on *Eating Disorder* for the whole samples.

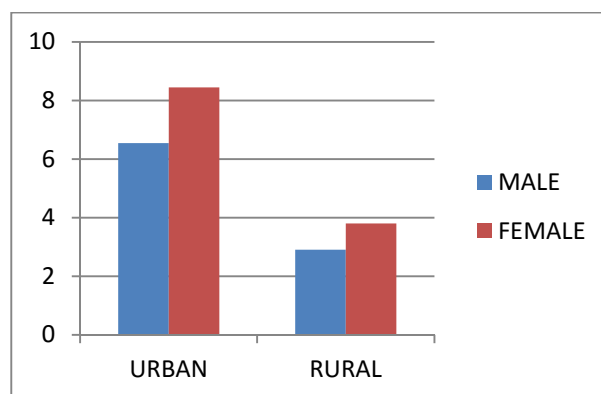


Figure -11: Showing interaction effects of 'Ecology' and 'Gender' on *Interpersonal Relations* for the whole samples.

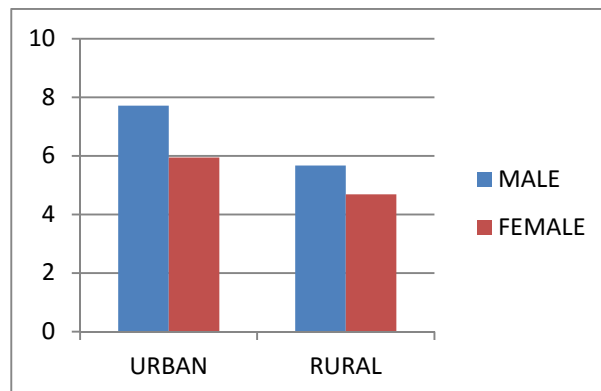


Figure -12: Showing interaction effects of 'Ecology' and 'Gender' on *Generalized Anxiety Disorder* for the whole samples.

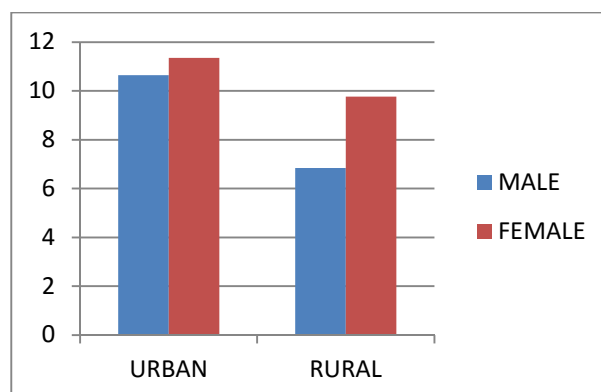


Figure -13: Showing interaction effects of 'Ecology' and 'Gender' on *Post Traumatic Stress Disorder* for the whole samples.

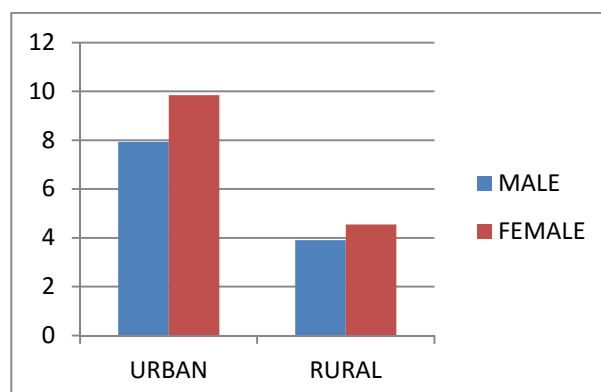


Figure -14: Showing interaction effects of ‘Ecology’ and ‘Gender’ on *Depression* for the whole samples.

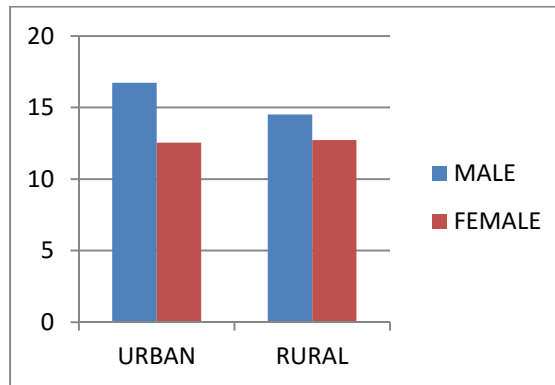


Figure -15: Showing interaction effects of ‘Ecology’ and ‘Gender’ on *Suicidal Ideation* for the whole samples.

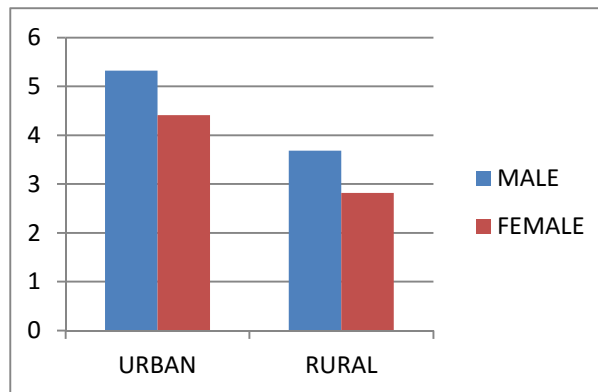
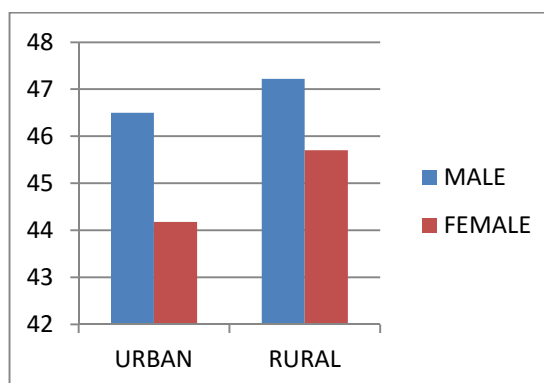


Figure -16: Showing interaction effects of ‘Ecology’ and ‘Gender’ on *Wellbeing* for the whole samples.



The Significant Mean differences between the four comparison groups were shown in the Table -8, and the interaction effect of ‘Ecology and Gender’ on the subscales of APQ, PAQ, and EMBU were shown in the Figures – 16 to 28.

Table – 8: Mean differences for significant of two way interaction effects of ‘Ecology’ and ‘Gender’ on all subscales of APQ, PAQ and EMBU between the four comparison groups for whole sample (Scheffe’s Post Hoc)

Parenting Styles													
Groups		APQ					PAQ			EMBU			
Ecology	E X G	PI	ID	PP	PM	CP	PQP	PQA	PQF	EMBO	EMR	EMEW	EMFS
Urban Male	Urban Female	-2.25*	-0.14	3.82*	-.86	-.10	4.77*	-1.72*	2.52*	3.97*	-.04	6.46*	2.59*
	Rural-Male	-3.49*	0.15	1.35*	.08	-.46	5.39*	-2.05*	3.03*	7.28*	.37	11.04*	.37
	Rural Female	-2.77*	0.84	5.91*	-2.45*	-.38	7.16*	-2.24*	7.19*	6.92*	-1.54	14.98*	.82
Urban Female	Urban male	2.25*	0.14	-3.82*	.86	.10	-4.77*	1.72*	-2.52*	-3.97*	.04	-6.46*	-2.59*
	Rural Male	-1.24	0.29	-2.47*	.94	-.36	.62	-.33	.51	3.31*	.41	4.58*	-2.22*
	Rural Female	-.52	1.13	2.09*	-1.59	.48	2.39*	-.52	4.67*	2.95*	-1.50	8.52*	-1.77*
Rural Male	Urban Male	3.49*	-0.15	-1.35*	-.08	.46	-5.39*	2.05*	-3.03*	-7.28*	-.37	-11.04*	-.37
	Urban Female	1.24	-0.29	2.47*	-.94	.36	-.62	.33	-.51	-3.31*	-.41	-4.58*	2.22*
	Rural Female	.72	0.84	4.56*	-2.53*	.84	1.77*	-.19	4.16*	-.36	-1.91*	3.94*	.45
Rural Female	Urban Male	2.77*	-0.99	-5.91*	2.45*	-.38	-7.16*	2.24*	-7.19*	-6.92*	1.54	-14.98*	-.82
	Urban Female	.52	-1.13	-2.09*	1.59	-.48	-2.39*	.52	-4.67*	-2.95*	1.50	-8.52*	1.77*
	Rural Male	-.72	-0.84	-4.56*	2.53*	-.84	-1.77*	.19	-4.16*	.36	1.91*	-3.94*	-.45

**= significant at .01; *=significant at .05

Results from Table -6 shows that **Parental Involvement** is observed to be higher in rural area (M=48.00) as compared to urban area (M=45.97). Parental Involvement was also observed to be higher among females (M=47.36) as compared to among males (M=46.60). Parental Involvement is also observed to be highest

among rural males (M=48.34) and lowest among urban females (M=44.85). The total mean score for Parental Involvement was 45.90 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on Parental Involvement variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Parental Involvement was seen between Urban male and Rural female (M=3.49* and $p < .05$).

Results from Table-6 shows that **Inconsistent Discipline** was observed to be higher in urban area (M=12.81) as compared to rural area (M=12.51). Inconsistent Discipline was also observed to be higher among males (M=12.66) as compared to females (M=12.31). Inconsistent Discipline was also observed to be highest among urban females (M=12.87) and lowest in rural females (M=11.74). The total mean score for Inconsistent Discipline was 12.48 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Inconsistent Discipline** variable between each comparison groups but revealed no significant mean differences between the groups.

Results from Table -6 shows that **Positive Parenting** is observed to be higher in urban area (M=19.17) as compared to rural area (M=17.40). Positive Parenting was also observed to be higher among males (M=20.39) as compared to females (M=16.20). Positive Parenting is also observed to be highest among urban males (M=21.06) and lowest in rural females (M=15.15). The total mean score for Positive Parenting is 18.29 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Positive Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Positive Parenting was seen between Rural Male and Rural Female (M= 5.91* and $p < .05$).

Results from Table -6 shows that **Poor Monitoring** was observed to be higher in rural area (M=19.25) as compared to urban area (M=18.55). Poor Monitoring was also observed to be higher in females (M=19.75) as compared to males (M=18.05). Poor Monitoring was also observed to be highest among rural females (M=20.54) and lowest in rural males (M=18.01). The total mean score for Poor Monitoring is 18.90 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Poor Monitoring** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Poor Monitoring was seen between Rural Male and Rural Female ($M= 2.53^*$ and $p<.05$).

Results from Table -6 shows that **Corporal Punishment** was observed to be higher in urban area ($M=7.45$) as compared to rural area ($M=7.40$). Corporal Punishment is also observed to be higher in males ($M=7.61$) as compared to females ($M=7.24$). Corporal Punishment is also observed to be highest among rural males ($M=7.84$) and lowest among rural females ($M=7.00$). The total mean score for Corporal Punishment is 7.43 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Corporal Punishment** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Corporal Punishment was seen between Rural Male and Rural Female ($M= .84^*$ and $p<.05$).

Results from Table -6 shows that **Permissive Parenting** is observed to be higher in urban area ($M=23.72$) as compared to rural area ($M=19.78$). Permissive Parenting is also observed to be higher among males ($M=23.40$) as compared to among females ($M=20.13$). Permissive Parenting is also observed to be highest among urban males ($M=26.09$) and lowest in rural females ($M=18.93$). The total mean score for Permissive Parenting is 21.76 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Permissive Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Permissive Parenting was seen between Rural Male and Rural Female ($M= 5.39^*$ and $p<.05$).

Results from Table -6 shows that **Authoritarian Parenting** is observed to be higher in rural area ($M=34.90$) as compared to urban area ($M=33.61$). Authoritarian Parenting is also observed to be higher among females ($M=34.73$) as compared to males ($M=33.78$). Authoritarian Parenting is also observed to be highest among rural

females ($M=34.99$) and lowest in urban males ($M=32.75$). The total mean score for Authoritarian Parenting is 34.25 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Authoritarian Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Authoritarian Parenting was seen between Rural Male and Rural Female ($M= 2.24^*$ and $p<.05$).

Results from Table -6 shows that **Authoritative Parenting** is observed to be higher in urban area ($M=34.31$) as compared to rural area ($M=30.48$). Authoritative Parenting is also observed to be higher among males ($M=34.08$) as compared to males ($M=30.74$). Authoritative Parenting is also observed to be highest among urban males ($M=35.59$) and lowest in rural female ($M=28.40$). The total mean score for Authoritative Parenting is 32.41 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Authoritative Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Authoritative Parenting was seen between Urban Male and Rural Female ($M=7.19^*$ and $p<.05$).

Results from Table -6 shows that **Overprotection** is observed to be higher in urban area ($M=29.44$) as compared to rural area ($M=24.29$). Overprotection is also observed to be higher among males ($M=27.78$) as compared to females ($M=25.98$). Overprotection is also observed to be highest among urban males ($M=31.42$) and lowest in rural male ($M=24.14$). The total mean score for Overprotection is 26.88 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Overprotection** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Overprotection was seen between Urban Male and Rural Male ($M=7.28^*$ and $p<.05$).

Results from Table -6 shows that **Rejection** is observed to be higher in rural samples ($M=33.17$) as compared to urban samples ($M=32.80$). Rejection is also observed to be higher among females samples ($M=33.47$) as compared to males

(M=32.50). Rejection was also observed to be highest among rural females (M=34.22) and lowest among rural male (M=32.31). The total mean score for Rejection was 32.98) for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Rejection** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Rejection was seen between rural females and Rural Male (M=1.91* and $p<.05$).

Results from Table -6 shows that **Emotional Warmth** is observed to be higher in urban sample (M=50.40) as compared to rural sample (M=40.47). Emotional Warmth is also observed to be higher among males (M=48.06) as compared to females (M=42.86). Emotional Warmth is also observed to be highest among urban males (M=53.58) and lowest among rural female (M=38.60). The total mean score for Emotional Warmth was 45.46 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Emotional Warmth** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Emotional Warmth was seen between Urban Male and Rural Female (M=14.98* and $p<.05$).

Results from Table -6 shows that **Favouring Subject** was observed to be higher in rural samples (M=11.46) as compared to urban samples (M=11.40). Favouring Subject was also observed higher among males (M=12.10) as compared to females (M=10.58). Favouring Subject was also observed highest among urban males (M=12.28) and lowest among urban female (M=9.69). The total mean score for Favouring Subject was 11.34 for the whole sample.

Results (Table -8; Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Favouring Subject** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Favouring Subject was seen between Urban Male and Urban Female (M=2.59* and $p<.05$).

Table 5 illustrates the results for the behavioral measures of Adolescent Psychopathology Scale on Ecology and Gender. Table- 6 illustrates the results for the behavioral measures of Mental Well Being and Perceived Parenting Styles (APQ, PAQ and EMBU) for all samples on Ecology and Gender.

Positive Parenting result shows higher score (M=19.17) in urban area as compared to rural samples (M=17.40). The total mean score for positive parenting was 18.29 for the whole sample.

Inconsistent Discipline result shows a higher score in urban samples (M=12.81) as compared to rural samples (M=12.15). The total mean score for inconsistent discipline was 12.48 for the whole sample.

Poor Monitoring result shows a higher score of (M=19.25) in rural area as compared to urban area where (M=18.55). The total mean score for poor monitoring is (M=18.90) for the whole sample.

Corporal Punishment results show a higher score in urban area (M=7.45) as compared to rural area where (M=7.40). The total mean score for corporal punishment is (M=7.43) for the whole sample.

Permissive Parenting result shows a higher score in urban area where (M=27.62) as compared to (M=25.35) in rural area. The total mean score for permissive parenting is (M=26.49) for the whole sample.

Authoritarian Parenting result shows a higher score in rural area with (M=34.90) as compared to urban area (M=33.61). The total mean score for authoritarian parenting is (M=34.21) for the whole sample.

Authoritative Parenting result shows a higher score of (M=34.31) in urban area when compared with rural area which has (M=30.48). The total mean score for substance abuse disorder is (M=32.41) for the whole sample.

Overprotection result shows a higher score of (M=29.44) in urban area as compared to rural area which has (M=24.29). The total mean score for overprotection is (M=26.88) for the whole sample.

Emotional Warmth result shows a higher score of (M=50.40) in urban area as compared to rural area where the score is (M=40.47). The total mean score for emotional warmth is (M=45.46) for the whole sample.

Rejection result shows a higher score of (M=33.17) in rural area as compared to urban area where the score is (M=32.80). The total mean score for rejection is (M=32.98) for the whole sample.

Favouring Subject result shows a higher score of (M=13.49) in rural area as compared to urban where the score is (M=9.85). The total mean score for favouring subject is (M=14.13) for the whole sample.

Table- 8 illustrates the results for the behavioral measures of Mental Well Being and Perceived Parenting Styles for all samples on Gender.

Mental Well Being is seen to be higher in males (M=46.86) as compared to females (M=44.94). The total mean score for mental well-being is (M=45.90) for the whole sample.

Parental Involvement is also observed to be higher in females where (M=47.36 in comparison to males where (M=46.60). The total mean score for parental involvement is (M=46.98) for the whole sample.

Positive Parenting result shows higher score of (M=20.39) in males as compared to a score of (M=16.20) in females. The total mean score for positive parenting is (M=18.29) for the whole sample.

Inconsistent Discipline result shows a higher score of (M=12.66) in males as compared to a lower score of (M=12.31) in females. The total mean score for inconsistent discipline is (M=12.48) for the whole sample.

Poor Monitoring result shows a higher score of (M=19.75) in females as compared to males where (M=18.05). The total mean score for poor monitoring is (M=18.90) for the whole sample.

Corporal Punishment results shows a higher score in males ($M=7.61$) as compared to females where ($M=7.24$). The total mean score for corporal punishment is ($M=7.43$) for the whole sample.

Permissive Parenting result shows a higher score in males where ($M=27.75$) as compared to ($M=25.23$) in females. The total mean score for permissive parenting is ($M=26.49$) for the whole sample.

Authoritarian Parenting result shows a higher score in females ($M=34.73$) as compared to males ($M=33.78$). The total mean score for authoritarian parenting is ($M=34.21$) for the whole sample.

Authoritative Parenting result shows a higher score of ($M=34.08$) in males when compared with female which has ($M=30.74$). The total mean score for substance abuse disorder is ($M=32.41$) for the whole sample.

Overprotection result shows a higher score of ($M=27.78$) in males as compared to females which has ($M=25.98$). The total mean score for overprotection is ($M=26.88$) for the whole sample.

Emotional Warmth result shows a higher score of ($M=48.06$) in males as compared to females where the score is ($M=42.86$). The total mean score for emotional warmth is ($M=45.46$) for the whole sample.

Rejection result shows a higher score of ($M=33.47$) in females as compared to males where the score is ($M=32.50$). The total mean score for rejection is ($M=32.98$) for the whole sample.

Favouring Subject result shows a higher score of ($M=12.10$) in males as compared to females where the score is ($M=10.58$). The total mean score for favouring subject is ($M=14.13$) for the whole sample.

Results from Table 5 shows that Conduct Disorder is seen to be higher in rural area ($M=6.93$) as compared to urban area ($M=3.08$). Conduct Disorder result also shows higher score in males ($M=5.74$) as compared to females ($M=4.26$). The result also shows the highest score among rural males ($M=7.60$) and lowest among urban

females ($M=2.26$). The total Mean score for conduct disorder is ($M=5.00$) for the whole sample.

Table 7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on Conduct Disorder variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on *Conduct Disorder* was seen between Rural Male and Urban Female which was 5.54^* and $p<.01$.

The prevalence of Conduct Disorder in children between the ages of 5 and 10 years is 1.7% for boys and 0.6% for girls (Meltzer et al, 2000).. Social disadvantage, homelessness, low socio-economic status, poverty, overcrowding and social isolation are broader factors that predispose children to conduct disorder (Hausman&Hammen, 1993; American Academy of Child and Adolescent Psychiatry, 1997; Carr, 1999). The prevalence of CD in children between the ages of 5 and 10 years is 1.7% for boys and 0.6% for girls (Meltzer et al, 2000).

Results from Table -5 shows that **Anger Violence Proneness** is also observed to be higher in rural area where ($M=6.92$) in comparison to urban area where ($M=4.03$). Anger Violence Proneness is also observed to be higher among males where ($M=6.00$) in comparison to females where ($M=4.95$). Anger Violence Proneness is also observed to be highest among rural males where ($M=7.70$) and lowest among urban females where ($M=3.68$). The total mean score for anger violence proneness is ($M=5.47$) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Anger Violence Proneness** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Anger Violence Proneness was seen between Rural Male and Urban Female which was 4.02^* and $p<.01$.

Results from Table -5 shows that **Oppositional Defiant Disorder** is observed to be higher ($M=8.07$) in rural area as compared to a score of ($M=6.47$) in urban area. Oppositional Defiant Disorder is also observed to be higher among males where ($M=7.97$) as compared to a score of ($M=6.57$) among females. Oppositional Defiant Disorder is also observed to be highest among rural males where ($M=8.81$) and lowest

among urban female with a score of (M=5.75). The total mean score for **Oppositional Defiant Disorder** is (M=7.27) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Oppositional Defiant Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Oppositional Defiant Disorder** was seen between Rural male and Urban female where $M= 3.06^*$ and $p<.01$.

Meltzer et al (2000) found the prevalence of ODD in 5–10-year-olds to be 4.8% for boys and 2.1% for girls. **Oppositional Defiant Disorder** result shows a higher score of (M=8.07) in rural area as compared to urban area where (M=6.47).

Results from Table -5 shows that **Academic Problem** is observed to be higher (M=6.92) in urban area as compared to a score of (M=5.14) in rural area. **Academic Problem** is also observed to be higher among males where (M=6.55) as compared to a score of (M=5.51) among females. **Academic Problem** is also observed to be highest among urban males where (M=7.82) and lowest among rural female with a score of (M=4.97). The total mean score for **Academic Problem** is (M=6.03) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Academic Problem** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Academic Problem** was seen between Urban male and Rural female where $M= 2.87^*$ and $p<.01$.

Results from Table -5 shows that **Substance Abuse Disorder** is observed to be higher in urban area with (M=14.65) as compared to rural area (M=13.60). **Substance Abuse Disorder** is also observed to be higher among males where (M=15.62) as compared to (M=12.64) among females. **Substance Abuse Disorder** is also observed to be highest among urban males with (M=16.72) and lowest among urban females where (M=12.55). The total mean score for **Substance Abuse Disorder** is (M=14.13) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Substance Abuse Disorder** variable between each

comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Substance Abuse Disorder was seen between Urban Female and Rural Male where $M=4.17^*$ and $p<.01$.

