

FAMILY FUNCTIONING AND PARENTAL ATTACHMENT IN
RELATION TO BEHAVIOURAL AND EMOTIONAL PROBLEMS
OF ADOLESCENTS IN MEGHALAYA

ZEBALDA RESTIA DKHAR

DEPARTMENT OF PSYCHOLOGY
MIZORAM UNIVERSITY

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BEHAVIOURAL AND EMOTIONAL PROBLEMS OF ADOLESCENTS IN
MEGHALAYA

BY

Zebalda Restia Dkhar

Psychology Department

Submitted

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CERTIFICATE

This is to certify that the present research work titled, “Family Functioning and Parental Attachment in Relation to Behavioural and Emotional Problems of Adolescents in Meghalaya” is the original research work carried out by Ms. Zebalda Restia Dkhar 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. Zebalda Restia Dkhar has not been submitted in support of an application to this or any other University or an Institute of Learning.

Dated: 19th September, 2019.

(Dr. ZOKAITLUANGI)

Supervisor

DECLARATION

Mizoram University

September 2019

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

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

(ZEBALDA RESTIA DKHAR)

Candidate

(PROF. H.K. LALDINPUII FENTE)

Head

Department of Psychology

(DR. ZOKAITLUANGI)

Supervisor

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Chapter I

Introduction

“Adolescents are not monsters. They are just people trying to learn how to make it among the adults in the world, who are probably not so sure themselves.”

-Virginia Satir

The phase of advancement from childhood to adolescence features a number of changes in a person's life, be it physically, emotionally, sexually and behaviourally. Erik Erickson defines 'adolescents' as those people between 10 and 20 years of age (Santrock, 2011). Also, the World Health Organization (WHO) defines adolescence as the period from 10 to 19 years of age. It is viewed as the transitional period from childhood to adulthood. This transition is gradual and uncertain and differs from culture to culture. It is a crucial period in the life span of an individual which represents the end of childhood and an intimation of the adult who is to be (Jersild, Brook, & Brook, 1978). It is characterized as a period of “storm and stress” (Hall, 1904) as it creates more turmoil and chaos; and occurs more rapidly in comparison to childhood or adulthood (Seidman & French, 2004; Chaube, 2002), are continuously changing physically, mentally and psychologically (Cripps & Zyromski, 2009). Owing to this growth, human personality begins to develop new dimensions and the individual shows emotional instability and conflict (Speyer, 1949). It, therefore, is not astonishing that mental health problems may begin to arise during this stormy period. It is a period of heightened risk and puts the adolescent “at-risk” to developing mental health problems since this is the period whereby an adolescent is bombarded with numerous choices and possibilities that are associated with their development – psychologically and socially. They need to establish individuation and autonomy from their parents while seeking acceptance/ approval

from their peers and pushing towards achieving adult status (Cripps & Zyromski, 2009; Laible, Carlo, & Rafaelli, 2000). As a matter of fact, there are a number of researches that have been done which found that these problems tend to begin during the adolescent period (DuRant, Smith, Kreiter, & Krowchuk, 1999). It has been seen that rates of depression, suicide, alcohol and drug abuse, and conduct disorders increasing during this stage, with depression reported being the most prevalent among adolescents (Laible, Carlo, & Rafaelli, 2000; Cuellar, 2015). A study done by Agarwal and Sinha (2016) reported that suicide is the second leading cause of death among 15-29-year-olds in our country. It accounts for 13% in males and 15% in females among this age group. This figure does not include the suicide attempts among adolescents and youths which could be up to 20 times more frequent than completed suicide.

The World Health Organization defined mental health as a “state of well-being, whereby a person recognizes their individual capabilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities” (WHO, 2014). Many studies have portrayed that a large number of adolescents suffer from behavioural or emotional issues, which can be termed broadly as ‘mental health problems.’ Although mental disorders reflect psychiatric disturbance, adolescents may be affected more broadly by mental health problems. For the purpose of this research, the term ‘mental health problem’ is used and is not for a diagnostic intention. Mental disorders are a diagnosable clinical set of symptoms (Murphey, Barry, & Vaughn, 2013) whereas ‘mental health problem’ is a broader term which includes behavioural and emotional problems that may cause distress in an individual and may arise from a series of risk factors including genetic

or environmental aspects (Claveirole & Gaughan, 2011). The term mental health problems/ difficulties have been used in the measure for behavioural and emotional problems in a number of researches (e.g., Martyn, Andrews, & Byrne, 2014; Michaud & Fombonne, 2005; McLeod, Uemura, & Rohrman, 2012). For many adolescents, they get through this period without any emotional or behavioural issues, although for some the reverse is seen where they show symptoms of depression, low self-esteem and delinquent behaviours (Johnson & Wolke, 2013). These hamper their everyday functioning or their well-being leading to various mental issues like depression, stress or change of behaviour. Failure to address and identify these signs and symptoms can lead to various consequences in the present and/or future of the individual.

Symptoms of adolescent mental health problems, like most other disorders, is distributed evenly and continuously in a population. Nevertheless, children and adolescents who experience poor mental health yet not able to meet the diagnostic criteria for disorder are affected by their ill-health (Patel, Flisher, Nikapota, & Malhotra, 2008). To cite one out of many, a study conducted by Patel & Andrew (2001) among school-going adolescents in Goa, India, reported that adolescents with emotional disorders are more prone to sexual risk behaviours than those who do not suffer from such mental disorders. Moreover, an important risk factor for these outcomes is exposure to sexual and physical violence (Patel & Andrew, 2001). A study conducted by Andrew, Patel, and Ramakrishna (2003) showed that educational achievement and relationships with parents were considered to be more of a priority by adolescents themselves than their sexual health, thus suggesting that incorporating these concerns in sexual health program would make them more productive.

Hence, to understand the factors which influence the change in behavioural and emotional problems in adolescents, many researchers have focused their studies on the relation of behavioural and emotional problems to family aspects. The parents play a vital role in the emotional development of a child. The parental style creates different environments for the children which could create a constructive or negative impact on the behavioural and emotional development of adolescents. Proper support and love from parents and family result in the positive well-being of a child and his or her behaviour or emotional health (Paul & DeBoer, 2001). However, if the child lacks in terms of healthy family functioning and parental attachment, then, he or she faces behavioural and emotional issues. Henceforth, these family factors play effective roles in the improvement of mental health in adolescents, leading to healthy progress and advancement as they grow.

There are various aspects of the family which are related to their children's behavioural and emotional issues.

Parenting approach - There have been early studies on adolescent behavioural problems and the parental approach. Adolescents need control and support from their parents to feel accepted, approved and comforted. The emotional expression of empathy and love showed by the parents help them adjust to society. Under the parent attachment, a child is directed to develop his or her behaviour as per the manner desired by the parents. Alan and Paul (2001) noted that the behaviour of the adolescent is dependent on parental behaviour and the care given to the adolescent. A warm and responsive parent and adolescent relationship lead to a positive outcome.

Intergenerational approach - This type of theory relating to family functioning helps to explain the adolescent behavioural and emotional problems from understanding the relationship between the adolescent and the parents. The main concept of the theory is loyalty and is considered crucial for the relationship between a parent and the adolescent. Vertical loyalty is considered as the relationship between the parents and the children since a child born to his or her parents is being cared for by the parents. Hence, they owe loyalty to the guardians, and the parents owe affection and childcare. Hence, a balance of taking and giving care develops between the child and the parent (Boszormenyi-Nagy, et al., 1991). A horizontal loyalty, as mentioned by Bowes, Maughan, Caspi, Moffitt, and Arseneault (2010) is a child's relationship with his/her friends, peers and siblings. This type of relationship is also balanced between giving and taking policy as discussed earlier. Horizontal relations are easily broken while vertical relations are more firm.

Structural approach - This type of approach shows that not only the parent and adolescent relation matters but also its structure. The main functions of a family are to regulate, support and socialize the members. To function properly, it is important for a family to have a proper hierarchy and a structure. Bream, Victoria, and Buchanan (2003) added that every family needs a clear structure since it goes through the various developmental stages, for instance, a family with children, then, children turning into adolescence and after that the empty nest stage where children leave home. Lack of proper structure and boundaries in a family makes its members weak. This develops into a lack of protection, nurturance and emotional support. The children may come up with problem behaviour since their social development gets hindered.

Communication approach - An adolescent with behavioural issues relates to the interactions and communication between the parents and the adolescent. The adolescent and parents may keep on faulting one another of causing the issue without determining that it is an interaction problem. Thus, a family with adolescent behavioural problems differ from the one which does not have it. Butler, Lesley, Robinson, Douglas and Murch (2002) suggested that a family communication approach is essential for a healthy family functioning and its organization. Some of the families do not communicate and share their feelings, for which proper communication is needed to solve the issue. An appropriate approach to communication is necessary for a family to reduce the behavioural and other issues of the children.

In this context, the researcher has chosen different secondary resources like books, articles and journals which are relevant to the study and have helped to complete it efficiently. Considering these secondary resources, the researcher has revealed the idea of different types of behavioural and emotional problems associated with adolescents and the impact of family functioning or parental attachment on them in the sections that follow.

Behavioural and Emotional Problems of adolescents

Enormous mayhem marks adolescents in the behavioural and emotional aspects. According to Alan and Paul (2001), at this age, the adolescents struggle to develop their individuality while conforming to the family and societal norms at the same time. Rapid modernisation and urbanisation have exposed the adolescents to numerous changes which take place in the society around them. The term

'behavioural and emotional problems' means "a disability characterized by behavioural or emotional responses that adversely affect family relationships, academic, social, vocational, or personal skills" (Garner, Kauffman, & Elliot, 2013). As per Butler, Lesley, Robinson, Douglas and Murch (2002), the principal task of an adolescent is to form a sense of personal identity. Adolescents need to rediscover themselves at this age. They need to incorporate the new feelings, new conceptions and new body image. The behavioural problems identified at this time are the reaction patterns of the adolescents that are not up to the expectations of the parents, community or family members. It is known as distorted or deviant behaviour. Marica and Corcoran (2001) added that it does not fit the accepted norms of the behaviour appropriate as per the gender, culture and age of the child. Evans, Jonathan, and Richard (2001) explained that as per the findings from different studies, 9 to 12% of the adolescents have strong emotional symptoms which have negative impacts on daily life or functioning. There is a consistent increase in the prevalence of mental health problems across all age groups in many developed nations in this world over a 19 years period (Pitchforth, 2018). The depressed adolescents become sad and have irritable moods, diminished interests in daily activities, and display a lack of concentration and fatigue. As a result of such behavioural and emotional issues, the children remain incomplete to develop themselves emotionally, spiritually, intellectually and psychologically. For emotional and healthy development, adolescents need to develop the capacity to regulate, experience and express the emotions while exploring the environment as well.

Types of Behavioural and Emotional Problems

Different adolescents suffer from different types of behavioural and emotional issues. Further, it has been noted by Ellis et al. (2003), most of the adolescents display behaviours or emotions which are not accepted socially and can become risk factors for them as well. Unfounded fears, tantrums, anxious behaviour, disruptive behaviours, defiance, biting or hitting and aggressiveness are some of the issues which are frequently noted. They have different varieties of anxiety, depression, social problems, attention issues, aggressive behavioural issues and withdrawn depression. Stevanovic (2013) found that nearly 17% of children and adolescents had anxiety and 18% of them showed depressive symptoms. Also, a significant number had hyperactivity and attention problems (20.3%) while conduct problems (15.6%) and peer problems were seen to be less prevalent at 11.4%. It has been mainly found that there are some common factors related to the rise of such behavioural, emotional or mental health problems in an adolescent. It was seen in a number of studies particularly studies done in a clinical setting, that a majority of the adolescents had more than one disorder with almost a quarter having four or more disorders. Behavioural disorders were the most common ones, followed by anxiety disorders and affective disorder (Fitzpatrick et al., 2011). Among the different emotional issues are excessive fear, extreme sensitivity, phobia, moodiness, social withdrawal, depression, daydreaming, physical illness and other such issues.

The adolescents display some degrees of behavioural and emotional disturbance at different stages of their development as per the behavioural and emotional problems that they face during their adolescent stage of development. Hence, some of the adolescents face learning disabilities or language disorders while

others face considerable stress due to sleepless nights or family issues (Hetherington, 2003). Impulsive, excitable behaviour and restlessness are common among them, though at times their behaviour becomes extreme. Holt, Buckley and Whelan (2008) stated that young children, especially at the adolescence stage are exposed to repeated traumatic experience, be it inside or outside their family for which they portray behavioural or emotional disturbances. They show distressing reactions, repetitive enactments during their play and sleep disturbances. Many children become anxious and fearful at times, but this can be overcome with comfort and proper parental care. This way, the family direct their children away from any behavioural and emotional issues. Jaffee, Terrie, Avshalom and Taylor (2003) added that some of the children have issues of disturbed relationships because of attachment disorders. A study on the neurological aspect of internalizing problems using resting-state functional brain connectivity in adolescents found that childhood maltreatment lowers prefrontal-hippocampal connectivity in both the genders but lowers the prefrontal-amygdala connectivity in females. This could explain females' higher risk of developing anxiety and depression. Hence, adolescents face risks of behavioural and emotional problems. This altered connectivity in familial relationships mediates the development of internalizing and externalizing problematic symptoms in adolescents (Herringa, 2013).

In a follow-up study of 776 adolescents by Pine et al. (1998), anxiety and depression during childhood and adolescence period tend to persist over the next two or three decades i.e. until adulthood. Participants showed a poorer psychosocial outcome in adulthood when the onset of their anxiety disorder was during their adolescence period in comparison to those whose onset was during their childhood

(Essau et al., 2014). This recent study also reported that participants with an onset of anxiety disorders during adolescence showed poor life adjustment, poor family relationships, poor ability to cope with problems, poor life satisfaction, reported much more chronic stress during adulthood as well as a predictor of alcohol and substance abuse/ dependence. In fact, many adult substance abusers were found to have an initiation with substance abuse during their adolescent years (Agarwal & Sinha, 2016). This could be because of the fact that adolescent anxiety causes more distress due to biological changes during puberty (Hyde, Mezulis, & Abramson, 2008). Bream, Victoria and Buchanan (2003) argued that all the adolescents do not go through this period smoothly and thus, they develop the maladaptive patterns in the behavioural and emotional spheres. Hence, their future results in delinquency, depression, suicide or other severe consequences. Depression is the strongest predictor of suicide in adolescents. Going through a number of stress and changes during this period makes the adolescent assess their lives as less satisfying and negative. Hence, lower life satisfaction is also related to suicide ideations in adolescents (Morales-Vives & Duenas, 2018). Adolescents who abuse substances before the age of 15 years develop a lifelong dependence and are at a greater risk of developing anxiety and depression (Badr, Taha, & Dee, 2014). Also, gender orientations of lesbian, gay and bisexual adolescents go through similar issues and are reported to show more internalizing and externalizing problems than the normative group of adolescent males and females (Elze, 2002). Adolescents' first self-harm attempt is usually seen around 13 and 15 years of age at a time when there are conflicts between them and their parents or peers.

Mental health problems are dominated by two general approaches: (a) the categorical approach which is based on the Diagnostic Statistical Manual (DSM; American Psychiatric Association, 2013) and the International Classification of Diseases (ICD; World Health Organisation, 1992) classifications; and (b) the dimensional approach which is empirically derived for assessment using checklists and questionnaires to draw out symptoms of disorders. The most commonly used is the self-report questionnaire (Youth Self Report) which was developed by Achenbach. According to this scale, behavioural and emotional problems can be classified into Externalizing and Internalizing Problems. Some of these problems that manifest themselves outwardly could be seen as being aggressive, impulsive, delinquent and non-compliant. These are defined as *Externalizing Problems*. Other behavioural and emotional problems that manifest themselves inwardly could be described as being depressed, lonely, anxious and withdrawn. These are defined as *Internalizing Problems* (Smith, 2010). Achenbach, Dumenci and Rescorla (2002) divided behavioural and emotional problems into eight empirically based syndromes which comprise the Internalizing and Externalizing Problems.

The Internalizing Problems are:

Anxious/ Depressed includes problems of excessive fear and worry which can bring about feelings of worthlessness and sadness (Achenbach, 1991b).

Withdrawn/ Depressed is seen in adolescents who tend to be alone and avoid talking to people around them (Butcher, Mineka, Holley, & Carson, 2004), is shy and secretive too (Achenbach, 1991b).

Somatic Complaints relates to physiological problems and complaints like stomach problems, headache which an adolescent experiences but without any medical reasons (Achenbach, 1991b).

Social Problems consists of behaviours such as not getting along with peers, acting young or preferring to play with older children (Achenbach, 1991b).

Thought Problems includes delusions and hallucinations and a loss of contact with reality (Ivarsson & Larsson, 2009).

The Externalizing Problems are as follows:

Attention Problems are seen in adolescents who have problems with concentration, nervousness and impulsivity. It consists of inattention, hyperactivity and impulsive behaviour (Claveirole & Gaughan, 2011).

Delinquent Behaviour/ Rule Breaking Behaviour includes behaviours such as theft, cheating, lying, stealing and vandalism. It is a condition where adolescents violate the rights of others (Achenbach, 1991b).

Aggressive Behaviour is related to conduct disorder and oppositional defiant disorder. It consists of behaviours such as arguing, teasing, screaming, demanding, showing temper and acting in a threatening manner (Achenbach, 1991b).

Risk Factors to Behavioural and Emotional Problems

There are several risk factors for adolescent mental health problems and behavioural problems. As observed above, these included a low socioeconomic status, marital discord, family mental health problems and other associated factors. Other studies point out gender, low academic performance, corporal punishment by parents, parental divorce, poor family functioning and lack of family support as risk factors (Elze, 2002; Crews et al., 2007; Cuellar, 2015). There might be lack of proper

family functioning or parental support for which the children have negative behavioural and emotional outcomes. Chandra, Martin, Hawkins and Richardson (2010) also added that risk factors could be poor home conditions, irresponsible parents, over-crowded classrooms, irrelevant curriculum, lack of proper guidance from parents and teachers, and improper family support or functioning. Also, John and Francesconi (2001) observed that the behaviour and feelings of a child are affected by the culture, relationships, health, family structure, temperament, experiences, education and care. According to Gregory and Sadeh (2012), adolescents are dependent entirely on the caregivers, especially parents and family members, to support their mental health and emotional development. The parents play an important role in providing appropriate and sensitive care, and a proper environment is needed so that the children can grow mentally and physically. Lack of proper support and family attachment leads to impairment of emotional well-being and mental health of a child. After taking so many attempts to know and understand the severity of the behavioural and emotional problems of the adolescents, the problems still exist.

Influence of Culture on Behavioral and Emotional Problems

Culture too plays a role in what classifies as externalizing or internalizing problems. Theory of Broad and Narrow socialization gives a cultural point of view in understanding adolescent risk-taking behaviour (Arnett & Jensen, 1993). Broad socialization culture encourages independent behaviour which results in more instances of risk-taking behaviour whereas a narrow socialization culture encourages obedience, which results in a reduced rate of risk-taking behaviour in adolescents. One study reported that Indian culture supports free expression of emotions in both

positive and negative ways (Savina, Coulacoglou, Sanyal, & Jhang, 2011). However, another study reported that in comparison to children in the United States, Indian children had a desire to control feelings of sadness, anger and pain, which could very much carry on until their adolescence as a desire to maintain social norms (Wilson et al., 2012). In their review of India from various studies, Reddy et al. (2013) reported a prevalence of psychiatric disorder in children and adolescents at a rate of 7% to 21%. A study among Turkish adolescents by Oktan (2014) reported 12% to 23% of adolescents from non-clinical setting harm themselves and as high as 68% from a clinical setting.

Moilanen et al. (2010) studied the cascading effects of externalizing and internalizing problems with academic competence in a majority of European American sample. Their study have supported that transition of individuals to primary school were associated with poor academic competence and higher levels of internalizing problems at age 8. This is also the time when there is an increase in the levels of externalizing problems followed by significant effects like low academic competence at age 10 and subsequent internalizing problems at ages 10 and 12 and externalizing problems at age 11 and 12. A study on 14-16 year-old adolescents in New Zealand showed that even if their depression was not severe enough for diagnosis, it was linked with low quality of life and an increased risk of developing major depression in adulthood. As the severity increases so do the rates of mental health problems (anxiety disorder, major depression, substance abuse/dependence, suicidal ideation/ attempt and other problems), reduced educational attainment, a lower personal income in the future and greater economic dependence on their

family and welfare. It is also associated with low relationship quality and higher rates of conflict and violence (McLeod, Horwood, & Fergusson, 2016).

Internalizing problems among Thai boys and covert delinquent syndrome among Thai girls were not found among young people in the US (Weisz et al., 2006). Similarly, adolescent in Hong Kong showed rates of hyperactivity twice the degree reported in other countries (Ho et al., 1996). This could be due to the fact that cultural suppression of anger and strong emotions may lead parents to have a lower threshold for the hyperactive behaviour in a child and therefore an increased likelihood to report it (Canino & Alegria, 2008). Adolescents in Hong Kong showed a decrease in suicidal ideation which could be due to the reason that adolescents perceived their families as providing emotional support and are engaged with their adolescent child (Kwok & Shek, 2009). In a study of minority groups, perceptions of discrimination among adolescents were associated with increased emotional distress (Milburn et al., 2010). Birnbaum and Croll (1984) have reported that White families have better acceptance of anger but lower acceptance of upset behaviour in boys than in girls.

Studies in the United States estimated that the likelihood of alcohol dependence could be reduced by 10% for each year of postponed drinking in adolescence (Pillai et al., 2014). A study that was conducted in eight different countries, pointed out that most mental disorder, for example, anxiety disorder, depression, attention-deficit hyperactivity disorder, conduct disorder, substance use disorder and oppositional-defiant disorder showed their first sign of onset during adolescence and as young adults (Kessler et al., 2007). Another study also showed that other mental disorders like schizophrenia, eating disorder and delinquent

behaviour also have their peak age of onset during the adolescent period (Wenar & Kerig, 2005). This shows that if these problems which are to commonly occur across cultures and countries are not identified and treated at an early intervention, the likelihood of it increasing in its level in subsequent years is high. Healthy adulthood is dependent on the successful resolutions of the behavioural and emotional problems.

Matrilineal differences between the Culture of the West and the Asian Culture

The difference in cultures in matrilineal societies is associated with gender roles. In Western culture, industrialisation, mechanisation, westernization, and mobility have resulted in the reintegration of kinship units into residential areas where families living in urban areas develop strong ties with those in rural families. This connection has resulted in improved socio-economic relationships between these families (Von EHRENFELS, 1971). On the other hand, the Asian culture in matrilineal societies focuses on urbanisation which has led to changes in family functions. Kattakayam (1996) asserted that in Asian culture, urbanisation had facilitated the acceptance of dowry system in many societies where women's economic importance has shifted to becoming the men's role. As such, dowry practices are accepted by the elders, unlike in the past, where non-tribal counterparts were allowed to demand dowry from the bride's parents. Also, fertility preference reflects the Western and Asian culture in matrilineal societies. According to Narzary and Sharma (2013), the matrilineal societies in western culture emphasises on the need for female children or girls than boys because girls are considered as the most important family assets. On the other hand, Asian culture emphasises on gender preferences where more boys are needed than girls. Limited evidence is found that

supports the Western and Asian culture of matrilineal tribal societies about daughter and son preferences. Following limited studies concerning the Western and Asian culture on family functions related to fertility preference, there is a need for further investigation to determine the differences in fertility preference in matrilineal tribal families.

Behavioural and Emotional Problems of Adolescents in Matrilineal Societies

Due to gender differences, female adolescents are more likely to experience mental health issues due to socialization experiences. These female adolescents do not have rights for autonomy and independence like their male counterparts. This gender discrimination and restriction for autonomy and independence facilitate those mental health problems that need to be addressed in matrilineal societies (Ram, Strohschein, & Gaur, 2014). Blignault, Bunde-Birouste, Ritchie, Silove, and Zwi (2009) cited that young people or adolescents engage in frequent consumption of excessive marijuana leading to mental illnesses. Economic and social changes are the leading causes of mental health in adolescents. These young people have stress and social interferences that impact their mental health. In matrilineal societies, gender differences influence family functions. Mental health problems including substance use disorder and depression are common which result from insecure parental attachment (Pace & Zapulla, 2011). Despite the information regarding parental health problems among adolescents, there are limited studies to support the mental health problems among teens from matrilineal societies. As such, additional research is needed to explore the incidences of mental health problems in matrilineal communities.

Influence of Ecology on Behavioural and Emotional Problems

Healthy and proper behavioural and emotional development is necessary for the children to help them regulate emotions in any challenging situation. This will also help them develop their abilities to communicate effectively and understand the feelings of others. Hence, Sun (2001) suggested that it is very important to understand the culture and the ecology under which a child grows up. This creates an impact on the behavioural and emotional development of a child. In defining an urban and rural area in India, the Census of India (2011) states that urban areas are:

- Places containing a municipality, corporation, cantonment board or notified town area committee, etc.
- All other places which fulfil the following conditions:
 - a). A minimum population of 5000;
 - b). At least 75 per cent of the male working population employed in non-agricultural pursuits; and
 - c). A density population of at least 400 persons per sq. km.

Rural areas are one where:

- A population is less than 5000
- The density of population is less than 400 per sq. km and
- More than 25 per cent of the male working population are employed in agricultural pursuits.

A study done in Northern Goa, showed adolescent drinking patterns increasing in urban areas (Pillai, 2014). This was supported by Agarwal and Sinha

(2016) who also found that substance abuse in India among adolescents is higher in urban areas (37.9%) in comparison to rural areas (24.4%). A change today is seen in a way that there are more and more areas being urbanized and also many young people and families from rural areas moving to urban areas. This rapid urbanization comes with it an increase in urban poverty and unemployment, which are risk factors for poor child and adolescent mental well-being (Patel et al., 2008). Urbanization is seen as a risk factor to behavioural and emotional problems in adolescents (Aggarwal & Berk, 2015). Studies have supported the increased incidence of risk-taking behaviour and aggression in urban areas in comparison to rural areas where vandalism seems to be much more rampant (Arnett & Jensen, 1993).

Adolescents from rural areas were reported to show lower future aspirations and lower self-esteem in comparison to adolescents from urban areas. It was also seen that parents from the rural sector neglect in helping their child develop socially which could result in their inability to cope with changes in their environment or any stressors in their life. Rural families have to go through a number of hardships and pressure, for example, economic pressure with increased family expenses, increased familial conflict due to these pressures and a number of other life events (Stewart et al., 1994). This makes these adolescents prone to showing depressive symptoms if not already suffering from depression. Another study conducted by Puskar et al. (1999) among rural Pennsylvania adolescents found them reporting feelings of loneliness, frequent confusion about the future, headaches, depression and engaging in risky behaviours like alcohol and tobacco use. Suicide ideation was also common among them with 8.7% of the adolescents attempting suicide in the past 12 months of the study. Looking at suicide rates, a study conducted in a rural population in south

India, about a quarter of all deaths in males and between 50% and 75% in females in the age group of 10 – 19 years were accounted for suicide of educated unemployed adolescents (Radhakrishnan & Andrade, 2012). The causes of suicide included family problems, illness, love affairs, substance abuse, failure in examinations, poverty and mental health problems (Agarwal & Sinha, 2016).

Influence of Socio-Economic Status on Behavioural and Emotional Problems

Family structure is seen to be influenced by socioeconomic status, community and social support. Suburban metropolitan cities are modernizing in India and becoming less traditional than older parts of the city and the rural areas (Lamm, Keller, Yovsi, & Chaudhari, 2008). These researchers observed that the practices of socialization in such families could aid to balance learning of positive and negative emotions with encouragement. Extensive research has been conducted on the relationship between child development and family income and between family stress and poverty. Socio-economic status is an index that groups people on the basis of their income, education and occupation. As this status rises or falls parents are faced with multiple challenges which in turn affects the functioning of the family.

Economic status is said to be a significant mediator of an effect of family structure on the children's outcome since economic status and family structure are related to each other. Economic hardship does not only create emotional distress for the parents, but it also develops stress for the children. Economic difficulties in families have been known to be associated with a number of physical and psychological health problems in not only adults but also in children and adolescents within the family (Stewart et al., 1994). Ellis et al. (2003) stated that family instability affects the children much more, especially in low-income families

compared to the higher ones. The adolescent suffers the most in a low-income family. Less-income leads to more stress and tension among the children compared to higher incomes. It was also found that adolescents showed higher levels of depression when they belong to a low socio-economic background than one from a higher socio-economic background (Barrett & Turner, 2005). Other studies showed a reverse relationship between socioeconomic factors with mental health problems and internalizing problems (Smokowski et al., 2014), whereas other studies did not find such a relationship (Badr, Taha, & Dee, 2014). Ram, Strohschein, & Gaur (2014) reported that males from a scheduled tribe background irrespective of ecology have more mental health problems than those from general caste. Almost two-thirds of children and adolescents in India are economically, educationally and socially disadvantaged in some way or the other. Rural families in India consist of parents, grandparents, siblings of parents and often other family relatives staying together (Shukla, 1994) which could take a toll not only on the economic aspects of the family but also in the parent-child relationships. Further, Holt, Buckley, and Whelan (2008) added that a female-headed family is more likely to be poor since the average income is quite less than expected. The children facing poverty face the developmental deficits, and the low-income families face issues in affording adequate shelter, food, and other material goods which foster the healthy cognitive and social development of a child. Family income also makes an impact on the type of neighbourhood where the children are growing up since the children from higher-income communities receive positive influence, and those from families under economic stress and poverty receive less effective parenting. Jaffee, Terrie, Avshalom, and Taylor (2003) commented that this has also made an adverse impact

on the adjustment and development of the children. The home of a child provides a context where socialisation and learning take place. A family with an environment of opportunities to learn and explore can provide emotional support and foster healthy growth of the children. John and Francesconi (2001) added that in the presence of two parents, the children receive proper monitoring of their activities and encouragement for leading a healthy life. But, when parents and children live in distance, then the children often suffer from financial and parental resource issues. This creates an impact on their mental and physiological health conditions. Stress is the first behavioural change which is noticed in a child in such a condition. Henceforth, Kelly (2003) mentioned that the family structure, family environment and the parent-children relations are related to the suitable social development of a child. They are all interconnected and need to be focused on in order to provide healthy growth to a child in all aspects of their lives.

Influence of Parents' Occupation on Behavioural and Emotional Problems

The occupations of the parents also play a major role in the mental health outcome of adolescents. It is said that parents who have stressful jobs are seen to undergo greater levels of psychological distress which in turn brings conflict in the parent-adolescent conflict resulting in higher levels of mental health problems (Bowen, 1998). Another study in New Zealand examined the association between adolescent alcohol consumption and their fathers' occupation. Droomers et al. (2003) in their study reported that socioeconomic background does influence alcohol abuse in adolescents. He found that adolescents whose fathers have the lowest occupational conditions are twice more likely to be consumers of alcohol. This association was

due to the prevalence of alcoholism in the family and having a friends circle endorsing alcohol consumption, low Intelligence Quotient (IQ) scores and low parental attachment. Also, parents who have attained a high school diploma or college degree reported no behavioural problems in their children. However, parents with higher educational qualifications would mean having much more stressful jobs and responsibilities which would ultimately result in problematic behaviour in their child (Watkins et al., 2013).

A study done in rural Orissa showed that ultimately adolescents who perceived their parents, siblings, grandparents and the family as a whole as supportive and positive were seen to be able to have a positive well-being and development despite the disadvantages they have to go through whether economically or socially (Carson et al., 2002). School and family connectedness and parental presence were seen as protective factors in preventing loneliness, substance abuse, and suicide among rural adolescents (Puskar et al., 1999). In both urban and rural settings, the adversities of poverty or of a lower economic background or negative life events did not show a direct effect on the adolescents internalizing or externalizing problems. However, it was the distress these adversities caused in the parents which in turn influenced the parenting process that has a direct effect on the adolescent showing externalizing or internalizing problems where parents were seen to be less attached and less involved with their children (Stern, Smithy, & Jang, 1999).

Gender and Age Differences in Behavioural and Emotional Problems

According to Elder (2018), both girls and boys are not equally affected by behavioural and emotional issues. It has been seen that the males are more affected

compared to females. Looking at gender differences, studies have shown that mental health problems are seen more in boys than in girls (Steinhausen, 2006). Meltzer et al. (2003) also found that mental health problems were greater in boys (13%) in comparison to girls (10%). On the contrary, studies that were conducted on adolescents in Finland, Poland, Norway and Scotland showed that girls had more behavioural and emotional problems than boys (Haugland et al., 2001). However, other studies have demonstrated that specific problems are associated with gender differences. Girls have been seen to have more Internalizing problems such as anxiety and depression while Externalizing problems have been seen in boys such as physical aggression and delinquency (Pathak et al., 2011; Burstein et al., 2010). When it comes to substance use, earlier studies showed that boys had a higher percentage of abusing them than girls. However, recent studies showed that girls are beginning to surpass the percentage of boys (Badr, Taha, & Dee, 2014). Externalizing symptoms in adolescents most often precede and follow substance use. In females, hospitalization for internalizing symptoms may follow substance use. Cannabis use is seen to be a risk factor for internalizing problems among females and externalizing problems among males. However, internalizing problems in males do not predict substance use. This could be due to the fact that male adolescents with internalizing problems are withdrawn from these groups (Miettunen et al., 2014). Another study also reported differences in both the genders when it comes to externalizing and internalizing anger. It was reported that girls are more likely to internalize anger and boys are likely to express the anger and aggression externally. Inward directed anger is seen to be associated with depression, obsessive-compulsive disorder, eating disorders and risk of suicide. On the other hand, externalized anger is

seen to be associated with health problems, post-traumatic stress syndrome and alcohol abuse (Konishi & Hymel, 2014). Birnbaum and Croll (1984) have reported that White families have better acceptance of anger but lower acceptance of upset behaviour in boys than in girls, considering the gender differences. Fivush and Wang (2005) also asserted that sadness and not anger is a topic that parents are comfortable talking about with their daughters, rather than sons. A similar pattern has been observed in a study conducted by Raval and colleagues (2007), emphasizing that Hindu girls in rural as well urban communities in India outlined controlling their anger better and more frequently than boys.

A study conducted on Indian youths on gender differences of their socialization experiences and its effect on their mental health reported that females are said to express more gender-equal attitude but are much more restricted to their autonomy and independence in comparison to the males who expressed more gender-biased attitudes within their domestic life. The analysis uncovered that female youth experience much more mental health problems when they come from a family that engages in gender discriminatory customs and approved attitudes of males over females. However, the male youths of this same family showed fewer mental health problems. Confining independence in the youth and presence of family violence adds up to mental health problems in both genders. Also, when both female and male youths breach or disobey the set gender roles and norms it is associated with mental health problems in the individual. Males and females who could not voice out their opinions reported higher mental health problems than those who felt heard. The youths in the study admitted to gender discriminatory practices in their households with more preferences given to males in terms of freedom, chores and education.

Even though this preference is given to males, only fewer than half of male youths in India can freely express their opinions or confront their elders and others. Significant independence and autonomy to youths are related to better mental health in both males and females (Ram, Strohschein, & Gaur, 2014). Female adolescents reported perceiving lesser encouragement for autonomy from both their parents and also reported higher degree of overprotection, especially from their father. This could be one factor that corresponds to the fact that they also report higher levels of internalizing problems than their male counterparts who reported higher externalizing problems. On the whole, males reported a higher degree of life satisfaction and higher self-esteem than females do (Guarnieri, Ponti, & Tani, 2010).

When studying adolescent mental health problems, age difference should also be considered as a factor. It was seen that older adolescents presented more behavioural and emotional problems than younger adolescents (Pathak et al., 2011; Burstein et al., 2010). There is an increase in symptoms with age (Haugland et al., 2001). A study by Meltzer et al. (2003) also supports the above, where it was seen that the older adolescents scored higher on behavioural and emotional problems. Age differences were also observed for both externalizing and internalizing problems, with both genders experiencing internalizing problems with age (Bongers, Koot, Van der Ende, & Verhulst, 2003). Depressive symptoms, withdrawal problems and also social problems were seen to increase as age increases (Rescorla et al., 2007), whereas, Externalizing problems were seen to decrease with age in both genders (Verhulst, Achenbach, Van der Ende, Erol, Lambert, Leung, et al., 2003). However, a study by Leober and Farrington (1998) reported that delinquent and antisocial behaviours continued to increase until the age of 15 years old. Gender and age are

indicated as two significant socio-demographic features associated with societal support aspects, familial expectations and ultimately impacting the mental health of adolescents.

Family Factors on Behavioural and Emotional problems

The family is said to be the oldest most ancient institution in the world. This is the environment the child is first exposed to and it is here where the child learns values, attitudes, morals and principles in life. Over time families develop and change resulting in various occasions for interaction amongst themselves. New families are formed and some come to an end, some change through remarriage and some through a breakup of an extended family. Walsh (2003) stated, “In the concentration of mental illness, family normality becomes equated with the absence of symptoms, a situation rarely, if ever, seen in the clinical setting.” Families play a vital role in the adolescents’ mental health to the point that it serves both as a protective factor and also a risk factor for their outcome (Claveirole & Gaughan, 2011).

Jansen (1952) was one of the first social scientists to study the concept of Family Mental Health identified eight specific qualities of family mental health in his study of a well-functioning family. These are co-operation, mutual concern, agreement, affection, self-esteem, enjoyment of association, trust and mutual interest. Barnhill (1979) also identified eight aspects of family health in which he classified them into four themes – Identity Processes (individuation versus enmeshment, mutuality versus isolation), Change (flexibility versus rigidity, stability versus disorganization), Information Processing (clear versus distorted perception and

communication), and Role Structuring (role reciprocity versus ambiguity or conflict, and clear versus diffuse generational boundaries).