Results from Table -5 shows that **Eating Disorder** is observed to be higher ($M=7.46$) in urban area as compared to a score of ($M=3.36$) in rural area. Eating Disorder is also observed to be higher among females where ($M=6.12$) as compared to a score of ($M=4.72$) among males. Eating Disorder is also observed to be highest among urban females where ($M=8.44$) and lowest among rural male with a score of ($M=2.90$). The total mean score for Eating Disorder is ($M=5.42$) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Eating Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Eating Disorder was seen between Urban Female and Rural Male where $M= 5.54^*$ and $p<.01$.

Between 0.5% and 1% of all females' ages 12 to 18 in the United States are anorexic, and 1% to 3% are bulimic, with perhaps 20% engaging in less extreme but still unhealthy dieting behaviors (Dounchis, Hayden, Wilfley, 2001). Although boys can also have these eating disorders, the large majority are female (over 90%).

Results from Table- 5 shows that **Interpersonal Problem** is observed to be higher ($M=6.85$) in urban area as compared to a score of ($M=5.15$) in rural area. Interpersonal Problem is also observed to be higher among females where ($M=6.69$) as compared to ($M=5.32$) among males. Interpersonal Problem is also observed to be highest among urban males where ($M=7.71$) and lowest among rural female with a score of ($M=4.69$). The total mean score for Interpersonal Problem is ($M=6.00$) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Interpersonal Problem** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Interpersonal Problem was seen between Urban Male and Rural Female which was 3.02^* and $p<.01$.

Results from Table -5 shows that **Generalized Anxiety Disorder** is observed to be higher in urban area with (M=10.94) as compared to rural area (M=8.35). Generalized Anxiety Disorder is also observed to be higher among females where (M=10.56) as compared to (M=8.74) among males. Generalized Anxiety Disorder is also observed to be highest among urban females with (M=11.35) and lowest among rural males where (M=6.84). The total mean score for Generalized Anxiety Disorder is (M=9.65) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Generalized Anxiety Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Generalized Anxiety Disorder was seen between Urban Female and Rural Male where $M=4.51^*$ and $p<.01$.

Results from Table -5 shows that **Post Traumatic Stress Disorder** is observed to be higher in urban area (M=8.86) as compared to a score of (M=4.24) in rural area. Post-Traumatic Stress Disorder is also observed to be higher among females where (M=7.20) as compared to a score of (M=5.92) among males. Post-Traumatic Stress Disorder is also observed to be highest among urban females where (M=9.85) and lowest among rural male with a score of (M=3.90). The total mean score is (M=6.56) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Post-Traumatic Stress Disorder** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Post-Traumatic Stress Disorder was seen between Urban Female and Rural Male where $M= 5.95^*$ and $p<.01$.

Results from Table -5 shows that **Major Depression** is observed to be higher in urban area with (M=13.49) as compared to rural area (M=9.85). Major Depression is also observed to be higher among females where (M=12.23) as compared to (M=11.14) among males. Major Depression is also observed to be highest among urban females with (M=14.41) and lowest among urban males where (M=9.58). The total mean score for Major Depression is (M=11.68) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Major Depression** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Major Depression was seen between Urban Female and Rural Male where $M=4.83^*$ and $p<.01$.

Results from Table -5 shows that **Suicidal Ideation** is observed to be higher in urban area with ($M=1.05$) as compared to rural area ($M=0.56$). Suicidal Ideation is also observed to be higher among males where ($M=0.99$) as compared to ($M=0.64$) among females. Suicidal Ideation is also observed to be highest among urban males with ($M=1.24$) and lowest among rural females where ($M=0.40$). The total mean score for Suicidal Ideation is ($M=0.81$) for the whole sample.

Table -7 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Suicidal Ideation** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on Suicidal Ideation was seen between Urban male and Rural female where $M=0.84^*$ and $p<.01$.

Table- 6 illustrates the results for the behavioral measures of Mental Well Being and Perceived Parenting Styles for all samples on Gender.

Results from Table -6 shows that **Mental Well Being** is observed to be higher in rural area with ($M=46.47$) as compared to urban area ($M=45.33$). Mental Well Being is also observed to be higher among males where ($M=46.86$) as compared to ($M=44.94$) among females. Mental Well Being is also observed to be highest among rural males with ($M=47.22$) and lowest among urban females where ($M=44.18$). The total mean score for Mental Well Being is ($M=45.90$) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Mental Well Being** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Mental Well Being** was seen between Urban male and Rural female where $M=3.04^*$ and $p<.01$.

Results from Table -6 shows that **Parental Involvement** is observed to be higher in rural area with (M=48.00) as compared to urban area (M=45.97). **Parental Involvement** is also observed to be higher among females where (M=47.36) as compared to (M=46.60) among males. **Parental Involvement** is also observed to be highest among rural males with (M=48.34) and lowest among urban females where (M=44.85). The total mean score for **Parental Involvement** is (M=45.90) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Parental Involvement** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Parental Involvement** was seen between Urban male and Rural female where $M=3.49^*$ and $p<.01$.

Results from Table -6 shows that **Inconsistent Discipline** is observed to be higher in urban area with (M=12.81) as compared to rural area (M=12.51). **Inconsistent Discipline** is also observed to be higher among males where (M=12.66) as compared to (M=12.31) among females. **Inconsistent Discipline** is also observed to be highest among urban females with (M=12.87) and lowest among rural females where (M=11.74). The total mean score for **Inconsistent Discipline** is (M=12.48) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Inconsistent Discipline** variable between each comparison groups but revealed no significant mean differences between the groups.

Results from Table -6 shows that **Positive Parenting** is observed to be higher in urban area with (M=19.17) as compared to rural area (M=17.40). **Positive Parenting** is also observed to be higher among males where (M=20.39) as compared to (M=16.20) among females. **Positive Parenting** is also observed to be highest among urban males with (M=21.06) and lowest among rural females where (M=15.15). The total mean score for **Positive Parenting** is (M=18.29) for the whole sample.

Table-8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Positive Parenting** variable between each comparison

groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Positive Parenting** was seen between Rural Male and Rural Female where $M= 5.91^*$ and $p<.01$.

Results from Table -6 shows that **Poor Monitoring** is observed to be higher in rural area with ($M=19.25$) as compared to urban area ($M=18.55$). **Poor Monitoring** is also observed to be higher among females where ($M=19.75$) as compared to ($M=18.05$) among males. **Poor Monitoring** is also observed to be highest among rural females with ($M=20.54$) and lowest among rural males where ($M=18.01$). The total mean score for **Poor Monitoring** is ($M=18.90$) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Poor Monitoring** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Poor Monitoring** was seen between Rural Male and Rural Female where $M= 2.53^*$ and $p<.01$.

Results from Table -6 shows that **Corporal Punishment** is observed to be higher in urban area with ($M=7.45$) as compared to rural area ($M=7.40$). **Corporal Punishment** is also observed to be higher among males where ($M=7.61$) as compared to ($M=7.24$) among females. **Corporal Punishment** is also observed to be highest among rural males with ($M=7.84$) and lowest among rural females where ($M=7.00$). The total mean score for **Corporal Punishment** is ($M=7.43$) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Corporal Punishment** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Corporal Punishment** was seen between Rural Male and Rural Female where $M= .84^*$ and $p<.01$.

Results from Table -6 shows that **Permissive Parenting** is observed to be higher in urban area with ($M=23.72$) as compared to rural area ($M=19.78$). **Permissive Parenting** is also observed to be higher among females where ($M=23.40$) as compared to ($M=20.13$) among males. **Permissive Parenting** is also observed to be highest among urban males where ($M=26.09$) and lowest with a score of

(M=18.93) in rural females. The total mean score for **Permissive Parenting** is (M=21.76) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Permissive Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Permissive Parenting** was seen between Rural Male and Rural Female where $M= 5.39^*$ and $p<.01$.

Results from Table-6 shows that **Authoritarian Parenting** is observed to be higher in rural area with (M=34.90) as compared to urban area (M=33.61). **Authoritarian Parenting** is also observed to be higher among females where (M=34.73) as compared to (M=33.78) among males. **Authoritarian Parenting** is also observed to be highest among rural females where (M=34.99) and lowest with a score of (M=32.75) in urban males. The total mean score for **Authoritarian Parenting** is (M=34.25) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Authoritarian Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Authoritarian Parenting** was seen between Rural Male and Rural Female where $M= 2.24^*$ and $p<.05$.

Results from Table -6 shows that **Authoritative Parenting** is observed to be higher in urban area with (M=34.31) as compared to rural area (M=30.48). **Authoritative Parenting** is also observed to be higher among males where (M=34.08) as compared to (M=30.74) among females. **Authoritative Parenting** is also observed to be highest among urban males where (M=35.59) and lowest among rural female which has (M=28.40). The total mean score for **Authoritative Parenting** is (M=32.41) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Authoritative Parenting** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Authoritative Parenting** was seen between Urban Male and Rural Female where $M=7.19^*$ and $p<.05$.

Results from Table -6 shows that **Overprotection** is observed to be higher in urban area with (M=29.44) as compared to rural area (M=24.29). **Overprotection** is also observed to be higher among males where (M=27.78) as compared to (M=25.98) among females. **Overprotection** is also observed to be highest among urban males where (M=31.42) and lowest among rural male which has (M=24.14). The total mean score for **Overprotection** is (M=26.88) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Overprotection** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Overprotection** was seen between Urban Male and Rural Male where $M=7.28^*$ and $p<.05$.

Results from Table -6 shows that **Rejection** is observed to be higher in rural area with (M=33.17) as compared to urban area (M=32.80). **Rejection** is also observed to be higher among females where (M=33.47) as compared to (M=32.50) among males. **Rejection** is also observed to be highest among rural females where (M=34.22) and lowest among rural male which has (M=32.31). The total mean score for **Rejection** is (M=32.98) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Rejection** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Rejection** was seen between rural females and Rural Male where $M=1.91^*$ and $p<.05$.

Results from Table -6 shows that **Emotional Warmth** is observed to be higher in urban area with (M=50.40) as compared to rural area (M=40.47). **Emotional Warmth** is also observed to be higher among males where (M=48.06) as compared to (M=42.86) among females. **Emotional Warmth** is also observed to be highest among urban males where (M=53.58) and lowest among rural female which has (M=38.60). The total mean score for **Emotional Warmth** is (M=45.46) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Emotional Warmth** variable between each comparison groups and also revealed significant mean differences between the groups. The

highest significant mean differences on **Emotional Warmth** was seen between Urban Male and Rural Female where $M=14.98^*$ and $p<.05$.

Results from Table -6 shows that **Favouring Subject** is observed to be higher in rural area with ($M=11.46$) as compared to urban area ($M=11.40$). **Favouring Subject** is also observed to be higher among males where ($M=12.10$) as compared to ($M=10.58$) among females. **Favouring Subject** is also observed to be highest among urban males where ($M=12.28$) and lowest among urban female which has ($M=9.69$). The total mean score for **Favouring Subject** is ($M=11.34$) for the whole sample.

Table -8 (Scheffe's Post Hoc Comparison) showed interaction effects of 'Ecology and Gender' on **Favouring Subject** variable between each comparison groups and also revealed significant mean differences between the groups. The highest significant mean differences on **Favouring Subject** was seen between Urban Male and Urban Female where $M=2.59^*$ and $p<.05$.

To sum up, the greatest significant mean difference between Ecology and Gender was found in Emotional Warmth where Urban Male ($M=53.58$) and Rural Female ($M=38.60$), with the former having a greater mean score than the latter.

Figure -17: Showing interaction effects of 'Ecology' and 'Gender' on **Parental Involvement** for the whole samples.

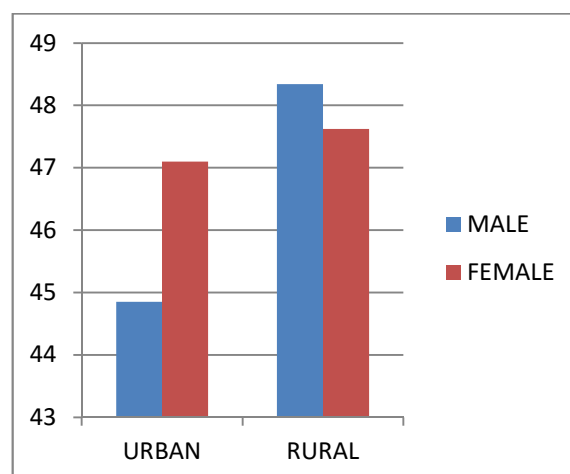


Figure -18: Showing interaction effects of 'Ecology' and 'Gender' on *Positive Parenting* for the whole samples.

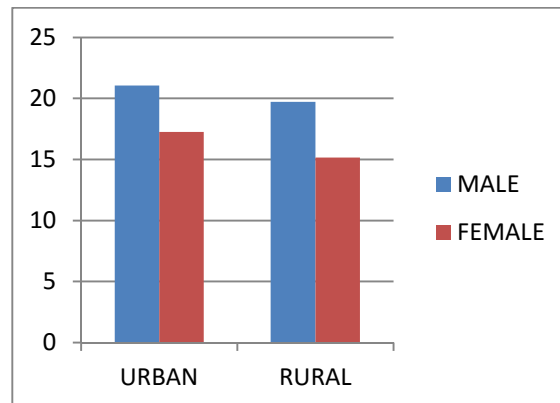


Figure -19: Showing interaction effects of 'Ecology' and 'Gender' on *Inconsistent Displace* for the whole samples.

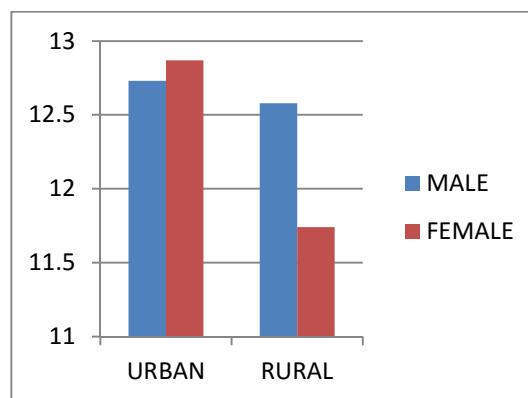


Figure -20: Showing interaction effects of 'Ecology' and 'Gender' on *Poor Monitoring* for the whole samples.

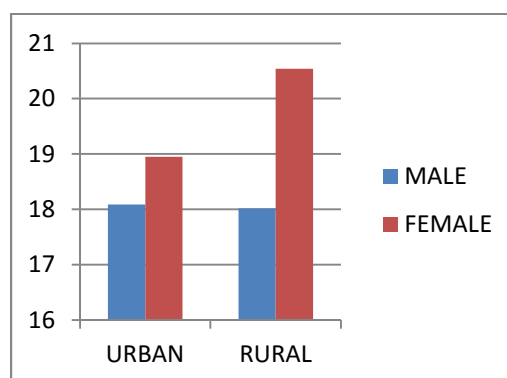


Figure -21: Showing interaction effects of 'Ecology' and 'Gender' on *Corporal Punishment* for the whole samples.

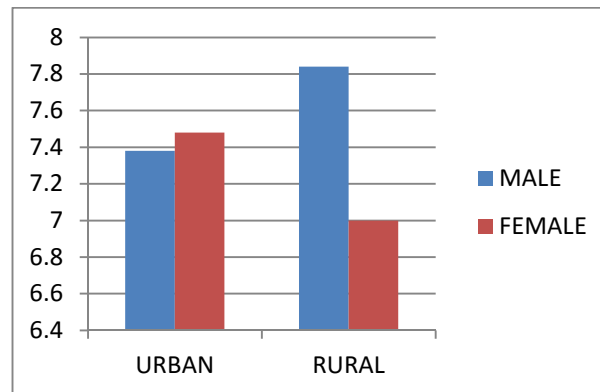


Figure -22: Showing interaction effects of 'Ecology' and 'Gender' on *Permissive Parenting* for the whole samples.

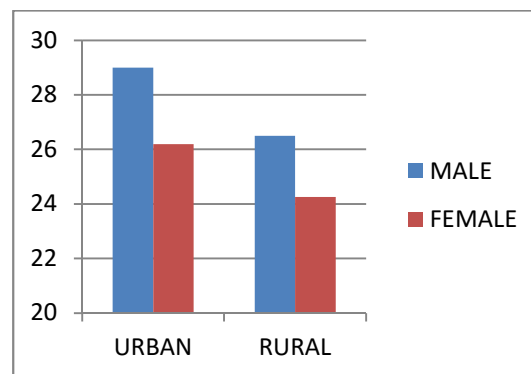


Figure -23: Showing interaction effects of 'Ecology' and 'Gender' on *Authoritarian* for the whole samples.

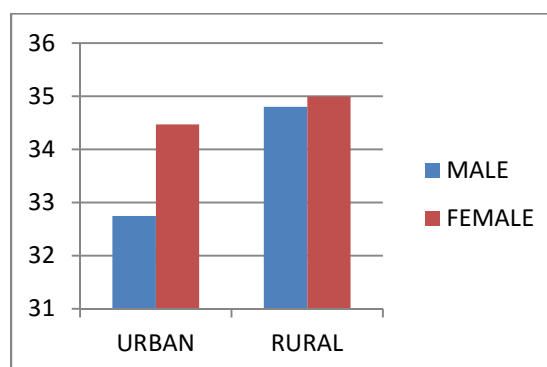


Figure -24: Showing interaction effects of 'Ecology' and 'Gender' on *Authoritative* for the whole samples.

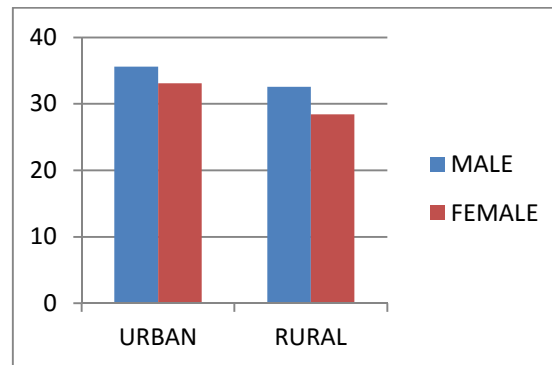


Figure -25: Showing interaction effects of 'Ecology' and 'Gender' on *Overprotection (EMBO)* for the whole samples.

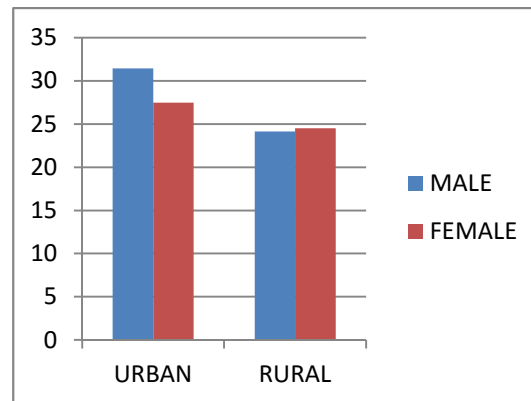


Figure -26: Showing interaction effects of 'Ecology' and 'Gender' on *Emotional Warm (EMW)* for the whole samples.

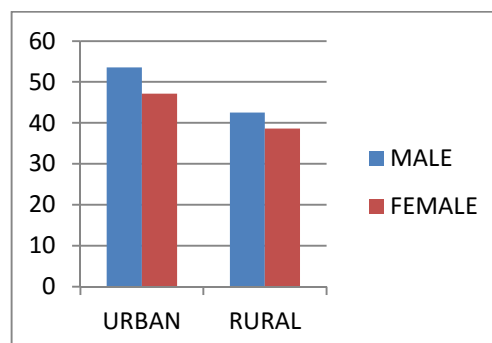


Figure -27: Showing interaction effects of 'Ecology' and 'Gender' on *Rejection (EMR)* for the whole samples.

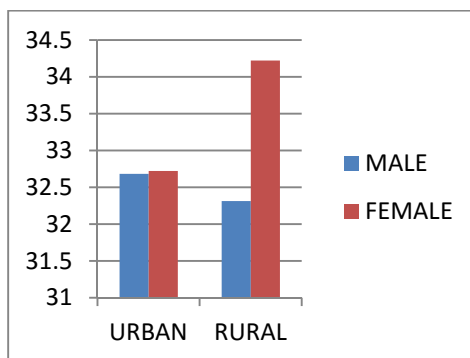
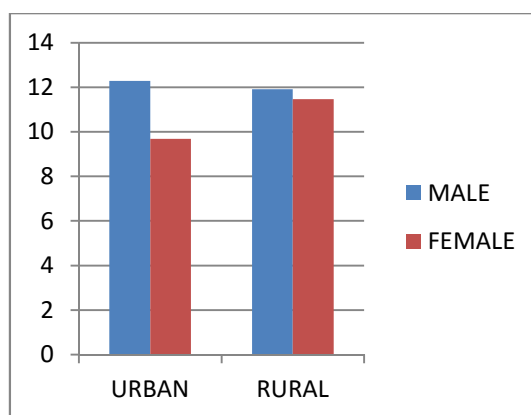


Figure -28: Showing interaction effects of 'Ecology' and 'Gender' on *Favouring Subject (EMFS)* for the whole samples.



Psychometric Adequacy for Selected Psychological Scales:

Reliability coefficients (Cronbach alpha and Spearman-Brown Coefficient), Homogeneity and Robust test of the Scales /Subscales of the Behavioral variables (Adolescent Psychopathology Scale, Mental Well Being, Alabama Parenting Questionnaire, Parental Authority Scale and Perceived Parenting Style Questionnaire) for the whole samples.

The reliability coefficient (Cronbach Alphas and Spearman Brown Coefficient) was computed on all behavioural measures. Results (Table-9) revealed substantial consistency over the level of analyses that ascertained applicability of the scales/subscales of the behavioral measures and

recommended using a total score of scale as well as subscale scores. Thus, the scales/subscales was retained for further analyses as it fulfilled the statistical assumption of additivity, linearity, normality and homogeneity tests (Glass, Peckham and Sandras, 1972; Tomarken and Serlin, 1986; Rogan and Keselman, 1977).

Table-: 9: Reliability coefficients (Cronbach alpha and Spearman-Brown Coefficient), Homogeneity and Robust test of the Scales /Subscales of the Behavioral variables (Perceived Parenting Styles, Mental Wellbeing and Psychopathology) for the whole samples.

SCALE	SUBSCALES	Alpha ()	Split half (r ₁₁)	Homogeneity test LEVENE'S TEST	Robust test of equality means BROWN FORSYTHE
PERCEIVED PARENTING STYLE	Parental involvement	.59	.51	.17	.00
	Inconsistent discipline	.58	.54	.06	.00
	Positive parenting	.64	.69	.06	.00
	Corporal punishment	.57	.56	.06	.00
	Poor monitoring	.66	.63	.19	.00
	Permissive	.66	.50	.62	.00
	Authoritarian	.61	.60	.88	.00
	Authoritative	.81	.73	.27	.00
	Overprotection	.56	.56	.06	.00
	Emotional warmth	.82	.81	.07	.00
	Rejection	.54	.50	.06	.00
Favouring subject	.51	.54	.94	.00	
MENTAL WELL BEING		.61	.50	.69	.00
PSYCHOPATHOLOGY	Conduct disorder	.58	.55	.96	.00
	Anger/violence proneness	.63	.60	.75	.00
	Ptsd	.72	.63	.80	.00
	Eating disorder	.74	.65	.16	.00
	Oppositional defiant disorder	.60	.58	.06	.00
	Academic problem	.50	.50	.06	.00
	Interpersonal problem	.53	.50	.13	.00
	Generalized anxiety disorder	.69	.69	.64	.00
	Suicide	.75	.83	.06	.00
	Substance abuse disorder	.75	.76	.88	.00
Depression	.66	.68	.13	.00	

Results revealed substantial item-total coefficient of correlation (and relationship between the items of the specific scales) for the sub-scales and order of reliability coefficient. Cronbach's alpha was .59 with Split half .51 for Parental

Involvement, Cronbach's alpha was .58 with Split half .54 for Inconsistent Discipline , Cronbach's alpha was .64 with Split half .69 for Positive Parenting, Cronbach's alpha was .57 with Split half .56 for Corporal Punishment and Cronbach's alpha was .66 with Split half .63 for Poor Monitoring of Alabama Parenting Questionnaire subscales; Cronbach's alpha was .66 with Split half .70 for Permissive Parenting , Cronbach's alpha was .61 with Split half .60 for Authoritarian Parenting and Cronbach's alpha was .81 with Split half .73 Authoritative Parenting of Parental Authority Questionnaire subscales ; Cronbach's alpha was .56 with Split half .56 for Overprotection , Cronbach's alpha was .82 with Split half .81 for Emotional Warmth , Cronbach's alpha was .54 with Split half .50 for Rejection and Cronbach's alpha was .51 with Split half .54 for Favouring Subject of of Perceived Parental Rearing Style Questionnaire (EMBU) subscales; Cronbach's alpha was .61 with Split half .50 of Warwick Edinburg Mental Well Being Scale; Cronbach's alpha was .58 with Split half .55 for Conduct Disorder, Cronbach's alpha was .63 with Split half .60 for Anger Violence Proneness, Cronbach's alpha was .72 with Split half .6 for Post-Traumatic Stress Disorder, Cronbach's alpha was .74 with Split half .65 for Eating Disorder, Cronbach's alpha was .60 with Split half .58 for Oppositional Deviant Disorder, Cronbach's alpha was .50 with Split half .50 for Academic Problem, Cronbach's alpha was .72 with Split half .73 for Interpersonal Problem , Cronbach's alpha was .69 with Split half .69 for Generalized Anxiety Disorder, Cronbach's alpha was .75 with Split half .83 for Suicidal Ideation, Cronbach's alpha was .75 with Split half .76 for Substance Abuse and Cronbach's alpha was .66 with Split half .68 for Major Depression of Adolescent Psychopathology Subscales. These results of the study conform to the findings of those who constructed the selected scales/ subscales of the present study.

The analysis for the preliminary psychometric properties was required for illuminating the applicability of the concerned scale/subscale of the behavioural measures for the present study. The main reason was because scales constructed and validated for measurement of theoretical construct for a given population might not be reliable and valid when taken to another culture setting, and need to check again the reliability and validity (Berry, 1974; Witkin and Berry, 1975), as the differential social desirability and response styles should influence the results among the group (Van de Vjverand Leung, 1997), and for methodological fulfilment.

Diagnostic tests of assumptions that underlie the application of General Linear Model (ANOVA etc.) were first checked using the Levene's Test of Equality of error Variances for each scale to indicate homogeneity of error variance. The Levene's Test of Equality of error Variances for each scale was shown in Table – 9, it revealed non-significance on all the scales that indicated that there was a difference between the variances (heterogeneous variance) on all behavioural variables. The Brown forsythe results revealed the robust of equality means on all behavioural measures, depicting significant level that counter confirmed the applicability of parametric statistics for further analysis including ANOVA and Regression Analysis in the present study.

Relationship of the Behavioural Measures:

The bivariate relationships between the scales /sub-scales of the behavioural measures were computed and presented in **Table-10**. The bivariate correlation matrix (Table-32) indicated the relationships among the scales/sub-scales of the behavioral measures accounting for perceived parenting styles along with the psychopathology subscales which represented the independent variables.

The results (Table-10) revealed '**Conduct Disorder**' was found to indicate significant positive relationship with Anger Violence proneness ($r = .46$; $p < .01$), Oppositional Defiant Disorder ($r = .10$; $p < .05$), Parental Involvement ($r = .12$; $p < .05$) and Poor Monitoring ($r = .11$; $p < .05$); **Anger Violence Proneness** indicates significant positive relationship with Oppositional Defiant Disorder ($r = .13$; $p < .01$), Academic Problem ($r = .11$; $p < .01$), Rejection ($r = .12$; $p < .05$), and Authoritarian Parenting ($r = .11$; $p < .05$); **Post Traumatic Disorder** indicates significant positive relationship with Eating Disorder ($r = .88$; $p < .01$), Interpersonal Problem ($r = .12$; $p < .01$), Anxiety ($r = .33$; $p < .01$), Suicide ($r = .18$; $p < .01$), Major Depression ($r = .32$; $p < .01$), Substance Abuse Disorder ($r = .10$; $p < .05$), Permissive Parenting ($r = .16$; $p < .01$), Authoritative Parenting ($r = .27$; $p < .01$), Emotional Warmth ($r = .37$; $p < .01$) and Overprotection ($r = .37$; $p < .01$); '**Eating Disorder**' was found to indicate significant positive relationship with Anxiety ($r = .33$; $p < .01$), Suicide ($r = .18$; $p < .01$), Major depression ($r = .33$; $p < .01$), Permissive Parenting ($r = .12$; $p < .01$), Authoritative Parenting ($r = .26$; $p < .01$), Overprotection ($r = .39$; $p < .01$) and Emotional Warmth ($r = .37$; $p < .01$); '**Oppositional Defiant Disorder**' indicate significant positive relationship with Academic Problem ($r = .56$; $p < .01$) and Well

Being ($r = .10$; $p < .05$); **'Interpersonal Problem'** revealed significant positive relationship with Inconsistent Discipline ($r = .25$; $p < .01$), Corporal Punishment ($r = .19$; $p < .01$), Permissive Parenting ($r = .13$; $p < .01$), Overprotection ($r = .14$; $p < .01$) and Emotional Warmth ($r = .12$; $p < .01$); **Generalized Anxiety Disorder** revealed significant positive relationship with Major depression ($r = .28$; $p < .01$), Overprotection ($r = .28$; $p < .01$) and Emotional Warmth ($r = .16$; $p < .01$); **Suicidal Ideation** revealed significant positive relationship with Substance Abuse Disorder ($r = .16$; $p < .01$), Major Depression ($r = .25$; $p < .01$), Positive Parenting ($r = .28$; $p < .01$), Permissive Parenting ($r = .25$; $p < .01$), Authoritative Parenting ($r = .31$; $p < .01$) and Emotional Warmth ($r = .24$; $p < .01$); **'Substance Abuse Disorder'** revealed significant positive relationship with Positive Parenting ($r = .28$; $p < .01$), Permissive Parenting ($r = .43$; $p < .05$), Authoritative Parenting ($r = .19$; $p < .01$), Overprotection ($r = .14$; $p < .01$), Emotional Warmth ($r = .26$; $p < .01$) and Favouring Subject ($r = .22$; $p < .01$); **Major Depression** revealed significant positive relationship with Permissive Parenting ($r = .11$; $p < .05$), Authoritative Parenting ($r = .17$; $p < .01$), Emotional Warmth ($r = .27$; $p < .01$), and Overprotection ($r = .32$; $p < .01$).

Prediction of the independent variables on dependent variables:

The ANOVA was computed to depict the significant independent effects of 'gender' and 'ecology', and their interaction effect on the test scores of the behavioural measures.

Table- 11: ANOVA for CN, AV, EAT, ODD, ADP, SUI, SUB, IP, PTSD, GAD, and DEP of the subscales of Psychopathology for the whole samples.

Dependent	Independent	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Conduct Disorder	Ecology	1478.42	1	1478.42	407.89	.00	.51
	Gender	220.52	1	220.52	32.50	.00	.08
	Ecology x Gender	1708.45	3	569.48	185.98	.00	.59
Anger Violence	Ecology	835.07	1	835.07	169.17	.00	.30
	Gender	109.20	1	109.20	16.15	.00	.04
	Ecology x Gender	1013.19	3	337.73	74.86	.00	.36
Eating Disorder	Ecology	1677.60	1	1677.60	366.89	.00	.48
	Gender	196.00	1	196.00	23.63	.00	.06
	Ecology x Gender	1934.96	3	644.99	163.47	.00	.55
Opositional defiant disorder	Ecology	253.66	1	253.66	43.81	.00	.10
	Gender	196.00	1	196.00	33.03	.00	.08
	Ecology x Gender	471.65	3	157.22	29.84	.00	.18
Academic Problem	Ecology	316.74	1	316.74	55.96	.00	.12
	Gender	108.16	1	108.16	17.49	.00	.04
	Ecology x Gender	489.06	3	163.02	31.03	.00	.19
Suicide	Ecology	24.20	1	24.20	58.24	.00	.13
	Gender	12.25	1	12.25	27.50	.00	.06
	Ecology x Gender	36.30	3	12.10	31.26	.00	.19
Substance Abuse Disorder	Ecology	109.98	1	109.98	6.08	.01	.02
	Gender	888.04	1	888.04	55.06	.00	.12
	Ecology x Gender	1131.66	3	377.22	24.19	.00	.16
Interpersonal Problem	Ecology	290.70	1	290.70	44.19	.00	.10
	Gender	189.06	1	189.06	27.66	.00	.06
	Ecology x Gender	475.27	3	158.42	25.78	.00	.16
Post Traumatic Stress Disorder	Ecology	2133.96	1	2133.96	349.12	.00	.47
	Gender	165.12	1	165.12	14.93	.00	.04
	Ecology x Gender	2381.67	3	793.89	143.88	.00	.52
Generalized Anxiety Disorder	Ecology	672.64	1	672.64	79.81	.00	.17
	Gender	331.24	1	331.24	35.67	.00	.08
	Ecology x Gender	1178.06	3	392.69	54.58	.00	.29
Depression	Ecology	1320.05	1	1320.05	128.42	.00	.24
	Gender	118.81	1	118.81	8.94	.00	.02
	Ecology x Gender	1557.26	3	519.09	53.34	.00	.29

(* - Significant at .05; ** - Significant at .01)

The illustration of the results of ANOVA (**Table-11**) showed significant independent effects of 'Ecology' for all the analyses on the Conduct Disorder($F=407.89$, $p < .01$, $\eta^2=.51$), Anger Violence ($F=169.17$, $p < .01$, $\eta^2=.30$), Post-Traumatic Stress Disorder($F=349.12$, $p < .01$, $\eta^2=.47$), Eating Disorder

($F=366.89$, $p < .01$, $\eta^2=.48$), Oppositional Defiant Disorder ($F=43.81$, $p < .01$, $\eta^2=.10$), Academic Problem ($F=55.96$, $p < .01$, $\eta^2=.12$), Interpersonal Problem ($F=44.19$, $p < .01$, $\eta^2=.10$), Generalized Anxiety Disorder ($F=79.81$, $p < .01$, $\eta^2=.17$), Suicidal Ideation ($F=65.05$, $p < .01$, $\eta^2=.14$), Substance Abuse Disorder ($F=6.08$, $p < .01$, $\eta^2=.02$) and Major depression ($F=128.42$, $p < .01$, $\eta^2=.24$).

The illustration of the results of ANOVA (**Table-11**) showed significant independent effects of 'Gender' for all the analyses on the Conduct Disorder ($F=32.50$, $p < .01$, $\eta^2=.08$), Anger Violence ($F=16.15$, $p < .01$, $\eta^2=.04$), Post Traumatic Stress Disorder ($F=14.93$, $p < .01$, $\eta^2=.04$), Eating Disorder ($F=23.63$, $p < .01$, $\eta^2=.06$), Oppositional Defiant Disorder ($F=33.03$, $p < .01$, $\eta^2=.08$), Academic Problem ($F=177.49$, $p < .05$, $\eta^2=.04$), Generalized Anxiety Disorder ($F=35.67$, $p < .01$, $\eta^2=.08$), Suicidal Ideation ($F=27.50$, $p < .01$, $\eta^2=.06$), Substance Abuse Disorder ($F=55.06$, $p < .01$, $\eta^2=.12$) and Major depression ($F=8.94$, $p < .01$, $\eta^2=.02$).

The illustration of the results of ANOVA (**Table-11**) showed significant independent effects of 'Ecology and Gender' for all the analyses on the Conduct Disorder ($F=185.98$, $p < .01$, $\eta^2=.59$), Anger Violence ($F=74.86$, $p < .01$, $\eta^2=.36$), Post Traumatic Stress Disorder ($F=143.88$, $p < .01$, $\eta^2=.52$), Eating Disorder ($F=163.47$, $p < .01$, $\eta^2=.55$), Oppositional Defiant Disorder ($F=29.84$, $p < .01$, $\eta^2=.18$), Academic Problem ($F=31.03$, $p < .05$, $\eta^2=.19$), Generalized Anxiety Disorder ($F=54.58$, $p < .01$, $\eta^2=.29$), Suicidal Ideation ($F=31.26$, $p < .01$, $\eta^2=.19$), Substance Abuse Disorder ($F=55.06$, $p < .01$, $\eta^2=.12$) and Major depression ($F=53.34$, $p < .01$, $\eta^2=.29$).

The results revealed the effect-size on **Conduct Disorder** indicated that 'Ecology' showed effect of 51% ($p < .01$), 'Gender' had effect size of 8% ($p < .01$) and 'Ecology and Gender' had effect size of 59% ($p < .01$); **Anger Violence Proneness** indicated that 'Ecology' showed effect of 30% ($p < .01$), 'Gender' had effect size of 4% ($p < .01$) and 'Ecology and Gender' had effect size of 36% ($p < .01$); **Oppositional Defiant Disorder** indicated that 'Ecology' showed effect of 10% ($p < .01$), 'Gender' had effect size of 8% ($p < .01$) and 'Ecology and Gender' had effect size of 18% ($p < .01$); **Academic Problem** indicated that 'Ecology' showed effect of 12% ($p < .01$), 'Gender' had effect size of 4% ($p < .01$) and 'Ecology and Gender' had effect size of 18% ($p < .01$); **Substance Abuse** indicated that 'Ecology' showed effect of 2% ($p < .01$), 'Gender' had effect size of 2% ($p < .01$) and 'Ecology and Gender' had effect size of 24% ($p < .01$).

.01), 'Gender' had effect size of 12% ($p < .01$) and 'Ecology and Gender' had effect size of 16% ($p < .01$); **Eating Disorder** indicated that 'Ecology' showed effect of 48% ($p < .01$), 'Gender' had effect size of 6% ($p < .01$) and 'Ecology and Gender' had effect size of 55% ($p < .01$); **Interpersonal Problem** indicated that 'Ecology' showed effect of 10% ($p < .01$), 'Gender' had effect size of 6% ($p < .01$) and 'Ecology and Gender' had effect size of 16% ($p < .01$); **Generalized Anxiety Disorder** indicated that 'Ecology' showed effect of 17% ($p < .01$), 'Gender' had effect size of 8% ($p < .01$) and 'Ecology and Gender' had effect size of 29% ($p < .01$); **Post Traumatic Disorder** indicated that 'Ecology' showed effect of 47% ($p < .01$), 'Gender' had effect size of 4% ($p < .01$) and 'Ecology and Gender' had effect size of 52% ($p < .01$); **Major Depressive Disorder** indicated that 'Ecology' showed effect of 24% ($p < .01$), 'Gender' had effect size of 2% ($p < .01$) and 'Ecology and Gender' had effect size of 29% ($p < .01$); and **Suicidal Ideation** indicated that 'Ecology' showed effect of 13% ($p < .01$), 'Gender' had effect size of 6% ($p < .01$) and 'Ecology and Gender' had effect size of 19% ($p < .01$).

Thus, results on **Table –11** showed that 'Ecology' appeared to have the highest significant independent effect on Conduct Disorder ($F=407.89$, $p < .01$, $\eta^2=.51$) among all the behavioural variables. 'Gender' had the highest independent effect on Substance Abuse ($F=55.06$, $p < .01$, $\eta^2=.12$), and largest effect size of 'Ecology and Gender' was found to be on Conduct Disorder 59% ($p < .01$).

Table-12: ANOVA for Mental Wellbeing. Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring, Permissive, Authoritarian, Authoritative, Overprotection, Rejection, Emotional Warmth and Favouring Subject of the subscales of Perceived Parenting Styles for the whole samples.

Dependent	Independent	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Wellbeing	Ecology	129.74	1	129.74	3.71	.05	.01
	Gender	368.64	1	368.64	10.722	.00	.03
	Ecology x Gender	510.08	3	170.03	4.97	.00	.04
Parental Involvement	Ecology	414.04	1	414.04	13.39	.00	.03
	Gender	58.52	1	58.522	1.839	.18	.00
	Ecology x Gender	681.05	3	227.02	7.46	.00	.05
Positive Parenting	Ecology	312.27	1	312.27	28.77	.00	.07
	Gender	1755.61	1	1755.61	242.89	.00	.38
	Ecology x Gender	2065.14	3	688.38	106.18	.00	.45
Inconsistent Discipline	Ecology	44.25	1	44.25	4.11	.04	.01
	Gender	12.25	1	12.25	1.13	.29	.00
	Ecology x Gender	77.22	3	25.74	2.40	.07	.02
Poor Monitoring	Ecology	49.56	1	49.56	2.76	.09	.01
	Gender	287.30	1	287.302	16.54	.00	.04
	Ecology x Gender	414.03	3	138.01	8.05	.00	.06
Corporal Punishment	Ecology	0.21	1	0.21	0.04	.84	.84
	Gender	13.69	1	13.69	2.663	.10	.01
	Ecology x Gender	35.79	3	11.93	2.33	.07	.02
Permissive	Ecology	1546.42	1	1546.42	111.29	.00	.22
	Gender	1069.29	1	1069.29	70.839	.00	.15
	Ecology x Gender	2807.50	3	935.83	86.80	.00	.40
Authoritarian	Ecology	165.78	1	165.78	9.90	.00	.02
	Gender	91.20	1	91.202	5.387	.02	.01
	Ecology x Gender	314.85	3	104.95	6.38	.00	.05
Authoritative	Ecology	1463.83	1	1463.83	119.47	.00	.23
	Gender	1115.56	1	1115.56	84.977	.00	.18
	Ecology x Gender	2665.05	3	888.35	95.72	.00	.42
Overprotection	Ecology	2648.43	1	2648.43	247.29	.00	.38
	Gender	325.80	1	325.803	19.691	.00	.05
	Ecology x Gender	3410.85	3	1136.95	128.63	.00	.49
Emotional Warmth	Ecology	9851.60	1	9851.60	253.95	.00	.39
	Gender	2704.00	1	2704	47.646	.00	.11
	Ecology x Gender	12427.60	3	4142.53	127.52	.00	.49
Rejection	Ecology	14.05	1	14.05	0.64	.42	.00
	Gender	95.06	1	95.063	4.388	.04	.01
	Ecology x Gender	214.41	3	71.47	3.33	.02	.02
Favouring Subject	Ecology	44.00	1	44.00	8.16	.00	.02
	Gender	231.04	1	231.04	46.962	.00	.11
	Ecology x Gender	394.53	3	131.51	29.02	.00	.18

The illustration of the results of ANOVA (**Table-12**) also showed significant independent effects of 'Ecology' for all the analyses on Well Being ($F=3.71$, $p < .05$, $\eta^2=.01$), Parental Involvement ($F=13.39$, $p < .01$, $\eta^2=.03$), Inconsistent Discipline ($F=28.77$, $p < .01$, $\eta^2=.07$), Positive Parenting ($F=4.11$, $p < .01$, $\eta^2=.01$), Poor Monitoring ($F=2.76$, $p < .01$, $\eta^2=.01$), Permissive Parenting ($F=111.29$, $p < .01$, $\eta^2=.22$), Authoritarian Parenting ($F=9.90$, $p < .05$, $\eta^2=.02$), Authoritative Parenting

($F=119.47$, $p < .01$, $\eta^2=.23$), Overprotection ($F=247.29$, $p < .01$, $\eta^2=.38$), Rejection($F=253.95$, $p < .01$, $\eta^2=.39$), and Favouring Subject ($F=8.16$, $p < .01$, $\eta^2=.02$).

The illustration of the results of ANOVA (**Table-12**) showed significant independent effects of 'Gender' for all the analyses on Well Being ($F=10.72$, $p < .01$, $\eta^2=.03$), Inconsistent Discipline ($F=242.89$, $p < .01$, $\eta^2=.38$), Poor Monitoring ($F=16.54$, $p < .01$, $\eta^2=.04$), Permissive Parenting($F=70.84$, $p < .01$, $\eta^2=.15$), Authoritarian Parenting ($F=5.39$, $p < .05$, $\eta^2=.01$), Authoritative Parenting ($F=84.98$, $p < .01$, $\eta^2=.18$), Overprotection ($F=19.70$, $p < .01$, $\eta^2=.05$), Rejection($F=47.65$, $p < .01$, $\eta^2=.11$), Emotional Warmth ($F=4.39$, $p < .01$, $\eta^2=.01$), and Favouring Subject ($F=46.97$, $p < .01$, $\eta^2=.11$).

The illustration of the results of ANOVA (**Table-12**) also showed significant independent effects of 'Ecology and Gender' for all the analyses on Well Being ($F=4.97$, $p < .01$, $\eta^2=.04$), Parental Involvement ($F=7.46$, $p < .01$, $\eta^2=.05$), Inconsistent Discipline ($F=106.18$, $p < .01$, $\eta^2=.45$), Poor Monitoring ($F=8.05$, $p < .01$, $\eta^2=.06$), Permissive Parenting($F=86.80$, $p < .01$, $\eta^2=.40$), Authoritarian Parenting ($F=6.38$, $p < .05$, $\eta^2=.05$), Authoritative Parenting ($F=95.72$, $p < .01$, $\eta^2=.42$), Overprotection ($F=128.63$, $p < .01$, $\eta^2=.49$), Rejection($F=127.52$, $p < .01$, $\eta^2=.49$),), Emotional Warmth ($F=3.33$, $p < .01$, $\eta^2=.02$), and Favouring Subject ($F=8.16$, $p < .01$, $\eta^2=.02$).