The key family factors are briefly explained below:

a). Home Environment

Dhoundiyal (1984) in his study on the adolescents from Almora district in Uttar Pradesh and their home environment reported a significant relationship between emotionally disturbed adolescents and poor home environment. The four dimensions out of seven in the family environment inventory used by the researcher (Emotionally Disturbed Inventory) which illustrated a poor environment were lack of affection and care, facilities in the home, sharing of ideas and harmony among family members. Family conflict with parents or step-parents, broken homes, emotional isolation of the adolescent child from their parents are the family factors amongst other non-family factors which are the reasons for the increase in behavioural and emotional problems and adolescent suicides. It is also stated that the rise in nuclear families with both working parents resulting in inadequate time and attention for their children has led to an increase in the enormity of this issue in adolescents (Bijlani, 2000). In another study done by Verma and Singh (1998), adolescents of parents from a middle-income class accounted for the issues in a family that contributed to their behavioural problems. Sibling rivalry (53.7%), gender discrimination (46.87%), parental disharmony (44.37%), parent-child relationship (26.25%) and economic constraints (19.37%) are the potential risks in the home environment that accounts for the problems in adolescents.

The happiest adolescents are ones who are in a two-parent family who spend quality time with each other and felt love and connectedness to each other (Gray,

2013). A number of scholars (e.g., Kagitcibasi, 1996, 2005; Markus & Kitayama, 1991) have assessed that an independent cultural model is pervasive in Western countries like the United States. These models highlight individuals as autonomous entities. Contrastingly, according to Markus and Kitayama (1991), a cultural model of relatedness or interdependence is prominent in Eastern countries, namely in Indian traditional communities. This model emphasizes on basic connectedness of humans with each other. The behavioural and emotional problems related to mental health illness are not the products of causality. Their problems have developed due to many reasons. Despair, low self-esteem, lack of social and economic opportunities, poverty, and cultural norms are some of the reasons that have caused some behavioural and emotional problems in adolescents (Davis, Hunt, & Kitzes, 1989). Sabatelli and Anderson (1991), in their analyses on reported levels of anxiety and depression, found that an imbalance of autonomy and intimacy within the child and parental subsystem emerged as a significant predictor of anxiety and depression in comparison with the level of support adolescents experience with peer relationship. The one factor that can distinguish those adolescents who are able to get through this stage with ease and those who are distressed is the quality of the relationship that they have with both their parents than their peers as they named their parents as being the most significant positive influence in their lives and desire to continue a lasting relationship with them (Laible, Carlo, & Rafaelli, 2000; Callan & Noller, 1986). The environment at home in which the adolescent is raised and cared for is a prevailing feature in determining behavioural problems (Verma & Singh, 1998). Parental approval continues to be critical for a child even until adolescence and beyond (Konishi & Hymel, 2014). Mental health problems in adolescents are

dependent on their exposure to various risk factors from five categories – biological and genetics, perceived family environment, social environment, behaviour and personality. Out of all the five categories, family environment was reported to be the most influential when it comes to the mental health of the adolescents (Levin & Currie, 2010; Keijsers, Loebar, Branje, & Meeus, 2012; Kenny et al., 2013).

b). Parent-adolescent relationship

Poor relationship with their family members is seen as a risk factor to their mental health (Olives et al., 2013). In one particular study, the association between adolescents' psychological distress was reduced when the adolescent-parent relationship was controlled (Falci, 2006) as the family provides a secure base for them (Shek & Leung, 2013). Also, insecure parental attachment style is reported to be a risk factor for adolescent internalizing and externalizing problem behaviours (Guarnieri, Ponti, & Tani, 2010). A study done on adolescents across 11 cultures supported the significance of parental warmth and support irrespective of the culture they belonged to (Schwarz et al., 2012). Studies showed that impaired communication among family members, family conflict, inconsistent caregiving, poor family management (dysfunctional family) and family structure (for example, blended family structure) are all risk factors for development of mental health problems among adolescents (Patel, Flisher, Hetrick, & McGarry, 2007; Hoskins, 2014). Studies have also shown that factors such as family attachment, opportunities for positive involvement in the family, a sense of connection, good communication among family members, an environment that encourages expression of feelings, parental warmth and support are factors that protected adolescents from developing

any kind of mental health problems (Bogels & Brenchman-Toussaint, 2006; Hoskins, 2014; Chen & Liu, 2012). According to Pryor, and Rodgers (2001), the interactions between parents and children matter in order to be able to tackle their normal behaviours. Insecure attachments with parents and family are the results of increased behavioural and emotional issues.

Parental acceptance-rejection theory (PART theory) stresses the importance of parental love (warmth/affection/nurturance/support) in the positive social and emotional development of children. Children and adolescents who perceived their parents as being rejecting, be it verbally or non-verbally (aggressive/ hostile/ cold/ neglecting) were liable to experience behavioural and emotional problems such as depression, substance abuse, conduct disorders among other problems. They also are more likely to report feeling anxious, angry and insecure. It also makes the adolescent have low self-esteem and have a negative worldview which would affect various areas of their lives during adolescence and throughout adulthood (Rohner, 2005; Robertson & Simons, 1989).

c). Domestic violence and marital conflict

Parental conflict or domestic violence is also another reason for poor parenting and is associated with the developmental and expressive problems of a child. Domestic violence makes an impact on the minds of the adolescents for which they remain disturbed. The children become distressed or irritable as they regress in their ways of language development and face separation anxiety or sleep disturbances. Shelton and Harold (2008) also added that the long-term and immediate consequences for the children are more serious when the marital conflict consists of intimate partner violence. The children who experience parental conflicts

are at high risk of experiencing physical, sexual and emotional abuse and developing behavioural and cognitive issues. Apart from that, there are certain risk factors which enhance the poor developmental outcomes and include-

- mental illness of the parents
- living in a high crime and low-income society/ lack of household stability
- children affected by intimate partner violence (IPV)
- child abuse and poor parenting practices

As per Sigel, McGillicuddy-DeLisi and Goodnow (2014), child abuse frequency increases with the increase in IPV and follows the patterns like -

- one parent mistreats another parent and abuses the child as well
- one parent exploits the other parent and the children
- one parent manipulates the other one and then both parents abuse the children

Sousa et al. (2011) stated that the children who get abused and witness the abuse are at high risk of long-term behavioural and emotional issues like violence towards the other children in adolescence and childhood. They also show abusive behaviour towards others and their marriage partners.

d). Parental mental health issues

According to O'Connor, Thomas, Dunn, Jenkins, Pickering, and Rasbash (2001), the common mental health issue faced by parents, especially mothers is depression. Maternal depression is said to be one of the serious risk factors for poor

outcomes in children. Hence, Paul and DeBoer (2001) commented that the children of depressed mothers face risk and develop an insecure attachment. The children are also at risk of developing poor self-control, mental health problems, behaviour issues and deficient social interactions. The children are affected by affective and anxiety disorders followed by learning disabilities. Due to maternal depression, the mothers lose their ability to use proper parenting skills towards their children while showing negative behaviour. This mainly happens due to long-term depression or post-partum depression. The lone mothers face issues of stressful life events, family conflicts and poverty which bring an impact on the life of their children as well and they suffer from tension, stress and other mental health issues. Hence, Pryor and Rodgers (2001) commented that poor parenting produces adverse effects on child development outcomes. Such children also experience psychiatric and psychological distress.

Parental divorce and family poverty affects the mental health of the parents which are significant factors impacting the behavioural and emotional issues of the adolescents. However, O'Connor, Thomas, Caspi, DeFries, and Plomin (2003) argued that parental mental disorder is one which affects the mental health of a child as well. This is because the mental disorder disrupts effective parenting and also leads a child to poverty, isolation and poor housing. The adolescents are also affected by those parents who are drug-addicted, which has adverse health impacts during pregnancy as a result of which an adolescent suffers. O'Connor, Thomas, Dunn, Jenkins, Pickering, and Rasbash (2001) also noted that parental conflicts also make an impact on the minds of the children. Parents either stay together or separate after parental conflicts. Nevertheless, this increases the level of distress among adolescents.

e). Family's Socio-Economic Background

As mentioned in the previous sections, a low socioeconomic background or poverty also creates high risks for the children leading to mental health illnesses. Children who belong to poorer households suffer from more mental illness compared to those who belong to households that are more financially stable. Ramchandani and Psychogiou (2009) added that inadequate housing or homelessness leads to mental health problems since the children and the family-run short of money and basic needs.

f). Parenting Style

Evidence suggests that the family structure and environment constitute the main factors where the behaviour of the children is learned, manifested, suppressed or encouraged. The parents play an important role in the family to bring up their adolescents for adulthood through rules and discipline. Hence, Sigel, McGillicuddy-DeLisi, and Goodnow (2014) noted that the parenting style and how a child is brought up in a family affect their mental, social and emotional behaviours. However, some of the parenting styles make positive effects while others make negative ones. A detailed explanation has been given as follows-

1. ***Authoritarian parenting***- In this type of parenting style, the adolescents are expected to follow the strict commands of the parents. Results of such failures are seen in the form of reprimands. Sousa et al. (2011) noted that authoritative parents remain unapproachable to adolescents and keep great demands. These types of parents are status-oriented and expect that the children will always follow their orders without any explanations.

2. ***Authoritative parenting***- Sun (2001) argued that compared to authoritarian parenting, authoritative parenting is of high demand and is more supportive. The parents here encourage verbal give and take, convey the reasons behind the rules and use their power or reason. This type of parenting style comes out with positive outcomes. This also influences the independent decision-making skills of the adolescents. Extensive research shows that adolescents raised by authoritative parents who provide emotional support and appropriate discipline report higher self-esteem and lesser rates of depression, anxiety and anti-social behaviour like delinquency and substance use in comparison to adolescents from authoritarian or permissive parenting which lacks emotional warmth and support (Steinberg, 2001).

3. ***Permissive parenting***- Permissive parents are also known as indulgent parents and do not keep many demands on their children. Teachman (2002) added that since the expectations of self-control and maturity are little, the parents hardly make disciplines for their children. These types of parents are more receptive and are less demanding. They are also lenient and non-traditional and allow the adolescents for self-regulation while avoiding confrontations. These types of parents keep friendly relations with their children rather than behaving like a guardian. They nurture and open their children while teaching them to socialise.

4. ***Uninvolved parenting***- The uninvolved parenting style is featured with limited demands, little communication and low responsiveness. Though the necessities of the adolescents get accomplished, the parents remain detached from the life of the children. At times, during extreme situations, the basic requirements of the children get neglected by the parents, and their childhood remains incomplete.

Thomson and McLanahan (2012) observed that uninvolved parents at times fail to supervise or monitor the behaviour of the adolescents and also do not support self-regulation of the child. Uninvolved parents fail to engage in the control or structure of the adolescents for which the children grow up with a lack of closeness to the parents. The impact of uninvolved parenting is associated with high levels of depressive symptoms in children.

A secure and stable family is crucial to healthy child development. Kiernan and Huerta (2008) explained that strong families are those where family members can communicate well, enjoy time together and share the tasks and where parents use positive parenting skills. Positive parenting is expressing love and affection and providing healthy and needed lessons and establishing positive values, behaviours and attitudes among their children. A positive parenting style helps a child to not only avoid adversities and hardships in life but also how to cope when they encounter them. Negative parenting practices place a child into serious risks. Marica and Corcoran (2001) argued that poor parenting is the single largest variable implicated in childhood accidents and illness, teenage pregnancy, substance misuse, underachievement, truancy and school disruptions. It also leads to juvenile crimes, unemployability and mental illness. However, Moxnes (2003) specified that the extreme manifestation of poor parenting is child maltreatment where a child is emotionally and physically abused and neglected and is exposed to domestic violence and abuse. Hecker et al. (2018) found that exposure to violence and abuse is significantly related to internalizing and externalizing problems in adolescents, although in younger children the same could be said of parental neglect. Other aspects of poor parenting include detachment, lack of affection, hostility, poor

supervision and rejection. The developmental disruptions are noticed in a child because of the ongoing stress which interferes with his or her abilities to create emotional regulation.

As per Neece, Green and Baker (2012), the key factors which contribute to poor parenting and family instability are-

- the negativity of the parents and their personality traits
- mental health issues of parents like depression and alcohol abuse
- early, unplanned or lone parenting and domestic violence
- child disability or cognitive impairment
- poverty or social isolation in the community

Such factors affect the mental and emotional conditions of a child and are associated with negative outcomes like criminal activities, poor academic achievements, incomplete schooling and young parenthood. Kelly (2003) added that most of the children face issues due to their family problems. Hence, Kiernan and Huerta (2008) suggested that it is important to create a balance between protective and risk factors. Protective factors are helpful in reducing the adverse effects of risk factors. For instance, a single mom with low income may find the help and support of the extended family to cope with raising a child on her own and protect the child from normal ups and downs of life. The interventions should emphasize reducing the different risks factors and increasing resilience. Resilience is said to be the tendency of individual people to cope with adversity and stress. Neece, Green, and Baker (2012) added that resilience is promoted at family, community and individual levels while reducing the exposure to adversity, risks, boosting the individual resources of

adolescents and the assets of their lives. It also mobilizes the innate adaptation capabilities. Scott, Briskman, Woolgar, Humayun, and O'Connor (2011) noted that resilience is a significant feature when promoting or considering protective factors in order to address behavioural issues. This refers to the protective factors and strengths that cushion a vulnerable adolescent from the worst impact of adversity and help him or her to cope, survive or thrive in the disadvantages as well.

Considering the risk and protective factors as presented above, it has been further discussed that the mental health issues of the adolescents develop due to nurture and nature as well. The genetic inheritance of an adolescent contributes vulnerability in combination with the environmental adversity which results in behavioural or mental health issues. Neff and McGehee (2010) added that children suffering from physical disabilities are at risk of psychiatric disorders, mainly when the disability involves brain damage. Apart from this, it is also seen that individual characteristics at times promote resilience among children. These include intrinsic qualities like high IQ or easy temperament. Neff and McGehee (2010) suggested that supporting positive parenting and strengthening families are an effective means to prevent the cycle of social exclusion and poverty. This will lead to a better chance of happiness, success and health.

Henceforth, considering all these factors, it can be concluded that the children who experience low-income family backgrounds, parental conflict, social and physical abuse and others face both behavioural and emotional issues. Proper parental cooperation and positive home environment can also be considered among some of the important factors which need to be focused on improving the conditions of the children. Appropriate interventions or methods are needed to reduce these

issues and help adolescents lead a healthy and disciplined life. This study concentrates on two family aspects – family functioning and parental attachment and their relationship with the behavioural and emotional problems in adolescents. The succeeding section follows the same.

Family Functioning

One of the key roles played by the environment prevailing in families is to build up the physical, dietary, mental and emotional related behaviours among the adolescents. According to Wolchik et al. (2002), family functioning is defined as the capacity of the family members to meet the requirements of each and every person through developmental transitions. Family Functioning can be defined through understanding the Circumplex Model which is comprised of three key concepts – *Cohesion* is the emotional bond that family members have with one another (McCubbin et al., 1988). *Family flexibility* is the quality and expression of leadership and organisation, role relationship, and related rules and negotiations and the amount of change in these roles and rules (McCubbin et al., 1988). Lastly *Communication* which is defined as the positive communication skill utilised in the family system (Olson, 2010). Family stability within one's family is characterized by the patterns of interaction within the overall family system portrayed in their daily use of time with each other and in commemorating and celebrating special events as a family (Broderick, 1990).

The Family System Theory developed by Murray Bowen in 1974 was one of the first theories of family functioning. According to this theory, a family can be defined as a system of individuals who are related to one another by marriage,

cohabitation, blood or adoption and interacting with each other across the boundary of the system. As a system, change in one member or subsystem (parental, sibling or spousal subsystem) results in change in the family as a whole. Adaptation to these changes results in growth. Communication between these subsystems is crucial in the healthy functioning of the family. According to the theory, dysfunction in a family occurs when there is a problem in the functioning of the subsystems, or in the communication within systems and the failure of the family system to maintain a stable state or adapt to changes when situations require it.

Many models of family functioning have been put forward, out of which three most commonly referred to are:

1. **Circumplex Model of Family Functioning:** Olson et al. (1978) proposed this concept of family functioning. It centres around two major dimensions of family cohesion and family adaptability. Family cohesion assesses the degree to which the family are connected or separated from each other. While adaptability applies to the ability of the family to shift roles and rule and power structures in the face of a stressful situation. Both of these dimensions are put forth in a continuum ranging from low (disengaged) to high (enmeshed) level of cohesion and from low (rigid) to high (chaotic) level of adaptability. This model provides with 16 types of family i.e. from rigidly disengaged to chaotically enmeshed. An optimal family functioning according to this model is balanced on both dimensions of cohesion and adaptability (Olson et al., 1983).
2. **The McMaster Model of Family Functioning:** Epstein, Bishop and Levin (1978) devised this model as a way to clinically understand family functioning. It comprises of six aspects i.e. a) Problem solving: the way the family handle problems

which are grave enough to threaten their stability. b) Communication: Verbal exchanges of information amongst family members. Issues here can arise when the communication is not clear enough and of pretence or indirect. c) Roles: Issues in functioning arise here from uncertain role assignment, absence of role responsibility and implementation among the members in the family. d) Affective responsiveness: This is the ability of family members to respond to any kind of an emotional stimulus with appropriate feelings. e) Affective involvement: This is the degree of involvement and value they portray on each other's life interests and activities. f) Behavioural control: the pattern in which the family handles behaviours which are physically dangerous, behaviours of psychological needs and situations in need of controlling social behaviour among family members or between family members and those which are outside the family. Therefore, according to this model, when there are unproductive ways of problem-solving, issues with communication, ineffective role functioning, inappropriate affective response, lack or too much of affective involvement and a detrimental style of behaviour control, that family can be said to be dysfunctional.

3. **Structural Model of Family Functioning:** Salvador Minuchin proposed this model in 1974. Family structure implies the boundaries and arrangements which controls the operation between family members. It could be the way the family communicates or how much they are involved in each other's lives, their control mechanism and other factors of their functioning. This structure is shaped by the family's capacity to be flexible and change as required of it, the family's developmental stages and also the context of support or stress the family is in. Families according to this model, requires the subsystems to be clear and at the same

time not being too rigid between them. The understanding of boundaries in the system and subsystems is central to this model. When the boundaries are either too weak or too rigid, dysfunction arises (Minuchin, 1974).

Effective family functioning in the Family Systems perspective is having a clear demarcation of boundaries between subsystems (parent-child or parental subsystem for example). A failure in maintaining these boundaries can cause dysfunction in the family environment (Wenar & Kerig, 2005). Olson, Russel, and Sprenkle in 1983, further identified elements of family functioning as cohesion (enmeshment is the extreme high of cohesion) and flexibility (rigid is the extreme low of flexibility). Schrodt (2005) extended the Olson's circumplex model of family functioning by assessing the dimensions facilitating adaptability and family cohesion. The extent to which the family members share a scheme for family communication stands to assist the functioning of the family in relevance to cohesion and flexibility. Perosa and Perosa (2001) used a series of regression analyses for comparison of cohesion and flexibility of linear and curvilinear models. Cohesion and flexibility are analysed as predictors of family communication than as the prototype of family communication. Vidović et al. (2005) expressed cohesion as the measure of bonding between family members that is constituted on a continuum from high to low functioning. Olson (2003) asserts the balance of separateness of family members is a key issue in cohesion. Olson et al. (1983), in their Circumplex model asserted that flexibility and cohesiveness are related to optimistic family functioning. The under cohesive families also called as disengaged families, and the overly cohesive or enmeshed families are asserted as problematic and fall within the midrange of the circumplex curvilinear coordinates. Similarly, overly adoptive

families, also called as chaotic and under-adaptive, also called as rigid families are problematic whereas optimal families are the ones that fall in the mid-range, and are also called as flexible or structured (Schrodt, 2005). The third dimension of the Circumplex model asserted by Olson et al. (1983) asserts about communication. It is an important dimension of family functioning, as discussed by Vidović et al. (2005). It also includes sharing feelings about one another, capacity to listen, to be respectful to each other and be focused. Casper and Troiani (2001) posited that good communication exists between balanced families whereas unbalanced systems have unhealthy communication in their study of adolescents with eating disorders and their family functioning. Appropriate family functioning and extreme scores are indicated by these two dimensions. Reddy, Gupta, Lohiya and Kharya (2013) in their review of mental health in India highlighted the importance of the functioning that creates the environment in the family in the development of mental disorders. The last dimension of the Circumplex model asserted by Olson et al. (1983) is family satisfaction which states the degree to which a member is satisfied with his/ her family's ability to solve problems, to communicate, to be flexible amongst other areas.

Family Functioning and Behavioural and Emotional Problems

Mental health problems cannot be defined by a unitary construct and this has been often used by researchers to attempt to define the various health dimensions of adolescent mental health problems. As described by Walsh (2003), ineffective functioning of any of the dimensions in a family might lead to problematic and poor family functioning whereas effective family functioning can contribute to healthy functioning. Studies concerning family functioning (Walsh, 2003; Achenbach, 2009;

Casper & Troiani, 2001) which assessed the role of the dimensions of family functioning in adolescents' psychology asserted that the well-being of adolescents depends on positive family functioning as a protective factor. These studies also show that cohesion, satisfaction and flexibility, as the factors of family functioning are related to adolescent mental health problems.

In a report published in 1999 in Great Britain, 19% of adolescents living with their families were found to have an unhealthy family functioning and about 35% of them were found to have mental health problems (Meltzer et al., 2003). Nomura et al. (2002) in their longitudinal study found that a lack of family cohesion increased the risk of depressive disorders in children and adolescents. And a high family cohesion with lack of flexibility was associated with child anxiety and fear of strangers (Peleg Popko & Dar, 2001). Another study that looked into individual cohesion scores and family mean cohesion scores, found that higher scores in both these areas result in lesser externalizing problems in adolescents (Mathijssen, 1997). Also, Tamplin and Goodyer (2001) studied groups of adolescents for high and low risk for major depressive disorder and found considerable differences in family functioning between the two groups. Katz and Low (2004) found that adolescent anxiety and aggression were also associated with family interaction and functioning. Chinese adolescents with suicidal ideations were also seen to be correlated with poor family functioning. The literature provided by Alam (2017) found that a crucial difference existed between adolescents from nuclear families, and those from joint families on the basis of the measures of emotional adjustment. Further, the surrounding family environment stirred a significant role in the emotional adjustment of adolescents to understand the social adaptation pattern. A study on sibling

bullying and victimization also showed that childhood bullying by a sibling results in clinical behavioural problems and the risk of developing psychotic symptoms when the child is 18 years old. Adolescents who were bullied in more than one context (i.e. home and school) were at a higher risk to developing psychotic disorders than those who were victimized in only one context (Dantchev et al., 2018). Thus, parental support followed by care, closeness and acceptance of relations between the adolescence and the caregivers is necessary to reduce behaviour or emotional problems of the adolescents. Again, it was the aspects like parental control, exercised in a supportive environment which is widely recognized as a facilitator of social development in adolescents. Higher adaptability and higher cohesion scores in adolescents resulted in lower problem behaviours in them (Joh, Kim, Park, & Yeon, 2013).

Greater 'control' on the part of the parents rather than 'care' was seen to be a risk factor for psychological problems among adolescents. In studies looking into psychological control and behavioural control, it was found that psychological control was predictive of internalizing problems and behavioural control was predictive of externalizing problems. Psychological control refers to the parents' inability to allow their adolescents an adequate degree of autonomy to learn through their social and peer interactions about their personal identity and competency (rigid family functioning). A study on adolescents confirmed that family rigidity influenced an adolescent's problem-solving capabilities, which in turn has an effect on their suicidal ideations (Carris, Sheeber, & Howe, 1998). Behavioural control refers to the parents' inability to sufficiently regulate their adolescents in terms of rules and norms to be followed as part of being a member of the family or society (disengaged

family functioning). It could be either excessive behavioural control or lack of rules and regulations. Adolescents termed their family as disengaged when referring to behavioural control (Barber, Olsen, & Shagle, 1994). Dysfunctional families were also found to predict behavioural and antisocial behaviour in adolescent boys (Theobald & Farrington, 2012).

Adolescents in the help-seeking category in Dibrugarh, of which mostly belong to the middle socioeconomic class showed better family functioning than those in the non-help seeking category which belonged to the lower socioeconomic class. The researcher concluded that this could be due to the fact that the family belonging to the middle socioeconomic class gave socially desirable responses in order to prevent exposing the fact that family functioning is a causal factor to help-seeking in adolescents (Deka, 2016). American youth drug abusers reported their family as being disengaged on the Family Adaptability and Cohesion Evaluation Scale IV (FACES IV) (Piercy & Frankel, 1986b). It could also be that families having adolescents with mental health problems created a negative impact on parenting which results in a dysfunctional family which could add up more to the degree of severity of the adolescent's problematic behaviour (Paterson & Capaldi, 1991).

Family Communication and Behavioural and Emotional Problems

Communication skills are essential when it comes to resolving problems in a family and it increases the ability to understand each other (Thames & Thomason, 1998). *Communication*, according to Berlo (1960) is the process of exchanging information and emotions from one person to another. This is how a person is able to

articulate their opinions, thoughts and understand the other person's perceptions too. He identified four controlling factors in communication – Source, Message, Channel and Receiver. Elements under each of these factors determine the kind of communication that is taking place. Thames and Thomason (1998) defined family communication as not only an exchange of words but also non-verbal components like facial expressions, tone of voice, body language and gestures. Family therapists have for long seen that for adolescents, problems such as substance abuse, eating disorders, identity issues, failed individuation efforts have all been assumed to be related to problematic communication styles and interactions within one's family (Sabatelli & Anderson, 1991). It was also discussed that the relationship between parent and adolescents and their outcomes had an effect on family functionality (Haines et al., 2016). As per the literature suggested by Wallis et al. (2017) it was explored that adolescents who are surrounded by a more positive and healthy familial environment wherein the members of the family are more supportive and are involved in better communication with their children and involved in problem solving activities are more able to freely communicate and work with each other which will effectively help them to recover from psychological problems with which they were struggling.

Maenle and Herringshaw (2007) stated that when parents approach children in a welcoming way and develop conversations about their interests and feelings, it lessens misunderstanding and conflicts which in turn prevents any kind of behavioural impairment in children and adolescents. Also, the adolescents in the study perceived their family members are less involved, anxious and less dominant. According to the researcher, this could show the desire in the adolescent for

closeness in the family. When adolescents perceive that their parents are listening to them, understand them and have open communication with them, they are influenced in a positive way in various areas in their lives. They have better control of themselves, higher self-esteem, and lower risk of substance abuse and also positively influence them in choosing their peers (Wills & Yaeger, 2003). Higher parent-adolescent conflict results in higher levels of internalizing problems (Smokowski et al., 2014). It is also seen that when it comes to adolescent boys and girls communicating with either their mother or father, there is not much of a difference as opposing past studies showed that adolescent boys and girls communicated more with their mother (Noller & Bagi, 1985). This could be due to the fact that the fathers are not as involved as mothers when communicating with their adolescent child (Challan & Noller, 1986). However, literature also shows that family communication could act as a risk factor for the development of mental health problems in adolescents (Bogels & Brenchman-Toussaint, 2006; Wenar & Kerig, 2005). Dysfunctional parent-child communication is associated with the negative emotional well-being of adolescents. Adolescents who had difficulty approaching their parents and/or lack of communication with them showed a higher risk of developing depression. Bogels and Brenchman-Toussaint (2006) found that rates of anxiety in children and adolescents were associated with their difficulty in communicating with their parents. Kwok and Shek (2010) found that low levels of parent-adolescent communication and lower levels of perceived healthy family functioning leads to higher rates of suicidal ideations. Families, where education is not valued highly, showed different patterns of communication from families with higher educational achievement (Noller & Callan, 1991).

One of the natural practices to achieving maximum communication is through the time spent with each other. Family rituals play a crucial role in family communication (Kiser et al., 2005). In a study of families who ate meals together, spend time doing activities and rituals together, had extended families included in their families, adolescents in such families perceived their family functioning as healthy and reported being satisfied with their family. Thus, doing things together as a family and spends time together reduces the risk of the adolescent developing any mental health problems and reported to be happy (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). Both Internalizing and Externalizing problems were seen to be related to a low incidence and positive mental health on the regularity of family dinners. These times offer families to bond emotionally and share about day to day success and issues and other family decisions (Musick & Meier, 2012 & Elgar et al., 2013).

Family Satisfaction and Behavioural and Emotional Problems

When we look at family satisfaction as a factor in family functioning, adolescents reported having a positive family satisfaction when the factors of perceived daily time use and of observing of special events are present, and are flexible and bonded as a family (Henry, 1994). Literature showed that adolescents who reported as being satisfied with their relationships with parents and family functioning are found to have a low risk of developing behavioural and emotional problems compared to those who reported dissatisfaction with their family functioning and relationships (Kenny, Dooley, & Fitzgerald, 2013). The lower the adolescent's satisfaction with their perceived family functioning the higher the

likelihood they will show complaints of emotional or behavioural problems. Studies on life satisfaction have concluded that perceived closeness, supportive and quality relationship with their parents is a great predictor of life satisfaction in adolescents. Dissatisfaction with one's family is related to fewer interactions and responsiveness in the family and negative emotions (Weiss, Goebel, Page, Wilson, & Warda, 1999), which leads to less compliant behaviour of the adolescent with the family, ultimately resulting in more defiant behaviours (Cummings, Pellegrine, Notarius, & Cummings, 1989). Therefore, satisfaction is inversely related to both internalizing and externalizing problems (Suldo & Huebner, 2004; Young, 1995).

According to Olson (2010), and as per the literature provided by Springer et al. (2001), the Family Adaptability and Cohesion Evaluation Scale IV (FACES IV) was considered as a cross-cultural measure of family functioning, used in over 200 studies worldwide. The Family Adaptability and Cohesion Evaluation IV (FACES IV) was described as the recent version of self-report assessment of a family which was designed to assess the cohesion among families and their flexibility which were considered to be two key aspects in the Circumplex Model of Marital and Family Systems. It is considered to be a significant instrument in the field for the assessment of "state-of-art" family-related concepts. Again, the studies relative to FACES IV assessment provided by Marsac & Alderfer (2011), explored that effectiveness in psychological and social work interventions with the adolescents and their families was improved through comprehensive family functionality. It was revealed that the psychologists and practitioners in social work are well arranged to conduct certain detailed measures pertaining to society, family functioning and application of instruments like FACES IV. According to Olson (2010), FACES IV was described

as the recent version of self-report assessment of a family which was designed to measure the cohesion among families and their flexibility in the Circumplex Model of Marital and Family Systems.

Culture and Family Functioning

It was explored that families in the Indian society are recognized as one of the fundamental units and a bridge that existed between an individual and the community to which he or she belonged. The study also indicated that the family anatomy remained to be patriarchal and there were observations made related to the patterns of marriage such as age, caste etc that existed in the society. In urban areas of the country there was a rise in divorce rates during the past years. While, as per the existing trends, there was a clear change in the basic system of the family, specifically in terms of participation of the elders in family functioning and the disharmony that existed within the relationship of husband and wife. The role of family migration has major implications for women and children in family operations (Sonawat, 2001). Adolescents in Hong Kong showed a decrease in suicidal ideation which could be due to the reason that adolescents perceived their families as providing emotional support and are engaged with their adolescent child (Kwok & Shek, 2009). In American families, disengaged families are more commonly seen in the modern urban set-up, excluding the traditional ethnic families (Woehrer, 1988). American drug abusers perceive their families as more disengaged and slightly more rigid as compared to their Indonesian counterparts who perceived their families as more rigid but also more involved, and therefore states that their families are more balanced (whether separated or connected) or enmeshed. Adaptability in this study

was not seen to have any correlation to drug use in both the groups of individuals (Natakusumah et al., 1992). Ethnic Irish, Scandinavian families that have a nuclear set-up may show separated families but are still connected to their extended families. The Mexican, Italian and Jewish families show enmeshed functioning and showed greater importance on emotional expression and support of the members of their family and extended families. The Jewish American families were known to be flexible where there is equality between men and women and an interchange of family roles. Lastly, the European, Latin and Asian families are said to have a rigid structure where strict roles have been prescribed for men and women (Woehrer, 1988). A study on the Spanish population indicated that rigidity in cohesive families was not seen as negative. Madhavan and Gross (2013) in their study on the Black families of South Africa, where extended families and grandparents play a huge role in bringing up the children, it was perceived as a pattern of dysfunctional family as it opposes the White European nuclear families. Involvement of their kith and kin, according to the Black families, ensures the well-being of their children and helps create socialization opportunities for the young people in their community. Hence, it becomes important to have a cultural perspective in examining family functioning (Rivero, Pampliega-Martinez, & Olson, 2010).

Ecology and Family Functioning

As we look at the rural and urban families, there is the aspect of their source of income that can be commented upon. Beach (1987) in her study pointed that in most urban working families, their work-life is more or less structured and constant, shaped by commercial or institutional employers whereas, in rural areas, their

income comes from limited sources or employment where there is lack of typical workdays and hours (Teal, 1981). Beach (1987) continues to discuss on their work time being interrupted with childrearing and other family chores to attend to, which could result in negative and unwanted consequences as one cannot give their best and focus on just one at a given point of time. She also states how spending too much time together could often lead to intensification of prevailing family issues. Urban families of both male and female are seen to spend more time in recreational activities such as going to movies, fishing, golfing, are members of societies and clubs, as compared to men and women from rural backgrounds who commented on not having enough time for hobbies. Urban families also showed higher percentages of eating out at restaurants and lesser familial obligations in comparison to rural families who ate at home (Leevy, 1940). Division of chores and labour among the rural families showed higher cohesion, responsibility and loyalty in the family functioning as seen in Southern Israel (Stavi et al., 2007). From literature review, we can conclude that the urban population may spend more time outside of the family in comparison to people from the rural background. Adolescents in rural Scotland described their families on conditions of support, the quality of familial relationships and family-centeredness and control. Only a minority of them reported negatively about their family life (Glendinning, 1998). Rural families are said to be better at cohesion in their family functioning which indicated family functioning as a protection against any kind of stress factors. They are also closer in kinship and tradition. In addition, urban families are seen to lack cohesion and reported showing increased flexibility (Rada, 2014).

As per the studies provided by Nagarkoti et al. (2014) it was explored that family was considered to be an integral part in every individual's life and was found to play a key role in the establishment and to provide a safe base for the progress of the mental psyche of the adolescents specifically. Yet, there existed a family functionality which was based and determined on the geographic locality. The study further established a family status on adolescence functions who resided in diverse residential localities of India. It was found that adolescents who lived in the National Capital Regions (NCR) showed an unbalanced family functioning that required the strength and support of family ties and bonding among the members for the well-being of adolescents' mental psyche and physical health (Nagarkoti et al., 2014).

Gender and Family Functioning

Gender differences are seen where females are better at cohesion and flexibility and developing trust and intimacy in families (Baiocco, Cacioppo, Laghi, & Tafa, 2012). Another study reported lower flexibility in females whereby female adolescents reported perceiving less encouragement for autonomy from both their parents and also reported a higher degree of overprotection especially from their father (Ram, Strohschein, & Gaur, 2014). A study though reported that in step-families, levels of cohesion and flexibility are both low and the adolescents reported lower quality in male parent-adolescent relationship (Pink & Wampler, 1985). Adolescent females showed slightly but not significantly, higher levels of family satisfaction than adolescent males (Henry, 1994).

Parental Attachment

Attachment can be defined as an enduring affectional bond of substantial intensity (Paterson, Field, & Pryor, 1994). The goal of attachment is to maintain proximity with the significant figure which in turn drives the child's behaviour around it. In addition to this, children also need to feel attached to significant others in their lives in order to develop a secure base and trust from where they can learn and explore the world around them (Bowlby, 1969). The degree of attachment can be assessed on the following three dimensions: level of trust, communication and the degree of perceived anger and alienation (Armsden & Greenberg, 1987).

Mary Ainsworth and her colleagues identified three types of attachment relationships – *secure attachment*, *insecure-avoidant attachment*, *insecure-resistant attachment* and *insecure-disorganized attachment*. They also claimed that the quality of caregiving relationships, whether warm or insensitive, influences the type of attachment individuals develop (Wenar & Kerig, 2005; Ainsworth, Blehan, Waters, & Walls, 1978). When parents are sensitive to a child's needs, are accessible or available, the child will more likely develop a secure attachment with the parents. In contrast, if parents are distant with their child and appear to be irritable and angry when closeness is achieved, then the child is more likely to develop either insecure-avoidant (avoidance is the behaviour in the child of being unobtrusive as an attempt to cope with the parent's need for distance) or insecure-resistant attachment (resistance is seen as an attempt to capture the attention of the parent) (Wenar & Kerig, 2005). When attachment seems to be represented by confusing signs on the part of the parent or them behaving in a strange and frightening way, the child is likely to develop an insecure-disorganized attachment (Lyons-Ruth et al., 1996).

A large number of researches have been done on the role of attachment in childhood; however, our understanding of its role in the adolescence stage is still resting on a shaky thin base of findings, especially of adolescents in a step-family (Chapman, 1991; Allen et al., 2007). Although some may think that attachment during the adolescent period would be lesser than during childhood due to their need for autonomy, studies have reported adolescents to show the same level of security and attachment from their childhood through their adolescence period (Allen et al., 2007, Allen et al., 2004). The attachment has a significant impact on the relationships of an individual across his/her lifespan as children construct models of relationships with the attachment figure's accessibility and responsiveness to their needs. Parental responsiveness and sensitivity to the child and adolescent's affective signals are critical in achieving that sense of security in them. The study of adolescent attachment security is assessed as a characteristic of an internal state of mind unlike in childhood where it is an attribute of a particular attachment relationship. The literature provided by Chakraborty and Banerjee (2017), suggested that parental attachment which can be both from mother and father has a crucial yet significant impact on the problems associated with the lifestyle of the adolescents and therefore helped them to cope with their behavioural and emotional issues and also seek social support. Moreover, it was also indicated from the literature that the higher the maternal and paternal attachment among the adolescents, the higher they experience social support and problem-focused management activities compared to the adolescents who were lesser attached to their parents. It was also revealed that attachment of the parents with their children was considered as everlasting bonds which inculcated adjustment (Sim & Yow, 2011) and coping skills simultaneously

for the future. In contrast, the adolescents who had lower attachment levels did not flourish at the level of expectancy and competency and looked for further support and help from the other caregivers.