The results revealed the effect-size on Mental **Wellbeing** indicated that 'Ecology' showed effect of 1% ($p < .01$), 'Gender' had effect size of 3% ($p < .01$) and 'Ecology and Gender' had effect size of 4% ($p < .01$); **Parental Involvement** indicated that 'Ecology' showed effect of 3% ($p < .01$), 'Ecology and Gender' had effect size of 5% ($p < .01$); **Inconsistent Discipline** indicated that 'Ecology' showed effect of 7% ($p < .01$), 'Gender' had effect size of 38% ($p < .01$) and 'Ecology and Gender' had effect size of 45% ($p < .01$); **Positive parenting** indicated that 'Ecology' showed effect of 1% ($p < .01$); **Poor Monitoring** indicated that 'Gender' had effect size of 4% ($p < .01$) and 'Ecology and Gender' had effect size of 6% ($p < .01$); **Permissive Parenting** indicated that 'Ecology' showed effect of 22% ($p < .01$), 'Gender' had effect size of 15% ($p < .01$) and 'Ecology and Gender' had effect size of 40% ($p < .01$); **Authoritarian Parenting** indicated that 'Ecology' showed effect of 2% ($p < .01$), 'Gender' had effect size of 1% ($p < .01$) and 'Ecology and Gender' had effect size of 5% ($p < .01$); **Authoritative Parenting** indicated that 'Ecology' showed

effect of 23% ($p < .01$), ‘Gender’ had effect size of 18% ($p < .01$) and ‘Ecology and Gender’ had effect size of 42% ($p < .01$); **Overprotection** indicated that ‘Ecology’ showed effect of 38% ($p < .01$), ‘Gender’ had effect size of 5% ($p < .01$) and ‘Ecology and Gender’ had effect size of 49% ($p < .01$); **Rejection** indicated that ‘Ecology’ showed effect of 39% ($p < .01$), ‘Gender’ had effect size of 11% ($p < .01$) and ‘Ecology and Gender’ had effect size of 49% ($p < .01$); **Emotional Warmth** indicated that ‘Gender’ had effect size of 1% ($p < .01$) and ‘Ecology and Gender’ had effect size of 2% ($p < .01$); **Favouring Subject** indicated that ‘Ecology’ showed effect of 2% ($p < .01$), ‘Gender’ had effect size of 11% ($p < .01$) and ‘Ecology and Gender’ had effect size of 18% ($p < .01$).

Thus, results on **Table – 12** showed that ‘Ecology’ appeared to have the highest significant independent effect on Rejection ($F=253.95$, $p < .01$, $\eta^2=.39$) among all the behavioural variables. ‘Gender’ had the highest independent effect on Authoritative Parenting ($F=84.98$, $p < .01$, $\eta^2=.18$), and largest effect size of ‘Ecology and Gender’ was found to be on both Overprotection and Rejection 49% ($p < .01$).

Multiple Regression Analysis:

Using the step wise method model of Regression, a significant model emerged that the Durbin Watson statistics and the co linearity statistics were supported by the normality and the homogeneity of the regression slope.

Table- 13: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as predictor and Conduct Disorder (as criterion) for the whole samples.

Criterion	Predictor Model	R ²	F change	sig	DW	Beta	T	VIF	
CONDUCT DISORDER	Parental involvement	.02	6.13	.01	.94	PI	0.12	1	1
	Parental involvement, Inconsistent discipline	.10	38.62	.00		PI	1.00	.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting	.10	.01	.97		PP	0.99	.98	1.02
						PI	0.10	.99	1.04
						PP	-0.30	.99	1.05
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	.11	1.46	.23		ID	0.00	.99	1.06
						PI	0.10	.98	1.02
						PP	-0.29	.96	1.08
						ID	0.00	.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring, Corporal punishment	.11	.17	.17		PM	0.06	.97	1.03
						PI	0.10	.98	1.02
						PP	-0.29	.96	1.05
ID					0.01	.95	1.05		
PM					0.06	.97	1.03		
				CP	-0.02	.96	1.05		

The findings shown in **Table -13** revealed that Parental Involvement and Inconsistent Discipline are significant predictors on scores of Conduct Disorder. Parental Involvement as a predictor explains 2% of Conduct Disorder; Parental Involvement and Inconsistent Discipline together explains 10%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 10%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 11%; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 11% of Conduct Disorder for the whole sample.

Table- 14: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Anger Violence (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
ANGER VIOLENCE	Parental involvement	0.01	2.11	0.15	0.94	PI	0.07	1	1
	Parental involvement, Inconsistent discipline	0.05	20.96	0.00		PI	0.06	0.99	1.01
						PP	-0.22	0.96	1.05
	Parental involvement, Inconsistent discipline, Positive parenting	0.06	0.25	0.62		PI	0.06	0.99	1.01
						PP	-0.23	0.96	1.05
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.06	0.14	0.71		ID	0.02	0.95	1.05
						PI	0.06	0.99	1.01
						PP	-0.22	0.96	1.05
						ID	0.02	0.95	1.05
						PM	0.02	0.97	1.03
Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.07	0.05	0.83	PI	0.06	0.99	1.01		
				PP	-0.22	0.96	1.05		
				ID	0.03	0.95	1.05		
				PM	0.02	0.97	1.03		
				CP	-0.01	0.96	1.05		

The findings shown in **Table -14** revealed that Inconsistent Discipline is as significant predictor on scores of Anger Violence Proneness. Parental Involvement as a predictor explains 1% of Anger Violence Proneness; Parental Involvement and Inconsistent Discipline together explains 5%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 6%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 6% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 7% of Anger Violence Proneness for the whole sample.

Table-15: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Oppositional Defiant Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
OPPOSITIONAL DEFIANT DISORDER	Parental involvement	0.01	2.64	0.10	0.80	PI	0.08	1	1
	Parental involvement, Inconsistent discipline	0.02	7.34	0.00		PI	0.09	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.02	0.96	0.32		PP	0.13	1.00	1.00
						PI	0.09	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.02	0.62	0.43		PP	0.14	0.99	1.01
						ID	-0.05	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	.03	1.19	0.27		PI	0.09	0.99	1.01
						PP	0.15	0.96	1.04
						ID	-0.05	0.99	1.01
						PM	0.04	0.97	1.03
						PI	0.09	0.99	1.01
						PP	0.15	0.96	1.05
				ID	-0.04	0.95	1.05		
				PM	0.04	0.97	1.03		
				CP	-0.06	0.96	1.05		

The findings shown in **Table - 15** revealed that Inconsistent Discipline is a significant predictor on scores of Oppositional Defiant Disorder. Parental Involvement as a predictor explains 1% of Oppositional Defiant Disorder; Parental Involvement and Inconsistent Discipline together explains 2%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 2%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 2% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 3% of Oppositional Defiant Disorder for the whole sample.

Table-16: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Academic Problem (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
ACADEMIC PROBLEM	Parental involvement	0.01	3.45	0.06	1.63	PI	-0.09	1	1
	Parental involvement, Inconsistent discipline	0.08	31.96	0.00		PI	-0.08	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.13	21.60	0.00		PP	0.27	1.00	1.00
						PI	-0.07	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.13	0.34	0.56		PP	0.25	0.99	1.01
						ID	0.22	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.14	3.80	0.05		PI	-0.08	0.99	1.01
						PP	0.25	0.96	1.04
						ID	0.22	0.99	1.01
						PM	0.03	0.97	1.03
						PI	-0.08	0.99	1.01
						PP	0.25	0.96	1.05
				ID	0.20	0.95	1.05		
				PM	0.03	0.97	1.03		
				CP	0.09	0.96	1.05		

The findings shown in **Table - 16** revealed that Inconsistent Discipline and Positive Parenting are significant predictors on scores of Academic Problem. Parental Involvement as a predictor explains 1% of Academic Problem; Parental Involvement and Inconsistent Discipline together explains 8%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 13%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 13% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 14% of Academic Problem for the whole sample.

Table- 17: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Substance Abuse (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
SUBSTANCE ABUSE DISORDER	Parental involvement	0.02	9.43	0.12	1.11	PI	-0.15	1	1
	Parental involvement, Inconsistent discipline	0.09	33.16	0.00		PI	-0.14	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.10	0.44	0.51		PP	0.27	1.00	1.00
						PI	-0.13	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.10	0.91	0.34		PP	0.27	0.99	1.01
						ID	0.03	0.99	1.01
						PI	-0.14	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.10	0.50	0.48		PP	0.28	0.96	1.04
						ID	0.03	0.99	1.01
						PM	0.05	0.97	1.03
						PI	-0.14	0.99	1.01
						PP	0.28	0.96	1.05
								ID	0.02
						PM	0.05	0.97	1.03
						CP	0.03	0.96	1.05

The findings shown in **Table - 17** revealed that Inconsistent Discipline are significant predictors on scores of Substance Abuse. Parental Involvement as a predictor explains 2% of Academic Problem; Parental Involvement and Inconsistent Discipline together explains 9%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 10%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 10% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 10% of Substance Abuse for the whole sample.

Table- 18: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Eating Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
EATING DISORDER	Parental involvement	0.13	5.53	0.02	0.94	PI	-0.12	1	1
	Parental involvement, Inconsistent discipline	0.13	0.01	0.94		PI	-0.12	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.16	1.01	0.32		PP	0.00	1.00	1.00
						PI	-0.12	1.00	1.00
						PP	-0.01	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.16	0.01	0.78		ID	0.05	0.99	1.01
						PI	-0.12	0.99	1.01
						PP	-0.01	0.96	1.04
						ID	0.05	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.16	0.48	0.98		PM	0.01	0.97	1.03
						PI	-0.12	0.99	1.01
						PP	-0.01	0.96	1.05
ID					0.05	0.95	1.05		
PM					0.01	0.97	1.03		
	CP	0.00	0.96	1.05					

The findings shown in **Table -18** revealed that Parental Involvement is significant predictors on scores of Eating Disorder. Parental Involvement as a predictor explains 13% of Eating Disorder; Parental Involvement and Inconsistent Discipline together explains 13%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 16%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 16% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 16% of Eating Disorder for the whole sample.

Table-19: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Interpersonal Problem (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
INTERPERSONAL PROBLEM	Parental involvement	0.03	10.89	0.00	1.21	PI	-0.16	1	1
	Parental involvement, Inconsistent discipline	0.14	65.33	0.00		PI	-0.14	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.14	1.00	0.99		PP	0.37	1.00	1.00
						PI	-0.14	1.00	1.00
						PP	0.37	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.15	0.58	0.80		ID	0.00	0.99	1.01
						PI	-0.14	0.99	1.01
						PP	0.37	0.96	1.04
						ID	0.00	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.16	10.89	10.89		PM	0.01	0.97	1.03
						PI	-0.14	0.99	1.01
						PP	0.38	0.96	1.05
ID					0.01	0.95	1.05		
PM					0.01	0.97	1.03		
	CP	-0.04	0.96	1.05					

The findings shown in **Table - 19** revealed that Parental Involvement and Inconsistent Discipline are significant predictors on scores of Interpersonal Problem. Parental Involvement as a predictor explains 3% of Interpersonal Problem; Parental Involvement and Inconsistent Discipline together explains 14%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 14%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 15% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 16% of Interpersonal Problem for the whole sample.

Table-20: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Generalized Anxiety Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW	Beta	T	VIF	
GENERALIZED ANXIETY DISORDER	Parental involvement	0.01	1.67	0.20	1.22	PI	-0.06	1	1
	Parental involvement, Inconsistent discipline	0.02	4.36	0.04		PI	-0.07	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.02	0.13	0.72		PP	-0.10	1.00	1.00
						PI	-0.07	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.02	0.09	0.87		PP	-0.10	0.99	1.01
						ID	-0.02	0.99	1.01
						PI	-0.07	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.03	3.92	0.05		PP	-0.10	0.96	1.04
						ID	-0.02	0.99	1.01
						PM	0.01	0.97	1.03
						PI	-0.07	0.99	1.01
						PP	-0.09	0.96	1.05
				ID	0.00	0.95	1.05		
				PM	0.01	0.97	1.03		
				CP	-0.10	0.96	1.05		

The findings shown in **Table - 20** revealed that Inconsistent Discipline and Corporal Punishment are significant predictors on scores of Generalized Anxiety Disorder. Parental Involvement as a predictor explains 1% of Generalized Anxiety Disorder; Parental Involvement and Inconsistent Discipline together explains 2%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 2%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 2% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 3% of Generalized Anxiety Disorder for the whole sample.

Table-21: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Post-Traumatic Stress Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
POST TRAUMATIC STRESS DISORDER	Parental involvement	0.01	6.79	0.01	0.94	PI	-0.12	1	1
	Parental involvement, Inconsistent discipline	0.02	0.84	0.36		PI	-0.12	0.99	0.01
						PP	0.04	0.96	0.36
	Parental involvement, Inconsistent discipline, Positive parenting	0.02	1.28	0.26		PI	-0.12	0.99	0.26
						PP	0.04	0.96	0.87
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.02	0.03	0.87		ID	0.06	0.95	0.49
						PI	-0.12	0.99	1.01
						PP	0.04	0.96	1.05
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.02	0.48	0.49		ID	0.06	0.95	1.05
						PM	-0.01	0.97	1.03
PI					-0.12	0.99	1.01		
PP					0.04	0.96	1.05		
						ID	0.06	0.95	1.05
						PM	-0.01	0.97	1.03
						PI	-0.12	0.99	1.01
						PP	0.04	0.96	1.05
						ID	0.06	0.95	1.05
						PM	-0.01	0.97	1.03
						CP	-0.04	0.96	1.05

The findings shown in **Table - 21** revealed that Parental Involvement is significant predictors on scores of Post-Traumatic Stress Disorder. Parental Involvement as a predictor explains 1% of Post-Traumatic Stress Disorder; Parental Involvement and Inconsistent Discipline together explains 2%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 2%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 2% ; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 2% of Post-Traumatic Stress Disorder for the whole sample.

Table-22: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Major Depressive Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
MAJOR DEPRESSIVE DISORDER	Parental involvement	0.01	0.94	0.33	1.12	PI	0.05	1	1
	Parental involvement, Inconsistent discipline	0.01	1.51	0.22		PI	0.05	1.00	1.00
						PP	0.06	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.02	3.14	0.08		PI	0.05	1.00	1.00
						PP	0.05	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.02	0.97	0.32		ID	0.09	0.99	1.01
						PI	0.06	0.99	1.01
						PP	0.04	0.96	1.04
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.02	1.21	0.27		ID	0.09	0.99	1.01
						PM	-0.05	0.97	1.03
PI					0.06	0.99	1.01		
PP					0.05	0.96	1.05		
						ID	0.10	0.95	1.05
						PM	-0.05	0.97	1.03
						CP	-0.06	0.96	1.05

The findings shown in **Table - 22** revealed that that there is no significant predictor on scores of Major Depressive Disorder. Parental Involvement as a predictor explains 1% of Major Depressive Disorder; Parental Involvement and Inconsistent Discipline together explains 1%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 2%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 2%; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 2% of Major Depressive Disorder for the whole sample.

Table-23: Multiple Regression Analysis of the subscales of Alabama Parenting Questionnaire as the predictor on Suicide (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
SUICIDE	Parental involvement	0.01	2.38	0.12	1.36	PI	-0.07	1	1
	Parental involvement, Inconsistent discipline	0.08	32.39	0.00		PI	-0.06	1.00	1.00
	Parental involvement, Inconsistent discipline, Positive parenting	0.7	0.10	0.75		PP	0.27	1.00	1.00
						PI	-0.06	1.00	1.00
						PP	0.28	0.99	1.01
	Parental involvement, Inconsistent discipline, Positive parenting, poor monitoring	0.07	0.06	0.81		ID	-0.02	0.99	1.01
						PI	-0.06	0.99	1.01
						PP	0.28	0.96	1.04
	Parental involvement, Inconsistent discipline, Positive parenting, Poor monitoring, Corporal punishment	0.07	0.59	0.44		ID	-0.02	0.99	1.01
						PM	0.01	0.97	1.03
						PI	-0.06	0.99	1.01
						PP	0.28	0.96	1.05
						ID	-0.02	0.95	1.05
						PM	0.01	0.97	1.03
						CP	0.04	0.96	1.05

The findings shown in **Table - 23** revealed that Inconsistent Discipline is a significant predictor on scores of Suicide. Parental Involvement as a predictor explains 1% of Suicide; Parental Involvement and Inconsistent Discipline together explains 8%; Parental Involvement, Inconsistent Discipline and Positive Parenting explains 8%; Parental Involvement, Inconsistent Discipline, Positive Parenting and Poor Monitoring explains 8%; and Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring and Corporal Punishment explains 8% of Suicide for the whole sample.

persistence aspects of parental rearing styles of children which are strong discipline; parental disharmony; rejection of the child and inadequate involvement in the child's activities cause delinquency among adolescents (Okorodudu & Okorodudu, 2003).

The development of adolescent antisocial behavior is often considered to be the result of a set of family and personal factors, with the child's aggressive behaviour representing a substantial part of that developmental pattern. For example, children with difficult temperaments and early behavioral problems are at greater risk for later adolescent aggression and conduct problems. This developmental course is also set within the child's social environment. For example, poor parenting practices, such as poor parental monitoring and supervision and high rates of harsh and inconsistent discipline, have been shown to contribute to children's aggressive behaviour (Tammy, 2004).

Adolescents' aggressive and noncompliant behavior is reinforced when parents engage in an inconsistent discipline practice when the parent makes a request, the adolescent responds negatively, and the parent backs down (Patterson, 1992). Numerous researchers found associations between higher levels of inconsistent discipline and more behavior problems. For example, inconsistent discipline, relative to more consistent discipline, has been associated with problematic psychological adjustment of adolescents, such as depression and anxiety and externalizing behaviors, such as delinquent acts (Dwairy, 2008).

Families play a crucial role in supporting adolescents' academic outcomes. Warm parent-child relationships have been associated positively to minority youths' academic outcomes (Alfaro et al. 2009). Whether parents are involved in and support their adolescents' school life can directly affect their personal and social development as well as their academic success (Gecas & Schwalbe, 1986). Previous research has shown parent involvement in school directly impacts student success (Harris & Goodall, 2008). Shek, Lee, and Chan, (1998) study on Chinese revealed cause of low academic achievement was conflict with mother and father of less responsive and less demanding parents had conflict with their children.

A large body of research shows that the type of parenting style used by the parents has greatest effect on adolescent drug use. A strong feeling of rejection, hostility, and helplessness are the factors associated with drug dependency. Dhillon

and Parwah (1981) reported that drug abusers to be emotionally insecure when compared to normal subjects. Mc Cord and Howard (1963) found rejection, primitiveness and inconsistencies in the background of delinquent and aggressive boys.

Adolescents' aggressive and noncompliant behavior is reinforced when parents engage in an inconsistent discipline practice when the parent makes a request, the adolescent responds negatively, and the parent backs down (Patterson,1992). Numerous researchers found associations between higher levels of inconsistent discipline and more behavior problems such as substance abuse and delinquency.

Symptoms of eating disorders usually first become evident early in adolescence. Factors that appear to place girls at increased risk for anorexia or bulimia include low self-esteem, poor coping skills, childhood physical or sexual abuse, early sexual maturation, and perfectionism. Less responsive parenting has been found to be associated with maternal eating disorder psychopathology (Woolley & McPherson, 1999).The use of corporal punishment is associated with increased mental health problems in children including increased psychological distress, which may lead to anxiety, depression, alcohol and drug use, and general psychological maladjustment in those to whom it is applied (Dubanowski,1983).

Numerous investigators have probed the relation between parenting and youth dysfunction, including depression and other internalizing problems and disorders (Burbach and Borduin, 1986). Across the wide array of literature on parenting and youth psychopathology, two broad dimensions of parental behavior have attracted special interest: rejection and control. Rejection is defined in the literature as a cluster of parent behaviors associated with unresponsiveness to and disapproval of the child (Clark & Ladd, 2000). Clinical studies have found that depressed patients are highly likely to remember their parents as providing low care and being overprotective (Blatt et al., 1979).

The quality of the parent–child relationship is an important factor in suicide and suicidal behaviour (Wagner et.al., 1995). Gould et al. (1996) found that poor communication with father was a significant risk factor for suicide in older adolescents, even after adjusting for other factors. Tousignant et al. (1993) also found that a negative father–child relationship had a key and enduring role in suicidal

behavior of adolescents and young adults. Lack of perceived parental support or availability is also associated with adolescent attempted suicide (Yuen et al., 1996). Conversely, family cohesion, positive parent– child connection, spending time together, parental supervision, and high parental academic and behaviour expectations were protective (Borowsky et al., 1999).

Table-25: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Conduct Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
CONDUCT DISORDER	Permissive	0.17	82.43	0.00	1.12	PQP	-0.41	1	1
	Permissive	0.17	0.30	0.59		PQP	-0.41	0.97	1.03
	Authoritarian					PQA	0.03	0.97	1.03
	Permissive	0.37	52.34	0.00		PQP	-0.27	0.81	1.23
	Authoritarian					PQA	0.01	0.97	1.03
	Authoritative					PQF	-0.34	0.82	1.21

The findings shown in **Table – 25** revealed that Permissive and Authoritative parenting are significant predictors on scores of Conduct Disorder. Permissive Parenting as a predictor explains 17% of Conduct Disorder; Permissive Parenting and Authoritarian Parenting together explains 37%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains % of Conduct Disorder for the whole sample.

Table-26: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Anger Violence Proneness (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
ANGER VIOLENCE PRONENESS	Permissive	0.08	35.49	0.00	1.33	PQP	-0.2	1	1
	permissive	0.09	1.99	0.16		PQP	-0.27	0.97	1.03
	authoritarian	PQA				0.07	0.97	1.03	
	permissive	0.15	30.60	0.00		PQP	-0.27	0.81	1.23
	authoritarian					PQA	0.07	0.97	1.03
	authoritative					PQF	-0.28	0.82	1.21

The findings shown in **Table – 26** revealed that Permissive and Authoritative parenting are significant predictors on scores of Conduct Disorder. Permissive Parenting as a predictor explains 17% of Conduct Disorder; Permissive Parenting and Authoritarian Parenting together explains 37%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains % of Conduct Disorder for the whole sample.

Table- 27: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Oppositional Defiant Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
OPPOSITIONAL DEFIANT DISORDER	permissive	0.00	1.10	0.29	0.80	PQP	-0.05	1	1
	permissive	0.01	0.17	0.68		PQP	-0.06	0.97	1.03
	authoritarian					PQA	-0.02	0.97	1.03
	permissive	0.01	12.16	0.00		PQP	0.02	0.81	1.23
	authoritarian					PQA	-0.03	0.97	1.03
	authoritative					PQF	-0.19	0.82	1.21

The findings shown in **Table –27** revealed that Authoritative parenting is significant predictors on scores of Oppositional Defiant Disorder. Permissive Parenting and Authoritarian Parenting together explains 1% of Oppositional Defiant Disorder; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explain 1% of Oppositional Defiant Disorder for the whole sample.

Table- 28: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Academic Problem (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
ACADEMIC PROBLEM	Permissive	0.10	44.61	0.00	1.78	PQP	0.32	1	1
	Permissive	0.11	5.59	0.02		PQP	0.30	0.97	1.03
	Authoritarian					PQA	-0.11	0.97	1.03
	Permissive	0.12	4.06	0.04		PQP	0.26	0.81	1.23
	Authoritarian					PQA	-0.11	0.97	1.03
	Authoritative					PQF	0.10	0.82	1.21

The findings shown in **Table –28** revealed that Permissive and Authoritative parenting are significant predictors on scores of Academic Problem. Permissive Parenting as a predictor explains 17% of Conduct Disorder; Permissive Parenting and Authoritarian Parenting together explain 37%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains % of Academic Problem for the whole sample.

Table-29: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Conduct Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW	Beta	VIF	T	
SUBSTANCE ABUSE	Permissive	0.16	74.63	0.00	1.22	PQP	0.40	1	1
	Permissive	0.16	0.05	0.83		PQP	0.40	0.97	1.03
	Authoritarian					PQA	-0.04	0.97	1.03
	Permissive	0.19	15.78	0.00		PQP	0.24	0.81	1.23
	Authoritarian					PQA	-0.05	0.97	1.03
	Authoritative					PQF	0.20	0.80	1.25

The findings shown in **Table – 29** revealed that Permissive and Authoritative parenting are significant predictors on scores of Substance Abuse Disorder. Permissive Parenting as a predictor explains 16% of Substance Abuse Disorder; Permissive Parenting and Authoritarian Parenting together explains 16%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains 17% of Substance Abuse Disorder for the whole sample.

Table-30: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Eating Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
EATING DISORDER	Permissive	0.06	24.82	0.01	.89	PQP	0.24	1	1
	Permissive	0.06	0.20	0.66		PQP	0.24	0.97	1.03
	Authoritarian					PQA	-0.02	0.97	1.03
	Permissive					PQP	0.16	0.81	1.23
	Authoritarian	0.06	12.33	0.01		PQA	-0.02	0.97	1.03
	Authoritative					PQF	0.19	0.82	1.21

The findings shown in **Table – 30** revealed that Permissive and Authoritative parenting are significant predictors on scores of Eating Disorder. Permissive Parenting as a predictor explains 6% of Eating Disorder; Permissive Parenting and Authoritarian Parenting together explain 6%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains 6 % of Eating Disorder for the whole sample.

Table-31: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Interpersonal Problem(as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
INTERPERSONAL PROBLEM	Permissive	0.19	94.35	0.00	1.46	PQP	0.44	1	1
	Permissive					PQP	0.44	0.97	1.03
	Authoritarian	0.19	0.12	0.73		PQA	-0.02	0.97	1.03
	Permissive					PQP	0.38	0.81	1.23
	Authoritarian	0.21	.64	0.01		PQA	-0.01	0.97	1.03
	Authoritative					PQF	0.12	0.82	1.21

The findings shown in **Table – 31** revealed that Permissive and Authoritative parenting are significant predictors on scores of Interpersonal Problem. Permissive Parenting as a predictor explains 19% of Interpersonal Problem; Permissive Parenting and Authoritarian Parenting together explain 19%; and Permissive Parenting,

Authoritarian Parenting and Authoritative Parenting explains 21% of Interpersonal Problem for the whole sample.

Table-32: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Generalized Anxiety Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
GENERALIZED ANXIETY DISORDER	Permissive	0.01	4.24	0.04	1.17	PQP	0.10	1	1
	Permissive	0.02	2.21	0.14		PQP	0.09	0.97	1.03
	Authoritarian					PQA	-0.08	0.97	1.03
	Permissive	0.03	4.17	0.02		PQP	0.04	0.81	1.23
	Authoritarian					PQA	-0.07	0.97	1.03
	Authoritative					PQF	0.06	0.80	1.25

The findings shown in **Table – 32** revealed that Permissive and Authoritative parenting are significant predictors on scores of Generalized Anxiety Disorder. Permissive Parenting as a predictor explains 17% of Generalized Anxiety Disorder; Permissive Parenting and Authoritarian Parenting together explain 37%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains % of Generalized Anxiety Disorder for the whole sample.

Table-33: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Post-Traumatic Stress Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
POST TRAUMATIC STRESS DISORDER	Permissive	0.08	32.70	0.00	1.01	PQP	0.28	1	1
	Permissive	0.08	0.02	0.88		PQP	0.28	0.97	1.03
	Authoritarian					PQA	0.01	0.97	1.03
	Permissive	0.08	13.11	0.00		PQP	0.20	0.81	1.23
	Authoritarian					PQA	0.01	0.97	1.03
	Authoritative					PQF	0.19	0.82	1.21

The findings shown in Table – 33 revealed that Permissive and Authoritative parenting are significant predictors on scores of Post-Traumatic Stress Disorder. Permissive Parenting as a predictor explains 8% of Post-Traumatic Stress Disorder; Permissive Parenting and Authoritarian Parenting together explains 8%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains 8% of Post-Traumatic Stress Disorder for the whole sample.

Table-34: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Major Depressive Disorder (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
MAJOR DEPRESSIVE DISORDER	Permissive	0.04	17.37	0.00	1.15	PQP	0.20	1	1
	Permissive	0.04	0.11	0.74		PQP	0.21	0.96	1.02
	Authoritarian					PQA	0.02	0.97	1.03
	Permissive	0.05	3.31	0.07		PQP	0.17	0.81	1.23
	Authoritarian					PQA	0.02	0.98	1.04
	Authoritative					PQF	0.10	0.83	1.22

The findings shown in Table – 34 revealed that Permissive is a significant predictor on scores of Major Depressive Disorder. Permissive Parenting as a predictor explains 4% of Major Depressive Disorder; Permissive Parenting and Authoritarian Parenting together explain 4%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains 5% of Major Depressive Disorder for the whole sample.

Table-35: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Suicide (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
SUICIDE	Permissive	0.11	52.33	0.00	1.45	PQP	0.34	1	1
	Permissive	0.12	0.91	0.34		PQP	0.33	0.97	1.03
	Authoritarian					PQA	-0.05	0.97	1.03
	Permissive	0.14	15.78	0.00		PQP	0.24	0.81	1.23
	Authoritarian					PQA	-0.05	0.97	1.03
	Authoritative					PQF	0.20	0.80	1.25

The findings shown in Table – 35 revealed that Permissive and Authoritative parenting are significant predictors on scores of Suicide. Permissive Parenting as a predictor explains 11% of Suicide; Permissive Parenting and Authoritarian Parenting together explain 12%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains 14% of Suicide for the whole sample.

Table-36: Multiple Regression Analysis of the subscales of Parental Authority Questionnaire as the predictor on Mental Wellbeing (as criterion) for the whole sample.

Criterion	Predictor(S)	R ²	F change	sig	DW		Beta	VIF	T
Wellbeing	Permissive	0.01	.53	0.46	1.92	PQP	0.20	1	1
	Permissive	0.05	1.45	0.22		PQP	0.21	0.96	1.02
	Authoritarian					PQA	0.02	0.97	1.03
	Permissive	0.09	1.56	0.21		PQP	0.17	0.81	1.23
	Authoritarian					PQA	0.02	0.98	1.04
	Authoritative					PQF	0.10	0.83	1.22

The findings shown in Table –36 revealed that there are no significant predictors on scores of Mental Wellbeing. Permissive Parenting as a predictor explains 1% of Mental Wellbeing; Permissive Parenting and Authoritarian Parenting together explain 5%; and Permissive Parenting, Authoritarian Parenting and Authoritative Parenting explains 9% of Mental Wellbeing for the whole sample.

Permissive parents behave in an affirmative manner toward the adolescent's impulses, desires, and actions while consulting with the adolescent about family decisions. Further, permissive parents do not set rules, avoid engaging in behavioural control, and set few behavioural expectations for adolescents (Baumrind,2010).Adolescents from permissive families report a higher frequency of substance use, school misconduct, and are less engaged and less positively oriented to school compared to individuals from authoritative or authoritarian families (Querido et. al.,2002). Interestingly, permissive parents showed steep decreases in monitoring once their children reached adolescence and these children increased their levels of externalizing behaviour.

For example, poor parenting practices, such as poor parental monitoring and supervision and high rates of harsh and inconsistent discipline, have been shown to contribute to children's aggressive behaviour (Tammy, 2004).

The authoritarian parenting style is associated with parents who emphasize obedience and conformity and expect that rules be obeyed without explanation in a less warm environment (Baumrind et. al., 2010). Authoritarian parents exhibit low levels of trust and engagement toward their child, discourage open communication, and engage in strict control. More specifically, verbal hostility and psychological control were found to be the most detrimental of the authoritarian-distinctive, coercive power-assertive behaviours. Adolescents from most Caucasian authoritarian families have been found to exhibit poor social skills, low levels of self-esteem, and high levels of depression (Milevsky et. al., 2007). However, the effects of this parenting style vary based on the communities in which the adolescent lives.

Authoritative in their parenting style has significantly higher parent child relationship (Tam, Lee, Kumarasuriar and Har, 2012). Authoritative parenting was generally connected with good outcome (adjustment and guilt), Authoritative parents were seen as more consistent in discipline than authoritarian and neglectful parents (Shilkret and Vecchiotti, 1997). Correlational analyses Abar, Carter, and Winsler (2009) showed authoritative parenting to be associated with high levels of academic performance and study skills. Fraleigh (1987) found authoritative parenting was positively associated with academic performance than authoritarian and permissive parenting. Parental involvement in the context of an authoritative home environment

is much more likely to promote school success. Similarly adolescents with authoritative home environment do good in school, more self-reliance, report less psychological distress, and engage less in delinquent activity (Steinberg, Mounts, Lamborn, & Dornbusch, 1991). Adolescents with authoritative parents are less prone to externalizing behaviors, and specifically are less likely to engage in drug use than individuals with uninvolved parents (Fletcher, 1999).

Research has compared parenting practices across ethnic groups and found that authoritarian parenting is associated with more negative behavioral outcomes among Caucasian adolescents when compared to adolescents across other racial and ethnic groups (Lansford et al., 2004). Despite the negative effects of authoritarian parenting among some adolescents, especially among Caucasians, studies indicate that authoritarian parenting style has less of a negative effect for some ethnic minority adolescents. For example, research indicates that parents adapt their parenting styles to match the localized settings of their lives (Murry et al., 2001). Researchers have found that high levels of control has been linked to positive outcomes for minority adolescents that live in high-risk environments because they are more likely to interpret parents' strict discipline as more necessary and acceptable than do adolescents in low-risk communities (Simons et al., 2004).

Among Asians, researchers have found that strict and controlling parenting practices are valued, and child obedience is emphasized. These parenting behaviors are characterized as authoritarian and are associated with close involvement with the adolescent, devotion and willingness to make sacrifices for the child's well-being, and family-based control that is seen by both Asian adolescents and parents as important (Chao & Sue, 1996). Using an Asian American sample, researchers found that the authoritarian parenting style is associated with enhanced adjustment and academic performance among adolescents when compared to authoritative parenting practices (Steinberg et al., 1994).

Table-37: Multiple Regression Analysis of the subscales of EMBU as the predictor on Conduct Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
CONDUCT DISORDER	Overprotection	0.20	102.61	0.00	1.33	EMBO	-0.45	1	1
	Overprotection, Rejection	0.31	64.74	0.00		EMBO	-0.25	0.72	1.39
						EMWB	-0.39	0.72	1.39
	Overprotection, Rejection, Warmth	0.32	0.13	0.72		EMBO	-0.25	0.72	1.39
						EMWB	-0.39	0.72	1.40
						EMWR	0.02	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.34	10.70	0.00		EMBO	-0.26	0.71	1.40
						EMWB	-0.39	0.72	1.40
						EMWR	0.04	0.95	1.05
						EMWF	0.138	0.95	1.05

The findings shown in Table – 37 revealed that Overprotection, Rejection and Favouring Subject are significant predictors on scores of Conduct Disorder. Overprotection as a predictor explains 20% of Conduct Disorder; Overprotection and Rejection together explains 31%; Overprotection, Rejection and Emotional Warmth explains 32%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 34% of Conduct Disorder for the whole sample.

Table-38: Multiple Regression Analysis of the subscales of EMBU as the predictor on Anger Violence Proneness (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
ANGER VIOLENCE	Overprotection	0.12	54.77	0.00	1.36	EMBO	-0.35	1	1
	Overprotection, Rejection	0.15	12.59	0.00		EMBO	-0.25	0.72	1.39
						EMWB	-0.19	0.72	1.39
	Overprotection, Rejection, Warmth	0.16	3.58	0.05		EMBO	-0.25	0.72	1.39
						EMWB	-0.18	0.72	1.40
						EMWR	0.09	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.17	5.66	0.01		EMBO	-0.26	0.71	1.40
						EMWB	-0.18	0.72	1.40
						EMWR	0.11	0.95	1.05
						EMWF	0.11	0.95	1.05

The findings shown in **Table – 38** revealed that Overprotection, Rejection, and Favouring Subject are significant predictors on scores of Anger Violence Proneness. Overprotection as a predictor explains 12% of Anger Violence Proneness; Overprotection and Rejection together explains 15%; Overprotection, Rejection and Emotional Warmth explains 16%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 17% of Anger Violence Proneness for the whole sample.

Table-39: Multiple Regression Analysis of the subscales of EMBU as the predictor on Oppositional Defiant Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
OPPOSITIONAL DEFIANT DISORDER	Overprotection	0.25	10.28	0.00	.78	EMBO	-0.16	1	1
	Overprotection, Rejection	0.25	0.01	0.93		EMBO	-0.16	0.72	1.39
						EMWB	0.01	0.72	1.39
	Overprotection, Rejection, Warmth	0.31	0.02	0.12		EMBO	-0.16	0.72	1.39
						EMWB	0.00	0.72	1.40
						EMWR	-0.08	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.31	14.78	0.98		EMBO	-0.16	0.71	1.40
						EMWB	0.00	0.72	1.40
						EMWR	-0.08	0.95	1.05
						EMWF	0.00	0.95	1.05

The findings shown in **Table – 39** revealed that Overprotection is a significant predictor on scores of Oppositional Defiant Disorder. Overprotection as a predictor explains 25% of Anger Violence Proneness; Overprotection and Rejection together explains 25%; Overprotection, Rejection and Emotional Warmth explains 31%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 31% of Oppositional Defiant Disorder for the whole sample

Table-40: Multiple Regression Analysis of the subscales of EMBU as the predictor on Academic Problem (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
ACADEMIC PROBLEM	Overprotection	0.10	44.95	0.00	1.86	EMBO	0.32	1	1
	Overprotection, Rejection	0.15	24.46	0.01		EMBO	0.18	0.72	1.39
						EMWB	0.27	0.72	1.39
	Overprotection, Rejection, Warmth	0.16	0.82	0.37		EMBO	0.18	0.72	1.39
						EMWB	0.26	0.72	1.40
						EMWR	-0.04	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.16	0.01	0.93		EMBO	0.18	0.71	1.40
						EMWB	0.26	0.72	1.40
						EMWR	-0.04	0.95	1.05
						EMWF	0.00	0.95	1.05

The findings shown in **Table – 40** revealed that Overprotection and Rejection are significant predictors on scores of Academic Problem. Overprotection as a predictor explains 10% of Anger Violence Proneness; Overprotection and Rejection together explains 15%; Overprotection, Rejection and Emotional Warmth explains 16%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 16% of Academic Problem for the whole sample

Table-41: Multiple Regression Analysis of the subscales of EMBU as the predictor on Substance Abuse Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW	Beta	T	VIF	
SUBSTANCE ABUSE	Overprotection	0.02	8.24	0.00	1.10	EMBO	0.14	1	1
	Overprotection, Rejection	0.07	21.25	0.00		EMBO	0.00	0.72	1.39
						EMWB	0.26	0.72	1.39
	Overprotection, Rejection, Warmth	0.08	5.41	0.00		EMBO	0.01	0.72	1.39
						EMWB	0.25	0.72	1.40
						EMWR	-0.11	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.11	14.27	0.02		EMBO	-0.02	0.71	1.40
						EMWB	0.25	0.72	1.40
						EMWR	-0.08	0.95	1.05
						EMWF	0.18	0.95	1.05

The findings shown in **Table –41** revealed that Overprotection, Rejection, Overprotection and Favouring Subject are significant predictors on scores of Substance Abuse Disorder. Overprotection as a predictor explains 2% of Anger Violence Proneness; Overprotection and Rejection together explains 7%; Overprotection, Rejection and Emotional Warmth explains 8%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 11% of Substance Abuse Disorder for the whole sample.

Table-42: Multiple Regression Analysis of the subscales of EMBU as the predictor on Eating Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW	Beta	T	VIF	
EATING DISORDER	Overprotection	0.15	70.62	0.00	1.85	EMBO	0.39	1	1
	Overprotection, Rejection	0.19	19.13	0.00		EMBO	0.27	0.72	1.39
						EMWB	0.23	0.72	1.39
	Overprotection, Rejection, Warmth	0.19	0.03	0.93		EMBO	0.27	0.72	1.39
						EMWB	0.23	0.72	1.40
						EMWR	-0.01	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.22	14.78	0.01		EMBO	0.29	0.71	1.40
						EMWB	0.23	0.72	1.40
						EMWR	-0.04	0.95	1.05
						EMWF	-0.18	0.95	1.05

The findings shown in **Table – 42** revealed that Overprotection, Rejection, Overprotection and Favouring Subject are significant predictors on scores of Eating Disorder. Overprotection as a predictor explains 15% of Anger Violence Proneness; Overprotection and Rejection together explains 19%; Overprotection, Rejection and Emotional Warmth explains 19%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 22% of Eating Disorder for the whole sample.

Table-43: Multiple Regression Analysis of the subscales of EMBU as the predictor on Interpersonal Problem (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
INTERPERSONAL PROBLEM	Overprotection	0.10	43.55	0.00	1.37	EMBO	0.31	1	1
	Overprotection, Rejection	0.22	62.05	0.01		EMBO	0.10	0.72	1.39
						EMWB	0.41	0.72	1.39
	Overprotection, Rejection, Warmth	0.22	0.72	0.40		EMBO	0.10	0.72	1.39
						EMWB	0.42	0.72	1.40
						EMWR	0.04	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.22	0.02	0.88		EMBO	0.10	0.71	1.40
						EMWB	0.42	0.72	1.40
						EMWR	0.04	0.95	1.05
						EMWF	-0.01	0.95	1.05

The findings shown in **Table – 43** revealed that Overprotection and Rejection predictors on scores of Interpersonal Problem. Overprotection as a predictor explains 10% of Anger Violence Proneness; Overprotection and Rejection together explains 22%; Overprotection, Rejection and Emotional Warmth explains 22%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 22% of Interpersonal Problem for the whole sample.

Table-44: Multiple Regression Analysis of the subscales of EMBU as the predictor on Generalized Anxiety Disorder (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
GENERALIZED ANXIETY DISORDER	Overprotection	0.07	33.35	0.00	1.30	EMBO	0.28	1	1
	Overprotection, Rejection	0.08	0.07	0.67		EMBO	0.27	0.72	1.39
						EMWB	0.02	0.72	1.39
	Overprotection, Rejection, Warmth	0.08	0.95	0.33		EMBO	0.26	0.72	1.39
						EMWB	0.03	0.72	1.40
						EMWR	0.05	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.09	0.37	0.07		EMBO	0.28	0.71	1.40
						EMWB	0.03	0.72	1.40
						EMWR	0.03	0.95	1.05
						EMWF	-0.09	0.95	1.05

The findings shown in **Table – 44** revealed that Overprotection is a significant predictor on scores of Generalized Anxiety Disorder. Overprotection as a predictor explains 7% of Anger Violence Proneness; Overprotection and Rejection together explains 8%; Overprotection, Rejection and Emotional Warmth explains 8%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 9% of Generalized Anxiety Disorder for the whole sample

Table-45; Multiple Regression Analysis of the subscales of EMBU as the predictor on Post-Traumatic Stress Disorder(as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
POST-TRAUMATIC STRESS DISORDER	Overprotection	0.14	64.60	0.00	1.23	EMBO	0.37	1	1
	Overprotection, Rejection	0.19	21.89	0.00		EMBO	0.24	0.72	1.39
						EMWB	0.25	0.72	1.39
	Overprotection, Rejection, Warmth	0.19	0.01	0.93		EMBO	0.24	0.72	1.39
						EMWB	0.25	0.72	1.40
						EMWR	0.00	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.22	18.08	0.01		EMBO	0.26	0.71	1.40
						EMWB	0.25	0.72	1.40
						EMWR	-0.03	0.95	1.05
						EMWF	-0.19	0.95	1.05

The findings shown in Table – 45 revealed Overprotection, Rejection and Favouring Subject are significant predictors on scores of Post-Traumatic Stress Disorder. Overprotection as a predictor explains 14% of Anger Violence Proneness; Overprotection and Rejection together explains 19%; Overprotection, Rejection and Emotional Warmth explains 19%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 22% of Post-Traumatic Stress Disorder for the whole sample.

Table-46: Multiple Regression Analysis of the subscales of EMBU as the predictor on Major Depressive Depression (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW		Beta	T	VIF
MAJOR DEPRESSIVE DISORDER	Overprotection	0.10	44.66	0.00	1.28	EMBO	0.32	1	1
	Overprotection, Rejection	0.12	6.34	0.01		EMBO	0.24	0.72	1.39
						EMWB	0.14	0.72	1.39
	Overprotection, Rejection, Warmth	0.12	0.01	0.98		EMBO	0.24	0.72	1.39
						EMWB	0.14	0.72	1.40
						EMWR	0.00	0.99	1.01
	Overprotection, Rejection, Warmth, Favouring subject	0.14	9.33	0.00		EMBO	0.26	0.71	1.40
						EMWB	0.14	0.72	1.40
						EMWR	-0.03	0.95	1.05
						EMWF	-0.15	0.95	1.05

The findings shown in **Table – 46** revealed that Overprotection, Rejection and Favouring Subject are significant predictors on scores of Major Depressive Disorder. Overprotection as a predictor explains 10% of Anger Violence Proneness; Overprotection and Rejection together explains 12%; Overprotection, Rejection and Emotional Warmth explains 12%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 14% of Major Depressive Depression for the whole sample.

Table-47: Multiple Regression Analysis of the subscales of EMBU as the predictor on Suicide (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW	Beta	T	VIF	
SUICIDE	Overprotection	0.09	37.50	0.00	1.47	EMBO	0.29	1	1
	Overprotection, Rejection	0.10	4.62	0.03		EMBO	0.23	0.72	1.39
						EMWB	0.12	0.72	1.39
						EMBO	0.23	0.72	1.39
	Overprotection, Rejection, Warmth	0.10	2.67	0.10		EMWB	0.13	0.72	1.40
						EMWR	0.08	0.99	1.01
						EMBO	0.24	0.71	1.40
	Overprotection, Rejection, Warmth, Favouring subject	0.11	4.81	0.02		EMWB	0.13	0.72	1.40
						EMWR	0.06	0.95	1.05
						EMWF	-0.11	0.95	1.05

The findings shown in **Table – 47** revealed that Overprotection, Rejection and Favouring Subject are significant predictors on scores of Suicide. Overprotection as a predictor explains 9% of Anger Violence Proneness; Overprotection and Rejection together explains 10%; Overprotection, Rejection and Emotional Warmth explains 10%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 11% of Suicide for the whole sample

Table-48: Multiple Regression Analysis of the subscales of EMBU as the predictor on Mental Wellbeing (as criterion) for the whole sample.