A study by Allen et al. (2003) stated that attachment security in adolescence is evident in the mother-adolescent relationship. Responsive mothers encourage children to seek social support from other individuals. Maternal sensitivity and maternal attunement are seen to correlate positively with adolescent secure attachment. Sensitivity here means the degree to which mothers are attuned to their adolescents' internal states which allows the adolescent to explore and still find a secure base in times of emotional distress. It is seen globally that parents seem to implement greater control over their daughters than over their sons leaving them feeling frustrated. Most of the adolescents especially from a small family discuss their problems with their mothers and very few do so with their fathers.

Parental Attachment and Behavioural and Emotional Problems

There are several studies which have examined the association between parental attachment and its relationship to behavioural and emotional problems in adolescents (Roelofs, et al., 2006; Gallarin & Alonso-Arbiol, 2012; Gungor & Bornstein, 2010). In a study by Guarnieri, Ponti and Tani (2010), using the Inventory of Parent and Peer Attachment (IPPA) and the Youth Self Report (YSR) tools, revealed in their findings that securely attached adolescents perceived a greater degree of care and encouragement to be autonomous and parents were less overprotective in comparison to adolescents who reported insecure attachment. Adolescents who reported secure attachment with their parents were seen to have lesser internalizing and externalizing problems in comparison to adolescents who felt

insecurely attached. Secure attachment between the individual with both parents and peers were less likely to have mental health problems like anxiety and depression and also have a positive psychosocial functioning in both rural and urban setups (Laible, Carlo, & Rafaelli, 2000; Pathak, et al., 2011; Allen et al., 1998; Gundy et al., 2014) and were also more socially accepted than those with insecure attachment. It is also seen that mothers of adolescents in a secure attachment are more understanding of their child's emotional experiences (Ehrlich et al., 2011). Adolescents with secure attachment pattern also reported to have higher levels of support from their families and are seen to be more resilient and are able to regulate their negative feelings in problem-solving and social situations. They also report fewer symptoms of any kind of distress and showed better adjustment. They are able to turn to their attachment figures in times of distress who are in turn reported to be available and supportive (Kobak, 1988). Mental health problems such as depression and substance use disorders and other internalizing and externalizing problems were seen in adolescents with insecure attachment styles (Muris, Meesters, & Van den Berg, 2003; Roelofs, et al., 2006). Insecure attachment styles are said to be strong predictors of mental health problems (Pace & Zappulla, 2011; Allen et al., 2007; Essau, 2010). Lower parental attachment, involvement and supervision leads to higher rates of delinquency in adolescents (Hoffmann & Dufur, 2008). When looking at attachment preferences and mental health of adolescents, it was seen that adolescents who have a better attachment with their friends or romantic partners are at a higher risk for adjustment issues, delinquency and substance abuse in comparison to adolescents who are much more attached to their parents (Nomaguchi, 2008).

From the literature provided by Ballarotto et al. (2018), it was revealed that parental attachment with their adolescent children is influenced by and relates to their use or abuse of the internet in due course of time. Further findings by Ballarotto, Volpi, Marzilli and Tambelli (2018) suggested that there was a moderate effect on the relationship between a mother's attachment to her children and psychopathological risks. It was found that a high level of attachment of the adolescents to their mother predicted a lesser usage of internet by their children and also a reduction in their health risks and emotional problems. Further studies indicate that certain unpleasant feelings related to anger, isolation or detachment in relationships of adolescent children with their parents might affect the adolescents in coping with their mental stress and excessive internet usage which could lead to adversities in future.

Parent Communication and Behavioural and Emotional Problems

Parent communication which is a dimension measured under the Inventory of Parent Peer Attachment (IPPA) scale is said to be a factor that influences the attachment of adolescents with their parents. Parenting behaviour influences the maintenance or development of the behaviour problems in adolescents. The other protective factors which can be included to reduce the risk factors are good communication in between the parents and adolescents, religious faith, higher intelligence, and good parental relations. Other than that, Shelton and Harold (2008) observed that there needs of proper affection, cooperation and support from the parents for education and authoritative discipline so that the children can improve their behaviour and emotions and become risk-free. Videon (2002) explained that parental control or monitoring is necessary to reduce the issues of behavioural and

emotional problems of the children. There is a need for effective communication between the children and the parents to be able to show affection, support, monitoring and cooperation. Wehmeier, Schacht and Barkley (2010) argued that harsh parenting like yelling, threatening or screaming leads to misbehaviour and children foster aggression or depression inside them. Harsh and hostile behaviour between parents and their adolescent children result in patterns of communication that are linked to externalizing problems in the adolescent child. However, this has no influence on internalizing problems, which is seen to be much more related to parental control (Buehler, 2006).

Parent Alienation and Behavioural and Emotional Problems

Parental alienation, a dimension under the Inventory of Parent Peer Attachment (IPPA) scale, can be defined a state of mind whereby a child allies himself/ herself to one parent and perceives a sense of rejection from the other parent (Sher, 2015). Having parents who are divorced or separated is not an indicator of parental alienation. Alienation can be perceived in both intact and non-intact families. Studies reported that parental conflict is a better predictor of parental alienation (Mone & Biringen, 2006). Perceived parent alienation behaviours resulted in negative consequences in children and adolescents especially in non-intact families and had been seen to affect across their life span (Baker & Ben-Ami, 2011). These adolescents are seen to show a depressed mood, guilt, lower self-esteem and self-image, substance abuse and delinquent behaviours, suicidal attempts, sleep and eating disorders and academic problems, among others. In a study conducted on males, Sher (2015) reported that parental alienation had an impact on the mental health of male children and adolescents. Another study also concluded that

adolescents' perception of parental alienation was found to strongly associate with Generalized Anxiety Disorder symptoms in adolescents (Hale, Engels, & Meeus, 2006). Adolescent females with non-suicidal self-harm behaviour reported lower maternal support and warmth and lower parental satisfaction. An intervention focusing on improving family communication was implied to help adolescents with non-suicidal self-harm behaviour (Tschan, Schmid, & In-Albon, 2015).

Bowlby argued that in committed relationships, especially that of parents with their children, attachment greatly impacts an individual's emotional life. The presence of anxiety and avoidance in an individual's attachment towards both the mother and the father figure were associated with higher levels of both internalized anger and externalizing expression of anger and hostility. This anger is initially directed to the attachment figure, however in later years can become repressed and directed towards other people around the individual (Konishi & Hymel, 2014).

Role of Fathers in Behavioural and Emotional Problems

The role of the father in his children's lives is often neglected and not an area well researched upon. Flouri and Buchanan (2003) found no gender difference when it comes to the positive influence fathers have on their adolescent children. However, the relationship fathers build with their child has a huge impact on their mental health even in situations where they do not live with their children. Their indirect influence through co-parenting or providing emotional or instrumental support to their spouses also influences their children (Cummings, Goeke-Morey, & Raymond, 2004). Paternal attachment and sensitivity are as important as the mother's sensitivity towards their children's perceived security (Grossmann, et al., 2002). Involved fathers, whether living together or apart, who are able to engage and be accessible

and responsible for their children are said to be able to efficiently support positive mental health and well-being in them (Lamb, Pleck, Charnov, & Levine, 1987). Parenting is not gendered specific as many would have assumed. Even fathers would believe it is a mother's job to take care and parent their children. However, it depends on the parental characteristics and the quality of relationship the parent builds with their children (Lamb, 2004). Fathers are said to engage in complex types of communication which will influence their child's communication and social skills (Ely, Gleason, Narasimhan, & McCabe, 1995). Female children in particular benefit from open communication with their fathers and are reported to have a better body image and wellbeing (Brooks, 2015). On the other hand, if the fathers are uninvolved and are not warm, their child's self-esteem, social competence and their ability to handle difficult situations in life are hampered (Bogels & Phare, 2008). This influence a father has on his children becomes more evident when they reach adolescent stage. It is associated with lower levels of impulsivity, delinquency and behavioural problems in boys and emotional problems in girls (Meece & Robinson, 2014), especially among low socioeconomic families (Sarkadi et al., 2008). Longitudinal studies reported that alcoholism in a father has an association with conduct problems, mood disorders, low self-esteem, academic underachievement and substance abuse in their children especially their sons (Chen & Weitzman, 2005).

It was suggested that adolescence is a crucial stage of development in every individual which with its own set of complications for most people. In innumerable ways, the adolescent has been and can still also be shaped and moulded in the future by the arrival of diverse situations and innumerable experiences during their lifetime. At the present stage, parental upbringing, attachment to their children and love and

care provided can influence the lives and coping skills of the adolescents, enabling them to fight the psychological stress and other emotional issues in the current technological age.

Culture and Parental Attachment

Arbona and Power (2003) studied parental attachment across three ethnic groups consisting of African American, European American, and Mexican American adolescents and found that they did not differ in their attachment towards their mother and father. Another study on Indian and German parent-adolescent attachment reported that Indian adolescents showed avoidant attachment and reported higher anxiety in comparison to their German counterparts (Albert, Trommsdorff, & Mishra, 2004). Parents in Asian countries are often seen as showing less warmth and acceptance in comparison to Western parents. However, in our neighbouring country in Bangladesh adolescents perceive a high level of parental warmth (Stewart, Bond, Abdullah, & Ma, 2000). There is a slight difference in how adolescent girls and boys perceive parental warmth, although girls perceived greater levels of supervision than boys. However, this additional supervision is seen as warmth. However, if boys perceived additional supervision, it is associated with dominating the behaviour of the parents. In a country where boys are much more preferred, they are seen to show symptoms of depression when there is a lack of warmth (Stewart, Bond, Abdullah, & Ma 2000). Urban Asian American adolescents reported higher feelings of parental alienation and attributed it to clashes in cultures and generations, language barriers, parents' work schedules and high parental academic expectations; and reported lower levels of support and communication with

their parents and higher levels of discord and estrangement in comparison to Black and Latino families (Qin, 2009; Qin, Way, & Mukherjee, 2008).

Ecology and Parental Attachment

Looking into ecological factors, according to the Durkheim suicide theory which offers the sociological aspect of suicide, talks about how social integration or the attachment to the society's social group prevents one from attempting suicide rather than individualism (Durkheim, [1897] 1951). The same was reported by Maimon, Browning, and Brooks-Gunn (2010) in their study on adolescent suicide behaviour attempt in samples from urban Chicago. Urban juvenile delinquents reported having higher interpersonal problems with their family members than their rural counterparts (Elgar, Knight, Worrall, & Sherman, 2003). One study reported higher parental attachment in rural children in comparison to urban children (Dewanggi, Hastuti, & Herawati, 2015). Results from another study by Diannara, Diaz, Fechalín, Mahilaga, Oledan, and Aruta (2014) further confirmed that there was a significant difference in the perception and level of parental attachment and also in the three dimensions of trust, communication and extent of alienation and anger between urban and rural adolescents; with rural adolescents showing higher scores in attachment, trust and quality of communication and lower levels of parental alienation and anger than those in urban areas.

Gender Differences and Parental Attachment

Bowlby explained the concept of monotropy, whereby it is stated that a child has an innate need to attach himself or herself to one primary caregiver, usually the mother. Also, from early to late adolescence, the attachment towards their mother

remains stable regardless of the child's gender (Paterson, Field & Pryor, 1994). A number of studies have shown that the more attached the child or adolescent to their mother the lesser they report of any emotional or behavioural problems (Allen et al., 1998; Konishi & Hymel, 2014). However, there are fewer researches which studied the role of fathers in their attachment to their child and their consequent emotional well-being. Kerns and Stevens (1996) in their study found that male students who reported being closer to their father and are securely attached to them were perceived by their peers as being less hostile and aggressive. Other studies also supported the findings that there is no significant difference between male and female adolescents with reference to their attachment to either their mother or father (Raja, McGee, & Stanton, 1992; Ma & Huebner, 2008; Pink & Wampler, 1985). However, one study found that mid-adolescence females also showed higher parental alienation in relation to their anxiety disorders in comparison to adolescent males (Hales, Engels, & Meeus, 2006). A study done by McNaughton and Niedzwiecki (2000) established gender differences in parent-child communication. They reported female adolescents were more open communicating about their feelings and emotions in comparison to males, and males felt that there were some areas were unnecessary to communicate with their parents. This was supported by studies that showed parents were more open communicating with their daughters in comparison to their sons (Fitzpatrick & Vangelisti, 1995; Fitzpatrick & Marshall, 1996). Adolescents irrespective of gender have better relationships with their mothers than fathers (Smetana & Campione, 2006) as mothers are seen to be more involved in parenting practices than fathers (Wallenius, Rimpela, Punamaki, & Lintonen, 2009) and also disclosed more often with their mothers (Mayseless, Wiseman, & Hai, 1998). Adolescent girls have a

closer relationship with their mothers and disclose more often too with their mothers (Youniss & Smollar, 1985; Racz & McMahon, 2011). Gender differences were also seen whereby boys found it easier to speak to their fathers in comparison to girls who found it more difficult (Wallenius, Rimpela, Punamaki, & Lintonen, 2009). On the Inventory of Parent Peer Attachment (IPPA) scale, no gender differences were seen on the Trust, Communication, Alienation subscales and Parent attachment, however showed higher mother attachment (Haigler, Day, & Marshall, 1995). A study by Levin and Currie (2010) on parent-child communication, found that there was a significant difference in the communication between adolescent girls and their fathers. Girls were said to have difficulty communicating with their father especially about issues that were troubling them, whereas boys found it difficult communicating to both their parents. Levin and Currie (2010) further added that these difficulties were perceived as unsupportive behaviour which may result in emotional problems in adolescents. Family rituals, as seen in the sections above, play a crucial role in family communication (Kiser et al., 2005).

Family structure

Family Structure is defined by “whether the family consist of a single parent or two parents and if there is a presence of two parents, whether the adolescent is biologically related to each of the parents” (Langton & Berger, 2011). **The intact family structure** is used to describe a family in which there is a presence of both biological parents, where there was never dissolution of the marriage either through death or divorce. Both the parents serve their respective functions as sources of emotional support, practical assistance, information and guidance (Shek & Leung, 2013; Feigon, 1975). **The non-intact family structure** is defined as one where there

is a changing family structure which could occur due to some type of dissolution of the marriage by long or permanent separation of the parents, divorce or death of a spouse or remarriage (Shek & Leung, 2013; Feigon, 1975).

Family Structure and Behavioural and Emotional Problems

Adolescents are seen to have positive emotional well-being in two biological married families and multigenerational families even in comparison to non-married cohabiting families and stepfamilies (Nelson, Clark, & Acs, 2001; Brown, 2004; Sweeney, 2007; Manning & Lamb, 2003). Being able to devote time with grandparents and their presence in the family has been shown to produce positive impact on the children (Parker & Short, 2009; Townsend et al., 2002). Adolescents who live with their parents or from a continuously single parent (i.e. neither married nor divorced) show greater life satisfaction (Demo & Acock, 1996). Other studies also support the same. Children and adolescents fare much worse in non-intact homes in comparison with those in intact families (Brown, 2004; Waldfogel, Craigie, & Brooks-Gunn, 2010) and that adolescents living with a single mother but had at least one grandparent in a multigenerational household do fare better (Deleire & Kalil, 2002). Other studies reported otherwise.

Most of the children experience a family change in their childhood from belonging in a biological parents' family to a stepparent or a single-parent family. Bowes, Maughan, Caspi, Moffitt and Arseneault (2010) added that the breakdown in the family structure or due to excessive control makes the adolescents confused and vulnerable to the maladaptive patterns of the behaviour and thinking. Parental separation is another significant factor which affects the social development and upbringing of a child. It erodes the family's ability to nurture their children. Evans,

Jonathan and Richard (2001) stated that further impacts of the parental separation include early marriage, marital dissolution, early childbearing, low occupational status, economic hardship, lone parenthood and unhappiness, poor relationship with their parents, reduced longevity and mistrust of others.

There has been an increase in the rates of divorce resulting in more than three quarters of the world's one parent family being single mothers with children in both developing and developed regions of the world (United Nations, 2015). Studies have highlighted that a household can face difficulties if it is headed by a woman. These challenges can be related to children's upbringing, financial, emotional, personal and social problems. They also reported finding parenting difficult in the absence of a male partner (Kotwal & Prabhakar, 2009). Taking care and rearing their children was the biggest family problem among these mothers (Gandotra & Jha, 2003). Single parents (mostly mothers) are at risk of withdrawing love and affection towards their child which in return makes the child/adolescent feel unloved and uncared for which ultimately makes them develop a number of behavioural and emotional problems (Rohner, 2005).

It has also been seen that parental separation creates pressure on the children and adolescents and makes them distressed and unhappy taking a toll on their mental health. Divorces sever the coping skill in adolescents. They go through a lot of stressors like school and residential change, family economic difficulties, separating from friends and custodial disputes. A child who has experienced a family change experiences poorer behavioural and cognitive outcomes than a child belonging to intact families (Bowes, Maughan, Caspi, Moffitt, & Arseneault, 2010; Chandra, Martin, Hawkins, & Richardson, 2010). Young people in single-parent families and

other kinds of family transitions that have other relatives in it reported the highest levels of acute depressive symptoms and higher internalizing behaviour, especially if there is an additional emotional distance with the maternal figure (Barrett & Turner, 2005; Lagenkamp & Frisco, 2008; Suldo & Huebner, 2004). Adolescents living with single mothers and stepfamilies showed more delinquent behaviour, alcohol and drug use and some kind of psychological distress or psychiatric disorders than those living with both parents (Langton & Berger, 2011; Hoffmann, 2002; Galambos, 1992). Divorce, which is the main single factor for single parenting, results in weakening of emotional bonds which is thought to encourage behavioural and emotional problems in children and adolescents (Hill, Yeung, & Duncan, 2001). A cultural difference was seen in Asian and Hispanic adolescents in comparison to any other subgroups. They are less likely to report a parental separation or divorce early. This could reflect strong feelings of respect for the family as a unit. Therefore in these cultures, parental separation and divorce cause high distress among adolescents.

Hoffmann and Johnson (1998) reported that adolescents in a father-only family or a father and stepmother structure have a heightened risk of drug use. Teachman (2002) added further that gender also matters for the development of behavioural and emotional issues of a child. For instance, as discussed earlier, a child belonging to a single mother gets more affected than those having both parents. This is because the child does not get basic needs like proper clothing or education due to low-income and develop behavioural issues and emotional disorders. These children go through stress, tensions and attitude issues as well. Family instability is related to poorer outcomes in adolescents especially relating to behaviour. The children whose parents are divorced face more behavioural issues compared to those from intact

families. However, it is worth noting that these problems that adolescents in divorced and single-parent families face are short-lived (Adams, 1982).

Also, studies from the distant and recent past (Green & Crooks, 1988; Grinde & Tambs, 2016) reported a high level of adolescent and family well-being in the members of single-parent families (mother-only families) and showed no significant difference in mental health problems from single-mother families and adolescents from other family structures. The study also reported that these families have a healthy functioning and satisfying relationship with balanced scores of cohesion and adaptability. This is contrary to the belief that adolescents from a single mother family will have more autonomy and lesser attachment to their parents in comparison to friends or romantic partners, Nomaguchi (2008) found that these adolescents' preference of friends or romantic partners over their parents was less seen in adolescents from two biological parent families.

Fathers play a huge role in the development of behavioural and emotional problems in adolescents. It was seen that adolescents living apart from their biological father, regardless of their educational attainment, race or mother's remarriage showed adverse outcomes (Amato, 2000; Falci, 2006). Growing evidence shows that good quality involvement of the father be it a resident or non-resident father is beneficial to the adolescent's state of well-being and development. A study done on Thai adolescents, highlighted the important role a father plays - especially in a matrilineal country like Thailand (Gray et al., 2013).

Hence, Elder (2018) suggested that such impacts of a family change can be reduced by promoting marriage, father's involvement and by reducing the economic strains among the single-parent families. It is also added that having a father figure

and another parental figure offered a more stable economic resource and parental presence. Father involvement is seen to be beneficial to those adolescents whose fathers live apart (Carlson, 2006; Sweeney, 2007). Remarriage can also result in a confused sense of self in the adolescent and psychosocial adjustment difficulty (Chapman, 1991). At the same time, the transition of a child into a blended family is also stressful to him or her since there is a new environment to adapt to. Adolescents in a family where a mother marrying a step-father after a divorce has worse scores for externalizing problems and negative feelings and the overall emotional well-being of the adolescent. According to Gregory and Sadeh (2012), remarriage wore off the life of children since having a stepfather or a stepmother makes a harmful impact on the behaviour of a child or adolescent in the family. Henceforth, a child who has experienced the issue of remarriage or parental separation experiences more behavioural issues compared to children and adolescents belonging to a single-parent family. The children face complexities in the stepfamilies and need goodwill and time to work well. This is another important factor which affects the behavioural and mental conditions of the children.

Hetherington (2003) stated that the number of transitions made an impact on the minds of the children while creating issues for their adjustment in society and pro-social behaviour. The experience of the multiple transitions is associated with lower educational attainment as well as increases the likelihood that children would try to create an independent household while entering into a labour force at early ages. This results in anger, depression or self-doubt for the children. In between such transitions, the children suffer from ineffective parental care and a lack of a loving atmosphere which ultimately affects their social and emotional development. On the

other hand, a transition made into a single parental family from two-biological parents is expected to be detrimental to the well-being of a child since they lose the significant emotional and economic resources.

Unplanned, Early and Lone parenting

Becoming a teenage mother is another issue which is experienced in many societies around the world, and it affects the growth and development of a child due to lack of proper income, education and emotional growth and maturity in these young mothers. Lone parenting is more difficult compared to that of a two-parent family. A lone parent faces the issues of poverty which is less in a two-parent family. Ramchandani and Psychogiou (2009) added that most of the teen single mothers suffer from poverty and little social support which brings an impact on their lives and social development. They have also been shown to exhibit lesser and poor parenting in comparison to married mothers (Astone & McLanahan, 1991). The common antecedents of the teenage motherhood encompass (Rhee, 2008; Bulanda & Manning, 2008) -

- low social and income status of a family- family dysfunctions
- high school dropout or academic issues
- high aggressiveness
- negative peer association
- pregnancy or early parenthood
- limited economic chances
- Cohabiting families

The teenagers from cohabiting, low-income families who experience low expectations, self-esteem, poor parenting, child abuse and family dysfunctions are

seen to have higher rates of teenage pregnancy in comparison to teenagers of married parents with similar problems. Ryan and Claessens (2013) stated that some of the teenage girls become pregnant intentionally since they face academic or other issues and have low career expectations and education. As a result, teenage girls are less prepared to develop a child properly and are more likely to administer physical punishment. Similarly, the fathers of these children tend to be involved in criminal activities and conduct disorders. Scott, Briskman, Woolgar, Humayun and O'Connor (2011) commented that pregnancy at the early stage of life increases the risks of lifelong poverty. Most of these teenage mothers become lone parents and live in low income. This is at times seen to be intergenerational since the daughters of such teenage mothers themselves want to become mothers at an early age.

Family Environment versus Family Structure

The family structure's impact on mental health of adolescents is controversial. On the one hand, single parenting seems to carry with it lesser parental monitoring, great independence and responsibility in the adolescents. However, on the other hand, this lack of parental supervision could result in an apprehensive and insecure behaviour in the adolescents and a resistant and rebellious attitude in them which could lead to various behavioural and emotional problems. Mechanic and Hansell (1989), in their study, reported that family conflict within the family, be it between the parents or parent and child or between siblings resulted in negative effects on the well-being of adolescents than separation or divorce. Inter-parental conflict whether in an intact or non-intact family is a risk factor to adolescents' externalizing and internalizing behaviours (Buehler et al., 1998). Another study also supported that what goes on in the family is a stronger predictor of antisocial

behaviour in adolescents rather than the structure of socioeconomic background (Baharudin, 2011; Power et al., 1974). Also, children of divorced parents who are living in a conflict-free environment have higher levels of well-being than those living in intact families with a high level of conflict. The effects of divorce on adolescents were said to be time-limited whereas the effects of conflicts were said to be enduring. In some cases, divorce is seen as a way to end painful conflicts in the family. The differences in the quality of parenting and home environment may be both directly and indirectly influenced by family structure (Langton & Berger, 2011). The parent-child bond is weakened in a non-intact family, and cohesion is seen to be lower in single-parent and step-families (Heard, Gorman, & Kapinus, 2008) hence making it essential to take into account the structure of the family in studying its functioning.

It can be concluded that, at some point in the family structure and its transition, the parent-adolescent relationship, be it in a resident parent family, or non-residential, a step-parent or a single parent, has a significant influence in the adolescents' distress. Therefore, what matters most is maintaining a good quality and healthy relationship and secure attachment with all parental figures and maintaining a well-functioning family environment across the various types of family structures (Demo & Acock, 1996; Falci, 2006).

Ecology and Divorce

In a study done on separation and divorce rates in India, it was reported that these rates were getting higher in many parts of Asia including India. It was observed that education was one protective factor for marital stability, as it could have provided women with a greater sense of assertiveness and equality in the marriage.

This added up to a stronger marriage (Dommaraju, 2016). According to the Census 2011, 13.6 lakhs Indians reported themselves as divorced. Chottapadhyay & Suraj, in their study based on the 2011 census, reported that out of these divorced individuals, 0.89% belonged to the urban set-up and 0.82% to the rural sector, which is a very slim margin of difference. They added that Andhra Pradesh, Karnataka, Kerala, Maharashtra, Jharkhand, Odisha Chattisgarh, Gujarat, Tamil Nadu and Himachal Pradesh have shown higher rates of divorce in the rural and lower in urban areas whereas States of Delhi, Bengal, Punjab, Haryana, Bihar, Rajasthan, Uttar Pradesh, Assam, Madhya Pradesh, Jammu & Kashmir and Uttarakhand showed higher divorce rates in urban settlements. Differences in customs and systems could be reasons for this difference. India, being a country where there are early marriages, low cohabitation rates and where there is also high likelihood of first relationships ending in marriage in comparison to other countries, actually showed a low percentage of divorce. A number of studies as one done by Gautier, Svarer, and Teulings (2009), showed divorce rates higher in urban areas but also concluded that urbanisation is not the cause for it. The literature on ecology and separation/ divorce rates has not been able to give a concrete answer to this area.

Birth Order and Behavioural and Emotional Problems

Birth order is the rank or order of the siblings by age being born in the family (Reber & Reber, 2001). It is said that birth order influences various aspects of a person's intrapersonal and interpersonal life and on their academic and intellectual activities (Leman, 1985). Shulman and Mosak (1977) stated that ordinal positions refer to the actual order in which a child is born i.e. first, second, fourth, fifth, tenth, twelfth and so on. Whereas, birth order as proposed by Alfred Adler refers to the

five psychological positions: firstborn, second, middle, youngest and only child. A firstborn could be in the position of an only child until she has a younger sibling or the middle child could be the youngest by reason of death of the youngest child and so on. They added that the child's perception of their position and role is more important than the actual position itself. Adler in his theory describes the characteristics of each of these positions:

1. **Firstborn child:** firstborn children have their parents' undivided attention for quite some time. There is a lot of excitement on the part of the parents but also pressure to give their best to the child. This could lead to the child being a people-pleaser, strong-willed and aggressive or both. When another child arrives in the family, Adler believes that the firstborn is left feeling inferior or unimportant and will try their best to get back the attention that was lost. The theory states that these children have a great degree of problems as they continue to grow. Firstborns are said to grow up faster and become little adults sooner. They are most of the time high achievers, conscientious, reliable; they feel good being in control and are loyal.
2. **Second or middle child:** The second or middle child knows that they have the ability in them to triumph over the firstborn. They have the desire to seek superiority. They are not as spoiled by their parents as the firstborns but at the same time, they do not lack their parents' attention. They show excellent socializing skills although they can be very secretive too. Their character is unpredictable. They can be quiet and shy, a loner, sociable and outgoing, friendly, laid-back, a peace-maker, competitive, or just the opposite. All in all, they are seen to be the most balanced.
3. **The youngest or last born:** Children in this position have a longing to make their mark in their world and would often crave for attention. In their families, they

are often the entertainer. They are truly the ones who are people persons and the life of the party. They can be absent-minded and not worry about the consequences of their decisions and behaviour. They experience high highs and deep lows. They can be rebellious, impatient and spoiled; they are also straightforward and affectionate people.

4. **The only child:** The only child has to live primarily in an adult's world. They learn to keep themselves busy and entertain themselves. They are seen to have problems relating to their peers and as adults, they relate better with their adult peers. They are often stigmatized as spoiled brats and a number of negative qualities associated with them. However, research showed otherwise. They are motivated, successful and high-achievers (Brophy, 1989). They are also very creative individuals (Dinkmeyer, McKay, & Dinkmeyer, 1987).

A number of studies have shown that birth order influences the mental health of an individual and researches have studied its influence on depression, anxiety, eating disorders, substance abuse and other mental health problems. However, it has not been a straightforward understanding due to the influence of family size on birth order. Looking into mental health problems and its relation to birth order, a number of studies reported similar results. Studies by the following researchers highlighted that depression and anxiety and high incidence of psychiatric illness even as adults, are seen to occur much more among the only child, the firstborns and the youngest born and least seen in the middle born. Also, the oldest born psychiatric patients showed a higher degree of emotional instability in comparison to the others (Gates, Lineberger, Crockett, & Hubbard, 1988; Putter, 2003; Chandola & Tiwari, 2016; Easey et al., 2018). Only child females are more likely to show high score on factors

relating to depression, moodiness and temper issues (Tseng et al., 1988). Researchers claim that because of higher expectations from the only child and firstborns, the extra attention they receive, being overprotected and having to bear the stresses and strains of the family creates an environment which is anxious and stressful leading to depression and anxiety. They also find it difficult to adjust and cope with a stressful situation (Santrock, 2002). The youngest child too, according to Morales (1994), are raised in an environment where there could be fear of their older sibling and the world in general, have weak decision-making skills and lack attention, leading to the development of depression and anxiety whereas, the middle child is being raised in a relaxed environment and is independent and sociable which could be a protective factor from having any mental health problems. However, the middle child is also seen to have lower self-esteem due to their conflicting position of desiring power from the older sibling and jealousy of the parental attention received by the younger ones. However, Adler pointed out that the middle child, in reality, is neither dominated by the older sibling nor experiences a loss of attention, unlike the firstborns. In addition, mothers are seen to interact to a larger extent with the only child and firstborns in comparison with the later-born and are also more affectionate with them. This results in a later-born child to be less loved and appreciated and secure (Price, 2008). In the context of anxiety problems, studies concluded that the firstborn is seen to react anxiously in stressful situations, have higher physiological and social anxiety in comparison to other positions in the family (Flowers & Brown, 2002; Pearson, 2009). Another study aiming to study anxiety and birth order association used a sample of patients attending group psychotherapy to measure their anxiety through their speech. The firstborn were seen to be more

anxious as they ask more questions and also spoke much more in comparison to the later-born (Eisenman, 1966) although other studies showed that the firstborn experienced less trait and state anxiety in comparison to the middle born and youngest children. These studies contradict the findings from other studies mentioned (Gates, Lineberger, Crockett, & Hubbard, 1988; Suedfeld, 1969). Kirkcaldy, Richardson-Vejlgaard and Siefen (2008) studied birth order and its association with self-injurious and suicidal behaviour in adolescents. Their study reported that amongst all positions of birth order, the middle child is most likely to exhibit such behaviours. Gender differences showed that female middle children were more likely to have attempted suicide while no significant differences in suicidal behaviour between birth positions were seen for males. However, in self-injurious behaviour, it was the opposite: middle born males significantly showed more self-injurious behaviour. Supporting this is the study done by Lester and Caffery (1989), which reported that the middle and last born showed the highest suicidal behaviour.

Family Size and Behavioural and Emotional Problems

Besides birth order, family size also determines risk for mental health problems in the family. Family size refers to the number of children in the family where an individual grows up. Among the family risk factors, O'Connor, Thomas, Caspi, DeFries and Plomin (2000) noted that adolescents belonging to a large family size face more risks compared to those who belong to a nuclear family. They face issues of language development, low reading attainment, and low verbal intelligence. A small family size enables the parents to give focussed time and attention to their children in comparison to large family sizes where the parents' concentration and

attention, time and money gets divided amongst the siblings (Fahey, Keilthy, & Polek, 2012). Reinherz et al. (2003) on their study on depression and anxiety found that children from large families where there are low family cohesion show higher rates of depression and anxiety in comparison to children from small families.

However, some studies have found a negative association between family size and mental health status of the children in the family. A study conducted on children and early adolescents in Salvador, Brazil found that children from small families had a higher prevalence of depression and other mental health problems, even neurotic and psychosomatic disorders in comparison to children from larger families (Almeida-Filho & Burnett, 1983; Santos, Kawamura & Kassouf, 2012). According to Grinde and Tambs (2016) in their study, having older siblings in a large family resulted in lesser internalizing and externalizing problems in the siblings of the family. Yang et al. (1995) researched adolescents in China on account of the one-child-per-family policy which was implemented in 1979 to curb the rise in population. Measures of anxiety, fear and depression were looked into. Findings reported that children with siblings born after the implementation of the policy had higher rates of depression than the only children, and children who are only child or with siblings showed no difference if they were born before the policy came into being. A decade later, Liu, Munakata and Onuoha (2005) again studied the Chinese adolescent population in both urban and rural setting. This study found out that an only child in urban areas showed negative mental health conditions and depressive and neurotic symptoms than children who have siblings in the urban setup. However no significant difference was seen in the rural setting.

Matrilineal Societies and Families around the World

Matrilineal societies exist across the world and are seen among the common tribes with Minangkabau from West Sumatra being the largest tribe globally. While matrilineal societies do not exist in every tribal system in the world, there are three basic components that indicate the existence of matrilineality in contemporary societies (Narzary & Sharma, 2013). These components are succession through mothers where family names are used, a matrilineal residential system where husbands are allowed to live in the residence of their wives and the ability of daughters to inherit their parental properties (Narzary & Sharma, 2013).

These matrilineal societies can also adopt patrilineal residence and can maintain their matrilineal kin groups which may, in turn, lead to non-localised societies. However, these societies have the ability to enhance their survival rates given that their family functions, such as matrilineal descent are not destroyed or disappear due to residential changes (Kopytoff, 1977). Exogamy is the primary function and structure of matrilineal societies. Exogamy is essential in these societies and if lost, the matrilineal ancestry disappears which would result in many tribes becoming bilateral. In case exogamy is maintained, the descent or ancestry of the matrilineal society is also retained regardless of the contradictory rules of matrilineal residence (Kopytoff, 1977). The adolescents and children in matrilineal societies have strong socio-personal relations with their parents and children or adolescents have strong ties with their mother's *taravad* and *jato* in line with the matrilineal order of parental inheritance and succession (Von EHRENFELS, 1971). In addition, mothers are required to have a strong attachment with their children and are supposed to maintain the rights of possession. As a result, fathers have limited

control over their children because of the locus control of reproductive ability and productivity in the matrilineal societies that are laid within the role of women (Phiri, 1983).

Socio-Cultural Aspects of Meghalaya

The north-eastern hills of India comprise many races. Two of these are the Khasi-Jaintia and the Garo race belonging to the state of Meghalaya which came into existence as an autonomous state within the state of Assam on April 2, 1970 and attained full statehood on January 21, 1972. The State is divided into two sectors; the first is the Khasi-Jaintia Hills which comprises of the eastern portion and the central high plateau regions, predominantly inhabited by the Khasi-Jaintia people. The second is the Western region renowned for its rich biodiversity and is predominantly occupied by the Garo people (Sangma, 2006). They are both matrilineal in descent. The languages of the State are Khasi, Jaintia and Garo with English as the official language. Schneider and Gough (1961) defined matrilineal system as “a system which includes the matrilineal principle but does not include the patrilineal principle.”

According to Census 2011, Meghalaya forms 0.25 per cent of India's population with a population of 29.7 Lakhs. Out of the total population, 20.07 per cent of the people live in urban areas and a large percentage (79.93 per cent) occupy the rural areas. It has a literacy rate of 75.48. Meghalaya is one of the States in India with low differences of male-female gap in literacy rate (3.39 percentage points). The average literacy rate in the urban region is 90.79 per cent and 69.92 per cent in the rural areas. Single families are at a high percentage of 71.29 per cent. Single mothers in Meghalaya face similar challenges of bringing up their children and

financial constraints as seen in the literature, where poverty is a major factor especially in rural areas (De & Ghosh, 2007). According to the Census (2011), it was reported that 21.7% of homes in the State are headed by women. De and Ghosh (2007) in his study in the East Khasi Hills District found that the main reasons for single mother homes are abandonment by the husband or mutual separation. The high percentage of teenage pregnancies (NFHS-4) also gives rise to the increase in single mothers in their teenage years and beyond, as the boys or men disown the child being carried.

Meghalaya is home to many religions; Christianity being the most popular religion with 74.59 per cent of the state population following it. Hinduism is the second highest with 11.53 per cent of people following it. 4.40 per cent follow Islam, 0.02 per cent follow Jainism, 0.33 per cent follow Buddhism, 0.10 per cent follow Sikhism, approximately 0.32 per cent stated 'No Particular Religion' and around 8.71 per cent stated 'Other Religion'.

Urbanization is said to happen when there is a natural increase in the urban population or when there is rural-urban migration. Shillong, in the East Khasi Hills District and also the capital of the State has the highest urban population compared to other districts in Meghalaya. It accounts for over 70 per cent of the total urban population. The urban population was said to have increased in the last 10 years (Census Population, 2011). Shillong in East Khasi Hills District and Tura in West Garo Hills District are the two areas where there is a growth in urban population. A lot of the increase could be accredited to natural growth; however, rural-urban migration due to family movements is a significant cause. Males' migration within the state due to economic reasons and marriage (matrilocal) is extensive, of which

the same cannot be said of the females. Villages characterized by mining, agroforestry cultivation are experiencing an increased migration to towns which could be due to the fact that these types of economic practices are becoming unsustainable (Nengnong, 1999). Occupation-wise, 77.7 per cent of workers describe their work as Main Work which constitutes those who are employed or earn for more than 6 months while 22.3 per cent are involved in Marginal activity providing livelihood for less than 6 months. There is a difference between the term urbanization and urban growth. When we say urban growth it refers to the rise in urban population, whereas urbanization is the rise in the percentage of urban population to the total population.