Criterion	Predictor Model	R ²	F change	sig	DW	Beta	T	VIF	
WELBEING	Overprotection	0.01	0.89	0.35	1.98	EMBO	-0.05	1	1
	Overprotection, Rejection	0.01	0.05	0.82		EMBO	-0.05	0.72	1.39
						EMWB	0.01	0.72	1.39
						EMBO	-0.05	0.72	1.39
	Overprotection, Rejection, Warmth	0.02	0.12	0.73		EMWB	0.01	0.72	1.40
						EMWR	-0.02	0.99	1.01
						EMBO	-0.06	0.71	1.40
	Overprotection, Rejection, Warmth, Favouring subject	0.02	0.30	0.59		EMWB	0.01	0.72	1.40
						EMWR	-0.01	0.95	1.05
						EMWF	0.03	0.95	1.05

The findings shown in Table – 48 revealed that there are no significant predictors on scores of Mental Wellbeing. Overprotection as a predictor explains 1% of Anger Violence Proneness; Overprotection and Rejection together explains 1%; Overprotection, Rejection and Emotional Warmth explains 2%; and Overprotection, Rejection, Emotional Warmth and Favouring Subject explains 2% of Mental Wellbeing for the whole sample

Children are likely to show internalizing and externalizing behaviours when their parents display rejection, overprotection, and favouritism. Children who feel rejected may demonstrate externalizing behaviours such as aggression, hostility, emotional instability and low self-worth. They may internalize symptoms such as anxiety and depression. Children who are overprotected may be at higher risks of developing anxiety. They may also develop external psychopathologies such as criminal behaviour and addictions. Parents who show favouritism towards their child may cause increased tension between the child and his or her siblings. The child may feel guilty or anxiety taking away attention from their siblings (Yahav, 2006).

Parental rejection and criticism are thought to impact youth's emotion regulation, youth's development of sense of self-worth/competence, and possibly youth's beliefs and attributions toward external environment, and consequently result in increased anxiety in youth (Rapee, 1997). It has been demonstrated that perceived parental rejection is strongly associated with general adolescent maladjustment (Harold et al. 1997) as well as adolescents' depressive symptoms (Dallaire et al. 2006) and adolescents' aggression (Heidgerken et al., 2004; Simons et al. 1989). Rohner's claim that parental rejection, rather than authoritarianism or parental control, constitute a very dangerous factor affecting people's mental health in all cultures, countries and races (Khaleque, 2007). Several studies found that low warmth/acceptance and high criticism and rejection were associated with child anxiety disorders (Moore et al., 2004) or child trait anxiety (Ginsburg et al., 2005).

Overprotection can be described as a high physical and social contact with the child, unnecessary concern over the child, prevention of independent behaviour, and unnecessary permissiveness. They may demonstrate internalizing behaviours such as anxiety and eating disorders. The child may also feel the need to be perfect to lessen

tension in the parent-child relationship. Parental overprotection does not allow the child to gain independence or autonomy (Yahav, 2006). It reduces the child's possibilities of reaching their goals and therefore, induces depressive symptoms (Oldehinkel et. al., 2006).

Parental favouritism may be defined as displaying more interest in one child over his or her siblings (Yahav, 2006). The parents show warmth, intimacy, admiration, and great interest toward the favourite child. The parents usually pick a child who has a particular talent or interest that intrigues the parent. The child usually feels uniqueness and grandiosity; however, he or she also feels guilty for taking away the attention from his or her siblings. The siblings feel inferior to and hostile towards the favourite child and may team up against the favourite child. The favoured child may experience high levels of anxiety from parent's expectations and guilt of taking away from his or her siblings. The siblings often suffer emotional damage due to feeling rejected and unappreciated by their parents (Yahav, 2006).

A meta-analysis also showed that regardless of culture, ethnicity, or geographic location, approximately 26% of the variability in children's psychological adjustment and 21% of that in adults' is accounted for by perceived parental (paternal as well as maternal) acceptance-rejection. These results support PARTheory's expectation that the magnitude of the relation between perceived acceptance rejection and psychological adjustment is likely to be stronger in childhood--while children are still under the direct influences of parents--than in adulthood (Rohner, 1986, 1999). Obviously, a substantial amount of variance in children's and adults' adjustment remains to be accounted for by factors so far unmeasured in this program of research. No doubt a variety of cultural, behavioral, genetic, and other learning factors are implicated in this variance (Reiss, 1997; Saudino, 1997).

The present study was designed to reveal the impact of Perceived Parenting Styles on Mental Wellbeing and Psychopathology and of the differences between two groups of Ecology and Gender among the Mizo adolescents. Keeping in view of the objectives of the study a total of 400 samples, 200 males and 200 females from urban and rural areas with equal proportion, within the age range of 12 to 19 years was selected following multistage random sampling to represent Mizo adolescents. The identified participants were cross checked by using the Demographic profiles –a semi structure interview questionnaire and constructed by the researcher for confirmation of the true representation as per design and objectives of the study. The Demographic profile contains information like age, sex, education, name of the district and village, family type, family structure, monthly income of parents, family size. The design of the study was partitioned on the basis ‘Ecology’ and ‘Gender’; as such there were 4 comparison groups [2 ecology (urban and rural) and 2 genders (male and female)], each cell contained 100 participants. The samples were drawn from various schools across Mizoram.

Psychometric properties of the behavioral measures:

Firstly, the descriptive statistics were computed including the mean, standard deviation, skewness, kurtosis, reliability, linearity of the Scales/ Sub Scales in checking the normal distribution of scores for checking data structure to decide appropriate statistics on selected behavioural measures such as : 1) *Egna Minnen av Barndoms Uppfostran (EMBU; Perris, Jacobsson, Lindström, Von Knorring & Perris, 1980)*: it is composed of 64 items measuring four scales: Rejection, Emotional Warmth, Overprotection, and Favoring Subject ; 2) *Alabama Parenting Questionnaire (APQ; Frick, 1991)*: it consists of items that assess the five parenting constructs: parental involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment; 3) *Parental Authority Questionnaire (PAQ; Buri, 1991)*: it has three subscales: authoritarian, authoritative and permissiveness; 4) *Adolescent Psychopathology Scale (APS; Reynolds, 2004)*: it has 12 clinical scales and 2 validity scales. The APS-SF Clinical scales include Conduct Disorder (CND), Major Depression (DEP), Posttraumatic Stress Disorder (PTS), Eating Disturbance (EAT), Academic Problems (ADP), Self-Concept (SCP),

Oppositional Defiant Disorder (OPD), Generalized Anxiety Abuse Disorder (GAD), Substance Abuse Disorder (SUB), Suicide (SUI), Anger/Violence Proneness (AVP), and Interpersonal Problems (IPP). The APS-SF Validity scales include Defensiveness (DEF) and Consistency Response (CNR); and 5) *WarwickEdinburgh Mental Well Being Scale (WEMWBS; Tennant et.al., 2007)*: The WEMWBS Scale has 14 items and participants are asked to relate their findings back to the previous two weeks.

Here (Tables -1 to 6)., significant mean differences was found between Ecology and Gender, with Urban areas having more significant mean differences on internalizing symptoms on psychopathology and rural regions exhibiting more significant mean differences on externalizing symptoms on psychopathology. It was also found that Males exhibited higher levels of externalizing behaviors on psychopathology and females exhibited higher levels of internalizing symptoms on psychopathology. It was found that males scored higher than females on Mental Wellbeing and rural areas exhibited higher level of Mental Wellbeing than urban area.

The reliability coefficient (Cronbach Alphas and Spearman Brown Coefficient) also revealed substantial consistency over the level of analyses that ascertained applicability of the scales/subscales of the behavioral measures and recommended using a total score of scale as well as subscale scores. Furthermore, the preliminary psychometric analyses for each of the specific items and scales/subscales were determined with the objectives to ensure further statistical analyses, and the results as presented in **Table-9** as well as in Figure- 1 and 2, warranted applicability of the behavioral variables for measurement purposes. Overall, the reliability coefficients emerged to be robust, suggesting the trustworthiness of the test scales for measurement purposes in the project population under study. The Levene's Test of Equality of error Variances for each scale, also shown in Tables – 9, revealed non-significance on all the scales that indicated that there was a difference between the variances (heterogeneous variance) on all behavioural variables. The *Brown Forsythe* results revealed the robust of equality means on all behavioural measures, depicting significant level that counter confirmed the applicability of parametric statistics for further analysis including ANOVA and Regression Analysis in the present study.

Relationship of the Behavioural Measures:

Secondly, Pearson's bivariate correlation on scales /subscales of the behavioural measures for the whole sample were calculated to indicated significant relationship of variables for further analysis in predicting cause and effect among variables. Results (Table – 10) revealed the presence of significant positive relationship with almost all the scales/sub-scales of the behavioral measures, except on resilience wherein there emerged negative relationship. The highest significant positive relationship was between Eating disorder and PTSD ($r = .88$; $p < .01$) and the lowest significant positive relationship was found between Oppositional Defiant Disorder and Conduct Disorder ($r = .10$; $p < .05$). At the same time the highest significant negative relationship was found to be between Authoritative Parenting and Conduct Disorder ($r = -.46$; $p < .01$) and the lowest was between Eating Disorder and Favouring Subject ($r = -.10$; $p < .01$).

Prediction of the independent variables on dependent variables:

Thirdly, 2 X 2 ANOVA with post-hoc multiple mean comparison was employed to illustrate the independent and interaction effect of the independent variables on selected dependent variables for the whole samples. The ANOVA was computed to depict the significant independent effects of 'Ecology' and 'Gender', and their interaction effect on the test scores of the behavioural measures. Results (Table – 33) showed that 'Ecology' appeared to have the highest significant independent effect on Conduct Disorder ($F=407.89$, $p < .01$, $\eta^2=.51$) among all the behavioral variables. 'Gender' had the highest independent effect on Substance Abuse ($F=55.06$, $p < .01$, $\eta^2=.12$), and largest effect size of 'Ecology and Gender' was found to be on Conduct Disorder 59% ($p < .01$). Results on Table – 34 also showed that 'Ecology' appeared to have the highest significant independent effect on Rejection ($F=253.95$, $p < .01$, $\eta^2=.39$) among all the behavioral variables. 'Gender' had the highest independent effect on Authoritative Parenting ($F=84.98$, $p < .01$, $\eta^2=.18$), and largest effect size of 'Ecology and Gender' was found to be on both Overprotection and Rejection 49% ($p < .01$).

In light of this finding, we can say that the differential effect of ‘Ecology’ , ‘Gender’ and ‘Ecology and Gender’ proved the hypotheses that the results were significantly different on almost all the selected variables – that is on- Psychopathology (Conduct Disorder, Anger violence Proneness, oppositional Defiant Disorder, Academic Problem, Substance Abuse Disorder, Eating Disorder, Interpersonal Problem, Post Traumatic Stress Disorder, Generalized Anxiety Disorder, Major Depressive Disorder and Suicidal Ideation), Mental Wellbeing and Perceived Parenting Styles (Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring, Permissive, Authoritarian, Authoritative, Overprotection, Rejection, Emotional Warmth and Favouring Subject).

Post-hoc multiple mean comparisons of Scheffe test:

Next, the post-hoc multiple mean comparisons of Scheffe’s test was done sequentially on all behavioural measures of Psychopathology (Conduct Disorder, Anger violence Proneness, oppositional Defiant Disorder, Academic Problem, Substance Abuse Disorder, Eating Disorder, Interpersonal Problem, Post Traumatic Stress Disorder, Generalized Anxiety Disorder, Major Depressive Disorder and Suicidal Ideation), Mental Wellbeing and Perceived Parenting Styles (Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring, Permissive, Authoritarian, Authoritative, Overprotection, Rejection, Emotional Warmth and Favouring Subject) for the whole samples, which revealed mean differences significant interaction effects of ‘Ecology and Gender’ between almost all the groups on each variable, and was shown in Table – 7. The result on Table-7 revealed that the highest significant mean difference between Urban Male and Urban Female was on Substance Abuse where the mean difference was found to be 4.17 ($x=16.72$ and 12.55 ; $p < .05$); Urban Male and Rural Male was on Post Traumatic Stress Disorder where the mean difference was found to be 4.03 ($x=7.93$ and 3.90 ; $p < .05$); Urban Male and Rural Female was on Substance Abuse where the mean difference was found to be 3.99 ($x=16.72$ and 12.73 ; $p < .05$); Urban Female and Urban Male was on Post Traumatic Stress Disorder where the mean difference was found to be 1.92 ($x=9.85$ and 7.93 ; $p < .05$); Urban Female and Rural Male was on Eating Disorder where the mean difference was found to be 5.54 ($x=8.44$ and 2.90);

$p < .05$); Urban Female and Rural Female was on Eating Disorder where the mean difference was found to be 4.64 ($x=8.44$ and 3.80 ; $p < .05$); Rural Male and Urban Male was on Conduct Disorder where the mean difference was found to be 3.72 ($x=7.60$ and 3.88 ; $p < .05$); Rural Male and Urban Female was on Substance Abuse where the mean difference was found to be 5.34 ($x=7.60$ and 2.26 ; $p < .05$); Rural Male and Rural Female was on Substance Abuse where the mean difference was found to be 1.79 ($x=14.52$ and 12.73 ; $p < .05$); Rural Female and Urban Male was on Conduct Disorder where the mean difference was found to be 2.37 ($x=6.25$ and 3.88 ; $p < .05$); Rural Female and Urban Female was on Conduct Disorder where the mean difference was found to be 3.99 ($x=6.25$ and 2.26 ; $p < .05$); and Rural Female and Rural Male was on Generalized Anxiety Disorder where the mean difference was found to be 2.93 ($x=9.77$ and 6.84 ; $p < .05$).

The result on Table-8 revealed that the highest significant mean difference between Urban Male and Urban Female was on Emotional Warmth where the mean difference was found to be 6.46 ($x=53.58$ and 47.12 ; $p < .05$); Urban Male and Rural Male was on Overprotection where the mean difference was found to be 7.28 ($x=31.42$ and 24.14 ; $p < .05$); Urban Male and Rural Female was on Emotional Warmth where the mean difference was found to be 14.98 ($x=53.58$ and 38.60 ; $p < .05$); Urban Female and Urban Male was on Parental Involvement where the mean difference was found to be 2.25 ($x=47.10$ and 44.85 ; $p < .05$); Urban Female and Rural Male was on Emotional Warmth where the mean difference was found to be 4.58 ($x=47.12$ and 42.54 ; $p < .05$); Urban Female and Rural Female was on Emotional Warmth where the mean difference was found to be 8.52 ($x=47.12$ and 38.60 ; $p < .05$); Rural Male and Urban Male was on Parental Involvement where the mean difference was found to be 3.49 ($x=48.34$ and 44.85 ; $p < .05$); Rural Male and Urban Female was on Positive Parenting where the mean difference was found to be 2.47 ($x=19.71$ and 17.24 ; $p < .05$); Rural Male and Rural Female was on Positive Parenting where the mean difference was found to be 4.56 ($x=19.71$ and 15.15 ; $p < .05$); Rural Female and Urban Male was on Parental Involvement where the mean difference was found to be 2.77 ($x=47.62$ and 44.85 ; $p < .05$); Rural Female and Urban Female was on Favouring Subject where the mean difference was found to be 1.77 ($x=11.46$ and

9.69; $p < .05$); and Rural Female and Rural Male was on Poor Monitoring where the mean difference was found to be 2.53 ($x=20.54$ and 18.01 ; $p < .05$).

Findings revealed that on almost all the behavioural variables, there were significant mean differences except on Inconsistent Discipline. The highest significant mean differences on Psychopathology sub scales was found between Urban Female and Rural Male on Eating Disorder where there was significant mean difference (5.54^* ; $p < .05$) the highest significant mean differences on Mental Wellbeing was found to be between Rural Male and Urban (3.04^* ; $p < .05$), and the highest significant mean differences on Perceived Parenting Style was found to be on Emotional Warmth between Urban Male and Rural female (14.98^* ; $p < .05$).

Multiple Regression Analysis:

Finally, stepwise multiple regression analysis was employed to determine Multi-collinearity indices of Durbin–Watson statistic, Tolerance and Variance Inflation Factor (VIF) were employed. This was done to detect the presence of autocorrelation in the residuals (prediction errors) to make conclusion of the cause and effect relationship. Results (**Tables - 13 to 48**) showed that the predictability of most psychopathological symptoms was determined by Parental Involvement, Inconsistent Discipline, Permissive Parenting, Authoritative Parenting, Overprotection, Rejection and Favouring Subject. However, Mental Wellbeing had almost no predictability by any of the Perceived Parenting Styles except for Parental Involvement.

In conclusion, the overall results of analyses incorporated in the present study to determine the psychological impact of Perceived Parenting Styles (Parental Involvement, Inconsistent Discipline, Positive Parenting, Poor Monitoring, Permissive, Authoritarian, Authoritative, Overprotection, Rejection, Emotional Warmth and Favouring Subject) along the behavioral parameters of Psychopathology (Conduct Disorder, Anger violence Proneness, oppositional Defiant Disorder, Academic Problem, Substance Abuse Disorder, Eating Disorder, Interpersonal Problem, Post Traumatic Stress Disorder, Generalized Anxiety Disorder, Major Depressive Disorder and Suicidal Ideation) and Mental Wellbeing conformed to the

empirical basis sufficiently. However, Perceived Parenting Styles had little or no impact on Mental Wellbeing.

The result findings of this study are summarized in the following in relation to the theoretical expectation (hypotheses) set forth for the study:

1. Positive parenting and Authoritative parenting had positive correlation with Mental Wellbeing
2. Poor Monitoring, Inconsistent Discipline and Corporal Punishment had positive correlation with psychopathology
3. Permissive Parenting had significant positive correlation with psychopathology
4. Overprotection and Rejection revealed significant positive correlations with psychopathology
5. There were significant interactions between Ecology and Gender on the dependent psychological variables (Psychopathology, Mental Wellbeing and Perceived Parenting Styles)

Limitations:

Although, the research was designed to be a systematic and authentic research, the present study was not free from limitations. The research was based on adolescent sample where the mean age was about 15 years old. At this stage of development, there are also other major factors such as peer influence, social desirability and inter personal relationships which may have direct impact on the psychological wellbeing of adolescents which could be the reason why the influence of Perceived Parenting Style in itself poorly reflected on Mental Wellbeing of Adolescents. Contrary to the research findings based on Western Culture, Authoritative parenting style did not have the expected contribution on mental wellbeing.

Suggestions for further research: Studies could examine and analyse the different components of psychological variables that may affect psychopathology and mental wellbeing on different stages of adolescents. Perceived Parenting Styles could

be studied that examines both parents' parenting styles, including situations in which parents do not share the same style, such as an authoritative mother and a permissive father, or an authoritarian father and an authoritarian mother.

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Appendix -1**DEMOGRAPHIC PROFILE (ENGLISH)**

Please fill/tick the correct information

1. YOUR AGE : _____
2. SEX: MALE FEMALE .
3. EDUCATION: MIDDLE HIGH SCHOOL HIGHER
SECONDARY GRADUATE .
4. NO. OF FAMILY MEMBERS _____
5. FATHER'S OCCUPATION _____
6. MOTHER'S OCCUPATION _____
7. FATHER'S MONTHLY/ ANNUAL INCOME: _____
8. MOTHER'S MONTHLY/ANNUAL INCOME: _____
9. NO. OF SIBLINGS _____
10. BIRTH ORDER _____
11. FAMILY TYPE : INTACT DIVORCE .
12. FAMILY STRUCTURE : JOINT NUCLEAR .
13. CURRENT RESIDENCE : _____
14. PERMANENT RESIDENCE: _____
15. WHEN / WHICH YEAR DID YOU MIGRATE TO AIZAWL? (FOR
THOSE WHOSE PERMANENT RESIDENCE IS OUTSIDE AIZAWL) :

Appendix -1I**DEMOGRAPHIC PROFILE(MIZO)**

A hnuaiia mi hi a dik tak in thai rawh le:

1. Kum zat : _____
2. Sex: Mipa Hmeichhia .
3. Pawl engzat nge i nih: _____
4. In chhungkaw member zat _____
5. I pa hnathawh _____
6. I nu hnathawh _____
7. I pa thla/ kum tin pawisa lak luh zat : _____
8. I nu thla/ kum tin pawisa lak luh zat: _____
9. In unau zat _____
10. In unau ah engzat na nge i nih _____
11. I nu leh pa an la : Innei Inthen .
12. I chenpui te: nu/ pa/ unau/ pi/ pu/ patea/ nutei/ putea/ nitei/ midang
13. Tuna i chen na khua/ veng : _____
14. I chen na nghet khua/ veng: _____
15. Engtik kum ah nge aizawl ah in pem? (aizawla awm nghet lo tan) :

Appendix -III

Adolescent Psychopathology Scale;APS (ENGLISH)

“In the past 6 months...”	True	False
1. I skipped or cut school a couple times a month		
2. I started fights with others		
3. I broke into a house, car, or building		
4. I ran away from home two or more times		
5. There have been a few hassles in my life		
6. I hurt animals		
7. I used a weapon in a fight		
8. I physically hurt someone		
9. A couple of times or more, I stole things from a store		
10. I often broke the rules at home or at school		
11. On purpose, I damaged a car, or broke windows or things in a building		
12. I admit it when I made a mistake		
13. I felt mad enough to hurt people		
14. Something very bad happened to me or my family		
15. I was sometimes upset with my parents		
16. I lied a lot		
17. I set something on fire that I shouldn't have		
18. I was suspended or expelled from school		
19. I was very afraid of getting fat		
20. I stole something that did not belong to me		
21. I never got upset with my parents		
22. I broke or destroyed things belonging to others		
23. Someone did something to hurt me		
24. I sometimes got angry		
25. I always did the right thing		
26. I did something bad to someone who got me mad		

"In the past 6 months"	Never/ Almost never	Sometimes	Nearly all the time
27. I was distracted a lot in school or work			
28. If someone told me to do something, I did the opposite			
29. I had a hard time finishing assignments			
30. I worried about gaining weight			
31. It was hard for me to sit still in class or at home			
32. I lost my temper			
33. I felt good about myself			
34. I argued with adults			
35. I did things to bother people			
36. I had trouble paying attention in class			
37. Other people bothered me			
38. I felt very angry			
39. I worried that if I started eating, I won't be able to stop			
40. I felt like getting back at others			
41. I broke the rules at school or at home			
42. I got so mad that I threw things at home or at school			
43. I was very lonely			
44. It was hard for me to be with people			
45. I felt very tensed			
46. I got into trouble at school or at work			
47. I kept thinking about the bad things that happened			
48. I felt nervous			
49. I felt depressed or sad			
50. I felt mad or angry with nearly everyone			
51. I got tired easily			
52. I was afraid of getting fat			
53. I worried about a lot of things			
54. I worried what other kids or adults think about me			
55. I felt that something bad would happen to me or people I know			