The Culture of the Khasi-Jaintia Tribe

Outside the state, the Khasis, Jaintias, and other related sub-groups of the Wars, the Bhois, are known by the common name of Khasi. The Khasis and Jaintias are said to fit in the same 'stock.' The Khasis occupy the highest part of the mountains, in the Khasi Hills. The Syntengs or Pnars or Jaintias occupy the eastern side of the Hills. Even though they may vary from each other in some features due to geographical reasons, they still belong to the same tribe (Pyal & Lyndem, 2002). Hence, in this study, Khasi and Jaintia are studied together as one tribe. Literature showed that the Khasis are not pure Mongoloids. However, inferences can be made that centuries ago some mixture of at least two individuals of which, one Mongoloid and one Proto-Australoid have occurred to have formed the Khasi-Jaintia. They speak the Mon-Khmer language in comparison to the others around whose languages belong to the Tibeto-Burman or Indo-Aryan group (Shadap-Sen, 1981).

Among the Khasi people, there is no caste distinction as in the Hindus, however, there is a certain level of class distinction. However, these distinctions are not rigid and intermarriage between the classes is often observed. Firstly, are the aristocracy, which consists of the *syiems* or kings, the *bakhraws* or the nobles and the *lyngdohs* or priests. Following this class are the rich traders and farmers and the influential people of the community who are distinguished according to their wealth, and merits and the land they own. Lastly, are the labourers who are employed by others and have very little or no property (Shadap-Sen, 1981).

The Khasis are monotheistic. They believe in a Supreme Being, the Creator (*U Blei Nongthaw*) and under him are numerous other deities of mountains and water and other natural objects (Ratra, Kaur, & Chhikara, 2006). They believe that religion was given by God and not founded by the man himself. According to the Khasi-Jaintia religion, god created sixteen families who were given the freedom to move between heaven and earth. A time then came when seven families chose to live on earth and henceforth god removed the connection for the movement between heaven and earth. Therefore, they have no more direct access to the High God and their beliefs are mainly associated with various sacrifices and rites performed at birth, marriage and death, with megalithic beliefs. They were given three commandments to follow so that they would be able to join the nine families in Heaven when they leave Earth. The commandments are: “*Kamai ia ka Hok*” (earn righteousness), “*Tipbriew-Tipblei*” (man-conscious God-conscious) and “*Tip-kur, Tip-kha*” (know maternal and paternal relations). They have no temples or churches and believe that God fills all of heaven and earth (Shadap-Sen, 1981; Rymbai, 1979). At the present

day a large percentage of the Khasis profess they are Christians and most of the rest follow the traditional Khasi religion. A few of them are Hindus and also Muslims.

In the Khasi-Jaintia matriliney, two individuals are kin if their descent is from a common ancestress or if either of them descended from the other. They are grouped into clans. The clan (*Kur*) is the largest division in the society and every member kin to each one of the same *Kur*. The clans are further subdivided into sub-clans, called *Kpoh* (womb). And the *Kpoh* is made up of a number of families (*Iing*). This is the most significant practical unit in the group which consists of two individuals – one embracing the authority and the other having possession of the property. The daughter continues the lineage by producing children. The descent of property is traced through the youngest or only daughter. However the daughter's eldest brother or all brothers manage it together. This is where we see the role of the *Kni* (mother's brother). The matrilineal principle has three important elements: children under the care of the woman, men have authority over women and children, and the rule of exogamy is followed in this system (Nongkynrih, 2002). Structurally, the reality is that the husband being from a different *kur* (clan) is regarded as an outsider by the *kur* of his wife and children (Gaikwad, 2015).

The Khasi-Jaintia Family

A typical Khasi family would usually consist of the parents, children, the mother's parents and the mother's unmarried siblings. To a Khasi, the family is considered the root and core of the entire race and tribe. Children are known to be the foundation of the family, and without them, a family does not exist (Mawrie, 1980). The woman and mother in this society are treated as equivalent to the male; however the head of the family is always the male or the father. After marriage, the man

would have to go to his wife's house and settle there if she is the heiress of her family. In the case of a Jaintia man, he earns for his mother and her family and has his meals at her home even after marriage and would only stay in his wife's home at night. This impacts the emotional attachment the father has to his wife and children. However, this practice is not seen much in the modern-day due to geographical distance and fathers taking up much more responsibility for their family of procreation (Goswami, 1976). In the family, the parents instruct and teach their children to respect and love each other and their relatives. They are taught to hold each other up in the highest regard. The older brothers or sisters are usually addressed by certain proper names as are the younger siblings, grandparents, aunts, uncles and in-laws. These terms denote great love and respect and the children also have a close and loving relationship with their extended family (Shadap-Sen, 1981; Mawrie, 1973; Mawrie, 1980). The term mother is associated with mother earth (*Kameiramew*). Just as the earth is associated with giving life and protecting and nourishing the life within it, it is also understood that a typical good mother in this culture also does the same. The mother in the family plays a huge role in binding her family together even if it is on the verge of breaking due to various family issues.

Men, though, attain the highest positions of authority in their marital and descent sphere. Even though women are thought of as having a high degree of authority, the reality is that the men/ husbands do make most of the crucial decisions in the family and have numerous restrictions for the females as pointed out by Mukherjee (1974), especially in the rural areas.

A number of studies have focussed on other areas of the matrilineal system, particularly the mother's brother. He is looked up to as someone with authority,

responsibility and obligation towards his kin. He receives due respect from his nieces and nephews. He plays an important role in the life of his sister and her children and acts like their guardian and legal head. He shares a close bond with his nephews and nieces to the extent that their father may seem like an additional member in the family (Kharkrang, 1990). When it comes to rearing and disciplining children, the mother takes the major role and next to her, her brother. The fathers are said to be working hard in the fields and thus have lesser time to take care of their children. Nongrum (1989) argued that in the pre-colonial period of Khasi society, the Khasi held a worldview that parents are expected to love their child and not show their anger on them or impose any kind of corporal punishment. Hence, the *kni* (maternal uncle) was the one with the authority to guide and counsel his nieces and nephews and to “use the rod” if the need arises. This can cause a clash of opinions between husbands and wives which could lead to the husband resorting to silence or in worse cases, separation and divorce. However, the role that the sister’s brother plays in her house may differ from her marital conditions (Sweetser, 1966; Radcliffe-Brown, 1996). Since the mother and uncle belong to the same clan, they are of the same flesh and blood and he “cannot possibly disown his sister and her children and hence in this original form of matrilineal system, there is no danger of a family being broken or deserted” (Synrem, 1994). When we look at the Khasi community, the roles of the maternal uncle are aplenty. Among them, he manages the property in his sister’s family, he is required to make all major decisions regarding the family, he takes care of the needs of his nieces and nephews, he executes the religious rites and rituals and he aids in resolving family issues (Nongkynrih, 2015). In a study done by Mawlong (1998) it is seen that 77.5 to 80% responded that the role of the maternal uncle is

only figurative in the present days and it is only in the traditional Khasi society and those following the indigenous beliefs where he continues to play a decisive role (20 to 22.5%). The change in faith brought about a change in this perception of the roles of the maternal uncle (Mawrie, 1983). Syiem (1983) noticed that the mother's brother's role is diminishing due to the father's (the husband of the sister) ability to take control of the decisions made regarding his own children. Today, the father has become more responsible and attached to his wife and children rather than his family of origin. In a study done, it has been seen that whether in the rural or urban areas in Meghalaya, the father is seen to be more nurturing, while disciplining, supervising and taking decisions in matters relating to his family of procreation (Mawrie, 2013; Bareh, 1967). According to Gaikwad (2015), it is assumed that as individuals it is difficult to build strong meaningful bonds with multiple sets of relations; and among the men in this culture they have to choose between their children and their sisters' children, and it is only 'natural' that one would choose the closer blood kin.

A girl child is considered an asset among the Khasi and Jaintia family whereas the boys a liability. As a result, the girls are prepared and guided to shoulder a number of responsibilities, leaving the boys feeling disregarded, neglected and inferior. Boys receive lesser love and attention from their parents in comparison to girls. Girls being the caretaker of the mother's home and the heir to the property are expected to be much more obedient towards their mother in comparison to the expectations from their sons. This cultural ground causes a major factor that contributes to the differential treatments of boys and girls in the family (Warjri, 1987). Another study revealed that especially in villages, more pressure is given to the girls in terms of becoming educated and building a modest character for

themselves than for their sons. However, literate mothers insist on proper education for their children and even make the effort to instruct them at home (Goswami, 1976). Khasi-Jaintia girls are said to feel more secure in their home than their brothers (Warjri, 1987). Even in cases of separation and divorce, which is common among the people in the community, the women are looked upon with sympathy whereas the men are seen to be at fault and guilty. Also, in comparison to both parents, irrespective of gender, children are seen to be more obedient towards their mother than father. This is related to the reason that mothers are said to back up demands with compassion and love. A number of researches have shown that by nature, males are more aggressive in comparison to females who are seen to be more loving, patient and sympathetic. However, in the case of the Khasi-Jaintia community, aggressive and violent behaviour is much more related to females and males are seen to have become more tolerant (Lyngdoh, 1979). One unique feature in the parenting of children in this community is that they show importance and dignity to manual work and children are encouraged to help their parents in the manual work in and around the home.

In the Khasi community, according to a study done by Lama (2013), it was seen that the amount of time spent by parents with their children did not differ with gender. In this comparative study with Nepali children, the bond the father has with his son or daughter in the Khasi family is stronger than that of a Nepali father. This could be due to the cultural reason of the boy having to leave his maternal home and the girl being the potential head of the family in future. The study also sought to find any relationship between socio-economic status and the parent-child relationship.

There was no significant relationship. This means that irrespective of socioeconomic status, parents' relationship with their male or female child remains the same.

In the context of family size, the Khasi have a high fertility rate with 15 children being the highest and about 27% of women reported having 6 children (Leonetti et al., 2005). According to the National Family Health Survey 2015-16 (NFHS - 4) in the State of Meghalaya, the fertility rate among the women of Meghalaya is 3.0 children per woman, which declined by 0.8 children since their last report in 10 years. Women who are educated for 12 years or more had lower fertility rates than women without education. The fertility rate is also twice as high in the rural areas in comparison to the urban areas. Although this survey comprises of all the people residing in the State irrespective of the tribes and communities they belong to, it does give an understanding of the Khasi-Jaintia and Garo tribes. Also, a report on teenage pregnancy revealed that among young girls of 15-19 years old, 9% have already had a child or is in their first pregnancy; this increases to 14% among 18 year-olds who have started childbearing and 26% among 19 year-olds. In addition, 21% of these young women who have had no schooling have begun childrearing in comparison to 1% of whom have had 12 or more years of schooling. In urban areas 3.4% had begun childbearing in comparison to 10.1% in rural areas. Among these percentages, 8.5% belonged to the Scheduled Tribes of Meghalaya.

It is seen that in northeast Indian families, parents are either over-protective of their children or neglectful (Thomas, 1997). Aurora (1995) who studied the Khasi-Jaintia tribe with a focus on the problems of the youth showed similar findings. He mentioned the high number of broken families among them, the highest in comparison to other societies in the north-eastern states of India. This led to an

increase in juvenile delinquency and emotional problems among the young people of this tribe. Youths in this study mention their inability to share their experiences and feelings with their parents and of parents who could not spend much time with their growing children. They, in turn, learned to spend more time with friends engaging in various leisure activities (Nongkynrih, 2002). Separation and divorce are common among the Khasis. In such cases, it is the man who leaves and the children continue to stay with their mother and her matrilineal clan. They become the caretakers of the offsprings. An absent father is less likely to invest in his children but much more towards his maternal home and his sister's children, especially when his children's maternal grandmother has the capability of looking after their needs (Leonetti, Nath, & Heman, 2007). Remarriage for both the men and women is also fairly common. Stepchildren in the Khasi culture may not face high degrees of risk unlike stepchildren from other types of cultures due to the protection they receive from the matrilineal resources (Daly & Wilson, 1988).

These traditions and practices among the Khasis differ in various aspects based on the location and convenience of different parts of the Khasi and Jaintia Hills. Over the years, Khasi matriliney has undergone huge changes resulting in what we see today as far from what it was or should have been. The reasons for this change is that people in the urban areas are not as traditional as the people in the rural areas, those who practise religions other than the traditional indigenous ones are more liberal, and the marriage practices have also become different from those who promote the traditional way of life. With the onset of colonial rule, urbanisation, western education and Christianity, familial traditions and norms and their way of life have seen drastic transformations (Mawrie, 1983; Mawrie, 1980).

The Culture of the Garo Tribe

The Garos, the other tribe in the state of Meghalaya, differ in all aspects of their culture from the Khasis – their descent, physical appearance, attire, food habits, social structure, and so on. The one thing they share in common is their matrilineal descent. The Garos who reside in the western end of the Hills belong to the Bodo family of the Tibeto-Burman race that is said to have migrated from Tibet (Playfair, 1909). The Garos, though, prefer to call themselves *Achiks* and the land that they live as *Achikland*. They call themselves *Achil-mande*, which in Garo, means hills, and *mande* means land, so *Achik-mande* means hills people (Ratra, 2006). They show more marked Mongolian features in comparison to the Khasi-Jaintia people. The Garos have several dialects and cultural groups based on their respective geographic location. This includes Awes, Akawé, Chisak, Dual, Machi, Mathabeng, Kochi, Atiagra, Abeng, Chibak, Ruga, Ganching, Atong, and the Megams. The majority of the Garo population comprises of the Abeng and Machi group. The Garos of Bangladesh are bilingual and speak both Garo and Bengali language from childhood. There is limited literature found on the Garo people.

A large percentage of this community are Christians. Just as with the Khasi-Jaintia community, the missionaries who came to Meghalaya and preached the Gospel resulted in many who converted to Christianity. There are, however, still a few people in the rural areas who follow the traditional animistic religion known as *Songsarek*. Seeing this decline, a youth group called the Rishi Jilma seek to preserve the *Songsarek* culture and are active in about 500 villages in Garo Hills (Marak, 2005).

As it is with the Khasi-Jaintia tribe, the Garo society is matrilineal and traces their descent through the mother. Property is passed from the mother to the daughter and marriage within the clan is prohibited. The position and significance of the women are much better as compared to women from a patrilineal and patrilocal community. When it comes to terms of the descent of property, in the case of the Khasi family, the property group is created by a decent group and in the case of the Garo community is looked after by the cooperation of the two local lines with each line representing a local lineage group (Chattopadhyay, 1985). They are divided into two exogamous matrilineal phratries, Sangma and Marak which can intermarry. A Garo individual would either be a Sangma or a Marak. This classification of the clan is known as *chatchi*. These two *chatchi* are further subdivided into many sub-groups called *Mahari* whose distributions are localized. Marriage occurs between an individual from a particular Sangma *Mahari* to another person from a Marak *Mahari* from the same localized area. There is a third group, Momin resulting from the ancient process of marriage with women outside the tribe. It is believed that the Momin came into existence by marriage between a Sangma or a Marak Garo with a Mohammedan. Exogamous marriages in this tribe can be classified as cross-cousin marriage. The man of a particular descent marries his maternal uncle's daughter (which is from her maternal lineage and therefore different *maharis*). However, the man's sister is not allowed to marry his wife's brother, and the man's brother is also prohibited from marrying his wife's sister. This is to prevent having more than one marital relationship between the sons and daughters of two descent lines (Nakane, 1967). The Garos follow the principle of ultimogeniture through which the youngest daughter becomes the heiress apparent. The youngest daughter is called *nokna dona*,

and the eldest daughter is called *Agettey*. The *Garó* families consider the eldest daughter as a symbolic head, although in contemporary times, the decision making is focused more on the males (Jalil & Oakkas, 2012). The female gender is more preferred by parents in the *Garó* community as they enhance continuity of the kinship and are the supreme custodians of the family's wealth (Narzary & Sharma, 2013). If the *nokna dona* marries outside her father's lineage, it will affect the social network as it would mean a cutting in the matrilineal line from her father's lineage, which results in a heavy fine to the father's lineage. In the case of a principal family, the husband to the heiress becomes the *Nokrom*, whose primary duty is to manage his wife's property, allot plots to various families for cultivation, among other duties. The other daughters relocate with their husbands after marriage to form new and independent family units. The husbands of other daughters are referred to as *Chowari* (Jalil & Oakkas, 2012).

The Garó Family

The framework of their society is characterized by a basic unit a family (*nok*) or a household (*hokdang*), a matrilineal group (*mahari*) and a descent group (*machong*) and a larger group of clans (*chatchi*). It is established that *Garó* married women depend on their brother and while they are unmarried to be under the authority of her maternal uncle (Mukherjee, 1958) unlike in the patrilineal society where the father is the authority figure. Just as it is with the *Khasi* tribe, among the *Garós* too, the men folk and the *Mahari* play a vital role in the family affairs and their decision making. The extended family is called a *Machong*. A woman's viewpoint would only be expressed in the *Mahari* through her husband. However, in the present day, there is a change in the role of the *Mahari* in the society and with

much more flexibility and leniency in the system giving women a more positive role and status (Marak, 2015). In this community, it is the woman who approaches the man for marriage, or parents, in the case of an arranged marriage. After marriage, he leaves his mother's home and builds a new home with his wife, and his children take on his wife's surname. The heiress daughter stays at her own parental residence (*Nokrom* marriage), whereas a non-heiress daughter leaves her parental home to build a new nuclear home with her husband (*Agate* marriage). The husband earns and provides for his wife and children. If in any circumstance, parents do not have a daughter, the Garo customary laws allow the adoption of a female child to carry on the lineage, usually a child from her lineage (the sister's daughter). However, this practice has also declined in the present day. With the influence of education, the family with no daughter does not feel the need to adopt if they have a son. In such cases, the son is persuaded to stay at home (Marak, 2015).

The structural marriage system of the Garo is different from what we have seen of the Khasis. Even though they follow the uxorilocal residence after marriage, the men have to leave their *Nok* (home) and live in their maternal uncle's *Nok* which is the home of his wife through cross-cousin marriage system. Hence, the father-in-law who is from the same lineage can keep a check on any pressures from the wife's lineage upon the new groom in the family. Garo marriages usually give the husband the position of paternal authority in his new *Nok*. He is placed second among the members of the *Nok* next to his father-in-law, in case of the *Nokrom*. This is quite different from the Khasi family where the husband has a lower status among the members of his wife's family. The Garo family is said to have strong cohesion and solidarity, with its core centred on the headship of the husband (Nakane, 1967).

The law of *A.Kim* forbids a married man or woman to remarry a person from a different clan, even after the death of a spouse. However, in case the *Nokna's* father dies, her mother is free to marry. If the marriage takes place, there is a possibility of the mother producing another daughter, which might force the *Nokna* to surrender her rights to the youngest sister. To avoid such a scenario, the *Nokrom* is required to marry his wife's mother, so he becomes the husband to the daughter and the mother at the same time (Narzary & Sharma, 2013).

Another important institution among the Garos is the institution of a *nokpante* (bachelor's dormitory). It is an institution which prepares boys to become mindful of their lineage group. Each *nokpante* belongs to the same *Mahari* led by the maternal uncle. Each lineage will have its *nokpante* and boys join this institution when attaining the age of five or six years old. The role of the father in their sons' social course shifts from the father to the maternal uncle as they shift to the *nokpante*. It is here where they learn to socialize and cooperate, preparing themselves for adulthood and married life. The following explanation of their system of marriage indicates how the man is psychologically, socially, and economically protected after marriage through this well-arranged and thought-out social system (Nakane, 1967). This system of the *nokpante* in the present days is seen to be diminishing due to the advent of Christianity and modernization, which is affecting the skill training and social conduct and behaviour learning for the young men (Marak, 2006). Christianity and education, which has brought changes among the Khasis, can be said to have done the same among the Garo community. A letter sent to the Woman's Baptist Missionary Society (later Women's American Baptist Foreign Mission Society) in 1897 quoted how Christian missionaries have changed the Garo women through their

teachings, "...They (the Garo women) teach their children better, look after their houses and granaries better, love and honour their husbands more..." (Women's Baptist Missionary Society Annual Report, 1898) therefore, bringing in teachings on how to build a home where children are taught and loved and feel secure.

The essence of the domestic family is the husband-wife relationship rather than the parents-children relationship, which could be one of the reasons for its stability. Although, the *Chra* (maternal uncle) does keep a check on the power of the husband, this pressure, however, is backed up by the husband's lineage people too. This balance of power on both sides makes Garo marriages successful, making divorce very rare among this community. The husband, therefore, is given all the responsibility for the family and the wife is dependent and subordinates to him, which is a unique feature among the matrilineal system. The Garo women and Garo husbands are also seen to be affectionate and kind towards their partners. This is not the case of the system being an uxori-local residence or matrilineal community, however, it is the moral code that is ingrained in their marriage, which has resulted from the structural dynamics of their society. In rare cases of domestic violence or desire for a divorce, the *maharis* (closely related matrilineal kin) from both sides are called to decide upon the matter. The couple is reminded of their duties as representatives of their respective *maharis* and to add less significance to their personal issues. Thus, once the marriage is established, it becomes an almost inescapable institution until the death of one of the spouses. The Garo family is said to have a solid and strong cohesion and unity with the core being the leadership of the husband (father) in the family (Nakane, 1967).

As seen with the statistics in the previous sections, Garo Hills is comprised mostly of rural areas, with Tura being the only urban settlement. A Garo village is said to be a very well-knit unit and community as a whole. The rapid spread of education has brought with it a change in the occupations and developments which will inevitably have an effect on the villages' cohesive community in the future. However, in spite of these challenges and changes, the people of this tribe believes that their backbone is still the rural population and that the rural folk are wise enough to learn to appreciate what is best for them. This fact is one that has helped the community to balance the extreme of a conservative society and the extreme of a modern one (National Informatics Centre).

Chapter 2

Statement of the Problem

Mental health is a state of positive well-being, whereby individuals recognise their abilities, are able to adapt with daily and usual stresses of life, work productively, and make a positive contribution to their communities (WHO, 2014). However, a lack of well-being may suggest a risk of mental health problems. Adolescents as a group may be affected more by mental health problems i.e. behavioural and emotional problems which can include various difficulties that interfere with their quality of life emotionally, academically and socially (Michaud & Fombonne, 2005; Speyer, 1949); and symptoms are depression, low self-esteem or delinquent behaviours (Johnson & Wolke, 2013; Lane et al., 2015). The adolescent population in India, according to census 2011 comprises of nearly 243 million which is a quarter of the country's population and constitutes 20% of the world's 1.2 billion adolescents (Malhotra & Patra, 2014).

Several studies have indicated that in the last 20 years, due to socioeconomic and technological advancements, the percentage of adolescents with mental health problems escalated to a great extent. Therefore, the study of this age group in the present circumstances becomes much more essential in the hope that it will prevent and provide immediate intervention (Chaube, 2002). This prevalence is also supported by the mental health report of the World Health Organization (2001), which said that worldwide between 10% and 20% of children and adolescents suffer from a mental illness. A recent study by Merikangas et al. (2010) also supported that 20% of adolescents within the age group of 13-18 years will experience some diagnosable mental illness. And this does not even include adolescents who suffer from behavioural and emotional problems which do not fall under any official diagnosis (Rossen & Cowan, 2015), which mean the signs which these adolescents

show may easily go unnoticed by their parents or teachers or peers. It also appears that the prevalence of depression, anxiety disorders as well as suicidal behaviour in adolescents in India may be on the rise (Aggarwal & Berk, 2015). Studies have indicated that prevalence of mental health problems among adolescents is high with a percentage of 9.8% in Italy, 10.15% in Turkey, 22.5% in Switzerland, 14.1% in Australia, 10.8% in USA and the highest 30.4% in India (Pathak et al., 2011; Steinhausen, 2006; Sawyer et al., 2008; Erol, 2010, Frigerio et al., 2009; Thurston et al., 2008). Mental health comes in a continuum from one extreme of positive mental health to the other extreme of mental illness. The cases that fall in between i.e. the behavioural and emotional problems are unrecognized and untreated. These percentages of adolescents with a mental illness are mostly from a clinical setting. The recognition of the adolescents that do not come in for treatment is important in epidemiology studies. What we need to also remember is that mental health problems often become worse if they go unidentified or left untreated (Rossen & Cowan, 2015). From the review of the literature, we can hypothesize that in every school and society there are adolescents who are struggling with mental health problems. They face challenges like conflict with their peers and families; or coping with other emerging chronic mental illness such as depression, anxiety and emotional or behavioural disorders.

Some researchers claim that cultural issues could explain these differences. For example, Internalizing problems among Thai boys and covert delinquent syndrome among Thai girls were not found among young people in the US (Weisz et al., 2006). Similarly, rates of hyperactivity among Hong Kong adolescents is twice as much seen in other countries (Ho et al., 1996). This could be due to the fact that

cultural suppression of anger and strong emotions may lead parents to have a lower threshold for the hyperactive behaviour in a child and therefore an increased likelihood to report it (Canino & Alegria, 2008). Literature has also shown that gender differences are also seen when studying behavioural and emotional problems in adolescents. A number of studies supported the result that female adolescents experience more emotional problems like depression, anxiety and eating disorder in comparison to the male adolescents who experience more behavioural problems like aggression and acting-out behaviours (Murphey, Barry, & Vaughn, 2013).

Several studies have also supported that the quality of life of these adolescents decreased in their present age and into adulthood as levels of anxiety, depression and behavioural/ emotional problems increased (Stevanovic, 2013). There are impaired relationships with their family and friends, lower academic performance, substance abuse, teen pregnancy and a risk of being involved in the juvenile justice system. Although not all adolescents with these issues have mental health problems, all adolescents with mental health problems may not have any of these mentioned consequences. However, one disturbing consequence of mental health problems is suicide. Studies showed that among 10 to 24-year-olds in the United States, 90% of adolescents who committed suicide had a mental disorder and 60% of them were suffering from depression at the time of suicide. Depression is said to be a common mental health problem amongst adolescents considering both genders (Murphey, Barry, & Vaughn, 2013).

According to the World Health Organization (2011), India is one country without a mental health policy. It is also ill-equipped in handling behavioural emergencies like panic attacks, delusional disorders, substance abuse and violence,

amongst other behavioural problems (Saddichha & Vibha, 2010). Although a number of studies have been done in different states in India on mental health across different age groups, most States are lacking in psychological and mental health studies. Also, different states have different cultures. Hence, one study cannot be used to generalize the issue at hand for the whole country. This results in the lack of data in this area and lack of awareness of the people of the State as to how large or small the issue of mental health is. This could be one reason contributing to the lack of mental health facilities in schools and society. A number of adolescents are suffering from issues they need help with; however, there is no easily accessible aid available for them. This study hopes that by knowing the prevalence of adolescents with mental health problems, it will awaken the educational institutions and the society at large to take this issue seriously and make help available to those in need of one. As seen from the literature that has been reviewed, mental health problems differ from culture to culture in definition and prevalence. Expanding this study of cultures in Meghalaya will aid in the ability to generalize prevalence outside of just a particular study.

For every risk factor, there are protective factors which protect adolescents from behavioural and emotional problems. However, Rhee (2008) claimed that there had been less protective factors which enable the adolescents to show resilience during the phase of threats or challenges. Past studies have shown that various family factors contribute to mental health problems in adolescents. The family functioning and communication was seen to be an essential indicator of whether adolescents will end up having behavioural and emotional problems or not. Family functioning is said to be the correlation between the psychological adjustment of the adolescents with the parents and the improvement of their behavioural and emotional problems.

Besides family functioning, parental attachment is also an essential factor in developing a child emotionally and physically. Secure attachment was seen to protect them from the onset of mental health problems (Leadbeater, Kuperminc, Blatt, & Herzog, 1999), whereas insecurity was linked to increased levels of mental health problems during adolescence (Roelofs et al., 2006). Likewise, previous research findings into family functioning, particularly on cohesion, flexibility and satisfaction are related to adolescent mental health problems, whereby healthy functioning families with healthy communication styles predicted lower risk of mental health problems in the adolescent child as compared to unhealthy functioning families (Theobald & Farrington, 2012; Nomura et al., 2002). A family-centred approach to prevention and treatment of adolescent behavioural and emotional problems has been seen to be effectively strong. This shows the importance of the family factors in serving as protective factors of adolescent mental health problems (Kuhn & Laird, 2014). Woodward, David and Horwood (2001) added that both aspects are important to study the behaviour and emotions of a child in order to support, protect and guide them. The changes in any part of the family bring changes in another different part. Parenting style as a part of family functioning along with family structure is significant in the development of an adolescent. Further, Yoshikawa, Aber and Beardslee (2012) added that the behavioural and emotional problems of the children are related to other factors as well, rather than only to family functioning and parental attachment. Improper parenting can lead to antisocial activities in children. McLeod, Horwood and Fergusson (2016) also reported that adolescents with depression come from families that are characterized by great childhood adversity, child sexual abuse, parental maladjustment and poor attachment to parents. Other

than these, poverty, family loss, inadequate housing or illness may lead to behaviour issues for the children. Adolescents born in disadvantaged environments face greater risks related to behaviour issues compared to other adolescents. Suicide among young people in India is linked with psychological distress and violence and most common among individuals less than 30 years of age. Some of the reasons that trigger young people to commit suicide are associated with family factors like childhood sexual abuse, depression, witnessing domestic violence, parental separation or divorce, substance abuse, family members involved in crime and a dysfunctional home environment (Saddichha & Vibha, 2010).

Ryan and Claessens (2013) noted that the parents and the family could reduce the risks by preventing association with the source from where it arises. Studies reported the importance of focussing on the home life of the adolescent when it comes to trying to prevent mental health problems through the promotion of family cohesion, parents' availability and adolescents' perception of being loved and supported (Olives et al., 2013). The mediating factors that are linked to risks can be disrupted, and the initial occurrence of risks can be prevented. Protective factors result in positive outcomes when adolescents are developing in an adverse circumstance and are exposed to high risks. This also includes the turning points and positive events while leading to educational success as well. At the same time, the protective factors also encourage the health standards that are set by the teachers, community and parents and also provide opportunities for adolescents to get involved in the community and family environment. The learning and social skills of adolescents are also encouraged. This study hopes to bring to light the protective factors from the family as a mediation that would help prevent behavioural and

emotional problems in adolescents and enabling them to have positive well-being until adulthood. For example, as seen in the literature review on the positive role of the involvement of non-resident father on their adolescents, encouraging this factor could help prevent negative consequences of divorce or separation in adolescent children in the family. Knowledge and insight about the factors that could be risky for behavioural and emotional problems in adolescents may help researchers and those practitioners in the field to improve and work out a practical prevention plan and strategies to help families and the adolescents.

It is interesting to find out whether these past studies can be replicated among adolescents in Meghalaya. The lack of data on this area impedes the assessment of the extent of the problem and for planning of effective psychological care for adolescents. Thus, there is a percentage of adolescents who are suffering silently without being recognised, except for some localised studies done in their respective states and communities.

Keeping in mind these related studies mentioned earlier, the researcher felt the need for psychological diagnosis to ascertain the family structure, functioning and the parental attachment and adolescent mental health problems in Meghalaya to find an intervention within the family itself in order to prevent these problems and also aid in the mental health of the adolescents. The stigma of seeking professional help and the inability of parents, especially in the urban areas, to accept that their children share their problems to another stranger are immediate issues that restrict early identification and diagnosis of any mental health problems in children and adolescents. Therefore, this study aims to come up with a treatment plan within the family itself – in the way it functions, in the way parents communicate with their

adolescent child and in the way the parents integrate their understanding of these issues with their families and their respective communities in Meghalaya.

There is a huge gap in knowledge with regards to the prevalence of mental health problems in adolescents and the impact of family on mental health problems in Meghalaya, the place where this thesis' data was collected, as research is still baseline. Gaining an understanding of the prevalence of mental health problems and its association with family factors is an important component of a strategy for the provision of mental health and other services to the adolescent groups in the State – be it in the schools or in the community. The lack of attention to the mental health of adolescents and the family risk factors in Meghalaya may lead to delay in identification of symptoms of mental disorders can prevent dire consequences in adulthood. The association between mental health problems and family factors could also give insight into the role parents can play as protective factors and not serve as risk factors to their adolescent child's mental health. A number of parents still fail to understand the changes that an individual of this age group goes through and their indifference towards these changing needs can create numerous difficulties for the adolescent (Chaube, 2002) which becomes a risk factor for developing mental health problems. As a result, there is a need to understand the relevance of the influence of several family factors within one study. Several factors contribute to these behavioural and emotional issues during this period like age, gender, peers and family (Johnson & Wolke, 2013). However, the most reported risk factor of mental health issues in adolescents is the family (Carlson & Corcoran, 2001; Fatori, Bordin, Curto, & de Paula, 2013). The culture of the tribes in Meghalaya, as has been highlighted in the literature review, are a group where there is a close relationship

through the descent line and contributes to a high preference for belongingness amongst one's family. Attempting to find out the risk and protective familial factors to adolescent mental health would contribute to the prevention and intervention aspects from a source that an adolescent is deeply and strongly rooted.

For all the above elucidation, the main aim of this thesis is to find out the prevalence of mental health problems i.e. behavioural and emotional problems in the adolescents of the state of Meghalaya, and to explore the impact of family functioning and attachment on their mental health problems, in order to be able to come up with an effective intervention whereby the family can play a huge role in being a protective factor for adolescent mental health problems in the State.

Based on the theoretical foundations, the following objectives were framed for the present study, as under:

1. To examine the prevalence, type and level of behavioural and emotional problems among adolescents.
2. To study the relationship between family functioning and parental attachment and behavioural and emotional problems among adolescents.
3. To examine the prediction of family functioning and parental attachment on behavioural and emotional problems among adolescents.
4. To ascertain the independent effects of 'culture', 'ecology' and 'gender' on family functioning and parental attachment and behavioural and emotional problems among the target population.
5. To determine the interaction effects of 'culture', 'ecology' and 'gender' (culture x ecology x gender) effects on dependent variables among adolescents.

To meet the objectives of the study the following hypotheses are set forth for the study:

1. It was expected that there would be a common behavioural and emotional problem among adolescents in Meghalaya.
2. It was expected that a significant relationship between family functioning and parental attachment and behavioural and emotional problems among the adolescents.
3. It was expected that family functioning and parental attachment would have prediction of a significant effect on the behavioural and emotional problems among the adolescents in Meghalaya.
4. It was expected that significant independent effects of 'culture', 'ecology' and 'gender' on family functioning, parental attachment and behavioural and emotional problems among the adolescents in the target population.
5. It was also expected that significant interaction effects of 'culture,' 'ecology' and 'gender' (culture x ecology x gender) effects on dependent variables among the adolescents in Meghalaya.

To be able to meet the objectives and the hypotheses for this study, a quantitative approach has been used. It is characterized by the generalizations of findings from the data by examining relationships among variables (Punch, 2014). The methodology employed is discussed in the following chapter.

Chapter 3

Methods and Procedure

Sample

Four hundred adolescents of Meghalaya, comprising of 2 cultures (200 Khasi-Jaintia adolescents and 200 Garo adolescents), 2 ecologies (200 urban adolescents and 200 rural adolescents) and 2 genders (200 male and 200 female) were randomly sampled by following multistage sampling procedure from the different districts of Meghalaya. The age group of the participants were between 14 to 18 years old. The sample was taken from school going adolescents and illiterate and school drop-out adolescents were excluded from this study. The demographic profile was constructed by the researcher, which included the background information of the participants such as age, gender, family structure (intact and non-intact), education, parents' employment, address, religion and tribe, with the aim to obtain a truly representative sample and control confounding variables for the study.

Procedure

As mentioned, a multistage sampling procedure was used to draw samples for the study. Both purposive sampling and random sampling techniques was used. Meghalaya comprises of 11 Districts from Khasi, Jaintia and Garo Hills. Out of these 11 Districts, East Khasi Hills District, West Jaintia Hills District and West Garo Hills were purposely chosen as the districts in which the study would be conducted due to the existence of an urban population. The next step was to choose the Blocks within the districts. Again, due to the existence of urban areas in only particular blocks, Myllem, Thadlaskein and Rongram Blocks were purposively chosen. The urban areas of Shillong Municipality, Jowai Municipal and Tura located within these Blocks were chosen purposively to represent urban areas. Random sampling using the lottery method was used to choose the blocks and the villages within the three

districts to represent the rural areas. In total, 25 schools were randomly chosen and approached, out of which 18 agreed to participate in the study. The Head of each school was approached and contacted and asked if they were interested in participating in the study. During the meeting, they were provided with the information sheet and consent form for the adolescents. A total of 18 schools granted permission and were used in this study from the 3 districts of Meghalaya. The adolescents were randomly selected with the help of their class teachers and provided with the consent form. They were allowed to do the test only if they signed and consented to the study. The table below portrays the result of the sampling procedure done in the population of the study.

Table 1. *Multistage Sampling from Meghalaya*

Sl. No.	District	Block	Town/ Village	Ecology	Literacy Rate
1.	East Khasi Hills	Myllem	Shillong Municipal	Urban	92.81%
		Pynursla	Iewduh Lyngkyrdem	Rural	94.43%
2.	West Jaintia Hills	Thadlaskein	Jowai Municipality	Urban	91.1%
		Thadlaskein	Ummulong	Rural	77.54%
3.	West Garo Hills	Rongram	Tura Municipality	Urban	91.3%
		Rongram	Allagre	Rural	83.32%

Data collection of the thesis

This study has used the survey method for the collection of data in quantitative research. A survey method is both a quantitative and qualitative method. It is one whereby respondents respond directly to their own thoughts, feelings and behaviours and the researcher gets a great deal of information. This is one method where researchers prefer a large random sample because they provide the most

accurate estimates of what is true about the population in the study. It is the most commonly used method in psychological research as it is cheap and easy. However, this method has its disadvantages too. It is subject to sampling error. There is a chance that it is affected by an unrepresentative sample. Another disadvantage is that this technique could make the respondent too sensitive resulting in them telling a lie to make themselves look better or have mistaken memories (Price, 2015; Singh, 2008). To minimize these limitations in this thesis, random sampling was used in order to avoid unrepresentative sampling. Also, it used measures that include the recollection of recent memories. For example, the Youth Self Reports asks the respondent to respond to the questions describing the experience at the present or within the past six months.

Before starting the administration of the psychological test booklet, the researcher procured necessary permission from the authorities, informs about the tests and the aims of the research to the participants, clarifies any doubts or question arises, then take consent from the participants by following the research ethics of the American Psychological Association (APA), 2002.

Design

2 x 2 x 2 factorial design [200 Khasi-Jaintia {100 urban (50 male and 50 female) and 100 rural (50 male and 50 female)} and 200 Garo {100 urban (50 male and 50 female) and 100 rural (50 male and 50 female)}] was employed to determine the independent and interaction effects on dependent variables, and significant relationship between dependent variables in the targeted population.

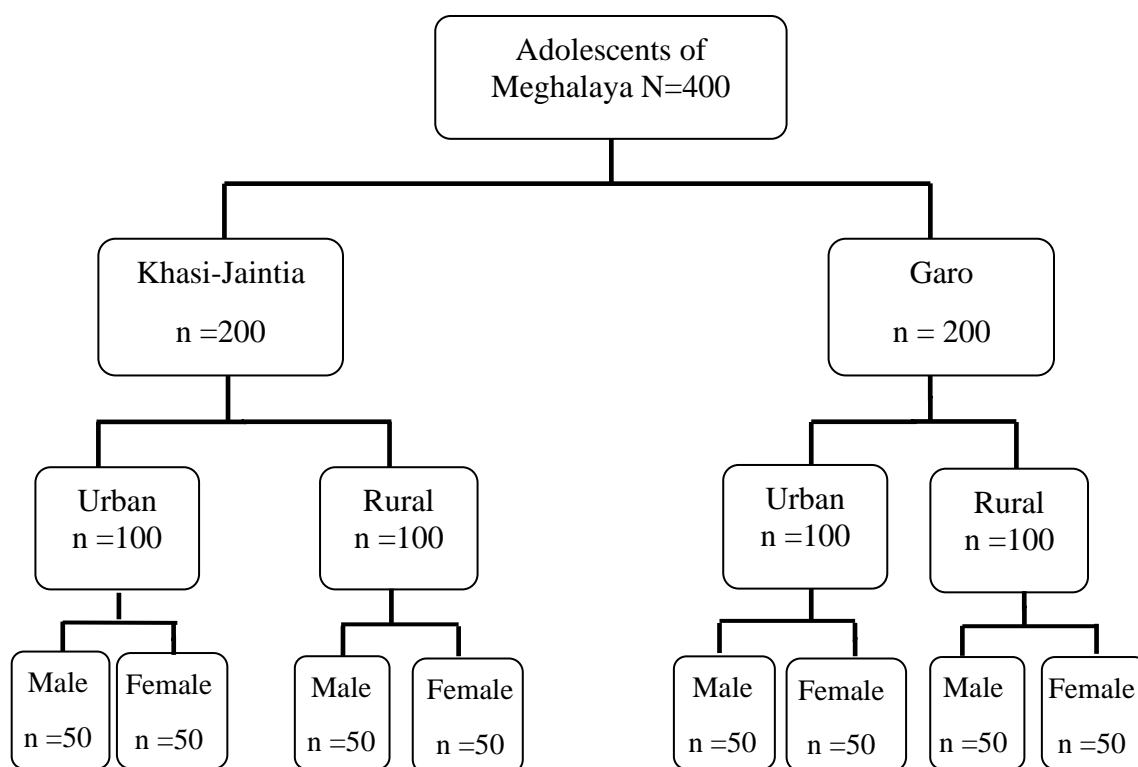


Figure 1. 2 x 2 x 2 Factorial design of the study.

Psychological Tools:

Participants were given the following three questionnaires: Youth Self Report (YSR), Inventory of Parent Peer Attachment (IPPA) and Family Adaptability and Cohesion Scale (FACES).

1. Youth Self Report

The Youth Self Report (YSR; Achenbach, 1991b) was used to measure the behavioural and emotional problems of the adolescents between the age group of 11 to 18 years old. It consists of two parts. The first part consists of a series of questions aimed to assess the adaptive behaviour on two scales (Activities and Social scales) as well as a Total Competence scale. Examples of questions asked included “Compared

to others of your age, how much time do you spend on hobbies and activities?” or “About how many close friends do you have?”

The second part contains 112 problem items, which are scored on a 3-point scale: 0 = not true, 1 = somewhat or sometimes true, 2 = very true or often true. Adolescents then have to decide for themselves how true each item is or was within the past six months.

The YSR can be scored on the Total Problem Scale which is the sum of the scores of each problem item. The problem items form eight syndrome scales, which can be further divided into two broad scales, namely Internalizing and Externalizing scales. The Internalizing scale is made up of the Withdrawn (e.g., “I keep from getting involved with others.”), Somatic complaints (e.g., “Physical problems without known medical cause.”) and Anxious/ Depressed (e.g., “I feel worthless or inferior.”). The Externalizing scale is made up of Delinquent Behaviour (e.g., “I don’t feel guilty after doing something I shouldn’t.”), and Aggressive Behaviour (e.g., “I get in many fights.”). Other scales are Social Problems (e.g., “I cut classes or skip school.”), Thought Problems (e.g., “I have thoughts that other people would think are strange.”), and Other Problems (e.g., “I don’t eat as well as I should.”). Internalizing Problems are considered to be emotional disturbances while Externalizing problems reflect conduct or behavioural disorders.

Two approaches can be employed to obtain the results. One is by using the mean scores on each of the sub-scales; or by using the cut-off scores on the basis of Achenbach’s suggestion whereby a clinical range of the problems has a T- score above 69 on the Total Problem, Externalizing and Internalizing Problem and T-score above 63 for the syndrome scales.

Assesing reliability and validity of the YSR across seven cultures in Verhulst et al. (2003), it was seen that the ranges of Cronbach's alphas for each of the 11 YSR scales were: Withdrawn/ Depressed (.52 - .64), Anxious/ Depressed (.79 - .86), Somatic Complaints (.65 - .76), Social problems (.46 - .64), Thought Problems (.49 - .69), Attention Problems (.64 - .74), Delinquent Behaviour (.51 - .70), Aggressive Behaviour (.76 - .83), and for Internalizing (.83 - .89), Externalizing (.82 - .86), and Total Problems (.92 - .95). Research on children and adolescents using the YSR have been replicated in American, German and Dutch studies and have all shown findings on the good reliability and validity of the scale (Steinhausen, Metzke, Meier, & Kannenberg, 1998; Van Lang, Ferdinand, Oldehinkel, Ormel, & Verhulst, 2005).

2. Family Adaptability and Cohesion Evaluation Scale-IV

The Family Adaptability and Cohesion Evaluation Scale (FACES IV; Olson, 2010) contains a total of 62 items which measures the dimensions of family cohesion and family flexibility using six scales, which are subdivided into two balanced scales and four unbalanced scales. These dimensions were used to evaluate family functioning, family communication and family satisfaction. The two balanced scales; Balanced Cohesion (e.g., "Family members feel very close to each other.") and Balanced Flexibility (e.g., "When problems arise, we compromise.") are used to measure the family's functioning. The four unbalanced scales are Disengaged (e.g., "Family members seldom depend on each other."), Enmeshed (e.g., "Family members feel pressured to spend most of their free time together."), Rigid (e.g., "It is important to follow the rules in our family.") and Chaotic (e.g., "It is hard to know the leader in our family.").

FACES IV also consists of items which are used to evaluate Family Communication and Satisfaction. The Family Communication scale addresses aspects of communication in the family system (e.g., “Family members express affection to each other.”). The Family Satisfaction scale is used to assess the satisfaction of family members with regard to family cohesion, flexibility and communication (e.g., “Family members concern for each other”).

The Balanced, Unbalanced and Communication scales are all rated using a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). And the Satisfaction scale rating ranges from 1 (Very Dissatisfied) to 5 (Extremely Satisfied).

The FACES IV has been reported to be valid, reliable and discriminatory among both problematic and non-problematic families, with reliability ranging between .77 and .89 (Olson, Gorall, & Tiesel, 2006).

3. Inventory of Parent and Peer Attachment

The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) has been widely used in the assessment of the extent to which adolescents perceive their parents and friends as accepting, respectful and reliable confidants. The original version consists of 28 items for parents and 25 peer items. The revised version, which was used in this study consists of 25 items in each of the mother, father and peer sections, yielding three attachment scores. If in cases the adolescents from a non-intact family structure had no mother or a father, the adolescent is asked to answer with reference to the person they closely feel has acted as a mother or father in their life. For the purpose of this study, only the mother and father sections will be used. The items in this scale comprise the:

1. Parent Trust subscale (e.g., “My mother/father trusts my judgement.”). Trust implies that the adolescents’ trust in their parents for their needs and wishes to be understood and respected.
2. Parent Communication subscale (e.g., “I tell my mother/ father about my problems and troubles.”) - Communication in the adolescents’ perception that their parents are sensitive to their emotional state taking into consideration the degree and quality of involvement and communication with them.
3. Parent Alienation subscale (e.g., “I don’t get much attention from my mother/father.”) - Alienation refers to the adolescents’ feelings of detachment, seclusion and anger they encounter in their attachment with their parents.

Apart from these three dimensions, the scale also gives a total score of security attachment for both adolescent-mother and adolescent-father attachment. Adolescents who reported having a close relationship or high secure attachment with their parents are ones seen to have high scores on Trust and Communication and low Alienation scores. And the low secure attachment parent-adolescent are ones seen with low Trust and Communication and high Alienation scores. This scale does not differentiate between the different types of insecure attachment styles, it only effectively distinguishes between secure and insecure attachment style in the parent-adolescent relationship (Guarnieri, Ponti, & Tani, 2010). Each item is scored on a 5-point Likert scale, ranging from 1 (almost never or never true) to 5 (almost always or always true). Four of its items have reversed scores.

The IPPA has shown good reliability and validity as a measure of perceived quality of close relationships in adolescents. The revised version of the IPPA, internal reliabilities (Cronbach’s alpha) are: Mother Attachment, .87; Father

Attachment, .89; and Peer Attachment, .92 (Armsden & Greenberg, 1987; Laible, Carlo, & Raffaelli, 2000; Essau, 2004, 2010). A study examining the validity of this scale has shown that scores on the IPPA have been found to be associated with a number of personality variables. IPPA has also shown to be correlated with positivity and stability of self-esteem, life satisfaction, and affective status (Armsden & Greenberg, 1987)

Participants were requested to then fill out the questionnaires anonymously and were asked to clarify any doubts and queries regarding the question items if any. Each student would take approximately 20 to 30 minutes (some even longer) to finish their responses. The researcher cross-checked every booklet after submission for any missing response in order to avoid any response omission error. The statistical analysis of the data and results are seen in the following chapter.

Chapter 4

Results and Discussion

The present study entitled “*Family Functioning and Parental Attachment in relation to Behavioural and Emotional Problems of Adolescents in Meghalaya*” aimed to study the prevalence and type of Behavioural and Emotional Problems in the adolescents; and the relationship between Family Functioning and Parental Attachment and Behavioural and Emotional Problems; to examine the prediction of Family Functioning and Parental Attachment on the Behavioural and Emotional problems; and to determine the independent effects and interactive effects of ‘culture’, ‘ecology’ and ‘gender’ on Family Functioning And Parental Attachment and Behavioural and Emotional Problems among the target population.

It was hypothesized that there would be a common behavioural and emotional problem among the adolescents in Meghalaya; and that there would be significant relationship between family functioning and parental attachment and behavioural and emotional problems among the adolescents; that family functioning and parental attachment would have prediction of a significant effect on the behavioural and emotional problems; and that significant independent effects and interactive effects of ‘culture’, ‘ecology’ and ‘gender’ on family functioning, parental attachment and behavioural and emotional problems would be seen among the adolescents in the study population.

To achieve the objectives and hypotheses put forth, 400 adolescents of Meghalaya, comprising of 2 cultures (200 Khasi-Jaintia adolescents and 200 Garo adolescents), 2 ecologies (200 urban adolescents and 200 rural adolescents) and 2 genders (200 male and 200 female) were randomly sampled by following multistage sampling procedure from the 3 districts of Meghalaya. The age group of the participants were between 14 to 18 years old. The background information of the

participants such as age, gender, family structure (intact and non-intact), education, parents' employment, religion and tribe were recorded to obtain a representative sample and to control confounding variables for the study.

The psychological tools employed in the study to examine the prevalence of behavioural and emotional problems and its relation to parental attachment and family functioning were the Youth Self Report (YSR; Achenbach, 1991b), the Family Adaptability and Cohesion Evaluation Scale IV(FACES IV; Olson, 2010) and the Inventory of Parent Peer Attachment Scale (IPPA; Armsden & Greenberg, 1987). The administration was done with due care to the instructions provided in the manual.

Firstly, psychometric adequacy of the behavioural measures was done for the present population as the tests were constructed for other culture(s). For the administration of t-tests and ANOVA, Levene's test for homogeneity of variance and the Browns-Forsythe Robust test of equality of variances were employed. Secondly, descriptive statistics (Mean, Standard Deviation, Skewness, Kurtosis) were employed to describe the dependent measures along with the variables of 'culture', 'ecology' and 'gender.' Thirdly, Pearson correlation was done as an index of internal consistency and item validity and to examine the relationship between family functioning and parental attachment and behavioural and emotional problems. Fourthly, Regression analysis was employed to examine the prediction of family functioning and parental attachment on the behavioural and emotional problems. Lastly, 2 x 2 x 2 ANOVA with Post-hoc statistic was employed to examine the interaction effects of 'culture', 'ecology', and 'gender' of the main variables on measures of the dependent variables.

Sample Characteristics

The sample was adolescent students ages 14 to 18 years old studying in Grades 9 to 12 from three Districts of Meghalaya. The equal representation of culture, ecology and gender were controlled but the different levels of age groups and education are represented below in Figures 2 to 4. There was no available data on the percentage of drop-outs from either villages or towns. However, since the literacy percentage of the towns/ villages was of a reasonable degree, the percentage of drop-outs would have no effect on the representativeness of the sample. The socio-economic status and birth order was not taken into consideration in the analysis of the study since inadequate enough information was gathered from the demographic information sheet.

The sample of the study of 14 to 15 year-old adolescents consists of 49.50% females and 42.50% males. Adolescents under 16 to 18 years old consist of 53% females and 47% males. The type of family structure the adolescents came from were divided into intact and non-intact families, of which 60.75% were from intact family structure and 39.25% were from non-intact family structure.

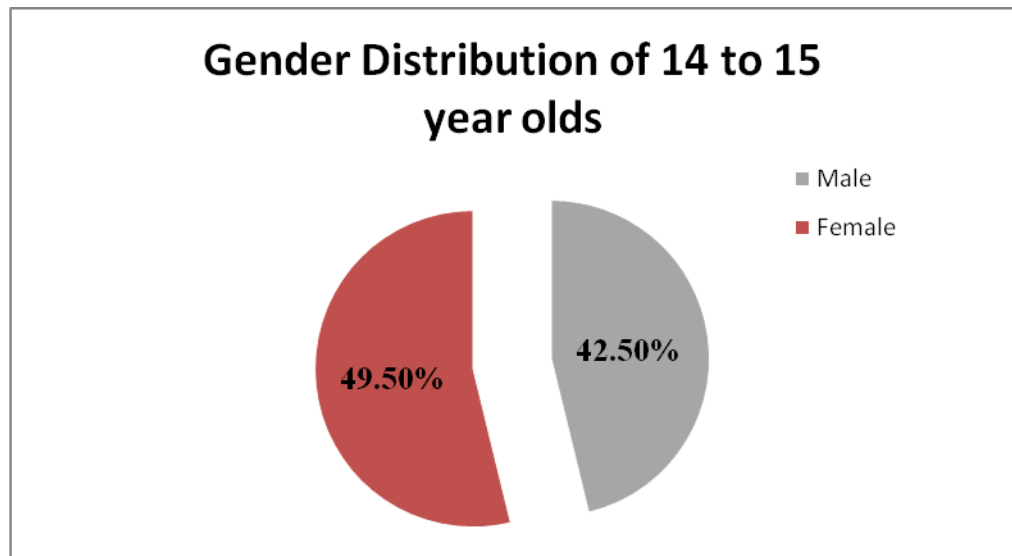


Figure 2. Gender distribution of 14 to 15 years old adolescents.

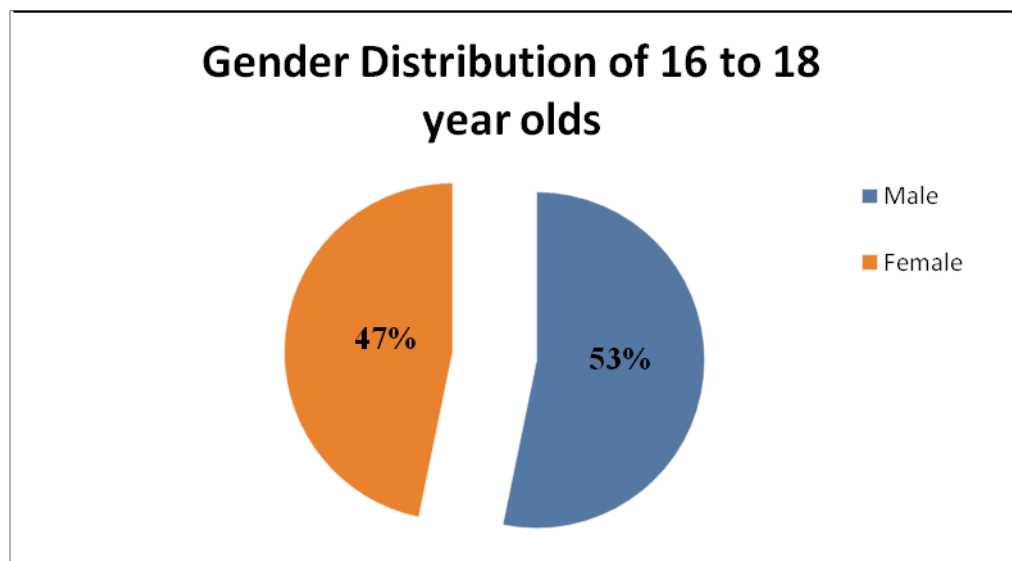


Figure 3. Gender distribution of 16 to 18 years old adolescents.

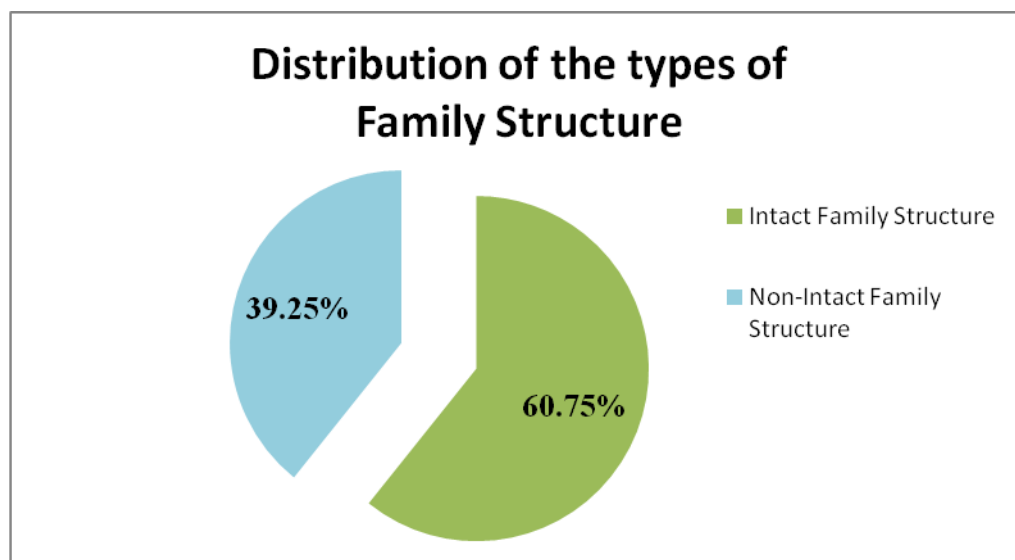


Figure 4. Distribution of the types of family structures of the adolescents.

Psychometric Adequacy of Psychological Scales

The psychological tests used in this study were originally constructed for another culture and therefore, it becomes necessary to ensure the scales are appropriate in the present study and are valid and reliable for further analysis (Witkin & Berry, 1975). This psychometric test is done to verify the trustworthiness of the scales for the population under study. This can be achieved by conducting the Reliability measures. The results of the reliability coefficients (Cronbach alpha, Split-half and Spearman-Brown Prophecy) for the subscales and total scale of the Youth Self Report (YSR), Family Adaptability and Cohesion Evaluation Scale IV (FACES IV) and Inventory of Parent Peer Attachment (IPPA) are given in Table- 2.

Table 2. Reliability measures (Cronbach Alpha, Split-Half and Spearman-Brown Prophecy) of the whole sample on Youth Self Report, Inventory of Parent Peer Attachment and Family Adaptability and Cohesion Evaluation Scale.

	Variables	Reliability Statistic		
		Cronbach Alpha	Split half Reliability	Spearman-Brown Prophecy
YSR	Internalizing Problems (INT)	.65	.61	.717
	Anxious/ Depressed (AD)	.65	.74	.850
	Withdrawn/Depressed(WD)	.70	.70	.823
	Somatic Complaints (SC)	.53	.55	.709
	Externalizing Problems(EXT)	.54	.66	.750
	Rule Breaking Behaviour (RB)	.51	.56	.717
	Aggressive Behaviour (AB)	.60	.62	.765
	Social Problems (SP)	.81	.86	.924
	Thought Problems (TP)	.62	.60	.750
	Attention Problems (AP)	.57	.61	.757
	Other Problems (OP)	.72	.71	.830
	Total Problem (TTP)	.72	.61	.757
		.63	.63	.773
FACES IV	Balanced Cohesion (BC)			
	Disengaged (DE)	.70	.72	.837
	Enmeshed (EN)	.50	.52	.684
	Balanced Flexibility (BF)	.55	.53	.692
	Rigid (RI)	.60	.63	.773
	Chaotic (CH)	.54	.60	.750
	Family Communication (FC)	.73	.70	.823
IPPA	Family Satisfaction (FS)	.77	.72	.837
		.61	.60	.750
	Mother Attachment (MA)			
	Mother Trust (MT)	.70	.70	.823
	Mother Communication (MCOM)	.70	.68	.809
	Mother Alienation (MAL)	.66	.91	.952
	Father Attachment (FA)	.64	.61	.757
	Father Trust (FT)	.75	.68	.809
Father Communication(FCOM)	.61	.69	.816	
Father Alienation (FAL)	.68	.64	.780	

Coefficient alpha or Cronbach's alpha is an indicator of consistency. It is not a measure of homogeneity or unidimensionality. The coefficient alpha ranges between 0.0 and 1.0 where 0.0=no consistency in measurement, 1.0=perfect

consistency in measurement. Commonly, 0.7 and above is cited as acceptable for exploratory research. An alpha coefficient of 0.70 means that 70% of the variance in the scores is reliable variance and that 30% is the error variance. From table 2, the reliability of all the scales suggests the items of the test scales have internal consistency ranging from .53 to .91 for the evaluation of the sample. Split-Half method is used for measuring the internal consistency of the test. It measures the extent to which all parts of the test contribute equally. A test or group is divided into two parts. The Split-Half reliability only gives the results of half the test length. Thus, the Spearman-Brown prophecy (or prediction) formula or the Standardized Cronbach's alpha is a formula relating psychometric reliability to test the length and used by psychometricians to predict the reliability of a test after changing the test length. So it gives the full text of the split-half reliability test. Therefore, Table 3 shows that all the variables with the exception of Balanced Flexibility and Enmeshed (lesser than .70) are considered to have an internally consistent reliable variance of true score variance.

Table 3 revealed the Levene's test that tests whether the group variances are approximately equal. It assumes the null hypothesis that there is no difference between the variance of the groups.

Table 3. *Levene' Test of Equality of Error Variances effect of 'Culture' and 'Ecology' and 'Gender' for the overall sample.*

	Variables	F	df1	df2	Sig.
YSR	Internalizing Problems	2.260	7	392	.770
	Anxious/ Depressed	3.094	7	392	.650
	Withdrawn/ Depressed	2.409	7	392	.114
	Somatic Complaints	2.018	7	392	.317
	Externalizing Problems	5.938	7	391	.279
	Rule Breaking Behaviour	6.004	7	392	.013
	Aggressive Behaviour	4.498	7	392	.096
	Social Problems	2.720	7	392	.574
	Thought Problems	3.305	7	392	.000
	Attention Problems	3.602	7	391	.066
	Other Problems	2.816	7	392	.004
	Total Problem	4.922	7	392	.130
FACES IV	Balanced Cohesion	2.308	7	392	.423
	Disengaged	1.668	7	392	.220
	Enmeshed	1.635	7	392	.903
	Balanced Flexibility	.793	7	392	.418
	Rigid	1.487	7	392	.361
	Chaotic	2.831	7	392	.008
	Family Communication	1.599	7	392	.194
Family Satisfaction	1.320	7	392	.183	
IPPA	Mother Attachment	2.594	7	392	.198
	Mother Trust	2.107	7	392	.021
	Mother Communication	4.483	7	392	.671
	Mother Alienation	1.664	7	392	.069
	Father Attachment	.919	7	392	.577
	Father Trust	2.660	7	392	.224
	Father Communication	2.548	7	392	.313
	Father Alienation	1.072	7	392	.117

In the Youth Self-Report, the Levene's test for Anxious/Depressed, Withdrawn/ Depressed, Somatic Complaints, Social Problems, Attention Problems, Aggressive Behaviour, Internalizing Problems, Externalizing Problems and Total Problem are non-significant statistically as their p-values are greater than 0.01. Thus, equal variances are assumed. In the Family Adaptability and Cohesion Evaluation Scale, Levene's test for Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, Family Communication and Family Satisfaction show non-

significant results indicating that equal variances are assumed. In the Inventory Peer Attachment, the Levene's test for Mother Attachment, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father Communication and Father Alienation are all statistically not significant implying that the null hypothesis is accepted and that equal variances are assumed.

Table 4. Robust Tests of Equality of Means (Brown-Forsythe) of the whole sample on Youth Self Report, Inventory of Parent Peer Attachment and Family Adaptability and Cohesion Evaluation Scale Effect of 'Culture' and 'Ecology' and 'Gender'.

	Variables	Statistic ^a	df1	df2	Sig.
YSR	Internalizing Problems	25.858	7	353.693	.000
	Anxious/ Depressed	2.908	7	332.508	.000
	Withdrawn/ Depressed	226.162	7	234.262	.000
	Somatic Complaints	1.475	7	361.297	.000
	Externalizing Problems	222.847	7	265.899	.000
	Rule Breaking Behaviour	122.524	7	355.587	.000
	Aggressive Behaviour	162.364	7	358.612	.000
	Social Problems	1.304	7	353.928	.000
	Thought Problems	76.923	7	282.746	.000
	Attention Problems	151.479	7	363.642	.000
	Other Problems	129.846	7	337.922	.000
	Total Problem	4.257	7	355.893	.000
	FACES IV	Balanced Cohesion	3.594	7	355.260
Disengaged		2.474	7	385.434	.017
Enmeshed		10.002	7	381.815	.000
Balanced Flexibility		17.801	7	378.697	.000
Rigid		1.709	7	365.430	.000
Chaotic		.884	7	381.815	.012
Family Communication		18.050	7	365.430	.000
Family Satisfaction	2.631	7	377.770	.000	
IPPA	Mother Attachment	19.433	7	342.532	.000
	Mother Trust	19.600	7	383.860	.000
	Mother Communication	19.062	7	375.321	.000
	Mother Alienation	3.830	7	371.417	.000
	Father Attachment	8.830	7	364.255	.000
	Father Trust	7.035	7	358.139	.000
	Father Communication	9.280	7	371.526	.000
	Father Alienation	3.407	7	383.057	.000

All the items of Youth Self Report, Family Adaptability and Cohesion Evaluation Scale IV and Inventory of Parent Peer Attachment, showed that the Brown-Forsythe Robust tests (for equality of means) are all statistically significant as their p-values are less than 0.05. Thus, further statistical analyses can proceed since the results showed the appropriateness of the scales/ subscales.

The Levene's test (Table 3) showed significance on Rule-Breaking Behaviour, Thought Problems and Other Problems on the YSR scale; Chaotic in the FACES IV scale and Mother Trust in the IPPA scale. This can infer that there is a difference between the variances in the population on the mentioned dimensions of the scales. However, the Brown Forsythe test has been applied in incidences where the homogeneity of variances has been violated. The robust test for equality of variances (Brown Forsythe test) in Table 4 showed significance on all the measures thus indicating that there is homogeneity of variance. Therefore, data analysis of variance can be carried out.

Descriptive Statistics

The descriptive statistics of the raw data consisting of the Mean, Standard Deviation, Skewness and Kurtosis are indices for normality of the scores of the population under study on the measured variables. This is indicated by the skewness statistics which is seen to fall between 1.0 to 2.0 (Miles & Shevlin, 2011). Tables 5 to 12 represents the descriptive statistics of the whole sample.

Table 5. Mean, SD, Skewness and Kurtosis on all Dependent Variables for Culture.

		CULTURE							
		Khasi – Jaintia				Garo			
		Mean	S.D.	Kurtosis	Skewness	Mean	S.D.	Kurtosis	Skewness
YSR	AD	10.82	3.535	-.146	-.126	10.66	3.656	-.190	.180
	WD	8.14	3.372	-.049	.002	6.80	2.841	1.020	-.149
	SC	3.59	1.723	-.148	.048	4.62	2.009	-.151	.200
	SP	8.99	4.114	-.117	.112	8.96	3.368	-.187	.015
	TP	9.98	3.320	-.120	-.045	8.90	3.099	-.113	.024
	AP	7.82	2.589	-.142	.025	7.80	2.734	-.102	.147
	RB	7.61	3.014	-.187	.157	6.57	2.642	.181	.116
	AB	11.26	3.370	-.067	-.200	10.42	4.188	-.105	.192
	OP	9.22	4.301	1.132	.135	8.79	3.295	-.142	-.015
	INT	23.55	5.719	-.117	-.128	21.07	5.393	-.188	-.007
	EXT	20.22	5.510	-.166	.044	15.61	4.736	-.197	.104
TTP	66.50	14.607	-.116	.184	66.29	14.960	-.187	.137	
FACES IV	BC	26.38	3.951	-.191	-.029	26.57	3.953	-.130	-.175
	BF	24.10	3.502	-.122	-.179	26.14	3.444	-.129	.020
	DE	20.41	3.640	-.200	.133	19.96	3.790	-.167	.059
	EN	20.20	4.070	-.160	.009	21.45	3.571	-.160	.043
	RI	23.02	3.852	-.177	-.003	22.34	3.629	-.119	.167
	CH	18.47	3.702	-.149	.035	17.86	4.239	-.176	.192
	FC	35.55	4.970	-.137	-.003	37.26	4.954	-.111	-.183
FS	36.97	4.96	-.129	.190	37.66	1.677	-.113	-.040	
IPPA	MA	82.11	7.371	-.134	.114	86.03	9.261	-.198	-.147
	MT	32.31	4.462	-.175	-.153	34.85	4.292	-.109	-.109
	MCOM	30.39	5.292	-.157	-.189	33.11	5.671	-.173	-.121
	MAL	3.15	1.111	-.144	-.123	2.79	1.051	-.153	-.006
	FA	78.82	9.511	-.171	.035	81.97	8.522	-.189	-.148
	FT	35.21	6.101	-.129	-.159	37.10	5.413	-.198	-.154
	FCOM	26.59	5.769	.136	-.138	28.71	4.937	.112	.118
FAL	17.03	4.398	-.181	-.022	16.17	4.420	-.005	.123	

Table 6. Significant Mean Difference (t-test) on Dependent Variables for Culture.

Independent Variable	Scales	Dependent Variables	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Culture	YSR	AD	.445	398	.657	.160	.360
		WD	4.330	398	.189	1.350	.312
		SC	-.187	398	.062	-.035	.187
		SP	-.080	398	.936	-.030	.376
		TP	3.363	398	.084	1.080	.321
		AP	.075	398	.940	.020	.266
		RB	3.687	398	.258	1.045	.283
		AB	2.223	398	.127	.845	.380
		OP	1.109	398	.268	.425	.383
		INT	2.654	398	.008	1.475	.556
		EXT	8.973	398	.154	4.610	.514
		TTT	.142	398	.887	.210	1.478
		BC	-.468	398	.640	-.185	.395
		BF	5.874	398	8.981	2.040	.347
		DE	-1.225	398	.221	-.455	.372
	FACES IV	EN	3.265	398	.001	1.250	.383
		RI	1.817	398	.070	.680	.374
		CH	-1.533	398	.126	-.610	.398
		FC	3.436	398	.001	1.705	.496
		FS	1.434	398	.152	.690	.481
		MA	4.672	398	4.092	3.910	.837
	IPPA	MT	5.802	398	1.339	2.540	.438
		MCOM	4.959	398	.000	2.720	.549
		MAL	3.376	398	.001	.365	.108
		FA	3.488	398	.001	3.150	.903
		FT	3.277	398	.001	1.890	.577
		FCOM	3.948	398	.000	2.120	.537
FAL		-1.951	398	.052	-.860	.441	

Results in Table - 5 and 6 indicates that in Internalizing Total Problem, there is a significant difference between the means of Khasi-Jaintia and Garo as its p-value is less than 0.05. The results on the measurement of family functioning, measured using FACES IV, significant differences were only seen on variables where Garo adolescents scored higher. These are Enmeshed and Family Communication. The third variable of attachment using the IPPA indicates that there are significant differences (as its p-value is less than 0.05) between the two cultures on the IPPA

scale. Garo adolescents showed higher scores on Mother Communication, Father Attachment, Father Trust, Father Communication whereas the Khasi-Jaintia adolescents showed higher scores on Mother Alienation and Father Alienation.

There is a significant difference seen in the prevalence of Internalizing Problems in adolescents among Khasi-Jaintia and Garo adolescents. This could be due to the reason that even though they both belong to a matrilineal society of the same State, their cultures are not similar (Playfair, 1909). Marica & Corcoran (2001) asserted that culture determines behavioural and emotional problems. Another study also stated that what accounted for internalizing or externalizing behaviour depends on the culture the person is in (Arnett & Jensen, 1993). There is a dearth of research comparing matrilineal societies and their differences in reporting behavioural and emotional problems.

The significant difference seen in the Enmeshed family functioning could be mistaken for the strong and close relationships matrilineal societies have with their families, especially with the maternal side (Von EHRENFELS, 1971). Results showed that Garo adolescents have closer relationships with their families which could have been perceived as Enmeshed. Garo adolescents also reported higher Family Communication. Literature has also substantiated that different cultures portrayed varied types of family functioning (Woehrer, 1988). These differences can also be explained due to the differences in the way their family functions as belonging to different cultures.

Drawing attention to the perceived parental attachment of the adolescents in both these cultures, these differences between could be due to the differences in the structure of their family (Playfair, 1909). The Garo family showed a higher degree of

stability with comparatively lesser divorces, which resulted in their adolescents perceiving lesser parental alienation and higher perceived attachment with their parents. The essence of the family among the Garos is the husband-wife relationship rather than the parents-children relationship and the *Chra* (maternal uncle) keeps a check on the power of the husband, this pressure is backed up by the husband's lineage people too. This balance of power makes Garo marriages successful, and divorce very rare. Therefore, husbands are given all the responsibility for the family and the wife is dependent on and subordinates to him (Nakane, 1967). Even though the role of the maternal uncle is diminishing in his sister's home and the fathers are the heads of their families of procreation in the Khasi-Jaintia family, the fact is that being from a different *kur* (clan); the husband is seen as an outsider in the eyes of his wife's clan. Gaikwad (2015) stated that the men are often in a fix having to choose building strong relations between their children and their nephews/ nieces. Additionally, the rates of separation and divorce are higher in comparison to the Garo families (Leonetti, Nath, & Heman, 2007). These could be reasons to their higher perceived alienation. However, separation or divorce does not account for parental alienation. This result opens up an area for future research on the Khasi-Jaintia community.

Table 7. Mean, SD, Skewness and Kurtosis on all Dependent Variables for Ecology.

		ECOLOGY							
		Urban				Rural			
		Mean	S.D.	Kurtosis	Skewness	Mean	S.D.	Kurtosis	Skewness
YSR	AD	11.09	2.900	-.119	-.169	10.39	4.149	-1.030	.100
	WD	8.39	3.395	-.176	-.193	6.55	2.671	-1.052	-.066
	SC	4.66	1.752	-.147	-.148	4.55	1.982	-.136	.175
	SP	8.98	3.428	-.125	-.171	8.97	4.065	-.166	.139
	TP	11.34	2.922	.141	-.148	7.54	2.327	-.105	.165
	AP	8.44	3.025	-1.04	-.173	7.18	2.053	.145	-.150
	RB	7.95	3.221	-.186	.120	6.23	2.182	-.140	-.195
	AB	12.36	3.968	-.166	-.115	9.32	2.980	-.185	-.128
	OP	8.29	2.863	-.199	-.150	9.71	4.500	-1.22	.008
	INT	24.14	5.316	-.090	-.026	21.48	5.575	-.179	.203
	EXT	22.08	4.210	-.197	.155	13.75	3.299	-.189	.098
	TTP	68.60	14.538	-.181	.100	64.18	14.698	-.187	.207
FACES IV	BC	26.11	3.908	-.101	-.055	26.84	3.964	-.128	-.155
	BF	26.42	3.257	-.130	-.165	23.83	3.498	-.143	.210
	DE	20.38	3.628	-.186	.018	19.99	3.806	-.177	.187
	EN	21.95	3.570	-.111	-.054	19.71	3.851	-.150	.085
	RI	23.10	3.744	-.159	.024	22.25	3.722	-.203	.149
	CH	17.97	4.215	-.135	.133	18.35	3.744	-.182	.139
	FC	34.22	4.356	-.174	-.143	38.59	4.702	-.103	-.107
	FS	36.74	4.737	-.112	.090	37.88	4.846	-.148	.090
IPPA	MA	80.50	7.773	-.144	-.201	87.64	7.858	-.061	.171
	MT	35.42	3.918	-.120	-.115	31.75	4.411	-.191	-.182
	MCOM	34.03	5.204	.105	-.181	29.46	5.129	-.104	-.106
	MAL	3.12	1.094	-.159	-.021	2.82	1.079	-.121	-.072
	FA	83.23	8.164	-.104	-.152	77.57	9.236	-.196	.121
	FT	37.68	5.107	.121	-.195	34.63	6.129	-.123	-.042
	FCOM	29.13	4.966	.167	-.049	26.18	5.557	.114	-.153
	FAL	16.43	4.270	-.014	.103	16.77	4.578	-.200	-.010

Table 8. Significant Mean Difference (t-test) on Dependent Variables for Ecology.