56. I was distracted a lot in school or work			
57. I had pains or aches in my body			
58. I felt restless			
59. I did not study or turn in my homework			
60. I felt dizzy			
61. I could not understand what was going on in school or at work			
62. I had trouble falling asleep			
63. I felt real jumpy			
64. I felt fat no matter how much weight I lost			
65. I had trouble concentrating			
66. I felt that everything was going wrong in my life			
67. I felt upset			

“In general....”	Never/ Almost never	Sometimes	Nearly all the time
68. I like the way I look			
69. People make me mad real easily			
70. I feel like I don't have any friends			
71. I feel uncomfortable around people			
72. I feel there is no one I can talk to			
73. I wish I had never been born			
74. It seems that once people get to know me they don't like me			
75. I get so angry that I can't control my behaviour			
76. I think that most people like me			
77. I think about killing myself			
78. I feel out of touch with things			
79. I feel that I am a worthless person			
80. I have hurt myself on purpose			
81. I feel that I am a good person			
82. I worry that I will not have any friends			

83. I feel that I am as good as most people			
84. I can't control my behaviour			

"In the past 3 months...."	Never	Once or twice a week	Three or more times a week
85. I threw up on purpose after eating a large meal			
86. The sight of food made me sick			
87. I ate large amounts of food in private so no one would see me			

"In the past month...."	Never	Once or twice a week	Three or more times a week
88. It was hard for me to get to sleep at night			
89. Once I got to sleep, I seemed to wake up a lot at night			
90. I dreamt that something bad happened to me			

"In the past 2 weeks...."	Almost Never	Sometimes	Nearly everyday
91. I have felt very depressed			
92. I felt slowed down			
93. I thought about killing myself			
94. I had trouble falling asleep			
95. I felt that I was worthless			
96. I felt like I had no energy			
97. I had trouble concentrating or thinking			
98. I felt guilty about things			
99. I did not feel like eating			
100. I felt very upset about things			
101. I cried or felt like crying			
102. I felt like the things I used to do were no longer fun			
103. I felt tired most of the time			

104.I felt that life was not worth living			
105.I tried, or seriously thought about killing myself			
106.I felt angry with myself			

“In the past 6 months, I have used....”	Never	Couple of times a month	Once a week	Couple of times a week	Nearly everyday
107. Marijuana					
108. Beer					
109. Hard liquor (rum, vodka,etc.)					
110. Cocaine					
111. LSD, DMT or Mescaline					
112. Speed, amphetamines, bennies (Pseudoephedrine)					
113. Sniff paint, glue, et.					
114. Downers, sleeping pills, etc.					
115. Other drugs or alcohol					

Appendix -1V

Adolescent Psychopathology Scale;APS (MIZO)

A hnuaiah hian mahni, midang leh kan bula thil awmte chungchanga ngaihndan a zawt a. Zawnha thenkhat ah hian hun bithliar chhunga awmdan te an awm a, e.g. thla 6 chhung emaw kar 2 chhunga awmdan. *Zawnha I chhan dawn hian uluk takin hun bi a awm te hi thliar hrang ang che.*

Khawngaihni zawnha te hi chhang kim vek la, ha leh mawi ni a i hriat ang ni lovin, nangma hriat dan dik takin i chhang dawn nia.

"THLA RUK KAL TA CHHUNG KHAN"	TRUE	FALSE
1. Thla khat chhungin sikul ka thulh emaw ka hmaih nual		
2. Midang nen buaina ka cho chhuak		
3. Mi inah emaw car ah ka lut ru/ mi in ka rawk emaw motor ka ru		
4. Vawi hnih emaw a aia tam in atangin ka tlanbo		
5. Ka nun ah harsatna a awm nual tawh		
6. Ran ka ti na		
7. Insualna ah hriamhrei ka thawh		
8. Mi kutthlak in ka ti na		
9. Dawr atangin vawi tam tak thil ka ru		
10. Inah emaw sikulah dan ka bawhchhe zing		
11. Motor, tukverh emaw inchung thil ka tichhe lui		
12. Ka thil tih soal ka pawm ziah		
13. Midang ti na tur khawpin ka thinrim		
14. Keimah emaw ka chhungte chungah thil tha lo tak a thleng		
15. Ka chhungte lakah lungawi loh chang ka nei thin		
16. Dawt ka sawi nasa		
17. Ka hal loh tur thil ka hal		
18. Sikul atangin min suspend emaw min hnawtchhuak		
19. Thau ka hlau lutuk		
20. Ka ta nilo thil ka ru		
21. Ka chhungte lakah ka thinrim ngai lo		
22. Mi thil ka tichhia		
23. Tu emawin min tihnatna turin thil an ti		

24. Thil dik ta ti ziah		
25. Achangin ka thinrim thin		
26. Min ti thinrim tu lakah thil thalo ka ti		

	NGAI MIAH LO/NGA I MIAH LO TLUK	A CHANG CHANG IN	DEUH RENG
"THLA RUK KAL TA CHHUNG KHAN"			
27. Ka zirtirtute emaw ka chhungte thu ka zawm			
28. Sikulah emaw hnaah ka inngaihtuah ding thei lo			
29. Miin thil ti tura min tih in a letling hlahin ka awm			
30. Ka tihtur bithliah tihzo ka harsat hle			
31. Thau ka hlau			
32. Inah emaw sikul ah thut hle hle ka harsat			
33. Ka zaidamna ka hlah			
34. Ka awmdanah ka lungawi/ tha ka in ti taw			
35. Puitling ka inhnial pui			
36. Midang tibuai turin thil ka ti			
37. Class ah rilru pek ka harsat			
38. Midangin min tibuai			
39. Ka thinrim lutuk			
40. Thil ka ei tan chuan ka tawp theih loh ka hlau			
41. Mi tih let ka chak			
42. Sikulah emaw inah dan ka bawhchhia			
43. Inah emaw sikulah ka thinrim lutuka thil ka vawm			
44. Ka khua har lutuk			
45. Midang bula awm ka harsat			
46. Ka tawt lutuk			
47. Sikulah emaw hnaah buaina ka taw			
48. Thil thalo thleng tawh ka ngaihtuah ka ngaihtuah			
49. Ka hlauthawng			
50. Ka lungngai emaw ka lungnur			
51. Mi zawng zawng deuh thaw chungah ka thinrim emaw ka lung a awi lo			

52. Ka hah hma			
53. Thau ka hlau			
54. Thil tam tak ah ka mangang			
55. Naupang dang emaw puitling in min ngaihndan ka ngaihtuah/ mi min ngaihndan turah ka buai			
56. Keimah emaw ka hmelhriat chhungah thil thalo a thleng dawn a hriatna ka nei			
“THLA RUK KAL TA CHHUNG KHAN....”	NGAI LO/ NGAI MIAH LO TLUK	A CHANG CHANG IN	DEUH RENG
57. Ka taksa a kham emaw a na			
58. Ka awm hle hle thei lo			
59. Lehkha ka zir lo emaw homework ka submit lo			
60. Ka lu a hai			
61. Sikulah emaw hnaah enge thil thleng ka hrethiam thei lo			
62. Muthilh ka harsat			
63. Ka phawklek			
64. Eng anga cher thlak pawn thau tlat in ka inhria			
65. Rilru pek ka harsat			
66. Ka nunah engkim mai hi a dik lo vek maiin ka hria			
67. Ka lawm lo			

“A TLANGPUIIN....”	NGAI MIAH LO/ NGAI MIAH LO TLUK	A CHANG CHANG IN	DEUH RENG
68. Ka lan danah ka lawm			
69. Miin min ti lawm lo hma hle			
70. Thian pakhat mah nei lovin ka inhria			
71. Midang bulah ka awmin ka awm a nuam lo			
72. Tumah thil sawi pui theih ka nei lovin ka hria			
73. Lo piang loh tawp mai ka duh			
74. Miin min hriat chiangin min ngaina lo zelin a lang			
75. Ka thin a rim lutuka ka in thunun thei lo			

76. Miin min ngaina tlangpui in ka hria			
77. Mahni inthah ngaihtuahna ka nei			
78. Thil ningkhawng ka man lo			
79. Mi tlaktlai lo tak niin ka inhria			
80. Ka inti na lui			
81. Mi fel ka niin ka inhria			
“A TLANGPUIIN....”	NGAI MIAH LO/ NGAI MIAH LO TLUK	A CHANG CHANG IN	DEUH RENG
82. Thian neih miah loh ka hlau			
83. Mi tam zawk ang bawkin ka tha tawkin ka inhria			
84. Ka nungchang ka thunun thei lo			

“THLA THUM KAL TA KHAN....”	NGAI MIAH LO	KAR KHAT AH VAWIKHAT EMAW VAWIHNIH	KAR KHAT AH VAWI THUM EMAW A AIA TAM
85. Thil ei hnuah ka luak lui			
86. Chaw hmelin ka luak a ti chhuak			
87. Miin min hmuh loh turin a rugin chaw ka ei teuh			

“THLA KHAT KAL TA KHAN....”	NGAI MIAH LO	KAR KHAT AH VAWI KHAT EMAW VAWI HNIH	KAR KHAT AH VAWI THUM EMAW A AIA TAM
88. Zannah mut ka harsat			
89. Zannah ka muthilh hnuah ka harh ka harh leh thin			
90. Ka mumangah ka chungah thil thalo a thleng			

“KAR HNIH KAL TA KHAN....”	NGAILO TLUK	A CHANG CHANGIN	NITIN DEUH THAW
91. Ka lungngai lutuk			
92. Ka tha a thum			
93. Mahni inthah duhna rilru ka nei			

94.	Mut hilh ka harsat			
95.	Engmah lovah ka inngai			
96.	Tha reng ka nei lovin ka inhria			
97.	Rilru pek leh ngaihtuah ka harsat			
98.	Inthiam lohna ka nei			
99.	Thil ei ka chak lo			
100.	Lungawi lohna ka nei			
	“KAR HNIH KAL TA KHAN....”	NGAI LO TLUK	A CHANG CHANG IN	NITIN DEUH THAW
101.	Ka tap / ka tah a chhuak			
102.	Ka thil tih duh zawng thin nuam ka ti tawh lo			
103.	Ka chau reingin ka hria			
104.	Dam chhan a awm lovin ka hria			
105.	Inthah ka tum / inthah tak tak tumna ka nei			
106.	Keima chungah ka thinrim/ ka inhua			

	“HENGTE HI THLA RUK KAL TA CHHUNG KHAN ENG ANGA ZINGIN NGE I HMAN....”	NGAI MIAH LO	THLA KHAT CHHUN GIN TI NUAL	KAR KHAT AH VAWI KHAT	KAR KHAT AH TI NUAL	NITIN DEUH THO
107.	Tip, ganza					
108.	Beer					
109.	Zu tak (rum, vodka, whisky, a dang te)					
110.	Cocaine					
111.	LSD, DMT or Mescaline/ciggerate					
112.	Speed, amphetamines, bennies (Pseudoephedrine)					
113.	Dendrite, rawng, correcting fluid, a dang te					
114.	Cool, cough syrup					
115.	Zu leh damdawi dang te					

Appendix -V**Warwick-Edinburgh Mental Well-being
Scale;WEMWBS(ENGLISH)**

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS

1 =None of the time, 2= Rarely, 3= Some of the time, 4= Often, 5= All of the time,

1	I've been feeling optimistic about the future	1	2	3	4	5
2	I've been feeling useful	1	2	3	4	5
3	I've been feeling relaxed	1	2	3	4	5
4	I've been feeling interested in other people	1	2	3	4	5
5	I've had energy to spare	1	2	3	4	5
6	I've been dealing with problems well	1	2	3	4	5
7	I've been thinking clearly	1	2	3	4	5
8	I've been feeling good about myself	1	2	3	4	5
9	I've been feeling close to other people	1	2	3	4	5
10	I've been feeling confident	1	2	3	4	5
11	I've been able to make up my own mind about things	1	2	3	4	5
12	I've been feeling loved	1	2	3	4	5
13	I've been interested in new things	1	2	3	4	5
14	I've been feeling cheerful	1	2	3	4	5

Appendix -VI

Warwick-Edinburgh Mental Well-being Scale;WEMWBS(MIZO)

A hnuaiah hian kar hnih kalta a I awm dan te a zing dan a zir in chhang rawh le. A chhanna awm thei panga te chu hengte hi an ni:

1= Ngai miah lo (None of the time)

2= A khat (Rarely)

3= A chang in (Some of the time)

4= Thleng fo mai (Often)

5= Englai pawh in (All of the time)

Chhanna dik leh dik lo a awm lova, chuvangin ni a i hriat dan ang chiahin i chhang dawn nia. Khawngaihni zawhna te hi chhang kim vek la, ha leh mawi ni a i hriat ang ni lovin, nangma hriat dan dik takin i chhang dawn nia.

1	Hun lo thleng tur a tha zawngin ka ngaihtuah	1	2	3	4	5
2	Tangkaiin ka inhria	1	2	3	4	5
3	Ka hahdam	1	2	3	4	5
4	Midang rilru ka pe tan	1	2	3	4	5
5	Tha sen tur ka la nei	1	2	3	4	5
6	Harsatna tha takin ka hmachhawn	1	2	3	4	5
7	Ka ngaihtuahna a fim	1	2	3	4	5
8	Ka nihnaah ka lawm/ keimah ah ka lungawi	1	2	3	4	5
9	Midang ka ngaihsak tan	1	2	3	4	5
10	Keimah ka inring tawk	1	2	3	4	5
11	Thil hrang hrang ah ka rilru ka siam thei tan	1	2	3	4	5
12	Miin min hmangaih in ka hria	1	2	3	4	5
13	Thil thar ka ngaihsak tan	1	2	3	4	5
14	Ka hlim/ harhvang	1	2	3	4	5

Appendix –VII

ALABAMA PARENTING QUESTIONNAIRE (ENGLISH)

Directions: The following are a numbers of statements about your family. Pleas rate each item as to how often it typically occurs in your home. The possible answers are Never (1), Almost never (2), Sometimes (3), Often (4), Always (5). PLEASE ANSWER ALL ITEMS.

1	A	You have a friendly talk with your mom.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
2		Your parents tell you that you are doing a good job.	1	2	3	4	5
3		Your parents threaten to punish you and then do not do it.	1	2	3	4	5
4	A	Your mom helps with some of your special activities (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
5		Your parents reward or give something extra to you for behaving well.	1	2	3	4	5
6		You fail to leave a note or let your parents know where you are going.	1	2	3	4	5
7	A	You play games or do other fun things with your mom.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
8		You talk your parents out of punishing you after you have done something wrong.	1	2	3	4	5
9	A	Your mom asks you about your day in school.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
10		You stay out in the evening past the time you are supposed to be home.	1	2	3	4	5
11	A	Your mom helps you with your homework.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
12		Your parents give up trying to get you to obey them because it's too much trouble.	1	2	3	4	5

13		Your parents compliment you when you have done something well.	1	2	3	4	5
14	A	Your mom asks you what your plans are for the coming day.	1	2	3	4	5
14	B	How about your dad?	1	2	3	4	5
15	A	Your mom drives you to a special activity.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
16		Your parents praise you for behaving well.	1	2	3	4	5
17		Your parents do not know the friends you are with.	1	2	3	4	5
18		Your parents hug or kiss you when you have done something very well.	1	2	3	4	5
19		You go out without a set time to be home.	1	2	3	4	5
20	A	Your mom talks to you about your friends.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
21		You go out after dark without an adult with you.	1	2	3	4	5
22		Your parents let you out of a punishment early (like lift restrictions earlier than they originally said).	1	2	3	4	5
23		You help plan family activities.	1	2	3	4	5
24		Your parents get so busy that they forget where you are and what you are doing.	1	2	3	4	5
25		Your parents do not punish you when you have done something wrong.	1	2	3	4	5
26	A	Your mom goes to a meeting at school, like a PTA meeting or parent/teacher conference.	1	2	3	4	5
	B	How about your dad?	1	2	3	4	5
27		Your parents tell you that they like it when you help out around the house.	1	2	3	4	5
28		You stay out later than you are supposed to and your parents don't know it.	1	2	3	4	5

29	Your parents leave the house and don't tell you where they are going.	1 2 3 4 5
30	You come home from school more than an hour past the time your parents expect you to be home.	1 2 3 4 5
31	The punishment your parents give depends on their mood.	1 2 3 4 5
32	You are at home without an adult being with you.	1 2 3 4 5
33	Your parents spank you with their hand when you have done something wrong.	1 2 3 4 5
34	Your parents ignore you when you are misbehaving.	1 2 3 4 5
35	Your parents slap you when you have done something wrong.	1 2 3 4 5
36	Your parents take away a privilege or money from you as a punishment.	1 2 3 4 5
37	Your parents send you to your room as a punishment.	1 2 3 4 5
38	Your parents hit you with a belt, switch, or other object when you have done something wrong.	1 2 3 4 5
39	Your parents yell or scream at you when you have done something wrong.	1 2 3 4 5
40	Your parents calmly explain to you why your behavior was wrong when you misbehave.	1 2 3 4 5
41	Your parents use time out (make you sit or stand in a corner) as a punishment.	1 2 3 4 5
42	Your parents give you extra chores as a punishment.	1 2 3 4 5

Appendix –VIII

ALABAMA PARENTING QUESTIONNAIRE (MIZO)

A hnuaiia thu inziak te hi chhungkaw chungchang a ni a. Khawngaihtakin heng thil te hi kha tih lai a in chhungkua a a thlen hin dan ang in han chhang teh le.

A chhanna awm thei te chu :

1=Ngai miah lo (Never) **2=Ngai mang lo (Almost never)**

3=A chang in (Sometimes) **4=Thleng fo mai (Often)**

5=Englai pawh in (Always)

A chhanna awm thei panga a ang hian, pakhat chauh thlan tur a ni a, dik I tih ber zawn ah i tick dawn nia. Chhanna dik leh dik lo a awm lova, chuvangin ni a i hriat dan ang chiahin i chhang dawn nia. Khawngaihinh zawhna te hi chhang kim vek la, ha leh mawi ni a i hriat ang ni lovin, nangma hriat dan dik takin i chhang dawn nia.

1	A	I nu nen thian ang mai a innel takin in inkawm thin a.	1	2	3	4	5
	B	I pa ve le?	1	2	3	4	5
2		I nu leh pa ten I thil tih lai kha tha an tih thu an hrih che.	1	2	3	4	5
3		Ti leh tak tak si lovin I chhungten hremah an vau che thin em?	1	2	3	4	5
4	A	I nu in I thiltih tur eng eng ah emaw a tanpui che a(e.g. infiamna, kohran rawngbawlina, NCC)	1	2	3	4	5
	B	I pa in a tanpui ve che em (e.g. infiamna, kohran rawngbawlina, NCC)	1	2	3	4	5
5		I fel emaw nungchang that vangin I nu leh pa in lawmman atan thil an pe che.	1	2	3	4	5
6		I kalna tur I Nu leh Pa hrih emaw hriattir nachang i hrelo emaw I theihngihl.	1	2	3	4	5
7	A	I nu nen in infiam emaw intihhlimna dang in nei dun thin a	1	2	3	4	5
	B	I pa nen in nei dun ve thin em?	1	2	3	4	5
8		Thil I tih sual in I nu leh pa ten hrem lo tur che in I in sawi chhuak thin	1	2	3	4	5
9	A	I nu in engtin nge school ah i hun hman dan a zawt che a	1	2	3	4	5
	B	I pa in a zawt ve ngai che em?	1	2	3	4	5

10		I haw hun thin pel tawh hnuah, ila thu khaw tlai mai mai thin.	1 2 3 4 5
11	A	I nu in I homework a tih pui thin che a	1 2 3 4 5
	B	I pa in a tih pui ve che em?	1 2 3 4 5
12		Thu i awih ngailoh avangin i Nu leh Pa an beidawng a engmah an hrilh duh tawh lo che.	1 2 3 4 5
13		Thil tha I tihin i Nu leh Pai n an fak thin che.	1 2 3 4 5
14	A	Naktuk ah engnge i tih dawn tih i nu in a zawt thin che a	1 2 3 4 5
14	B	I pa in a zawt ve ngai che em?	1 2 3 4 5
15	A	I nu in I thil tihna tur ah a thlah thin che a	1 2 3 4 5
	B	I pa in a thlah ve che em?	1 2 3 4 5
16		Fel taka i awm avangin i Nu leh Pa in an fak thin che.	1 2 3 4 5
17		I Nu leh Pa in eng ang thian nge i kawm thin an hre lo	1 2 3 4 5
18		Thil i tih that avangin in i Nu leh Pa ten an kuahin an fawp ngai che	1 2 3 4 5
19		I haw hun tur duang lawk loin, i lengchhuak.	1 2 3 4 5
20	A	I nu in I thiante chungchang a ti ti pui thin che a,	1 2 3 4 5
	B	I pa in a ti ti pui ve che em?	1 2 3 4 5
21		Puitling dang tel lovin tlai khaw thim hnuah i chhuak thin	1 2 3 4 5
22		I Nu leh Pain an sawi ang ni lovin, an tum aia hma ah an hremna che an ti tawi thin	1 2 3 4 5
23		In chhungkaw thiltih turte i ruahman pui ve thin	1 2 3 4 5
24		I Nu leh Pa te an buai em avangin khawngge i awm a, engnge i tih an theihngihlh thin	1 2 3 4 5
25		Thil I tih sual pawn I Nu leh Pa in an hrem lo che	1 2 3 4 5

26	A	School ah chhungte leh zirtirtute an inhmuhkhawmna ah I nu a kal thin	1	2	3	4	5
	B	School ah chhungte leh zirtirtute an inhmuhkhawmna ah I pa a kal ve thin em?	1	2	3	4	5
27		In chhunga I tanpui in I chhungten lawm thu an hrih che	1	2	3	4	5
28		I chhuah hun aia rei I leng in I chhungten an hriatpui lo che	1	2	3	4	5
29		I chhungten an kalna tur hrih lo che in in an chhuahsan	1	2	3	4	5
30		I chhungten sikul atanga I haw hun an beisei darkar khat aia tlaiin I haw	1	2	3	4	5
31		An rilru (mood) put a zirin I chhungten an hrem che	1	2	3	4	5
32		Puitling tel lovin nangmah in inah I awm	1	2	3	4	5
33		Thil I tih suakin I chhungten I mawngah an vua che	1	2	3	4	5
34		I nungchang a that lovin (I awmdan mawi lovin) I chhungten an hai der	1	2	3	4	5
35		Thil I tih سوالin I chhungten an beng che	1	2	3	4	5
36		Hrem nan che I chhungten pawisa emaw an duhsakna che an ti tawp	1	2	3	4	5
37		Hrem nan I chhungten room ah an awmtir che	1	2	3	4	5
38		Thil I tih سوالin I chhungten kawnghren emaw tiang emaw hmanraw dangin an vua che	1	2	3	4	5
39		Thil سوال I tih in I chhungten an hau/vin che	1	2	3	4	5
40		I nungchang a that lovin I chhungten aw nem takin a dik lohna an hrih che	1	2	3	4	5
41		I chhungten hrem nan che hun an hman (kil khawra in din tir, ngawi renga thutthlenga in thut tir)	1	2	3	4	5
42		I chhungten hrem nan che in chhung hna/ chet tur an pek belh che	1	2	3	4	5