Independent Variable	Scales	Dependent Variables	t-test for Equality of Means				
			t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Ecology	YSR	AD	1.956	398	.050	.700	.358
		WD	6.024	398	.000	1.840	.305
		SC	.615	398	.539	.115	.187
		SP	.027	398	.979	.010	.376
		TP	14.388	398	4.356	3.800	.264
		AP	4.912	398	1.317	1.270	.259
		RB	6.234	398	1.158	1.715	.275
		AB	8.649	398	.000	3.035	.351
		OP	-3.752	398	.000	-1.415	.377
		INT	4.874	398	1.581	2.655	.545
		EXT	22.027	398	7.000	8.330	.378
		TTT	3.024	398	.000	4.420	1.462
		BC	-1.842	398	.066	-.725	.394
		BF	7.664	398	1.390	2.590	.338
		DE	1.036	398	.301	.385	.372
	FACES IV	EN	6.032	398	3.697	2.240	.371
		RI	2.277	398	.023	.850	.373
		CH	-.953	398	.341	-.380	.399
		FC	9.653	398	.000	4.375	.453
		FS	-2.379	398	.000	-1.140	.479
		MA	9.136	398	3.341	7.140	.782
		MT	8.797	398	4.303	3.670	.417
		MCOM	8.845	398	3.020	4.570	.517
		IPPA	MAL	2.715	398	.007	.295
	FA		6.493	398	2.505	5.660	.872
	FT		5.407	398	1.108	3.050	.564
	FCOM		5.598	398	4.046	2.950	.527
	FAL		-.768	398	.443	-.340	.443

Comparing rural and urban ecology from Table 7 and Table 8, results showed that the Withdrawn/Depressed, Anxious/ Depressed, Aggressive Behaviour, Other Problems, Total Problem, Family Communication and Family Satisfaction have a significant difference between the means of the two ecologies as their p-values are less than 0.05. Literature corresponded to the findings in this study that urbanisation is a risk factor to behavioural and emotional problems and that a higher number of

adolescents in the urban areas experience these problems in comparison to adolescents from rural areas (Agarwal & Berk, 2015). Urban poverty in rapidly urbanised areas brings along with it economic pressures in the family resulting in higher rates of depression in adolescents (Stewart et al., 1994; Barrett & Turner, 2005). Over 70 per cent of the total urban population is located in Shillong, in the East Khasi Hills District, of which has escalated in the last 10 years due to rural-urban migration with regards to economic and marital factors (Census Population, 2019). Urbanisation also brings changes in social support, cultural changes and diverse life experiences which are connected with depression and anxiety, particularly in the female adolescents (Harpham, 1994).

Significant differences are seen in Family Communication and Family Satisfaction was also seen in literature where rural families are more involved and spend more time with one another as a family. Children and adolescents in rural families are also reported to have higher obligations in their families, are more responsible towards them and spend time doing chores to aid them (Leevy, 1940; Stavi et al., 2007). Spending time together results in optimal communication and perceived family satisfaction among family members (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). One rare feature in the parenting among the matrilineal population in this study is that value and dignity they give to manual labour and children are persuaded to aid their parents in such work in their home. Division of chores and labour among the rural families as seen in previous studies resulted higher cohesion, responsibility and loyalty (Stavi et al., 2007). Consequently, encouraging this system among the urban adolescents could lead to healthier family functioning

and lesser behavioural and emotional problems. Highlighting the results of the IPPA scale, there is no significant difference since the p-value is $> .05$.

Table 9. Mean, SD, Skewness and Kurtosis on all Dependent Variables for Gender.

		GENDER							
		Male				Female			
		Mean	S.D.	Kurtosis	Skewness	Mean	S.D.	Kurtosis	Skewness
YSR	AD	10.48	3.759	-.183	.007	10.99	3.407	-.158	.142
	WD	8.98	1.865	-.121	-.231	9.96	2.102	.115	-.132
	SC	4.47	1.931	-.181	.201	4.74	1.800	-.108	.051
	SP	9.18	3.643	-.136	.173	8.77	3.863	-.156	.163
	TP	10.31	3.615	-1.075	-.193	8.56	2.569	-.143	-.191
	AP	5.79	1.698	.156	.086	9.84	1.747	-.104	.164
	RB	9.06	1.761	-.064	-.212	8.12	2.394	.116	-.077
	AB	13.45	2.812	.198	-.051	12.23	2.763	.080	.029
	OP	6.91	2.863	-.185	.143	11.10	3.523	-.020	-.070
	INT	20.44	5.167	-.191	-.023	25.18	4.987	-.140	-.156
	EXT	19.23	4.701	-.034	.008	18.61	6.158	-.114	.126
	TTP	61.76	15.343	-.161	.075	68.02	14.016	-.026	.200
FACES IV	BC	26.33	3.971	-.201	-.155	26.62	3.930	-.114	-.211
	BF	25.67	3.431	-.181	-.197	24.57	3.719	-.030	-.104
	DE	20.42	3.947	-.198	.078	19.95	3.467	-.088	.100
	EN	20.29	3.930	-.134	.151	21.37	3.751	-.147	-.040
	RI	22.36	3.791	-.076	.126	22.99	3.697	-.118	.134
	CH	18.14	4.268	-.144	.171	18.19	3.693	-.162	.159
	FC	35.92	4.854	-.147	-.191	36.89	5.163	-.139	-.090
	FS	37.24	4.583	-.179	-.028	37.38	5.055	-.154	.096
IPPA	MA	83.38	8.946	-.129	.201	84.76	8.173	-.181	.090
	MT	33.25	4.918	-.035	-.123	33.91	4.143	-.151	-.165
	MCOM	31.15	5.672	-.127	-.210	32.34	5.569	-.193	-.173
	MAL	2.92	1.164	-.168	-.046	3.02	1.022	-.041	-.039
	FA	79.65	9.167	-.118	-.080	81.14	9.105	-.143	-.095
	FT	35.69	5.897	-.177	-.149	36.62	5.753	-.103	-.121
	FCOM	26.86	5.816	.188	-.169	28.44	4.983	.122	-.183
	FAL	17.11	4.501	-.113	.047	16.09	4.298	.076	.049

Table 10. Significant Mean Difference (*t*-test) on Dependent Variables for Gender.

Independent Variable	Scales	Dependent Variables	t-test for Equality of Means					
			t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	
Gender	YSR	AD	1.422	398	.055	.510	.359	
		WD	25.061	398	.263	-4.980	.199	
		SC	-1.474	398	.141	-.275	.187	
		SP	-1.065	398	.287	-.400	.375	
		TP	5.580	398	4.444	1.750	.314	
		AP	-23.508	398	2.963	-4.050	.172	
		RB	-18.726	398	.061	-3.935	.210	
		AB	18.745	398	.057	5.225	.279	
		OP	13.068	398	.078	4.195	.321	
		INT	-9.344	398	.029	-4.745	.508	
		EXT	-4.783	398	.092	-2.620	.548	
		TTT	2.219	398	.003	3.260	1.469	
		BC	-.747	398	.456	-.295	.395	
		BF	-3.074	398	.000	-1.100	.358	
		FACES IV	DE	1.279	398	.202	.475	.372
	EN		-2.811	398	.005	-1.080	.384	
	RI		-1.683	398	.000	-.630	.374	
	CH		-.125	398	.900	-.050	.399	
	FC		-1.946	398	.152	-.975	.501	
	FS		-.290	398	.772	-.140	.482	
	MA		-1.611	398	.108	-1.380	.857	
	MT		-1.451	398	.147	-.660	.455	
	IPPA		MCOM	-2.117	398	.035	-1.190	.562
			MAL	-.959	398	.338	-.105	.110
			FA	-1.631	398	.104	-1.490	.914
			FT	-1.596	398	.111	-.930	.583
			FCOM	-2.917	398	.006	-1.580	.542
			FAL	2.318	398	.121	1.020	.440

On examining gender differences in the dependent variables, Tables 9 and 10 indicated that there is a significant difference between the means of males and females in Internalizing Problems and Total Problem as the p-values are lesser than 0.05. Females are seen to be more affected by behavioural and emotional problems (Total Problem score) in comparison to male adolescents as was also reported in past

studies (Verhulst, et al., 2003; Roussos, et al., 2001; Sandoval, et al., 2006). This result is in contrast with Ram, Strohschein, & Gaur (2014) who reported that Scheduled Tribe males showed higher mental health problems. It is also seen that females reported significantly higher Internalizing Problems than males which coincides with literature reporting the same (Pathak et al., 2011; Burstein et al., 2010). Ram, Strohschein, & Gaur (2014), discovered that there was an interlink between the practices involved in gender discrimination and the mental health among the young male and female youths of the country. Females were reported to experience a rise in the level of health problems due to the gender-biased issues faced by the females in society. Furthermore, the environment prevailing in the household emerged to be one of the crucial factors where gender inequality became an intimate part within the social life of individuals with comparable mental health and well-being of the adolescents in our society. Girls are also said to be more vulnerable and pay more attention to their emotions compared to boys, which makes them react emotionally to any given stressful situation that they experience (Zahn-Wexler, Klimes-Dougan, & Slattery, 2000). These are factors that correspond to the fact that they also reported higher levels of internalizing problems than their male counterparts. In contrast to past literature, no significant gender differences were found in Externalizing Problems. However, Miettunen et al. (2014) argued that when it comes to showing aggression girls and boys show differences. Girls portray anger or aggression by internalizing it in the verbal form or by being stubborn or withdrawn (Crick, 1996) whereas males more often express these emotions outwardly. Due to the way questions were framed in the questionnaire, externalizing behaviour in girls may have been overlooked. Also, females have social expectations

to behave in a poised and respectful manner while the gender stereotype for males is to express anger; this could stand by the studies that have reported higher externalizing problems in males in comparison to females. Social and physical aggression was seen in both boys and girls according to Paquette & Underwood (1999). Additionally, in the Khasi-Jaintia community, females are more often associated with aggressive behaviour than males who are seen to be more tolerant (Lyngdoh, 1979).

FACES IV indicates significant differences in Balanced Flexibility, Enmeshed and Rigid dimensions where males scored higher than females. Adolescent girls scored higher in Enmeshed and Rigid family functioning as all their p values are $< .05$. As seen in the study by Ram, Strohschein, & Gaur (2014), a higher degree of autonomy in boys resulted in their higher perception of flexibility and higher rigid scores in girls; overprotection of girls resulted in higher perceptions of enmeshment. Girls are trained to take up a number of responsibilities in being the successor to the family's property and the caretaker of their mother's home, making the boys feeling ignored and unaccounted for. Girls are also expected to be more compliant and dutiful in comparison to their male siblings (Warjri, 1987) resulting in their dissimilar perceptions of family functioning.

Results of gender differences on the IPPA scale indicates that there are significant differences in perceived Mother Communication and Father Communication where scores are higher among female adolescents. Literature also commented that parents communicated more openly with their adolescent daughter than a son (Fitzpatrick & Vangelisti, 1995; Fitzpatrick & Marshall, 1996) especially on aspects of emotions and feelings (McNaughton & Niedzwiecki, 2000).

Table 11. Mean, SD, Skewness and Kurtosis on YSR for Culture x Ecology x Gender representing the Prevalence and Type of Behavioural and Emotional Problems.

Culture x Ecology x Gender		Youth Self Report (YSR)											
		AD	WD	SC	SP	TP	AP	RB	AB	OP	INT	EXT	TTP
KHASI URBAN FEMALE	Mean	12.16	12.14	4.46	10.14	10.74	10.94	5.50	13.54	6.12	28.68	17.48	75.85
	S.D	3.507	2.157	1.528	2.914	1.175	1.114	1.607	1.487	2.076	3.407	1.832	14.164
	Kurtosis	-1.248	1.021	-.191	1.384	.018	.101	-.185	.010	.157	.115	.062	-0.059
	Skewness	0.166	-1.717	-.118	-1.134	.139	1.045	-.100	.043	.129	-.143	.190	-0.107
KHASI URBAN MALE	Mean	11.92	9.66	4.54	8.58	14.04	6.28	11.56	14.90	10.60	23.36	22.54	67.58
	S.D	2.342	1.081	1.541	2.928	1.414	1.565	1.431	2.178	1.355	3.306	1.729	10.620
	Kurtosis	.188	-.075	.107	-.106	-1.098	-.055	-1.132	.024	.109	-.093	.039	-.056
	Skewness	-.169	-.079	.131	-.161	-.073	-.054	0.14	-.148	-.056	.128	.041	-.093
KHASI RURAL FEMALE	Mean	11.52	10.22	5.22	8.48	8.38	11.28	9.72	11.20	9.58	25.38	21.58	63.80
	S.D	4.072	.954	1.529	3.118	3.043	1.230	1.874	2.241	2.921	4.055	3.084	13.851
	Kurtosis	-1.233	-1.033	1.444	-.102	-.197	-.168	-.109	-.146	.100	.030	.099	-.087
	Skewness	.000	.124	-.122	.020	-.092	.008	.152	-.193	-.136	.192	.152	.158
KHASI RURAL MALE	Mean	10.70	8.10	4.42	8.72	12.18	5.28	5.00	15.78	6.88	19.12	26.72	67.22
	S.D	3.157	.863	2.232	4.366	2.135	1.552	1.578	2.367	2.154	5.181	3.476	16.545
	Kurtosis	-.130	1.343	-.186	-1.054	-1.358	-.125	.133	-.194	-.159	-.073	-.105	-.167
	Skewness	.103	-.198	.156	.142	-.105	-.149	-.160	-.099	.140	.001	-.114	.145
GARO URBAN FEMALE	Mean	9.68	6.66	4.28	8.56	6.84	8.74	8.46	7.04	5.20	23.62	17.04	62.68
	S.D	4.147	.626	1.796	3.592	1.490	1.306	.930	1.895	2.100	5.279	1.653	14.138
	Kurtosis	-.150	-.112	-.149	-.149	-.117	1.117	.024	-.102	-1.138	-.079	.158	.186
	Skewness	.173	.195	.107	.107	-.179	.192	-.150	-.160	.106	.166	.183	.111
GARO URBAN MALE	Mean	10.10	4.12	4.30	8.56	8.28	5.32	4.92	11.56	14.94	18.52	14.58	63.70
	S.D	4.469	1.599	1.876	3.770	2.956	1.491	1.676	1.929	1.719	5.452	3.758	15.319
	Kurtosis	-1.108	-.132	-.063	-.190	-.198	.141	-.143	.137	.031	-.169	-.142	-.112
	Skewness	.191	-.173	.094	.115	.026	-.155	-.121	-.126	-.157	.116	-.105	.083
GARO RURAL FEMALE	Mean	10.24	4.54	4.84	9.20	8.48	8.56	6.64	6.84	6.50	23.18	11.78	64.28
	S.D	3.772	2.215	2.151	4.518	2.206	1.128	1.770	1.822	2.215	4.864	1.888	16.736
	Kurtosis	-.157	-1.229	-.175	-.035	-.184	.174	1.265	.002	-.131	-.147	.135	-.152
	Skewness	.164	.038	.106	.056	-.120	.135	-.165	-.044	-.086	.141	-.126	.122
GARO RURAL MALE	Mean	11.32	4.32	4.76	9.56	6.54	6.08	4.90	11.84	12.20	20.60	11.60	66.06
	S.D	2.035	1.039	2.076	4.339	1.787	1.652	1.930	1.503	2.109	5.257	1.829	12.510
	Kurtosis	-.160	.036	-.101	-1.106	-.086	.042	-.147	-.017	-.141	-.123	-.055	-.157
	Skewness	-.161	.145	.106	.145	-.115	-.118	-.121	.084	.123	.108	-.146	.056

Table 12. ANOVA of Culture x Ecology x Gender on YSR Variables.

YSR	Sum of Squares	Df	Mean Square	F	Sig.
AD	254.110	7	36.301	2.908	.006
WD	3247.520	7	463.931	226.162	.000
SC	35.778	7	5.111	1.475	.174
SP	128.030	7	18.290	1.304	.247
TP	2445.910	7	349.416	77.193	7.534
AP	2060.000	7	294.286	151.479	2.496
RB	2268.918	7	324.131	122.524	1.333
AB	4329.258	7	618.465	162.364	1.159
OP	4094.938	7	584.991	129.846	5.277
INT	3953.078	7	564.725	25.858	.032
EXT	10097.270	7	1442.467	223.158	1.718
TTP	6146.120	7	878.017	4.257	.000

Results in Tables 11 and 12 provide a holistic understanding of the prevalence and type of behavioural and emotional problems among the adolescents of Meghalaya. The adolescents in Meghalaya are shown to have symptoms of Anxious/ Depressed, Withdrawn/ Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviour, Aggressive Behaviour and Other Problems (such as problems in eating and sleeping), which can be broadly classified into Internalizing and Externalizing Problems.

As indicated, Khasi-Jaintia adolescents reported higher Internalizing Problems in comparison to Garo adolescents (Table 5). Also, adolescents residing in urban areas showed more prevalence of behavioural and emotional problems (Table 7). Lastly, adolescent females reported more behavioural and emotional problems than adolescent boys (Table 9).

Results from Tables 11 and 12 implied that Khasi-Jaintia Urban Females showed significantly more Anxious/ Depressed, Withdrawn/ Depressed, Internalizing

Problems and Total Problem. This is in contrast with most previous studies where boys showed more behavioural and emotional problems (Steinhausen, 2006; Meltzer et al., 2003). Among the Khasi-Jaintia community, apart from the expectations of having to bear numerous responsibilities, there is also a 'fear of failure' in them if they venture into non-traditional roles (Syiem, 1983). Personality studies on matrilineal adolescent girls reported them as being complaint, meek and passive (Warjri, 2011) which contributed to their higher score on the syndrome scale and the overall behavioural and emotional problem measure. Adolescent boys are said to receive more autonomy and lesser pressure from families and society a large (Ram, Strohschein, & Gaur, 2014) which explained their lower degree of vulnerability to behavioural and emotional problems. Adolescent males are also reported to have strong superego strength; they are persistent and calm which could be protective factors to developing mental health problems (Warjri, 2011). Rural girls experience demands to be more educated than the boys and in forming a modest character for themselves. However, a significant difference is seen between rural females and urban females which could be due to the fact that there are other protective factors in the rural community as compared to the urban community as seen in literature that reported higher family communication and family satisfaction.

As seen from Table 5, Garo adolescents showed perceiving an Enmeshed family functioning which could be mistaken to portray strong and close relationships that matrilineal societies have with their families (Von EHRENFELS, 1971) resulting in their higher perceptions of Family Communication in comparison to Khasi-Jaintia adolescents which serves as a defensive factor to developing any mental health problems (Wills & Yaeger, 2003).

From Table 5, results indicated that Garo adolescents reported perceiving a significantly higher degree of Mother Communication, Father Communication, Father Attachment and Father Trust. The Khasi-Jaintia adolescents reported higher perceptions Mother Alienation and Father Alienation. A perceived secure and trusting attachment as well as a healthy communication with their parents resulted in lower probability of experience any kind of behavioural or emotional issues (Pathak, et al., 2011; Gundy et al., 2014). Perceived alienation from parents as seen among the Khasi-Jaintia adolescents was associated with higher probability of behavioural and emotional problems (Baker & Ben-Ami, 2011; Sher, 2015).

Urban adolescents reported significantly higher behavioural and emotional problems in comparison to rural adolescents. As seen in Table 7, urbanization is a risk factor to behavioural and emotional problems. The urban population of Meghalaya is about 20.07%, of which most are located in the East Khasi Hills (Census of India, 2011). Rapid urbanization due to rural-urban migration for economic and educational purposes and also as a result of marriage has been linked to urban poverty and higher probability of behavioural and emotional problems (Patel et al., 2008). In addition, parents with higher educational qualifications in the urban areas have additionally demanding careers which again resulted in problematic behaviour in their adolescent child (Watkins et al., 2013). Family size also influences behavioural and emotional problems in adolescents. The fertility rate among the Khasi-Jaintia community reported to be twice as high in rural areas than urban areas which indicated that rural families have a larger family size (NFHS -4, 2015-16). Literature reported higher prevalence of mental health problems of adolescents from

smaller families in comparison to those in larger family sizes (Santos, Kawmura, & Kassouf, 2012; Liu, Munakata & Onuoha, 2005).

The relationship between dependent variables

Bivariate correlation (Pearson correlation) was calculated in order to elucidate any significant relationships between the dependent variables. Results of the Pearson correlation is presented in Table -13.

Table 13. Correlations Matrix of the Dependent Measures (Pearson Correlation) for the whole sample.

	Youth Self Report							Family Adaptability and Cohesion Evaluation Scale IV											Inventory of Parent Peer Attachment									
	AD	WD	SC	SP	TP	AP	RB	AB	OP	INT	EXT	TTP	BC	BF	DE	EN	RI	CH	FC	FS	MA	MT	MCOM	MAL	FA	FT	FCOM	FAL
AD	1	.625**	.506**	.633**	.514**	.560**	.336**	.458**	.473**	.922**	.446**	.812**	-.082	-.028	.144**	.048	.100*	.099*	-.091	-.240**	-.286**	-.204**	-.245**	.255**	-.160**	-.074	-.174**	.217**
WD		1	.347**	.466**	.387**	.452**	.278**	.325**	.307**	.806**	.335**	.656**	-.113*	-.086	.140**	-.009	-.019	.090	-.157**	-.261**	-.270**	-.170**	-.254**	.237**	-.228**	-.151**	-.213**	.283**
SC			1	.372**	.417**	.345**	.110*	.266**	.337**	.641**	.216**	.522**	-.011	.011	.045	.019	.062	.028	-.005	-.094	-.145**	-.106*	-.119*	.132**	-.070	-.037	-.073	.092
SP				1	.424**	.614**	.398**	.536**	.510**	.627**	.523**	.778**	-.072	-.122*	.153**	.003	-.019	.210**	-.093	-.219**	-.246**	-.186**	-.193**	.231**	-.173**	-.135**	-.162**	.177**
TP					1	.424**	.210**	.302**	.382**	.540**	.288**	.597**	-.098	-.090	.067	.040	.002	.047	-.150**	-.189**	-.208**	-.129**	-.213**	.158**	-.214**	-.158**	-.236**	.180**
AP						1	.362**	.543**	.477**	.592**	.512**	.754**	-.066	-.103*	.126*	-.020	-.048	.159**	-.102*	-.204**	-.235**	-.138**	-.210**	.235**	-.119*	-.075	-.123*	.134**
RB							1	.640**	.413**	.328**	.883**	.620**	-.088	-.082	.198**	-.083	-.081	.094	-.098	-.190**	-.247**	-.147**	-.193**	.286**	-.218**	-.165**	-.209**	.221**
AB								1	.615**	.464**	.925**	.784**	.004	.001	.095	.027	.072	.050	-.036	-.087	-.169**	-.108*	-.096	.239**	-.138**	-.094	-.115*	.186**
OP									1	.481**	.579**	.705**	.007	-.035	.157**	-.002	.038	.185**	-.024	-.056	-.191**	-.148**	-.123*	.215**	-.090	-.036	-.114*	.108*
INT										1	.445**	.854**	-.088	-.039	.138**	.030	.065	.089	-.106*	-.250**	-.286**	-.191**	-.248**	.266**	-.170**	-.087	-.175**	.232**
EXT											1	.785**	-.040	-.039	.154**	-.024	.003	.075	-.069	-.144**	-.223**	-.136**	-.152**	.286**	-.190**	-.138**	-.172**	.221**
TTP												1	-.081	-.075	.177**	.009	.025	.134**	-.312*	-.444**	-.305**	-.200**	-.246**	.317**	-.209**	-.134**	-.208**	.449**
BC													1	.634**	.017	.324**	.241**	-.010	.614**	.601**	.361**	.370**	.367**	-.082	.200**	.208**	.237**	-.030
BF														1	.085	.411**	.378**	-.024	.558**	.535**	.302**	.310**	.337**	-.032	.293**	.305**	.324**	-.078
DE															1	.307**	.221**	.416**	.057	-.056	-.164**	-.072	-.096	.274**	-.090	-.020	-.028	.273**
EN																1	.443**	.119*	.344**	.269**	.227**	.199**	.279**	-.024	.215**	.230**	.276**	.011
RI																	1	-.046	.142**	.151**	.094	.067	.200**	.095	.109*	.119*	.188**	.085
CH																		1	-.041	-.132**	-.162**	-.126*	-.100*	.186**	.009	.015	.074	.108*
FC																			1	.650**	.352**	.373**	.374**	-.038	.251**	.265**	.294**	-.032
FS																				1	.429**	.413**	.423**	-.155**	.286**	.258**	.334**	-.122*
MA																					1	.852**	.895**	-.642**	.267**	.206**	.297**	-.202**
MT																						1	.674**	-.307**	.184**	.198**	.206**	-.035
MCOM																							1	-.398**	.287**	.229**	.358**	-.142**
MAL																								1	-.159**	-.035	-.117*	.374**
FA																									1	.940**	.929**	-.727**
FT																										1	.828**	-.537**
FCOM																											1	-.547**
FAL																												1

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

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

The results of the Pearson Correlation table showed the relationship between all the variables in the study. Some of the items within the scale and subscales had a high correlation (above .5) and some had a lower correlation. The inter-scale relationship was examined as there were two or more subscales within the three scales of YSR, FACES IV and IPPA.

As indicated in Table 13, the YSR subscales showed high correlation with each other. Total Problem had positive significant correlations with all the subscales ($r = .522^{**} - .854^{**}$) in the YSR. Also, Internalizing Problems indicated positive significant correlations with Anxious/ Depressed, Withdrawn/Depressed and Somatic Complaints ($r = .641^{**} - .992^{**}$). Significant positive correlations were also seen with Externalizing Problems and Rule Breaking and Aggressive Behaviour ($r = .883 - .925^{**}$). The correlation in the FACES IV scale showed high correlation between Balanced Cohesion, Balanced Flexibility, Family Communication and Family Satisfaction ($r = .558 - .634^{**}$). The other dimensions on FACES IV i.e. Disengaged, Enmeshed, Rigid and Chaotic have lower significant correlation with each other ($r = .119^{*} - .411^{**}$). In the IPPA scale, Mother and Father Attachment, Trust and Communication show high correlation with one another ($r = .828^{**} - .940^{**}$). The Mother and Father Alienation has low correlation with the rest of the scale.

Correlation between Family Functioning and Parental Attachment is also seen in Table 13. It is observed that Balanced Cohesion has a medium positive correlation with Mother Attachment ($r = .361^{**}$), Mother Trust ($r = .370^{**}$) and Mother Communication ($r = .367^{**}$) as their correlation coefficients (r) lie between 0.3 and 0.5, and are also statistically significant at 0.01 level. Balanced Flexibility is also

found to have a medium positive correlation with Mother Attachment ($r = .302^{**}$), Mother Trust ($r = .310^{**}$), Mother Communication ($r = .337^{**}$), Father Trust ($r = .305^{**}$) and Father Communication ($r = .324^{**}$) as their correlation coefficients(r) lie between 0.3 and 0.5, and they are also statistically significant at 0.01 level. Family Communication has a medium positive correlation with Mother Attachment ($r = .352^{**}$), Mother Trust ($r = .373^{**}$) and Mother Communication ($r = .374^{**}$) as their correlation coefficients(r) lie between 0.3 and 0.5. They are also statistically significant at 0.01 level. Family Satisfaction is observed to have a medium positive correlation with Mother Attachment ($r = .429^{**}$), Mother Trust ($r = .413^{**}$), Mother Communication ($r = 0.423^{**}$) and Father Communication ($r = 0.334^{**}$) as their correlation coefficients (r) lie between 0.3 and 0.5 and they are also statistically significant at 0.01 level. Other variables of Family Functioning like Disengaged, Enmeshed, Rigidity and Chaotic have no correlation with the dimensions of Parental Attachment.

Relationship between Family Functioning and Parental attachment with Behavioural and Emotional Problems

The Correlation table (Table 13) showed that the variables Disengaged, Chaotic, Family Communication, Family Satisfaction, Mother Attachment, Mother Trust, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father Communication and Father Alienation, are statistically significant at 0.05 level. Family Communication and Family Satisfaction both show significant inverse relationship with Total Problem ($r = -.312$; $-.344$), and Mother Attachment has an inverse medium correlation with Total Problem as the correlation coefficient ($r = -.305$), while on the other hand, Mother Alienation has a direct relationship with Total

Problem with a positive correlation coefficient ($r = .317$), Father Alienation has a direct relationship with Total Problem ($r = .449$).

The correlation coefficient 'r' lying between 0.3 and 0.5 is said to have medium correlation while that below 0.3 is said to have no correlation at all irrespective of the direction (or sign). The remaining variables (Disengaged, Chaotic, Mother Trust, Mother Communication, Father Attachment, Father Trust and Father Communication), although significant, have very low correlation coefficients (i.e. lower than 0.3) indicating that there is no correlation between Total Problem and these above mentioned remaining variables.

Family Communication showed inverse significant correlation with Total Problem which indicated that the higher the perceived family communication, the lower the behavioural and emotional problems in adolescents. Previous research also indicated an association between family communication and adolescent behavioural and emotional problems (Youngblade et al., 2007). Adolescents who perceived their parents and family members as good listeners and understanding and are able to have open communication with them are seen to show a lower risk of any internalizing or externalizing problems (Wills & Yaeger, 2003). Also, Family Satisfaction showed inverse significant relationship with internalizing, externalizing and Total Problem which indicates that the higher the perceived family satisfaction, the lower the behavioural and emotional problems in an adolescent which is also what is reported in past studies that adolescents who reported being satisfied with their families showed lower risks of developing behavioural and emotional problems (Kenny, Dooley, & Fitzgerald, 2013). Adolescents have reported having a positive family functioning when they perceived quality daily time spent together as a family and

also observance of special occasions and events (Henry, 1994) and spending time together as a family had been seen to reduce risks to behavioural and emotional problems (Moreno & Pascual 2002).

Adolescent behavioural and emotional problems are reported to have an inverse significant relationship with mother attachment. This coincides with literature that states that the primary caregiver is the mother and that adolescents of both genders are said to be closer to their mother (Allen et al., 2003). Chakraborty & Banerjee (2017) also stated that parental attachment with both the mother and father has a significant impact on adolescent problems. Also, as reported by Lamb, Pleck, Charnov, & Levine (1987), the attachment and involvement of the father promote mental health in adolescents. The significant direct correlation result between perceived Mother Alienation and Father Alienation coincides with literature where it had been found that this resulted in damaging consequences in their offsprings (Baker & Ben-Ami, 2011). In addition, a present and engaging father is said to reduce the behavioural problems in boys and emotional problems in their female children in both intact and non-intact families (Sher, 2015; Sarkadi et al., 2008).

Prediction of Behavioural and Emotional Problems

Table 14. *Regression Analysis of Family Functioning and Parental Attachment Prediction on a Behavioural and Emotional Problem.*

Criterion Variable	Predictors	Constant	Beta	T	Sig.	F	Sig.	R	R ²
Total Problem	FACES IV								
	BC	70.153	-.081	-1.625	.105	2.641	.105	.081	.007
	BF	69.732	-.075	-1.501	.134	2.252	.134	.075	.006
	DE	38.924	.177	3.578	.000	12.805	.000	.177	.031
	EN	57.606	.009	.187	.852	.035	.852	.009	.000
	RI	55.662	.025	.495	.621	.245	.621	.025	.001
	CH	46.461	.134	2.699	.007	7.283	.007	.134	.018
	FC	72.003	-.112	-2.245	.025	5.039	.025	.112	.013
	FS	85.932	-.244	-5.019	.000	25.188	.000	.244	.060
	IPPA								
	MA	103.017	-.305	-6.386	.000	40.779	.000	.305	.093
	MT	87.590	-.200	-4.070	.000	16.561	.000	.200	.040
	MCOM	84.414	-.246	-5.064	.000	25.648	.000	.246	.061
	MAL	32.172	.317	6.659	.000	44.341	.000	.317	.100
	FA	77.599	-.209	-4.272	.000	18.254	.000	.209	.044
	FT	69.571	-.134	-2.691	.007	7.243	.007	.134	.018
	FCOM	74.321	-.208	-4.240	.000	17.974	.000	.208	.043
	FAL	39.092	.249	5.130	.000	26.316	.000	.249	.062

The above Regression table shows that the variables Disengaged, Chaotic, Family Communication, Family Satisfaction, Mother Attachment, Mother Trust, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father Communication and Father Alienation, are statistically significant at 0.05 level. The F-significant values for these variables mentioned are also statistically significant at 0.05 level indicating that at least some of the regression parameters are non-zero and that the regression equation does have some validity in fitting the data. These dimensions significantly predict behavioural and emotional problems.

However, since Disengaged, Chaotic, Mother Trust, Mother Communication, Father Attachment, Father Trust and Father Communication showed a low

correlation score with behavioural and emotional problems (Table 13), these dimensions will not be taken into consideration in the regression analysis result.

The Standardized Coefficients (Beta) suggests that Total Problem has an inverse relationship (or decreases) with an increase in Family Communication, Family Satisfaction and Mother Attachment. While on the flip side, the Standardized Beta coefficients show that there is an increase in Total Problem with an increase in Mother Alienation and Father Alienation.

The coefficient of Determination, R^2 , shows that the variation in the dependent variable Total Problem can be predicted from Family Communication by 1.3%, Family Satisfaction by 6.0%, Mother Attachment by 9.3%, Mother Alienation by 10% and Father Alienation by 6.2%. The remaining percentage is explained by other variables that are unaccounted for.

According to family therapists and researchers, adolescents' identity issues, eating disorders, anxiety, depression, suicide ideations and any other behavioural issues are linked to problematic communication styles and interaction in the family (Sabatelli & Anderson, 1991; Bogels & Brenchman-Toussaint 2006; Kwok & Shek 2010). Parents who are able to communicate with their adolescent child in a welcoming and warm way and have conversations regarding their interests and feelings are said to reduce the risk of behavioural and emotional problems in their adolescent child (Maenle & Herringshaw, 2007). One way to attain utmost communication is by spending much time with each other. Families whose meal times are spent together, engage in activities and family rituals together and had extended families included in their families were seen to be related to a low incidence of behavioural and emotional problems and have higher family

satisfaction; a safeguard against negative mental health (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). Being dissatisfied with the way the family functions is associated with lesser interactions in the family giving rise to unhealthy and destructive emotions (Weiss, Goebel, Page, Wilson, & Warda, 1999), and rebellious behaviour of the adolescent with his/her family, consequential to internalizing and externalizing problems (Cummings, Pellegrine, Notarius, & Cummings, 1989; Suldo & Huebner, 2004; Young, 1995).

Literature showed the significance of perceived parental attachment as protective factors to adolescent behavioural and emotional problems. Adolescents from both rural and urban ecologies, with a perceived trusting and secure attachment with both parents were less likely to have any behavioural and emotional problems (Pathak, et al., 2011; Gundy et al., 2014). Lack of trust and communication between parents and their adolescent children was also found to result in negative well-being in the adolescents (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Fanti, Henrich, Brookmeyer, & Kuperminc, 2008). The parental attachment also resulted in the decrease of aggressive behaviour and lower parental attachment, while involvement and supervision lead to higher rates of delinquency in adolescents (Keijsers, et al., 2012; Hoffmann & Dufur, 2008).

In the matrilineal societies of the population under study, the mother plays a prominent role in the family unit where the descent is traced after and she is entrusted with the responsibility of child-rearing and caretaking. The attachment an adolescent has with their mother is therefore of utmost importance. It is said that there is no danger of families being broken or children being deserted as the maternal clan would be taking care of their own (Synrem, 1994). Additionally, adolescent

males and females are seen to have closer relationships with their mothers than their fathers (Smetana & Campione, 2006). Although, an attachment of security and trust with their fathers also proved to be beneficial in their positive well-being (Lamb, Pleck, Charnov, & Levine, 1987).

However, it is not only the significance of perceived parental attachment has on adolescents that is brought to light through this study, but the impact that perceived parental alienation has on the behavioural and emotional problems in adolescents has also been highlighted. Adolescents who perceived parental alienation have a high likelihood of showing behavioural and emotional problems as parental alienation significantly predicts these problems in them. Muris, Meesters and Van den Berg (2003) in their study also reported that perceived parental alienation resulted in higher risk of having behavioural and emotional problems of depression and anxiety in adolescents. An involved father, even if not residing with his adolescent children, also reduces the risk of behavioural and emotional problems in them (Lamb, Pleck, Charnov, & Levine, 1987). As seen in literature on parenting styles, parenting control affects adolescents' lives negatively (St George & Wilson, 2012), especially in areas of decision making which were associated to feelings of alienation (Soenens & Beyers, 2012). In the matrilineal cultures where the structure is such that no child would be left out even in cases of broken families, the perception of parent alienation especially of the mother can be detrimental. Aurora (1995) also added the high rate of separation and divorce among the Khasi-Jaintia families where the fathers then resort back to their mother's home may create a sense of alienation in a larger degree which as seen is a risk factor to behavioural and emotional problems in adolescent children. In addition to this, the family system

among the people of this study where there are usually grandparents, aunts, uncles within one family could unconsciously shift the role of parenting to elder adults within the family, creating a sense of alienation from parents. This area on perceived parental alienation in the matrilineal cultures of Meghalaya can initiate future research.

Prediction of Independent on Dependent Variables

Analysis of variance indicated the significant independent effects of the independent variables of ‘culture’, ‘ecology’ and ‘gender’ on the dependent variables and also significant interaction effect of ‘culture x ecology x gender’ on the dependent variables for the whole sample.

Table 15. *One Way ANOVA of Culture on Dependent Variables for the whole sample.*

Independent Variable	Dependent Variables	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared	
CULTURE	YSR	TTP	4.410	1	4.410	.020	.887	.143
	FACES IV	BC	3.423	1	3.423	.219	.640	.082
		BF	416.160	1	416.160	34.506	.000	.159
		DE	20.703	1	20.703	1.499	.221	.045
		EN	156.250	1	156.250	10.660	.001	.082
		RI	46.240	1	46.240	3.302	.070	.058
		CH	37.210	1	37.210	2.350	.126	.058
		FC	290.703	1	290.703	11.807	.001	.111
		FS	47.610	1	47.610	2.055	.152	.139
	IPPA	MA	1528.810	1	1528.810	21.825	.000	.184
		MT	645.160	1	645.160	33.661	.000	.116
		MCOM	739.840	1	739.840	24.591	.000	.113
		MAL	13.323	1	13.323	11.397	.001	.032
		FA	992.250	1	992.250	12.169	.001	.135
		FT	357.210	1	357.210	10.740	.001	.091
FCOM		449.440	1	449.440	15.590	.000	.127	
FAL	73.960	1	73.960	3.805	.052	.048		

Table 15 shows that Culture has a significant independent effect on Balanced Flexibility, Enmeshed and Family Communication dimensions of family functioning and on all the dimensions of Mother and Father Attachment. Culture affects family life and patterns as each culture imbibes attitudes, customs and practices that are prevalent in it.

Different cultures around the world have been seen to report different types of functioning. Ethnic Irish, Scandinavian families despite having nuclear set-ups are yet connected with their extended families. Enmeshed functioning was seen among the Mexican, Italian and Jewish families; and flexible functioning among the Jewish American families with equality and interchange of roles between men and women was seen (Woehrer, 1988). Black families of South Africa believed that involving extended families and grandparents helped in the socialization of their children which was viewed as dysfunctional among White European nuclear families (Madhavan & Gross, 2013).

Cultural differences on parental attachment were seen in past studies where Asian adolescents perceived lesser warmth and acceptance from their parents in comparison to Western parents while countries like Bangladesh perceived a higher degree of parental warmth (Stewart, Bond, Abdullah & Ma, 2000). Another study showed that Indian adolescents perceived avoidant attachment in comparison to German adolescents (Albert, Trommsdorff, & Mishra, 2004). As mothers are seen to be more involved in childrearing and parenting practices than fathers (Wallenius, Rimpela, Punamaki, & Lintonen, 2009), adolescents of both genders are more attached with their mothers than fathers (Smetana & Campione, 2006). Results from

this study also showed that adolescents from the Garo culture reported lower parental alienation in comparison to the adolescents from the Khasi culture.

Results from this study also showed significant cultural differences where Garo adolescents perceived higher Enmeshed family functioning, Family Communication, Parent attachment and communication and the Khasi-Jaintia adolescents showed higher Parent Alienation (Table 5). The different structures and principles within a culture influenced the type of functioning within a family.

Table 16. *One way ANOVA of Ecology on Dependent Variables for the whole sample.*

Independent Variable	Dependent Variable		Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
ECOLOGY	YSR	TTP	1953.640	1	1953.640	9.143	.003	.205
		BC	52.563	1	52.563	3.392	.066	.104
	FACES IV	BF	670.810	1	670.810	58.736	.000	.220
		DE	14.823	1	14.823	1.072	.301	.041
		EN	501.760	1	501.760	36.389	.000	.125
		RI	72.250	1	72.250	5.184	.023	.049
		CH	14.440	1	14.440	.909	.341	.105
		FC	1914.063	1	1914.063	93.173	.000	.261
	IPPA	FS	129.960	1	129.960	5.661	.018	.144
		MA	5097.960	1	5097.960	83.463	.027	.270
		MT	1346.890	1	1346.890	77.392	.119	.214
		MCOM	2088.490	1	2088.490	78.229	.011	.209
		MAL	8.703	1	8.703	7.371	.007	.023
		FA	3203.560	1	3203.560	42.163	.004	.203
	FT	930.250	1	930.250	29.234	.024	.167	
	FCOM	870.250	1	870.250	31.337	.000	.133	
	FAL	11.560	1	11.560	.590	.443	.059	

Table 16 shows that Ecology has a significant independent effect on Total Problem, Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction dimensions of family functioning and on the dimensions of Mother Attachment, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father Communication and Father Alienation. Rapid urbanization increases unemployment and poverty resulting in higher probability of problems among the adolescent in such families (Barrett & Turner, 2005). Risk-taking behaviour and aggression showed higher incidences in urban areas in comparison to rural areas (Arnett & Jensen, 1993). Rural Pennsylvania adolescents also reported on feeling lonely, confused about the future, headaches, depression and engaging in substance abuse (Puskar et al., 1999).

Ecology is seen to have an effect on family functioning as seen in Table 13. Rural families are said to be better at cohesion in in kinship and tradition which acts as a protection against any kind of stress factors. In addition, urban families are seen to lack cohesion and reported showing increased flexibility (Rada, 2014). Urban families are seen to spend more time in recreational activities outside their home and have fewer obligations in their families as compared to families from rural backgrounds who spend most of their time with their families at home engaging and helping in chores and labour (Leevy, 1940; Stavi et al., 2007). Spending time together is the best way to increase family communication (Elgar et al., 2013). These features make rural families perceive higher family satisfaction than urban families (Henry, 1994).

Due to the pressure of hardships among rural families, parents most often end up neglecting in helping their child develop emotionally and socially which could

result in the significant effect on perceived parental attachment (Stewart et al., 1994). Rural families in India and also families in Meghalaya consist of not only parents, but also other relatives in the same house which could impact on the parent-child attachment and relationships (Shukla, 1994 in Carson et al., 2002). However, rural adolescents perceived a higher degree of attachment with their parents than adolescents from urban set-up (Dewanggi, Hastuti, & Herawati, 2015). Diannara et al. (2014) also confirmed that rural adolescents show significantly higher scores in attachment, trust and quality of communication with their parents and perceived lower levels of parental alienation and anger.

Table 17. *One way ANOVA of Gender on Dependent Variables for the whole sample.*

Independent Variable	Dependent Variable		Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
GENDER	YSR	TTP	1062.760	1	1062.760	4.922	.012	.196
		BC	8.703	1	8.703	.558	.456	.038
		BF	121.000	1	121.000	9.452	.002	.070
		DE	22.563	1	22.563	1.635	.202	.065
		EN	116.640	1	116.640	7.904	.005	.046
		RI	39.690	1	39.690	2.831	.093	.055
	FACES IV	CH	.250	1	.250	.016	.900	.073
		FC	95.063	1	95.063	3.785	.052	.055
		FS	1.960	1	1.960	.084	.772	.096
		MA	190.440	1	190.440	2.594	.108	.102
		MT	43.560	1	43.560	2.107	.147	.048
		MCOM	141.610	1	141.610	4.483	.035	.077
	IPPA	MAL	1.103	1	1.103	.919	.338	.016
		FA	222.010	1	222.010	2.660	.104	.102
		FT	86.490	1	86.490	2.548	.111	.075
		FCOM	249.640	1	249.640	8.511	.004	.107
		FAL	104.040	1	104.040	5.373	.021	.065

Results in Table 17 indicates that Gender has significant independent effects on Total Problem score, Balanced Flexibility, Enmeshed, Family Communication, Mother Communication, Father Communication and Father Alienation. In line with the present findings, earlier findings also mentioned that both girls and boys are not equally affected by the behavioural and emotional issues (Elder 2018). Mental health problems are seen more in boys than in girls (Steinhausen, 2006; Meltzer et al., 2003). Girls have seen to have more Internalizing problems such as anxiety and depression while boys have more Externalizing problems (Pathak et al., 2011; Burstein et al., 2010).

On the dimensions of family functioning, parents in matrilineal cultures showed lesser expectation from their adolescent boys in comparison to girls where there is an expectation to be obedient and responsible in their homes. This impacted their perception of flexibility among the boys and enmeshment among the girls in their family (Warjri, 1987). Also, adolescent males showed slightly lower levels of family communication and satisfaction than adolescent females (Henry, 1994).

Adolescents of both genders are more attached to the primary figure, which is their mothers, than with their fathers (Smetana & Campione, 2006). However, gender differences were seen where adolescent girls have a closer attachment with their mothers and disclosed information with them more often (Youniss & Smollar, 1985; Racz & McMahon, 2011). Boys were also seen to be more comfortable communicating with their fathers than girls (Wallenius, Rimpela, Punamaki, & Lintonen, 2009). Also, the fathers are not as involved as mothers when communicating with their adolescent child (Challan & Noller, 1986). Hence, girls perceived higher father alienation than boys.

Table 18. Two way ANOVA for the Interaction Effect of 'Culture x Ecology' on Dependent Variables for the whole sample.

Independent variables	Dependent variables	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Culture x Ecology	YSR						
	TTP	2437.660	3	812.553	3.805	.010	.174
	FACES IV						
	BC	256.208	3	85.403	5.671	.001	.153
	BF	1091.380	3	363.793	34.925	.000	.249
	DE	77.127	3	25.709	1.872	.134	.051
	EN	683.010	3	227.670	16.989	.000	.156
	RI	121.730	3	40.577	2.923	.034	.062
	CH	53.340	3	17.780	1.120	.341	.116
	FC	2212.328	3	737.443	37.069	.000	.317
	FS	253.260	3	84.420	3.709	.012	.177
	IPPA						
	MA	7329.020	3	2443.007	43.817	.000	.322
	MT	2086.140	3	695.380	44.506	.000	.290
	MCOM	2972.330	3	990.777	40.275	.000	.279
	MAL	22.448	3	7.483	6.496	.000	.044
	FA	4213.450	3	1404.483	19.027	.000	.241
	FT	1292.300	3	430.767	13.866	.000	.180
	FCOM	1326.980	3	442.327	16.531	.000	.188
	FAL	168.330	3	56.110	2.908	.034	.077

Table 18 represents 2 x 2 ANOVA for the interaction effect of Culture x Ecology on dependent variables for the whole samples. Results indicate that the significant interaction effect of Culture x Ecology was seen on Total Problem, and on the family functioning dimensions of Balanced Cohesion, Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction and on Mother and Father Attachment, Trust, Communication and Alienation. Eta square represents the effect size of the interaction of Culture and Ecology on the mentioned variables.

Literature also supports the fact that behavioural and emotional problems are determined by and dependent on the culture, the age, gender and the ecology the adolescent belonged to (Marica & Corcoran, 2001; Arnett & Jensen, 1993). A number of studies done in various countries and cultures reported that urban adolescents are at a higher risk to behavioural and emotional problems in comparison to rural adolescents (Patel et al., 2008; Pillai, 2014; Agarwal & Berk, 2015). However, these studies mostly concentrate on the urban population and there is a lack of studies on rural adolescents, especially of the minority communities (Angold et al., 2002).

Attachment to social groups like parents, families and friends was seen more in collectivistic cultures rather than individualistic cultures (Durkheim, 1987; 1951) and literature shows that urban adolescents perceived lesser attachment (Maimon, Browning, & Brooks-Gunn, 2010). Studies indicate that rural ethnic Black families were more engaging in responsibilities and involved with one another in their families, building a close relation with their kith and kin in comparison to American families (Madhavan & Gross, 2013) resulting in higher degree of communication with their families and family satisfaction (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). Urban Asian American adolescents showed higher feelings of parental alienation and higher levels of conflict in comparison to Black and Latino families (Qin, 2009; Qin, Way, & Mukherjee, 2008).

Table 19. Two way ANOVA for the Interaction Effect of 'Culture x Gender' on Dependent Variables for the whole sample.

Independent variables	Dependent variables	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Culture x Gender	YSR						
	TTP	2148.620	3	716.207	3.342	.000	.154
	FACES IV						
	BC	119.568	3	39.856	2.587	.053	.089
	BF	569.160	3	189.720	16.167	.000	.193
	DE	40.648	3	13.549	.980	.402	.048
	EN	309.870	3	103.290	7.201	.000	.098
	RI	87.690	3	29.230	2.092	.101	.048
	CH	38.740	3	12.913	.812	.488	.056
	FC	477.387	3	159.129	6.555	.000	.127
	FS	209.260	3	69.753	3.049	.029	.134
	IPPA						
	MA	1716.380	3	572.127	8.182	.000	.181
	MT	691.820	3	230.607	12.045	.000	.118
	MCOM	901.170	3	300.390	10.070	.000	.133
	MAL	17.148	3	5.716	4.905	.002	.035
	FA	1296.010	3	432.003	5.321	.001	.145
	FT	485.540	3	161.847	4.889	.002	.105
	FCOM	727.560	3	242.520	8.578	.000	.160
	FAL	184.250	3	61.417	3.189	.024	.093

Table 19 represents 2 x 2 ANOVA for the interaction effect of Culture x Gender on dependent variables for the whole samples. Results indicate that the significant interaction effect of Culture x Gender was seen on Total Problem, Balanced Cohesion, Balanced Flexibility, Enmeshed, Family Communication and Family Satisfaction of FACES IV scale; on Mother and Father Attachment, Trust, Communication and Alienation. Behavioural and emotional problems were also reported to have varying degrees in different countries and cultures (Pathak et al.,

2011; Steinhausen, 2006; Sawyer et al., 2008; Erol, 2010, Frigerio et al., 2009; Thurston et al., 2008). The interaction effect of culture and gender was also seen where Thai boys showed internalizing problems and girls reported covert delinquent syndrome (Weisz et al., 2006). Also in cultures like those of matrilineal descent, where gender discrimination customs are found, females showed higher mental health problems (Ram, Strohschein, & Gaur, 2014). Literature also reports that in the case of the Khasi-Jaintia community, females showed more incidences of aggressive behaviour and males being more tolerant (Lyngdoh, 1979). As seen in the previous sections mentioned above, females in this culture are recognized as an asset to take up responsibilities in the family (Warjri, 1987). This study also confirmed that female Khasi-Jaintia adolescents had higher mental health problems than their counterparts.

Adolescents in Hong Kong perceived their families as cohesive and providing emotional support (Kwok & Shek, 2009), Indonesian adolescents perceived their families as more rigid but also more involved, and therefore states that their families are more balanced or enmeshed (Natakusumah et al., 1992). The Jewish American families were known to be flexible where there is equality between men and women and an interchange of family roles (Woehrer, 1988). Gender significantly affects dimensions of family functioning whereby females are better at cohesion and flexibility and developing trust and intimacy in families (Baiocco, Cacioppo, Laghi, & Tafa, 2012). Females in ethnic minority cultures perceived their families as enmeshed and the connectedness they have with their kith and kin are seen as cohesiveness in the family, while in comparison, both male and female European adolescents would perceive this as dysfunctional and would prefer much more

flexibility (Madhavan & Gross, 2013). In addition, adolescent females showed slightly higher levels of family communication and satisfaction than adolescent males (Henry, 1994).

The interaction effect of culture and gender significantly affects perceived parental attachment. Adolescent girls in Asia perceived higher degree of supervision; however, this added supervision is comprehended as warmth. And if the same was perceived among Asian boys, it was associated with rigid functioning. In Indian culture, where boys are preferred to girls if boys perceive a lack of warmth from their parents, it resulted in symptoms of depression in them (Stewart, Bond, Abdullah, & Ma, 2000). In matrilineal cultures, the adolescents have strong relations with their parents and the adolescents, especially the girls, have strong ties with their mother's clan in line with the matrilineal order of parental inheritance and succession (Von EHRENFELS, 1971). In addition, mothers are expected to have a strong attachment with their children and are maintaining the rights of possession. As a result, fathers have limited control over their children (Phiri, 1983) resulting in higher father alienation.

Table 20. Two way ANOVA for the Interaction Effect of 'Ecology x Gender' on Dependent Variables for the whole sample.

Independent variables	Dependent variables	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Ecology x Gender	YSR						
	TTP	3134.923	3	1044.974	4.934	.002	.219
	FACES IV						
	BC	63.163	3	21.054	1.354	.256	.106
	BF	768.335	3	256.112	22.802	.000	.232
	DE	59.774	3	19.925	1.446	.229	.052
	EN	612.362	3	204.121	15.032	.000	.140
	RI	110.041	3	36.680	2.636	.049	.051
	CH	21.354	3	7.118	.446	.720	.077
	FC	1988.883	3	662.961	32.406	.000	.249
	FS	121.254	3	40.418	1.750	.156	.141
	IPPA						
	MA	5177.821	3	1725.940	28.207	.000	.267
	MT	1359.313	3	453.104	25.951	.000	.198
	MCOM	2195.577	3	731.859	27.553	.000	.219
	MAL	12.173	3	4.058	3.445	.017	.030
	FA	3373.554	3	1124.518	14.809	.000	.180
	FT	1014.948	3	338.316	10.650	.000	.172
	FCOM	1144.364	3	381.455	14.014	.000	.157
	FAL	160.772	3	53.591	2.774	.041	.060

Table 20 represents the two way ANOVA for the interaction effect of Ecology x Gender on dependent variables for the whole sample. Results indicate that the significant interaction effect of Ecology x Gender was seen on Total Problem, Balanced Flexibility, Enmeshed, Rigid, Family Communication, Mother and Father Attachment, Trust, Communication and Alienation. This significant effect of interaction between ecology and gender was also seen in past literature whereby adolescent drinking behaviour was seen at a higher degree in urban areas in comparison to rural areas, with recent studies showing a non-significant gender

difference (Pillai, 2014; Badr, Taha, & Dee, 2014). Additional family pressure was also seen to be over rural female adolescents in the Khasi-Jaintia family to be able to build a modest character for themselves in comparison to the pressure their sons receives (Goswami, 1976). They displayed frequent confusion, loneliness and depression (Puskar et al., 1999). The current study also proved urban females showed higher prevalence of behavioural and emotional problems. Also, studies of African American female adolescents living in urban areas showed to be at a higher risk of depression and other psychological problems due to stressful life events, high levels of poverty, drug abuse and violence in comparison to any other kind of population (Armistead, Forehand, Brody, & Maguen, 2002).

Literature also supports the results of the present study in reporting the significant effect of the interaction of ecology and gender on family functioning. Both male and female adolescents from urban backgrounds reported spending more time in recreational activities outside their homes and have lesser familial obligations than rural adolescents, thus, perceiving lesser cohesiveness and family communication (Leevy, 1940; Kiser et al., 2005). Females in ethnic minority cultures like the cultures of the Khasi-Jaintia and Garo adolescents, where there is a strong connectedness to the maternal side of the family and an involvement of extended families (Mawrie, 1980), would likely report higher rigidity (in females) and/or enmeshment (for both genders) in their families (Madhavan & Gross, 2013;). A lesser expectation from the adolescent boys in the matrilineal cultures would impact their perception of flexibility in their family as compared to girls who were expected to be obedient (Warjri, 1987). Furthermore, adolescent females showed slightly higher levels of family communication and satisfaction (Henry, 1994).

Significant interaction effect of ecology and gender was also reported in past studies on parental attachment, coinciding with the results of the present study. Urban male juvenile delinquents were said to show higher interpersonal problems with their family members (Elgar, Knight, Worrall & Sherman, 2003). Other studies reported higher parental attachment, trust, communication and lower parental alienation in rural adolescents in comparison to urban children (Dewanggi, Hastuti, & Herawati, 2015).

Table 21. *2 x 2 x 2 ANOVA for the Interaction Effect of 'Culture x Ecology x Gender' on Dependent Variables for the whole sample.*

Independent variables	Dependent variables	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Culture x Ecology x Gender	TTP	6146.120	7	878.017	4.257	.000	.181
	BC	375.078	7	53.583	3.594	.001	.159
	BF	1258.160	7	179.737	17.801	.000	.274
	DE	233.378	7	33.340	2.474	.017	.054
	EN	907.710	7	129.673	10.002	.000	.173
	RI	166.430	7	23.776	1.709	.105	.060
	CH	98.560	7	14.080	.884	.519	.101
	FC	2459.498	7	351.357	18.050	.000	.332
	FS	415.800	7	59.400	2.631	.011	.176
	MA	7576.040	7	1082.291	19.433	.000	.328
	MT	2145.000	7	306.429	19.600	.000	.292
	MCOM	3228.750	7	461.250	19.062	.000	.290
	MAL	30.638	7	4.377	3.830	.000	.049
	FA	4554.910	7	650.701	8.830	.000	.240
	FT	1517.360	7	216.766	7.035	.000	.191
FCOM	1694.880	7	242.126	9.280	.000	.207	
FAL	447.870	7	63.981	3.407	.002	.081	

Table 21 represents the two way ANOVA for the interaction effect of Culture x Ecology x Gender on dependent variables for the whole sample. Results indicate that the significant interaction effect of Culture x Ecology x Gender was seen on

Total Problem, and also has a significant effect on the dimensions of family functioning i.e. Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Family Communication and Family Satisfaction and in all the dimensions of parental attachment i.e. Mother and Father Attachment, Trust, Communication and Alienation with Eta square as the effect size. Research evidence supports the findings that culture has a significant effect on what can be determined as a behavioural or emotional problem with gender and ecological differences were seen for prevalence and types of problems the adolescents have (Arnet & Jensen, 1993; Armistead, Forehand, Brody, & Maguen, 2002). Significant differences in family functioning were seen where adolescents from ethnic groups and rural families showed higher cohesion and family satisfaction and also differences in gender perception to the dimensions of family functioning (Woehrer, 1988; Compañ, Moreno & Pascual, 2002; Gray et al., 2013). Cultural differences were also seen in a perceived parental attachment in adolescents with ecological and gender differences (Dewanggi, Hastuti, & Herawati, 2015). This study has also shown the interaction effect of culture, ecology and gender whereby being an urban female in a matrilineal society, one become more prone to having higher behavioural and emotional problems.

Post-hoc Mean Comparison

The post-hoc mean comparison (Scheffe) was conducted in order to find where the significant differences in the means seen in ANOVA analysis are located between the eight groups. Following are the results showing the Post Hoc Scheffe's test of the variables that have mean differences which are statistically significant at 0.05 or 0.01 level of significance.

Table 22. *Post-hoc Mean Comparison between Groups on the Total Problem Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Total Problem	Khasi-Jaintia Urban Female	Khasi-Jaintia Urban Male	12.000*	2.872	.016	1.16	22.84
		Garo Urban Male	13.120*	2.872	.005	2.28	23.96
		Garo Urban Female	12.100*	2.872	.015	1.26	22.94
		Garo Rural Male	11.520*	2.872	.026	0.68	22.36

Table 22 shows the Scheffe's Post Hoc Test results of the interaction between ecology, tribe and gender. It is obtained that for Total Problems, there is a significant difference between the means of Khasi-Jaintia Urban Female and Khasi-Jaintia Urban Male (12.10*), Khasi-Jaintia Urban Female and Garo Urban Male (13.12*), Khasi-Jaintia Urban Female and Garo Urban Female (12.00*), Khasi-Jaintia Urban Female and Garo Rural Male (11.520*). Therefore, the highest mean difference is between Khasi-Jaintia Urban Female and Garo Urban Male whereas the lowest mean difference is between Khasi-Jaintia Urban Female and Garo Rural Male.

Literature also shows that urban adolescents were at a higher risk to behavioural and emotional problems (Agarwal & Berk, 2015) due to the rise in urbanization resulting in higher urban unemployment and poverty in the families. In matrilineal cultures, adolescent girls reported a higher frequency of behavioural and emotional problems in comparison to adolescent boys due to the difference in gender socialization and expectation (Ram, Strohschein, & Gaur, 2014). The cultural

difference between the Khasi-Jaintia and Garo adolescents was also seen in the Total Problem score.

Table 23. *Post-hoc Mean Comparison between groups on Balanced Cohesion Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Balanced Cohesion	Garo Urban Female	Khasi-Jaintia Urban Male	3.040*	0.772	.032	0.13	5.95

The Scheffe's Post Hoc test in Table 23 shows that for Balanced Cohesion, there is a significant mean difference of 3.040 between Garo Urban Female and Khasi-Jaintia Urban Male.

Table 24. *Post-hoc Mean Comparison between groups on Balanced Flexibility Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Balanced Flexibility	Khasi-Jaintia Urban Male	Khasi-Jaintia Rural Female	2.800*	0.636	.008	0.4	5.2
		Garos Urban Male	2.540*	0.636	.027	0.14	4.94
	Khasi-Jaintia Urban Male	Garos Urban Female	3.040*	0.636	.002	0.64	5.44
		Garos Rural Male	3.980*	0.636	0	1.58	6.38
		Garos Rural Female	6.100*	0.636	0	3.7	8.5
	Khasi-Jaintia Urban Female	Garos Rural Male	3.160*	0.636	.001	0.76	5.56
		Garos Rural Female	5.280*	0.636	0	2.88	7.68
	Khasi-Jaintia Rural Male	Garos Rural Female	4.420*	0.636	0	2.02	6.82
	Khasi-Jaintia Rural Female	Garos Rural Female	3.300*	0.636	0	0.9	5.7
	Garos Rural Female	Garos Urban Male	-3.560*	0.636	0	-5.96	-1.16
		Garos Urban Female	-3.060*	0.636	.002	-5.46	-0.66

The Scheffe's Post Hoc test in Table -24 shows that for Balanced Flexibility, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garos Rural Female(6.100*), on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Urban Male and Garos Urban Male (2.540*). Lying between these two extremes are the mean significant differences between the Khasi-Jaintia Urban Male and the groups: Khasi-Jaintia Rural Female (2.800*), Garos Urban

Female (3.040*), Garo Rural Male (3.980*). The results also show a significant difference between the means of Khasi-Jaintia Urban Female and the groups: Garo Rural Male (3.160*), Garo Rural Female (5.280*). Also, the Garo Rural Female shows a mean significant difference between the groups: Khasi-Jaintia Rural Male (4.420*), Khasi-Jaintia Rural Female (3.30*), Garo Urban Male (-3.560*), Garo Urban Female (-3.060*).

Table 25. *Post-hoc Mean Comparison between Groups on Disengaged Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Disengaged	Garo Rural Female	Khasi-Jaintia Urban Male	-5.360*	0.72	0	-8.08	-2.64
		Khasi-Jaintia Urban Female	-4.400*	0.72	0	-7.12	-1.68
		Khasi-Jaintia Rural Male	-4.420*	0.72	0	-7.14	-1.7
		Khasi-Jaintia Rural Female	-3.840*	0.72	0	-6.56	-1.12
		Garo Urban Male	-3.160*	0.72	.008	-5.88	-0.44
		Garo Urban Female	-3.120*	0.72	.01	-5.84	-0.4
		Garo Rural Male	-2.780*	0.72	.04	-5.5	-0.06

The Scheffe's Post Hoc test Table 25 shows that for Disengaged, there is a significant mean difference between the Garo Rural Female and the groups: Khasi-Jaintia Urban Male (-5.360*), Khasi-Jaintia urban Female (-4.400*), Khasi-Jaintia Rural Male (-4.420*), Khasi-Jaintia Rural Female (3.840*), Garo urban Male (-3.160*), Garo Urban Female (-3.120*), Garo rural Male (-2.780*).

Table 26. *Post-hoc Mean Comparison between Groups on Family Communication Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Family Communication	Khasi-Jaintia Urban Male	Garos Urban Male	3.940*	0.882	.007	0.61	7.27
		Garos Urban Female	5.240*	0.882	0	1.91	8.57
	Khasi-Jaintia Urban Male	Garos Rural Male	5.520*	0.882	0	2.19	8.85
		Garos Rural Female	6.520*	0.882	0	3.19	9.85
	Khasi-Jaintia Urban Female	Khasi-Jaintia Rural Female	3.380*	0.882	.043	0.05	6.71
		Garos Urban Male	4.060*	0.882	.004	0.73	7.39
	Khasi-Jaintia Urban Female	Garos Urban Female	5.360*	0.882	0	2.03	8.69
		Garos Rural Male	5.640*	0.882	0	2.31	8.97
	Khasi-Jaintia Rural Male	Garos Rural Female	6.640*	0.882	0	3.31	9.97
		Garos Urban Male	3.360*	0.882	.046	0.03	6.69
	Khasi-Jaintia Rural Male	Garos Urban Female	4.660*	0.882	0	1.33	7.99
		Garos Rural Male	4.940*	0.882	0	1.61	8.27
	Khasi-Jaintia Rural Female	Garos Rural Female	5.940*	0.882	0	2.61	9.27

The Scheffe's Post Hoc test Table 26 shows that for Family Communication, there is a highest significant mean difference between Khasi-Jaintia Urban Female and Garos Rural Female (6.640*), on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Rural Male and Garos Urban Male (3.360*). Lying between these two extremes are the mean significant differences between the

Khasi-Jaintia Urban Male and the groups: Garo Urban Male (3.940*), Garo urban Female (5.240*), Garo Rural Male (5.520*), Garo Rural Female (6.520*). The results also show a significant difference between the means of Khasi-Jaintia Urban Female and the groups: Khasi Rural Female (3.380*), Garo Urban Male (4.060*), Garo Urban Female (5.360*), Garo Rural Male (5.640*). Also, the Khasi-Jaintia Rural Male has a mean significant difference between the groups: Garo Urban Female (4.660*), Garo Rural Male (4.940*), Garo Rural Female (5.940*).

The post-hoc results on the dimensions of Family Functioning of the FACES IV scale as seen in Tables 23 to 26 reveal that highest significant difference on Balanced Cohesion was observed between Garo Urban Female and Khasi-Jaintia Urban Male, and on Balanced Flexibility between Khasi-Jaintia Urban Male and Garo Rural Female. Female adolescents reported lower flexibility and a higher degree of cohesion in comparison to boys (Ram, Strohschein, & Gaur, 2014; Baiocco, Cacioppo, Laghi, & Tafa, 2012). Also, urban families showed a lack of cohesion and reported showing increased flexibility (Rada, 2014). The significant difference was seen between Garo Rural Female and Khasi-Jaintia Urban Male on Disengaged family functioning. Only a minority of rural adolescents reported anything negative about their families in comparison to urban adolescents (Glendinning, 1998), and also spent more time with their families and have responsibilities to carry out within their families (Stavi et al., 2007). This contributed to higher incidences of family communication among rural families when compared with urban families (McNaughton & Niedzwiecki, 2000). Hence, Khasi-Jaintia Urban Females showed highest significant difference with Garo Rural Female adolescents on Family Communication.

Table 27. *Post-hoc Mean Comparison between Groups on Mother Attachment Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Mother Attachment	Khasi-Jaintia Urban Male	Khasi-Jaintia Rural Male	6.140*	1.493	.02	0.51	11.77
		Khasi-Jaintia Rural Female	8.620*	1.493	0	2.99	14.25
		Garو Urban Male	10.600*	1.493	0	4.97	16.23
		Garو Urban Female	10.620*	1.493	0	4.99	16.25
		Garو Rural Male	11.360*	1.493	0	5.73	16.99
		Garو Rural Female	12.380*	1.493	0	6.75	18.01
	Khasi-Jaintia Urban Female	Khasi-Jaintia Rural Female	6.980*	1.493	.003	1.35	12.61
		Garو Urban Male	8.960*	1.493	0	3.33	14.59
		Garو Urban Female	8.980*	1.493	0	3.35	14.61
		Garو Rural Male	9.720*	1.493	0	4.09	15.35
		Garو Rural Female	10.740*	1.493	0	5.11	16.37
		Khasi-Jaintia Rural Male	6.240*	1.493	.016	0.61	11.87

Results on Table 27 shows that for Mother Attachment, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garو Rural Female (12.380*) and a lowest significant mean difference between Khasi-Jaintia Urban Male and Khasi-Jaintia Rural Male (6.140*). Lying between these two extremes are the mean significant differences between the Khasi Urban Male with: Khasi-Jaintia Rural Female (8.620*), Garو Urban Male (10.600*), Garو urban Female (10.620*), Garو Rural Male (11.360*). The results also showed a significant

difference between the means of Khasi-Jaintia Urban Female with: Khasi-Jaintia Rural Female (6.980*), Garo urban Male (8.960*), Garo Urban Female (8.980*), Garo Rural Male (9.720*), Garo Rural Female (10.740*). Also, the Khasi-Jaintia Rural Male and Garo Rural Female showed a mean significant difference of (6.240*).

Table 28. *Post-hoc Mean Comparison between Groups on Mother Trust variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Mother Trust	Khasi-Jaintia Urban Male	Khasi-Jaintia Rural Female	3.820*	0.791	.002	0.84	6.8
		Garo Urban Male	4.380*	0.791	0	1.4	7.36
		Garo Urban Female	5.080*	0.791	0	2.1	8.06
		Garo Rural Male	5.660*	0.791	0	2.68	8.64
		Garo Rural Female	6.940*	0.791	0	3.96	9.92
	Khasi-Jaintia Urban Female	Khasi-Jaintia Rural Male	3.200*	0.791	.024	0.22	6.18
		Khasi-Jaintia Rural Female	3.640*	0.791	.004	0.66	6.62
		Garo Urban Male	4.200*	0.791	0	1.22	7.18
		Garo Urban Female	4.900*	0.791	0	1.92	7.88
		Garo Rural Male	5.480*	0.791	0	2.5	8.46
		Garo Rural Female	6.760*	0.791	0	3.78	9.74
	Khasi-Jaintia Rural Male	Garo Rural Female	3.560*	0.791	.006	0.58	6.54
	Khasi-Jaintia Rural Female	Garo Rural Female	3.120*	0.791	.032	0.14	6.1

The Scheffe's Post Hoc test in Table 28 shows that for Mother Trust, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garo Rural Female(6.940*), while on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Rural Female and Garo Rural Female (3.120*). Lying between these two extremes are the mean significant differences between the Khasi-Jaintia Urban Male and the groups: Khasi-Jaintia Rural Female (3.820*), Garo Urban Male (4.380*), Garo Urban Female (5.080*), Garo Rural Male (5.660*). The results also show a significant difference between the means of Khasi-Jaintia Urban Female and the groups: Khasi-Jaintia Rural Male (3.20*), Khasi-Jaintia Rural Female (3.640*), Garo Urban Male (4.20*), Garo Urban Female (4.90*), Garo Rural Male (5.480*), Garo Rural Female (6.760*). Also, the Khasi-Jaintia Rural Male and Garo rural Female show a mean significant difference of (3.560).

Table 29. *Post-hoc Mean Comparison between Groups on Mother Communication Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Mother Communication	Khasi-Jaintia Urban Male	Khasi-Jaintia Rural Male	4.420*	0.984	.006	0.71	8.13
		Khasi-Jaintia Rural Female	5.000*	0.984	.001	1.29	8.71
		Garو Urban Male	6.640*	0.984	0	2.93	10.35
		Garو Urban Female	6.480*	0.984	0	2.77	10.19
		Garو Rural Male	6.720*	0.984	0	3.01	10.43
		Garو Rural Female	9.440*	0.984	0	5.73	13.15
	Khasi-Jaintia Urban Female	Garو Urban Male	5.060*	0.984	.001	1.35	8.77
		Garو Urban Female	4.900*	0.984	.001	1.19	8.61
	Khasi-Jaintia Rural Male	Garو Rural Male	5.140*	0.984	0	1.43	8.85
		Garو Rural Female	7.860*	0.984	0	4.15	11.57
	Khasi-Jaintia Rural Female	Garو Rural Female	5.020*	0.984	.001	1.31	8.73
		Garو Rural Female	4.440*	0.984	.006	0.73	8.15

The Scheffe's Post Hoc test in Table 29 shows that for Mother Communication, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garو Rural Female (9.440*), on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Urban Male and Khasi-Jaintia Rural Male (4.420*). Lying between these two extremes are the mean significant

differences between the Khasi-Jaintia Urban Male and the groups: Khasi-Jaintia Rural Female (5.000*), Garo Urban Male (6.640*), Garo Urban Female (6.480*), Garo Rural Male (6.720*), Garo Rural Female (9.440*). The results also showed a significant difference between the means of Khasi-Jaintia Urban Female and the groups: Garo urban Male (5.06*), Garo Urban Female (4.90*), Garo Rural Male (5.140*), Garo Rural Female (7.860*). Also, the Khasi-Jaintia Rural Male and Garo rural Female showed a mean significant difference of (5.020*). The Khasi Rural Female and Garo Rural Female have a mean significant difference of 4.440.

Table 30. *Post-hoc Mean Comparison between Groups on Mother Alienation Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Mother Alienation	Khasi-Jaintia Urban Male	Garo Rural Female	.900*	0.214	.015	0.09	1.71
	Khasi-Jaintia Urban Female	Garo Rural Female	.960*	0.214	.006	0.15	1.77

The Scheffe's Post Hoc test in Table 30 shows that for Mother Alienation, there is a significant mean difference between Garo Rural Female and Khasi-Jaintia Urban Male(0.900*) and also between Garo Rural Female and Khasi-Jaintia Urban Female(0.960*).

Table 31. *Post-hoc Mean Comparison between Groups on Father Attachment Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Father Attachment	Khasi-Jaintia Urban Male	Garو Urban Male	6.500*	1.717	0.048	0.02	12.98
		Garو Urban Female	7.920*	1.717	0.004	1.44	14.4
		Garو Rural Male	8.740*	1.717	0.001	2.26	15.22
		Garو Rural Female	11.140*	1.717	0	4.66	17.62
	Khasi-Jaintia Urban Female	Garو Rural Male	6.480*	1.717	0.05	0	12.96
		Garو Rural Female	8.880*	1.717	0	2.4	15.36
	Khasi-Jaintia Rural Male	Garو Rural Female	6.880*	1.717	0.027	0.4	13.36

The Scheffe's Post Hoc test Table 31 shows that for Father Attachment, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garو Rural Female (11.140*) and on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Urban Female and Garو Rural Male (6.480*). Lying between these two extremes are the mean significant differences between the Khasi-Jaintia Urban Male and the groups: Garو Urban Male (6.500*), Garو urban Female (7.920*), Garو Rural Male (8.740*). The results also show a significant difference between the means of Khasi-Jaintia Urban Female and Garو Rural Female (8.880*). Also, the Khasi-Jaintia Rural Male and Garو Rural Female show a mean significant difference of (6.880*).

Table 32. *Post hoc Mean Comparison between Groups on Father Trust Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Father Trust	Khasi-Jaintia Urban Male	Garو Rural Male	4.540*	1.11	.021	0.35	8.73
		Garو Rural Female	7.000*	1.11	0	2.81	11.19
	Khasi-Jaintia Urban Female	Garو Rural Female	5.340*	1.11	.002	1.15	9.53
	Khasi-Jaintia Rural Male	Garو Rural Female	4.480*	1.11	.025	0.29	8.67
	Khasi-Jaintia Rural Female	Garو Rural Female	4.520*	1.11	.022	0.33	8.71

The Scheffe's Post Hoc test Table 32 shows that for Father Trust, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garو Rural Female (7.000*); on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Rural Male and Garو Rural Female (4.480*). Lying between these two extremes are the mean significant differences between the Khasi-Jaintia Urban Male and Garو Rural Male (4.540*). The results also show a significant difference between the means of Garو Rural Female and the groups: Khasi-Jaintia Urban Female (5.340*), Khasi-Jaintia Rural Female (4.520*).