Appendix –IX

PARENTAL AUTHORITY QUESTIONNAIRE (ENGLISH)

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

- 1 = Strongly disagree
 2 = Disagree
 3 = Neither agree nor disagree
 4 = Agree
 5 = Strongly Agree

1. While I was growing up my mother felt that in a well-run home the children should have their way in the family as often as the parents do.	1	2	3	4	5
2. Even if her children didn't agree with her, my mother felt that it was for our own good if we were forced to conform to what she thought was right.	1	2	3	4	5
3. Whenever my mother told me to do something as I was growing up, she expected me to do it immediately without asking any questions.	1	2	3	4	5
4. As I was growing up, once family policy had been established, my mother discussed the reasoning behind the policy with the children in the family.	1	2	3	4	5
5. My mother has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.	1	2	3	4	5
6. My mother has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	1	2	3	4	5
7. As I was growing up my mother did not allow me to question any decision she had made.	1	2	3	4	5
8. As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline.	1	2	3	4	5
9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	1	2	3	4	5
10. As I was growing up my mother did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.	1	2	3	4	5
11. As I was growing up I knew what my mother expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.	1	2	3	4	5
12. My mother felt that wise parents should teach their children early just who is boss in the family.	1	2	3	4	5
13. As I was growing up, my mother seldom gave me expectations and guidelines for my behavior.	1	2	3	4	5
14. Most of the time as I was growing up my mother did what the children in the family wanted when making family decisions.	1	2	3	4	5

15. As the children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways.	1	2	3	4	5
16. As I was growing up my mother would get very upset if I tried to disagree with her.	1	2	3	4	5
17. My mother feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	1	2	3	4	5
18. As I was growing up my mother let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.	1	2	3	4	5
19. As I was growing up my mother allowed me to decide most things for myself without a lot of direction from her.	1	2	3	4	5
20. As I was growing up my mother took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.	1	2	3	4	5
21. My mother did not view herself as responsible for directing and guiding my behavior as I was growing up.	1	2	3	4	5
22. My mother had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.	1	2	3	4	5
23. My mother gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.	1	2	3	4	5
24. As I was growing up my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.	1	2	3	4	5
25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.	1	2	3	4	5
26. As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.	1	2	3	4	5
27. As I was growing up my mother gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.	1	2	3	4	5
28. As I was growing up my mother did not direct the behaviors, activities, and desires of the children in the family.	1	2	3	4	5
29. As I was growing up I knew what my mother expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.	1	2	3	4	5
30. As I was growing up, if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.	1	2	3	4	5

Appendix –X

PARENTAL AUTHORITY QUESTIONNAIRE (MIZO)

A hnuaiia thu awm ah te hian a chhanna panga te zingah nangmah leh I nu nen in inkara i hmehbel rem theih ber thai bial rawh. Uluk takin chhiar la, I than len chhoh laia nangmah leh I nu inkar kha ngaihtuah la, a inmil ber thlang rawh. A chhanna awm thei te chu:

1=Pawm lo bur (Strongly disagree) 2=Pawm lo (Disagree)

3= Pawm lova, pawm lo chuang lo/a laihawl (Neither agree nor disagree)

4= Pawm (Agree) 5= Pawm nghet tlat (Strongly agree)

A chhanna awm thei panga a ang hian, pakhat chauh thlan tur a ni a, i duh ber zawn ah i tick dawn nia. Chhanna dik leh dik lo a awm lova, chuvangin ni a i hriat dan ang chiahin i chhang dawn nia. Khawngaihin zawhna te hi chhang kim vek la, ha leh mawi ni a i hriat ang ni lovin, nangma hriat dan dik takin i chhang dawn nia.

1	Ka than len chhoh laiin ka nu ngaihdan ah chuan chhungkaw enkawl thatna ah chuan an nu leh pa te ang bawkin naupangte duh ang pawh in thil a kal tur ani	1 2 3 4 5
2	Ka nu chuan amah nen kan ngaihdan in anglo mah se, dika a ngaih chu tih luihna in ka zawm chuan keimahni tan tha turah a ngai	1 2 3 4 5
3	Ka tet lai chuan ka nu in ti tura min tih chu zawhna zawt lova ti nghal vat turin min beisei thin	1 2 3 4 5
4	Ka tet lai chuan ka chhungten ro an rel tawh chuan, ka nu in an ro rel chhan chu inchunga naupangte nen a sawiho thin	1 2 3 4 5
5	Ka chhungten tih tur leh tih loh tur dan an siamah ka ngaihdan a nih loh apiangin ka nu chuan an dan siam chhan sawi tha a ti	1 2 3 4 5
6	Chhungte duh dan ni lo mah se ka nu ngaihdan ah chuan a fate chuan ten zalen taka ngaihdan an neih a, an duhzawng an tih hi ani	1 2 3 4 5
7	Ka tet lai chuan ka nu in thuthlukna a siam tawh ah chuan zawhna kan nei zui tawh a phal lo	1 2 3 4 5
8	Ka tet lai chuan ka nu in inthununna leh a chhan sawi in kan thil tih tur leh kan ngaihdan min kawh hmuh thin	1 2 3 4 5
9	Ka nu ngaihdan ah chuan chhungten a aia nasa in naupangten an awmdan tura an awm theihna intihluihna hmang se a ti	1 2 3 4 5

10	Ka tet lai chuan ka nu in nungchang inkhuahkhirhna leh rorelna hi thuneitu ten an siam vanga zawm kher turin min ti lo	1 2 3 4 5
11	Ka tet lai chuan ka nu in keima laka a beisei chu ka hria a, amaherawhchu a beiseina te chu awm lo ka tih chuan zalen takin ka nu ka sawipui thei	1 2 3 4 5
12	Ka nu ngaihndan ah chuan nu/pa fing chuan an fate hma taka chhungkuaa a thu ber hrilh/kawh hmuh se a ti	1 2 3 4 5
13	Ka tet lai chuan ka nu in ka nungchangah beisei leh kaihhruaina min pe ngai mang lo	1 2 3 4 5
14	Ka tet lai in chhungkaw rorelna tam zawkah ka nu chuan naupangte duh zawng a ti	1 2 3 4 5
15	Kan chhungkuaa naupangte an than len lai chuan ka nu in kaihhruaina leh thununna awmze nei leh tlang takin min pe thin	1 2 3 4 5
16	Ka tet lai chuan ka nu ngaihndan ka pawm loh chuan a lungawi lo thin	1 2 3 4 5
17	Ka nu ngaihndan ah chuan vantlang mipui buaina tam tak hi chhungten an fa te thil tih, thil rel leh an duhzawngte khap sak lo se a kiang ang	1 2 3 4 5
18	Ka tet lai chuan ka nu in ka nungchanga beisei a neih min hrilh a, a beisei ka phak loh chuan min hrem thin	1 2 3 4 5
19	Ka tet lai chuan ka nu in a tamzawk ah chuan ama kaihhruaina tel lovin keima rel fel min phal sak thin	1 2 3 4 5
20	Ka tet lai chuan ka nu in chhungkaw rorelna ah naupangte ngaihndan a la thin, amaherawhchu naupangte duhna avang ringawt chuan a ti ngai lo	1 2 3 4 5
21	Ka tet lai chuan ka nu in ka nungchang kaihruaitu ah aman mawh phur in a inngai lo	1 2 3 4 5
22	Ka tet lai in ka nu chuan naupangte awmdan turah ngaihndan a nei a, amaherawhchu a ngaihndan neih te chu naupang a zirin a siam rem thin	1 2 3 4 5
23	Ka tet lai chuan ka nu in ka awmdan leh ka tih tur min kawhbmuh in zawm turin min beisei a, amaherawhchu ka ngaihthatlohna te min ngaihthlak sak a remti in min sawipui thin	1 2 3 4 5

24	Ka tet laiin ka nu chuan chhungkua chungchangah keima ngaihdan neih min phalsak in ka thil tih tumte ah keimaha rel fel min phalsak	1 2 3 4 5
25	Ka nu ngaihdan chuan khawtlanga kan buaina tam zawk hi nu leh pa ten an fa te anthan len chhoh laia an thil tih tur an tih loh hi khauh tak leh tihluihna nena an enkawl chuan a fel ang	1 2 3 4 5
26	Ka tet laiin ka nu chuan ti tura min duh leh tih dan tura min beisei chu khauh takin min hrilh thin	1 2 3 4 5
27	Ka tet laiin ka nu chuan ka nungchang leh tih tur chu fiah takin min kawhmuh thin mahse ka ngaihdan a nih loh pawh in min hrethiam thin	1 2 3 4 5
28	Ka tet laiin ka nu chuan chuungkuuaa naupangte nungchang, tih tur leh an duhna chu a kawhmuh lo	1 2 3 4 5
29	Ka tet lai chuan ka nu in keima laka a beisei ka hria in an beisei te chu ama thunneihna ka zah avanga zawm turin min ti thin	1 2 3 4 5
30	Ka tet laiin ka nu chuan chhungkuuaa rorel a siam in ka rirlru a tihnatchuan a rorelna siam chhan leh ama dik leh dik loh chu min titi pui thin	1 2 3 4 5

13	Do you get the feeling that your Father /Mother is fond of your brother and sister than of you?	1	2	3	4	1	2	3	4
14	Is your Father /Mother more unfair to you than to than to your brothers and sister?	1	2	3	4	1	2	3	4
15	Does your Father/Mother forbid you to do things that your classmates are allowed to do because he/she is afraid that something will happen to you?	1	2	3	4	1	2	3	4
16	Does your Father/Mother tell you off when other people are present?	1	2	3	4	1	2	3	4
17	Does your Father /Mother worry about what you do after school has finished?	1	2	3	4	1	2	3	4
18	If things aren't going well for you, does your Father /Mother try to console or help you?	1	2	3	4	1	2	3	4
19	Does your Father/Mother strike you more often than you deserve?	1	2	3	4	1	2	3	4
20	If you have done something which is not allowed, your Father/Mother act so unhappy that you start to feel guilty?	1	2	3	4	1	2	3	4
21	Do you feel that your Father /Mother loves you more than your brothers and sister?	1	2	3	4	1	2	3	4
22	Do you think that your Father/Mother likes being with you?	1	2	3	4	1	2	3	4
23	Do you ever get the feeling that your Father/ Mother doesn't have time for you?	1	2	3	4	1	2	3	4
24	Do you have to tell your Father/Mother what you have been doing when you get home?	1	2	3	4	1	2	3	4
25	Do you feel that your Father/Mother is trying to provide you with a happy youth during which you about all sorts of different things (for e.g. through and excursions etc.)?	1	2	3	4	1	2	3	4
26	Is your Father/Mother interested in your school grades?	1	2	3	4	1	2	3	4
27	Do you feel that your Father/Mother minds helping you if you have to do something difficult?	1	2	3	4	1	2	3	4
28	Does your Father/Mother treat you like the black Sheep or the 'scapegoat' of the family?	1	2	3	4	1	2	3	4
29	Do you feel that your Father/Mother loves you?	1	2	3	4	1	2	3	4
30	Does your Father /Mother thinks that you have to be the best at everything?	1	2	3	4	1	2	3	4
31	Does your Father/Mother makes it clear that he/she loves you?	1	2	3	4	1	2	3	4

32	Do you think that your Father/ Mother takes your opinion into account?	1	2	3	4	1	2	3	4
33	Does your Father/Mother ever pay you compliments?	1	2	3	4	1	2	3	4
34	Do you ever feel guilty because you are behaving in a way that your Father/Mother doesn't approve of?	1	2	3	4	1	2	3	4
35	Do you feel that your Father/ Mother expects a lot from you in the way of report grades, sporting achievements or other things?	1	2	3	4	1	2	3	4
36	Can you count on help and understanding from your Father/ Mother if you're unhappy?	1	2	3	4	1	2	3	4
37	Do you ever get punished by your Father/ Mother when you haven't done anything wrong?	1	2	3	4	1	2	3	4
38	Does your Father/ Mother say unpleasant things about you to other people, for example that you are lazy or difficult?	1	2	3	4	1	2	3	4
39	When something happens, does your Father/ Mother put the blame mainly on you?	1	2	3	4	1	2	3	4
40	Does your Father/Mother accept you just the way you are?	1	2	3	4	1	2	3	4
41	Does your Father/Mother act in a harsh and unfriendly way towards you?	1	2	3	4	1	2	3	4
42	Does your Father / Mother punish you a lot even for a little things?	1	2	3	4	1	2	3	4
43	Does your Father / Mother ever give you a slap for no reason?	1	2	3	4	1	2	3	4
44	Is your Father/ Mother interested in your hobbies and what you like doing?	1	2	3	4	1	2	3	4
45	Does your Father/Mother ever strikes you?	1	2	3	4	1	2	3	4
46	Does your Father/Mother ever treat you in a way that makes you feel small?	1	2	3	4	1	2	3	4
47	Do you find that your Father/Mother is over-scared that something will happen to you?	1	2	3	4	1	2	3	4
48	Do you feel that your Father/Mother and you like each other?	1	2	3	4	1	2	3	4
49	Does your Father/Mother allow you to have different opinions from his/her own?	1	2	3	4	1	2	3	4
50	Does your Father/Mother ever send you to bed without any food?	1	2	3	4	1	2	3	4
51	Do you feel that your Father/Mother is proud of you if you do something really well?	1	2	3	4	1	2	3	4

52	Does your Father/Mother give you preferential treatment compared to your brothers and sisters ?	1	2	3	4	1	2	3	4
53	Does your Father/Mother blame your brothers and sisters when it was actually your fault?	1	2	3	4	1	2	3	4
54	Does your Father/Mother show that he/she loves you, for example by giving you a hug?	1	2	3	4	1	2	3	4

Appendix –XII

Egna Minnen av Barndoms Uppfostran/Perceived Parental Rearing Style Questionnaire;EMBU(MIZO)

A hnuaiah hian naupang leh nu/pa te inkar chungchang a awm a. I nu leh I pa te I laka an awmdan kha ngaihtuah la, an awmdan nen a inrem I tih ber thlang rawh. A chhanna awm thei te chu:

1=Aih,ngai miah lo (No,Never) 2 = Aw mahse achang choh in (Yes, but seldom)

3=Aw, a zing (Yes, often) 4 = Aw, a tlangpui in (Yes, most of the time)

A chhanna awm thei pali a ang hian, pakhat chauh thlan tur a ni a, dik I tih ber zawn ah I tick dawn nia. Chhanna dik leh dik lo a awm lova, chuvangin ni a I hriat dan ang chiahin I chhang dawn nia. Khawngaihin zawhna te hi chhang kim vek la, ha leh mawi ni a I hriat ang ni lovin, nangma hriat dan dik takin I chhang dawn nia.

		FATHER	MOTHER
1	I nu/pa I thil tih apiangah an rawn in rawlh vek thin em?	1 2 3 4	1 2 3 4
2	I nu/pa in a hmangaih che tih a lan tir thin em?	1 2 3 4	1 2 3 4
3	I unau pa leh unau nu te lakah I nu/pa in an duat uchuak bik che em?	1 2 3 4	1 2 3 4
4	I nu/pa in dang dai turin an duh che em?	1 2 3 4	1 2 3 4
5	I nu/pa in thil I tih sual in hun enge maw chen an be duh lo thin che em?	1 2 3 4	1 2 3 4
6	I nu/pa in thil ho te te ah an hrem thin che em?	1 2 3 4	1 2 3 4
7	I nu/pa in khawvel ah thleng sang turin an duh che em?	1 2 3 4	1 2 3 4
8	I nu/pa in dang dai turin an duh che in I hria em?	1 2 3 4	1 2 3 4
9	I nu/pa atangin I unau pa leh unau nu te dawng ve loh I dawng thin em?	1 2 3 4	1 2 3 4
10	Thil atthlak I tih in I nu/pa I hmin thei em?	1 2 3 4	1 2 3 4

11	I nu/pa in I kawr hak tur emaw I lan dan tur an sawi thin em?	1 2 3 4	1 2 3 4
12	I nu/pa in an kuah ngai che em?	1 2 3 4	1 2 3 4
13	I nu/pa in I unaupa leh I unaunu te an ngaina zawkin I hria em?	1 2 3 4	1 2 3 4
14	I nu/pa ten nangmah aain I unaupa leh I unaunu te an tan bik in I hria em?	1 2 3 4	1 2 3 4
15	I nu/pa ten I chungah thil engemaw a thlen palh hlauh avangin I thian tetih ang tih ve an phalsak lo thin che em?	1 2 3 4	1 2 3 4
16	Midang an lo len in I nu/pa in kalsawn turin an ti che em?	1 2 3 4	1 2 3 4
17	I nu/pa in sikul ban hnu ah engnge I thawh tih an ngaih pawimawh em?	1 2 3 4	1 2 3 4
18	I thiltih ah I hlawhchhamin I nu/pa in hnem an tum che em?	1 2 3 4	1 2 3 4
19	I nu/pa in I tih ang aia nasa in an sawi sel thin che em?	1 2 3 4	1 2 3 4
20	Thil enge maw phal loh I tih in, I nu/pa in nangmah in thiamlohna nei tur khawpin hmel lawm lo an pu thin em?	1 2 3 4	1 2 3 4
21	I nu/pa in I unaupa leh unaunu te aain an hmangaih zawk che in I hria em?	1 2 3 4	1 2 3 4
22	I nu/pa in I bula awm nuam an ti in I hria em?	1 2 3 4	1 2 3 4
23	I nu/pa in I tan hun an nei lovin I hre ngai em?	1 2 3 4	1 2 3 4
24	Inah I haw in i nu/pa te hnenah I thil tih I hril ngai em?	1 2 3 4	1 2 3 4
25	I nu/pa in I hlim theih nan zitrur lehkha bu emaw, zinchhuak in emaw an tihsak thin che em?	1 2 3 4	1 2 3 4
26	I nu/pa in sikula I mark hunh zat an bengkhawn em?	1 2 3 4	1 2 3 4
27	I nu/pa in thil harsa I tih in pui an tum che in I hria em?	1 2 3 4	1 2 3 4
28	I nu/pa in In chhungkuaa sual ber en in an enkawl che in I hria em?	1 2 3 4	1 2 3 4
29	I nu/pa in an hmangaih che in I hrai em?	1 2 3 4	1 2 3 4
30	I nu/pa in engkimah tha ber turin an duh che in I hria em?	1 2 3 4	1 2 3 4

31	I nu/pa in tlang takin an hmangaih che tih an lantir em?	1 2 3 4	1 2 3 4
32	I nu/pa in I ngaihndan an ngai pawhmawh in I hria em?	1 2 3 4	1 2 3 4
33	I nu/pa in an fak tawh reng reng che em?	1 2 3 4	1 2 3 4
34	I nu/pa duhdan lova I awm in, I awm avangin in thiamlohna I nei thin em?	1 2 3 4	1 2 3 4
35	I nu/pa in I mark hmuh zat, inkhelhna leh a kaihhnawihah te an phutsang lutuk in I hria em?	1 2 3 4	1 2 3 4
36	I hlim lovin I nu/pa te tanpuina leh hriatthiamna I dawng thin em?	1 2 3 4	1 2 3 4
37	I tihsual ni miahlo ah I nu/pa ten an hrem tawh che em?	1 2 3 4	1 2 3 4
38	I nu/pa midangte bulah i chanchin thalo zawng, a that chhia tih ang teiin an sawi tawh em?	1 2 3 4	1 2 3 4
39	Thil diklo engemaw a thlen in I nu/pa in nangmah an puh tlangpui thin che em?	1 2 3 4	1 2 3 4
40	I nu/pa in I awm ang angin an pawm che em?	1 2 3 4	1 2 3 4
41	I nu/pa in I lakah a hreawm zawng leh nel awm lovin an awm thin em?	1 2 3 4	1 2 3 4
42	I nu/pa in thil ho te te ah pawh an hrem thin che em?	1 2 3 4	1 2 3 4
43	I nu/pa in awmze nei lovin an beng che em?	1 2 3 4	1 2 3 4
44	I nu/pa in I tui zawng leh nuam I tih zawng an ngaihsak pui che em?	1 2 3 4	1 2 3 4
45	I nu/pa in an vaw tawh che em?	1 2 3 4	1 2 3 4
46	I nu/pa in nangmah I inhmuh hniam na tur in an awmtir tawh che em?	1 2 3 4	1 2 3 4
47	I nu/pa in I chungah thil engemaw a thlen an hlau thawng mah mah in I hria em?	1 2 3 4	1 2 3 4
48	I nu/pa leh nangmah in ngaina tawn in I hria em?	1 2 3 4	1 2 3 4
49	I nu/pa in an mahni ngaihndan dan hran neih an phalsak che em?	1 2 3 4	1 2 3 4
50	I nu/pa in chaw ei lovin an mut tir tawh che em?	1 2 3 4	1 2 3 4

51	Thil engemaw tha taka I tih in I nu/pa in an chhuang che in I hria em?	1 2 3 4	1 2 3 4
52	I nu/pa in I unaupa leh unaunu te aain an duhsak bik che in I hria em?	1 2 3 4	1 2 3 4
53	I nu/pa in nangma thiamloh ah I unaute an puh tawh em?	1 2 3 4	1 2 3 4
54	I nu/pa in an hmangaih che tih, kuah emaw fawp in emaw an lantir em ?	1 2 3 4	1 2 3 4



**MIZORAM UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
MIZORAM: AIZAWL
Tanhri, Aizawl – 796004, Mizoram**

PARTICULARS OF THE CANDIDATE

NAME OF CANDIDATE : Ms. MARY ZOTHANMAWII
DEGREE : Doctor of Philosophy
DEPARTMENT : PSYCHOLOGY
TITLE OF DISSERTATION : “Perceived Parenting Style Correlates of Psychopathology and Mental Wellbeing among Mizo Adolescents”
DATE OF ADMISSION : 28.03.2011

APPROVAL OF RESEARCH PROPOSAL

1. BPGS : 26.04.12
2. SCHOOL BOARD
Registration No. & Date : **MZU/Ph.D/502 of 02.05.2012**
3. Academic Council : 1.06.2012
4. Date of Completion of
Ph D Course Work : 25.01.2012
Extension (If any) : Nil

(Dr. ZOKAITLUANGI)
Head