Table 33. *Pos- hoc Mean Comparison between Groups on Father Communication Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Father Communication	Khasi-Jaintia Urban Male	Garو Urban Female	4.500*	1.022	.008	0.65	8.35
		Garو Rural Male	4.560*	1.022	.007	0.71	8.41
	Garو Rural Female	7.400*	1.022	0	3.55	11.25	
	Khasi-Jaintia Urban Female	Garو Rural Female	5.580*	1.022	0	1.73	9.43
	Khasi-Jaintia Rural Male	Garو Rural Female	4.720*	1.022	.004	0.87	8.57
	Khasi-Jaintia Rural Female	Garو Rural Female	4.560*	1.022	.007	0.71	8.41
	Garو Urban Male	Garو Rural Female	4.720*	1.022	.004	0.87	8.57

The Scheffe's Post Hoc test in Table 33 shows that for Father Communication, there is a highest significant mean difference between Khasi-Jaintia Urban Male and Garو Rural Female (7.400*); on the other hand, there is a lowest significant mean difference between Khasi-Jaintia Urban Male and Garو Urban Female (4.500*). Lying between these two extremes are the mean significant differences between the Khasi-Jaintia Urban Male and Garو Rural Male (4.560*). The results also show a significant difference between the means of Garو Rural Female and the groups: Khasi-Jaintia Urban Female (5.580*), Khasi-Jaintia Rural Male (4.720*), Khasi-Jaintia Rural Female (4.560*), Garو Urban Male (4.720*).

Table 34. *Post hoc Mean Comparison between Groups on Father Alienation Variable for the whole sample.*

Variable	Standard Group	Comparison Groups	Mean Difference	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Father Alienation	Garo Rural Female	Garo Urban Male	3.640*	0.867	.015	0.37	6.91

The Scheffe's Post Hoc test in Table -34 shows that for Father Alienation, there is a significant mean difference of 3.640 between Garo Urban Male and Garo Rural Female.

On all the dimensions of the IPPA scale measuring the dimensions of mother and father attachment, the highest significant mean difference between Khasi-Jaintia Urban Male and Garo Rural Female on all the dimensions are seen from Table 27 to Table 34, except for Father Alienation where significant difference was seen between Garo Urban Male and Garo Rural Female. Significant difference was stated in the perception of parental attachment and the degree of alienation between urban and rural adolescents, where urban adolescents showed lower scores in attachment, trust and communication and higher levels of parental alienation than those in rural areas (Diannara et al., 2014). The cultural difference between the Khasi-Jaintia and Garo adolescents was also seen in Mother and Father Attachment dimensions.

Table 35. *Kruskal Wallis Test of Behavioural and Emotional Problems on Family Structure.*

	Internalizing Problems	Externalizing Problems	Total Problems
Chi-Square	7.383	3.108	4.344
Df	7	7	7
Sig.	.390	.875	.739
a. Kruskal Wallis Test			
b. Grouping Variable: Family Structure			

Kruskal Wallis test was done to see if family structure influenced behavioural and emotional problems of adolescents in the population under study. A non-parametric test had been chosen since it was not a normal distribution. The results revealed in Table 20 shows that family structure had no significant effect on behavioural and emotional problems in adolescents. This contradicts a number of studies which states that adolescents from intact families of both biological parents showed positive emotional well-being in comparison to adolescents from non-intact families (Nelson, Clark, & Acs, 2001; Brown, 2004; Sweeney, 2007; Manning & Lamb, 2003; Waldfogel, Craigie, & Brooks-Gunn, 2010).

Adolescents living with a single mother but had at least one grandparent in a multigenerational household do fare better (Deleire & Kalil, 2002). In the Khasi-Jaintia and Garo families, a family of an heiress consist of parents, children, unmarried siblings of the mother and her parents (Mawrie, 1980) who, therefore, served as protection against mental health problems. In single-mother families, the impacts can be reduced by the father's involvement and by reducing the economic strains among the single-parent families. Father involvement is seen to be beneficial

to those adolescents whose fathers live apart (Carlson, 2006; Sweeney, 2007). Stepchildren in the matrilineal culture may not face high degrees of risk unlike stepchildren from other types of cultures due to the protection they receive from the matrilineal resources (Daly & Wilson, 1988).

This present study is in line with Mechanic and Hansell (1989), who in their study reported that conflict within the family resulted in negative effects on the well-being of adolescents than would family structure. Further, Buehler et al., (1998) and Baharudin (2011) stated that family conflict whether in an intact or non-intact family is a risk factor to adolescents' externalizing and internalizing behaviours and is a stronger predictor of antisocial behaviour in adolescents.

The overall results met the objectives of the study and can be summarized in reference to the outcome of the analyses of family functioning and parental attachment in relation to behavioural and emotional problems.

The summary of the present study, limitation, and suggestion for future research, and the significance of the study are given in the next chapter.

Chapter 5

Summary and Conclusion

Behavioural and emotional problems in adolescents are on the rise. Half of patients with mental illness in adulthood showed symptoms in their adolescent years and only 1 out of 4 are getting the treatment they need (WHO, 2001). Stigma towards seeking help for such problems is prevalent which results in many adolescents suffering in silence. Literature has verified that parents and family play a prominent role towards an adolescent's positive mental health and well-being (Claveirole & Gaughan, 2011). This study hopes to find an understanding of what works in parenting and families in order to reduce risk factors and increase protective factors for adolescents from having behavioural and emotional problems, which as seen can affect their lives until adulthood (Stevanovic, 2013).

This study entitled “Family Functioning and Parental Attachment in relation to Behavioural and Emotional Problems of Adolescents in Meghalaya” was designed with manifold objectives. It aimed to study the prevalence and types of Behavioural and Emotional Problems in the adolescents in Meghalaya, the relationship between Family Functioning and Parental Attachment and Behavioural and Emotional Problems; and to examine the prediction of Family Functioning and Parental Attachment on the Behavioural and Emotional problems; and lastly to determine the independent effects and interactive effects of ‘culture’, ‘ecology’ and ‘gender’ on Family functioning and Parental attachment and Behavioural and Emotional Problems among the target population.

To meet the objectives put forth, 400 adolescents of Meghalaya, comprising of 2 cultures (200 Khasi-Jaintia adolescents and 200 Garo adolescents), 2 ecologies (200 urban adolescents and 200 rural adolescents) and 2 genders (200 male and 200 female) were randomly sampled by following multistage sampling procedure from

the 3 districts of Meghalaya. The age group of the participants were between 14 to 18 years old. The background information of the participants such as age, gender, family structure (intact and non-intact), education, parents' employment, address, religion and tribe were recorded to obtain a representative sample for the study.

The psychological tools employed in the study to examine the prevalence and type of behavioural and emotional problems were the Youth Self Report (YSR; Achenbach, 1991b). To study family functioning and parental attachment, the Family Adaptability and Cohesion Evaluation Scale IV (FACES IV; Olson, 2010) and the Inventory of Parent Peer Attachment Scale (IPPA; Armsden & Greenberg, 1987) were employed respectively. Psychometric adequacy of the behavioural measures was firstly done for the present population as the tests were constructed for other culture(s). Descriptive statistics (Mean, SD, Skewness and Kurtosis) were then employed to describe the dependent measures along the variables of 'culture', 'ecology' and 'gender.' For the administration of t-tests and ANOVA, Levene's test for homogeneity of variance and the Browns-Forsythe Robust test of equality of variances were employed.

As an index of internal consistency and item validity and to examine the relationship between family functioning and parental attachment and behavioural and emotional problems, Pearson correlation was done. To examine the prediction of family functioning and parental attachment on the criterion of behavioural and emotional problems, Regression analysis was employed. Lastly, 2 x 2 x 2 ANOVA statistic with Post-hoc were employed to examine the independent and interaction effects of 'culture', 'ecology', and 'gender' of the main variables on measures of the

dependent variables. Following this format, the data was analyzed by employing IBM-SPSS.

Sample Characteristics

The samples were school-going adolescents ranging from 14 to 18 years of both genders living in rural and urban communities. Adolescents of 14 to 15 years consisted of 49.50% females and 42.50% males. Adolescents under 16 to 18 years consisted of 53% females and 47 % males. There were equal numbers of adolescents representing the rural and urban community as per the design of the study. The type of family structure the adolescents came from were divided into intact and non-intact families, of which 60.75% were from intact family structure and 39.25% were from non-intact family structure.

Psychometric Adequacy of Psychological Scales

The psychometric analysis of the variables indicated that the tests as integrated into this study were found to be fit to be replicated in the population under study for the measurement of the theoretical constructs. The reliability coefficients appeared to be strong showing the reliability or dependability of the scales for the purpose of measurement in the Khasi-Jaintia and Garo population. Also, the Levene's test for homogeneity of variance and the Browns-Forsythe Robust test of equality of variances were found to prove the appropriateness of the scale/ sub-scales for further analysis and interpretation.

The bivariate analysis showed the relationship between the scales and subscales of all the behavioural measures in the study. Some of the items within the scale and subscales had a high correlation (above .5) and some had a lower correlation. The inter-scale relationship was examined as there were two or more

subscales within the three scales of YSR, IPPA AND FACES IV. YSR subscales showed high correlation with each other. Total Problems had positive significant correlations with all the subscales in the YSR. Also, Internalizing Problems indicated positive significant correlations with Anxious/ Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems and Attention Problems. Significant positive correlations were also seen with Externalizing Problems and Rule Breaking and Aggressive Behaviour. The correlation in the FACES IV scale showed high correlation between Balanced Cohesion, Balanced Flexibility, Family Communication and Family Satisfaction. The other dimensions on FACES IV i.e. Disengaged, Enmeshed, Rigid and Chaotic have lower significant correlation with each other. In the IPPA, Mother and Father Attachment, Trust and Communication show high correlation with one another. The Mother and Father Alienation has low correlation with the rest of the scale.

The mean differences on various scales/ sub-scales measures of the behavioural variables revealed the normality of the data; the skewness and kurtosis fall between 1.0 to 2.0 (Miles & Shevlin, 2011). Results indicate that:

1. Khasi-Jaintia adolescents scored significantly higher in behavioural and emotional problems in comparison to Garo adolescents. Additionally, Garo adolescents reported perceiving a significantly higher degree of Enmeshed family functioning, Family Communication, Mother Communication, Father Attachment, Father Trust and Father Communication. The Khasi-Jaintia adolescents report higher perceptions of Mother Alienation and Father Alienation which could be reasons for the observed results on Internalizing Problems; as literature reported that parental attachment and communication are protective factors (Pathak, et al., 2011; Gundy et

al., 2014) and parental alienation a risk factor (Muris, Meesters, & Van den Berg, 2003) to behavioural and emotional problems. These differences between the Khasi-Jaintia and Garo adolescents could also be due to the variation in their social and family structure (Playfair, 1909). According to literature, it is reported that the Garo family is a much more stable family with comparatively lesser divorces in the culture, which could result in the Garo adolescents perceiving lesser alienation from their parents and higher perceived attachment (Nakane, 1967). Their higher perception of Enmeshed family functioning could be seen as having a strong and close relationship with their families, especially the maternal side of the family (Von EHRENFELS, 1971) resulting in higher Family Communication which is again related to lower behavioural and emotional problems. The Garo Hills is mostly under rural areas and are close-knit as a community (National Informatics Centre) as seen in various studies which resulted in lesser probability of mental health problems (Carson et al., 2002).

2. Urban adolescents showed higher scores in Withdrawn/ Depressed, Anxious/ Depressed, Aggressive Behaviour, Other Problems and Total Problems. Additionally, adolescents from rural families reported significantly higher Family Communication and Family Satisfaction. Urbanisation has been stated to be a risk factor to behavioural and emotional problems as urban poverty is a result of unemployment in rapidly urbanised areas (Patel et al., 2008). It also brings social support changes, cultural dynamic changes and varied life events which are associated with depression and anxiety, especially in female adolescents (Harpham, 1994). Also, in rural ecologies, families spend more time with one another and are more involved in family obligations and responsibilities (Leevy, 1940; Stavi et al.,

2007). This resulted in added communication among their family members (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). A higher number of rural adolescents reported their family as supportive and are satisfied with how their family functions (Glendinning, 1998). Having a positive perception of family communication and family satisfaction resulted in lower behavioural and emotional problems (Maenle & Herringshaw, 2007; Kenny, Dooley, & Fitzgerald, 2013). One unique feature in the parenting of children among the population under study is that they show importance to manual work and children are encouraged to help their parents in the manual work at the home. Literature showed that division of chores and labour among the rural families showed higher cohesion in the family functioning (Stavi et al., 2007). Therefore, inculcating this practice among the urban adolescents could improve family functioning and also be a protective factor against behavioural and emotional problems.

3. Female adolescents reported higher Internalizing Problems and Total Problems in comparison to male adolescents. Adolescent males reported significantly higher Balanced Flexibility in their families and females showed significantly higher Mother Communication; and Enmeshed and Rigid family functioning. Adolescent females, in general, are said to be more vulnerable and are more aware of their emotions, hence, reacting emotionally to stressful experiences makes them show higher behavioural and emotional problems (Zahn-Wexler, Klimes-Dougan, & Slattery, 2000). Also, females from matrilineal cultures have been seen to show higher behavioural and emotional problems which could be due to the difference in gender expectations where a larger degree of responsibility and expectations are shouldered by the females (Ram et al., 2014). Parents are said to communicate more

openly with their adolescent daughters than sons (Fitzpatrick & Vangelisti, 1995; Fitzpatrick & Marshall, 1996). Adolescent males perceived receiving a higher degree of autonomy in comparison to female adolescents who perceived lesser encouragement for autonomy from both their parents and also reported higher degree of overprotection especially from their father (Ram, Strohschein, & Gaur, 2014), which can be concluded that females perceived higher enmeshment and rigidity in family functioning. A high family cohesion with lack of flexibility was associated with anxiety and other behavioural and emotional problems (Peleg Popko & Dar, 2001; Carris, Sheeber, & Howe, 1998). It is concluded therefore that higher perceived mother communication did not reduce risk to mental health problems in comparison to unhealthy family functioning which increased the likelihood of females having behavioural and emotional problems as reported in this study.

Khasi-Jaintia Urban Females showed significantly higher Anxious/ Depressed, Withdrawn/ Depressed and Internalizing Problems in comparison to all other groups. Girls in the Khasi-Jaintia community are trained to take up responsibility in looking after their families especially the heiress. They have a 'fear of failure' if they venture into non-traditional roles, which adds to the pressure of living their lives according to familial and societal expectations (Syiem, 2015). Additionally, they are obedient, submissive and accommodating in their personalities (Warjri, 2011) which contribute to their anxious/ depressed, withdrawn/ depressed, internalizing problems and an overall higher total problem than adolescent males. The significant differences seen in the dimensions of parental attachment and family functioning among these two tribes puts the Khasi-Jaintia adolescent female at risk as there are differences in their cultural and family systems. As mentioned,

urbanisation is a risk factor due the economic pressure, stressful jobs of parents, cultural changes and exposure to various beliefs and principles (Patel et al., 2008; Watkins et al., 2013; (Harpham, 1994), they have small family size in comparison to rural families where there are higher family satisfaction and closeness in their large family size which are protectors of behavioural and emotional problems (Santos, Kawamura, & Kassouf, 2012). Furthermore, Garo adolescents also showed to score higher in Enmeshed family functioning which could imply a strong and close relationship shared with their families (Von EHRENFELS, 1971). This, in turn, resulted in them showing higher Family Communication in comparison to Khasi-Jaintia adolescents. Family communication was further seen as a protective factor to adolescent behavioural and emotional problems (Wills & Yaeger, 2003). Garo adolescents reported perceiving a significantly higher degree of Mother Communication, Father Attachment, Father Trust, Father Communication. The Khasi-Jaintia adolescents reported higher perceptions of Mother Alienation and Father Alienation. Literature has proven that the more the adolescent perceived a close attachment, trust and communication with their parents, the lesser the probability of having behavioural and emotional problems (Laible, Carlo, & Rafaelli, 2000; Pathak, et al., 2011; Allen et al., 1998; Gundy et al., 2014). Perceived alienation in the Khasi-Jaintia adolescents was linked to higher behavioural and emotional problems as reported in past studies as well (Baker & Ben-Ami, 2011; Sher, 2015).

4. No significant difference was seen in various comparisons on Externalizing Problems, which is in contrast with past literature. Physical and social aggression is seen in both genders (Paquette & Underwood, 1999), although in different forms.

Adolescent girls internalize anger in the form of verbal aggression showing withdrawn and stubborn behaviour whereas males are shown to express these emotions externally (Miettunen et al., 2014; Crick, 1996). Additionally, Khasi-Jaintia community females display more aggressive and violent behaviour than males who have become more tolerant (Lyngdoh, 1979).

Relationship between Behavioural and Emotional Problems and Parental Attachment and Family Functioning

Bivariate analysis was also performed to examine the relationship between family functioning and mother and father attachment in relation to the behavioural and emotional problems among adolescents. Results indicated that Enmeshed, Chaotic, Family Communication, Family Satisfaction, Mother Attachment, Mother Trust, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father Communication and Father Alienation are statistically significant. Family Communication and Family Satisfaction both show significant inverse relationship with Total Problems. Mother Attachment had an inverse medium correlation with Total Problems while Mother Alienation had a direct relationship with Total Problems with a positive correlation coefficient and Father Alienation had a direct relationship with Total Problems. However, Enmeshed, Chaotic, Mother Trust, Mother Communication, Father Attachment, Father Trust and Father Communication have relatively low correlation values (less than .3) which means there is no correlation and will not be taken into consideration in the Regression analysis.

Prediction of Behavioural and Emotional Problems on Family Functioning and Parental Attachment

Multiple Regression analysis (stepwise) was calculated in the prediction of behavioural and emotional problems on family functioning dimensions (Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, Chaotic, Family Communication and Family Satisfaction) and the mother and father attachment dimensions (Mother And Father Attachment, Trust, Communication and Alienation). The behavioural and emotional problem (Total Problem) as the criterion and dimensions of parental attachment and family functioning as the predictors were calculated. Their Standardized Coefficients (Beta) indicates that Total Problem has an inverse relationship with Family Communication, Family Satisfaction and Mother Attachment. And there is an increase in Total Problem with an increase in Mother Alienation and Father Alienation. Total Problems can be predicted from Family Communication by 1.3%, Family Satisfaction by 6.0%, Mother Attachment by 9.3%, Mother Alienation by 10%, and Father Alienation by 6.2%. The predictors of other dimensions were not taken into consideration as mentioned since their correlation value to behavioural and emotional problems was low.

The dimensions of Family Functioning indicated that Family Communication and Family Satisfaction significantly predicted Behavioural and Emotional problems. A number of behavioural and emotional problems in adolescents are linked to unhealthy communication interaction within the family (Sabatelli & Anderson, 1991; Bogels & Brenchman-Toussaint 2006; Kwok & Shek 2010). Eating meals together, spending time doing activities and rituals together, had extended families included in their families, were ways of achieving a high degree of communication and are

related to a low incidence of mental health problems and higher family satisfaction which is the other factor that predicted positive mental health (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). It includes sharing feelings about one another, capacity to listen and communicate, to be respectful to each other, family's ability to solve problems, and to be flexible amongst other areas (Vidović et al., 2005; Olson et al., 1983).

A number of studies supported that parental attachment is a protective factor to adolescent behavioural and emotional problems. A secure attachment between adolescents with both parents was less likely to have mental health problems in both rural and urban setup (Pathak, et al., 2011; Gundy et al., 2014). In the matrilineal societies of the Khasi-Jaintia and Garo, the mother plays a huge role in the family as children take after her clan name and she bears the responsibility of child-rearing; however, through this study, it is seen that father attachment and father alienation also plays an influential role in protecting adolescents from behavioural and emotional problems. A secure and trusting attachment with their fathers, with open communication, resulted in positive mental health and well-being in adolescents (Lamb, Pleck, Charnov, & Levine, 1987; Brooks et al., 2015; Bogels & Phare, 2008; Meece & Robinson, 2014). Perceived parental alienation predicted behavioural and emotional problems as seen in the study of Muris, Meesters & Van den Berg (2003). Even a non-residing mother or father can reduce risk to behavioural and emotional problems by being more involved in their adolescent child's life (Lamb, Pleck, Charnov, & Levine, 1987).

Independent Effect of Independent variable on Dependent variables

Results of one way ANOVA of culture on the dependent variables revealed that culture had a significant independent effect on Balanced Flexibility, Enmeshed and Family Communication dimensions of family functioning; and on all the dimensions of Mother and Father Attachment. Family imbibes customs and practices prevalent in the culture they live in. Asian parents are seen to show lesser warmth and acceptance in comparison to Western parents where higher degree of parental warmth was perceived (Stewart, Bond, Abdullah, & Ma, 2000). A variation in family functioning was also seen in different cultures. Irish and Scandinavian families showed nuclear but connected families whereas the Mexican and Italian families showed enmeshed functioning and greater emotional expressions (Woehrer, 1988). From the results of this study too it has been seen that Garo culture had a significantly higher degree of Enmeshed family functioning, Family Communication, Mother Communication, Father Attachment and Family Communication. The different structures and principles within a culture influenced the type of functioning within a family.

Results of one way ANOVA of ecology on the dependent variables revealed that ecology had a significant independent effect on Total Problem, and on the family functioning dimensions of Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction; and the dimensions of Mother Attachment, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father, Communication and Father Alienation;. The rise in urbanisation has been shown to be a risk factor to behavioural and emotional problems in adolescents (Aggarwal &

Berk, 2015). In rural areas too, adolescents reported loneliness, depression and substance abuse (Puskar et al., 1999). Due to experiences of hardships, parents tend to neglect in aiding their child's emotional and social development which resulted in a significant effect on perceived parental attachment in rural families (Stewart et al., 1994). However, another study reported higher parental attachment in rural children in comparison to urban children (Dewanggi, Hastuti, & Herawati, 2015). Ecology is also seen to have an effect on family functioning. Rural families have higher cohesion which factored as protection against effect of stressors. On the other hand, urban families are seen to lack cohesion and reported showing increased flexibility (Rada, 2014). Division of chores and labour in rural families resulted in higher cohesion, responsibility and loyalty in the family or perceived enmeshment (Stavi et al., 2007). Rural families have reported having higher family communication and satisfaction than urban families due to the amount of time spent together and having higher cohesion (Elgar et al., 2013; Henry, 1994).

One way ANOVA of Gender revealed significant independent effect on Total Problem, Balanced Flexibility, Enmeshed, Family Communication, Mother Communication, Father Communication and Father Alienation. Past studies too mentioned that both girls and boys are not equally affected by the behavioural and emotional issues (Elder 2018). Adolescent females in ethnic minority cultures perceive rigidity or enmeshment in their family functioning; and the connectedness with their kith and kin as cohesiveness in the families (Madhavan & Gross, 2013; Warjri, 1987). Adolescent females also showed slightly higher levels of family communication and satisfaction than adolescent males (Henry, 1994). However, gender differences were seen where adolescent girls have a closer attachment with

their mothers and disclosed information with them more often (Youniss & Smollar, 1985; Racz & McMahon, 2011). Boys were also seen to be more comfortable communicating with their fathers than girls (Wallenius, Rimpela, Punamaki, & Lintonen, 2009).

The interaction effect of Culture x Ecology on dependent variables for the whole sample showed significant interaction effect of Culture x Ecology on Total Problem, and on the family functioning dimensions of Balanced Cohesion, Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction; and on parental attachment dimensions of Mother and Father Attachment, Trust, Communication and Alienation. Ethnic Black families belonging to urban and rural ecologies were more involved and close-knit even with their extended families, spent more time with one another and partook in various responsibilities in their families and building close relationships as opposed to European urban and rural families (Madhavan & Gross, 2013), resulting in higher family communication, which are features of happiness and satisfaction (Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). Also, urban adolescents from the Khasi-Jaintia culture were reported to show higher behavioural and emotional problems in comparison to other adolescents across the various eight comparison groups done in this study.

The ANOVA results for the interaction effect of Culture x Gender on dependent variables for the whole samples indicated that the significant interaction effect of Culture x Ecology was seen on Total Problem, on family functioning dimensions of Balanced Cohesion, Balanced Flexibility, Enmeshed, Family Communication and Family Satisfaction; and parental attachment dimensions of Mother and Father Attachment, Trust, Communication and Alienation. Internalizing

problems were higher among Thai boys while girls reported higher covert delinquent syndrome in comparison to other cultures where girls showed higher internalizing problems (Weisz et al., 2006). In comparison to other cultures where males showed higher problems (Meltzer et al., 2003), in matrilineal descent, where customs revealed gender discrimination, females showed higher mental health problems (Ram, Strohschein, & Gaur, 2014). Among the Khasi-Jaintia community, aggressive and violent behaviour is much more related to females while males are seen to have become more tolerant (Lyngdoh, 1979). This interaction effect on parental attachment showed that Asian adolescent girls perceived greater levels of supervision, which is seen as warmth. Boys, though, associate additional supervision as dominating behaviour of the parents (Stewart, Bond, Abdullah, & Ma 2000). In matrilineal cultures, mothers are expected to have a strong attachment with their children especially their daughters, resulting in fathers having limited control over their children (Phiri, 1983). The interaction effect on family functioning is seen where females in ethnic minority cultures perceived higher rigidity or enmeshment with their kith and kin as cohesiveness in the family in comparison to American adolescents who would perceive this as dysfunctional (Madhavan & Gross, 2013). Slightly higher levels of family communication and family satisfaction in adolescent were also seen in females (Henry, 1994). It was seen from this study that female Khasi-Jaintia adolescents had higher behavioural and emotional problems in comparison to Garo male/ female adolescents. This reveals the interaction effect of culture and gender.

ANOVA results for the interaction effect of Ecology x Gender on dependent variables for the whole samples showed that the significant interaction effect was

seen on Total Problem, Balanced Flexibility, Enmeshed, Rigid, Family Communication, Mother and Father Attachment, Trust, Communication and Alienation. The interaction of ecology and gender on family functioning was supported by studies where both male and female adolescents from urban backgrounds reported having lesser familial obligations than rural adolescents and spend more time outside their homes (Leevy, 1940). Family communication is associated with more families spending time together more frequently (Kiser et al., 2005). Therefore, from the above literature, rural female adolescents show a higher degree of family communication. Rural adolescents also reported higher cohesion in comparison to urban adolescents who reported higher family flexibility (Rada, 2014). In ethnic minority cultures, like one of the Khasi-Jaintia and Garo adolescents where there is a strong connectedness to the maternal side of the family and in living conditions with other extended maternal family members (Mawrie, 1980), adolescent females would likely report higher rigidity and/or enmeshment (for both genders) (Madhavan & Gross, 2013;). Girls are expected to be obedient in this matrilineal culture and there were lesser expectations from the boys which would impact their perception of flexibility in their family (Warjri, 1987). Finally, adolescent females also showed slightly higher levels of family communication and satisfaction (Henry, 1994). Interaction effect of ecology and gender was also reported in past studies where higher parental attachment, parental trust and parental communication and lower parental alienation were seen in rural adolescents in comparison to urban adolescents (Dewanggi, Hastuti, & Herawati, 2015) where female adolescents reported higher parental alienation than their male counterparts. Females are also reported to be more open in their communication with their parents especially their

mother whereas boys found it difficult for both parents (Fitzpatrick & Vangelisti, 1995; Fitzpatrick & Marshall, 1996). In the present study, urban females showed higher behavioural and emotional problems.

2 x 2 x 2 ANOVA for the interaction effect of Culture x Ecology x Gender on dependent variables for the whole sample revealed significant interaction effect of Culture x Ecology x Gender as was seen on Total Problem, on all the dimensions of family functioning i.e. Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, Chaotic, Family Communication and Family Satisfaction; and also significant effect on the dimensions of parental attachment i.e. Mother and Father Attachment, Trust, Communication and Alienation with Eta square as the effect size. Culture has a significant effect on what can be determined as a behavioural or emotional problem with gender and ecological differences as seen in past literature (Arnet & Jensen, 1993; Armistead, Forehand, Brody, & Maguen, 2002). Family functioning was also seen to vary across various cultures and ethnic groups where rural/ urban adolescents perceive family functioning differently based on their genders (Woehrer, 1988; Compañ, Moreno, & Pascual, 2002; Gray et al., 2013). The interaction effect of culture, ecology and gender were also seen in perceived parental attachment in adolescents with rural and urban differences in both male and female adolescents (Dewanggi, Hastuti, & Herawati, 2015). Result from the present study also showed the interaction effect of culture, ecology and gender on behavioural and emotional problems. Being a female in a matrilineal society following certain cultural principles and structures and living in an urban ecology becomes a risk factor to behavioural and emotional problems.

The result findings of this study can be summarized in relation to the theoretical expectations (hypotheses) put forth as follows:

1. Adolescents in Meghalaya showed behavioural and emotional problems of Anxious/ Depressed, Withdrawn/ Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Aggressive Behaviour, Rule-Breaking Behaviour and Other Problems which were further categorized into Internalizing Problems, Externalizing Problems and Total Problems. The prevalence of behavioural and emotional problems are significantly highest in Khasi urban females on Withdrawn/ Depressed, Anxious/ Depressed, Internalizing Problems and Total Problems.
2. There are significant relationships between Behavioural and Emotional Problems and family factors of Family Functioning (Family Communication and Family Satisfaction) and Mother and Father Attachment (Mother Attachment, Mother Alienation and Father Alienation).
3. Family Communication, Family Satisfaction, Mother Attachment, Mother Alienation and Father Alienation significantly predict Behavioural and Emotional Problems in adolescents.
4. The significant independent effect of Culture, Ecology and Gender was seen on the dependent variables. The culture had significant independent effect on all the dimensions of Balanced Flexibility, Enmeshed and Family Communication dimensions of family functioning; and on Mother and Father Attachment. Ecology had a significant independent effect on Total Problem and the dimensions of family functioning dimensions of Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction; on Mother Attachment, Mother

Communication, Mother Alienation, Father Attachment, Father Trust, Father, Communication and Father Alienation. Gender had significant independent effects on Total Problem score, Balanced Flexibility, Enmeshed, Family Communication, Mother Communication, Father Communication and Father Alienation.

5. Culture x Ecology showed significant interaction effect on Total Problem; and on the family functioning dimensions of Balanced Cohesion, Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction; on Mother and Father Attachment, Trust, Communication and Alienation of parental attachment.

Culture x Gender showed significant interaction effect on Total Problem, Balanced Cohesion, Balanced Flexibility, Enmeshed, Family Communication, Family Satisfaction, Mother and Father Attachment, Trust, Communication and Alienation.

Ecology x Gender showed significant interaction effect on Total Problem, on the family functioning dimensions of Balanced Flexibility, Enmeshed, Rigid and Family Communication; and on dimensions of Mother and Father Attachment, Trust, Communication and Alienation.

Significant interaction effect of Culture x Ecology x Gender was seen on Total Problem, in all the dimensions of family functioning i.e. Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Family Communication And Family Satisfaction; and also on all dimensions of parental attachment i.e. Mother and Father Attachment, Trust, Communication and Alienation; and also significant effect on the dimensions. Post-hoc comparisons also confirmed the mean differences among the groups under study.

Limitations

This study is limited in a few aspects. It is a one-phase study which makes it difficult to find causality in the interactive family factors of communication, attachment and functionality to adolescents' mental health. However, studies which were longitudinal in nature have proven that aspects in the family environment do predict adolescents' behavioural and emotional problems and their overall well-being in a positive or negative manner.

Another limitation lies in the sample criterion. Only data from the community samples were taken into the study, which means that the population seeking help for their mental health problems have been excluded. Taking into account data from the clinical population would give researchers a greater understanding of the gravity of the issues in the state of Meghalaya.

Not all adolescents coming from adverse family environments have mental health problems. Their temperament, personality type, resilience and birth order also significantly influence behavioural and emotional problems as seen from the discussion of the literature review. These variables were not taken into consideration. A study on these aspects would have provided an aggregate understanding, in order to accurately strategize treatment interventions for the adolescent and his/her family.

Suggestions for Future Studies

In consideration of the limitations of the present study, future research studies are required to look into other non-familial variables that could contribute to the prevalence of behavioural and emotional problems in adolescents.

Also, a longitudinal study is required to better understand the degree of prediction of family factors on behavioural and emotional problems.

A study of the clinical sample would give a more extensive understanding of the prevalence of mental health problems in the State what acts as risks and protective factors in the prevention and intervention of such problems.

The effect of culture was seen on various variables and dimensions of the scales used in this study, which had an effect on the behavioural and emotional problems of the adolescents, the parental attachment and family functioning. The high degree of perceived parent alienation among these cohesive matrilineal adolescents irks curiosity as to what is perceived as a healthy parental attachment and family functioning by adolescents today. A qualitative study would have given more input into cultural variations.

Lastly, the application of the results from this study could be used in the intervention and treatment of adolescents with behavioural and emotional problems to be able to deduce the practical applicability of the findings in the field of therapy and psychoeducation for parents.

Significance of the study

This study brought to light the prevalence of the behavioural and emotional problems of the Khasi-Jaintia and Garo adolescents of Meghalaya. According to the knowledge of the researcher, this is the pioneer study in the field of mental health problems on adolescents in the State.

Another significance of this study is the awareness of the fact that Garo adolescents perceived a healthier family functioning and parent attachment and communication in comparison to the Khasi-Jaintia adolescents.

The differences in behavioural and emotional problems, family functioning and parental attachment between the Khasi-Jaintia and Garo families were noted and it brought forward the curiosity to discover the specific aspects which caused the variation.

The importance of perceived mother attachment was further confirmed in this study as a protector of behavioural and emotional problems in adolescents.

As indicated in this study, a repercussion of perceived mother alienation is a strong predictor of mental health problems in adolescents. This calls for parents from intact and non-intact families to continue building the attachment, trust and security as a way to protect them from any behavioural and emotional problems.

This study highlights the need for healthy family communication and a high degree of family satisfaction to buffer the effects of unhealthy family functioning resulting in the declining incidences of these problems in adolescents.

Ecology was also seen to predict behavioural and emotional problems in adolescents with urban adolescents at a higher risk than rural adolescents. This result emphasizes the need for prevention and intervention strategies in the urban sector.

It also showed that among the Khasi-Jaintia and Garo adolescents, family functioning and parental attachment outweighs the family structure as predictors of behavioural and emotional problems.

Therapists in the field of mental health working with adolescents and families can gain a comprehensive understanding on the role of parental attachment and

family functioning dimensions, especially in the Khasi-Jaintia and Garo communities of North East India.

Lastly, this study provides insight to the Education Department of the State and the mental health professionals of the dire need of awareness and psycho-education among adolescents and parents and notably the necessity of a system in the schools and communities in order to identify adolescents with behavioural and emotional problems, and for concrete and accessible intervention plan.

Appendices

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Brief Bio-Data

ZEBALDA RESTIA DKHAR

New Kench's Trace,

Shillong – 793 004

Date of Birth: 24th December 1987

Email: zebaldarestia@gmail.com

EDUCATION

CHRIST UNIVERSITY, BANGALORE

M.Sc in Counselling Psychology (1st class Distinction) 2009 – 2011

WOMEN'S CHRISTIAN COLLEGE, CHENNAI

B.Sc in Psychology (1st class) 2006 – 2009

LADY KEANE COLLEGE, SHILLONG

Class 12 (Science Stream) (1st class) 2004 – 2006

PINE MOUNT SCHOOL, SHILLONG

Class 10 (ICSE) (1st class) 2003 – 2004

WORK EXPERIENCE

- Psychologist at Private Practice since 2016.
- School Psychologist in St. Edmund's Higher Secondary School since July 2012 till date.
- Counsellor in Laban Presbyterian Church Counselling Centre since January 2018 till date.
- Worked as a Psychologist at Dr. H. Gordon Roberts Hospital, Shillong from October 2011 till July 2012.
- Resource person/ Trainer for Diploma Course in Guidance and Counselling in North East Regional Institute of Education (NERIE) since 2014 till date.
- Resource person for IGNOU Extended contact programme of the Post Graduate Diploma in Higher Education in the year 2015.

- Worked as an In-house Educational Counsellor and Trainer for Personality Development Skills with Spark Academy and Correspondence Institute, Bangalore in 2011.

OTHER QUALIFICATIONS/ PROFESSIONAL TRAINING

- Completed the RISE UP model of Professional Supervision Course from Australian Counselling Association in 2019.
- Completed TA 101 course of the International Transactional Analysis Association under Annie Cariapa, PTSTA (P) in 2011.
- Completed the Neuro-Linguistic Practitioner's course Basic and Advanced Skills in 2014.
- Training workshop on Trauma Counselling organized by Fortis Delhi in 2019.
- Training workshop by Rehabilitation Council of India on Principles and Practices of Behaviour Modification in Mainstream Schools in July 2017.
- Training workshop in Art Therapy conducted by the Korea Academy of Mandala Art Psychotherapy in the year 2015.
- 2 weeks training workshop on Cognitive Analytical Therapy (CAT) with Jacintha Emilion (Counsellor/ CAT therapist, London) and Hilary Brown (Psychotherapist, UK).
- Workshop on Cognitive Behavioural Therapy on 26th & 27th May, 2010 in Bangalore.
- Workshop on Creative Dance Therapy on 18th & 19th June, 2010 in Bangalore.

ACADEMIC RESEARCH EXPERIENCE

- Dkhar, Z. R. (2011). Teenage Motherhood: Perspectives of the Khasi-Jaintia Community. Dissertation submitted in partial fulfilment of the Degree of Master of Science (Counselling Psychology), Christ University, Bangalore.

PARTICIPATION IN NATIONAL / INTERNATIONAL SEMINAR (research papers presented only)

- Indian Social Sciences & Humanities Congress 2019 5th Annual International Conference organized by Paschimbanga Anchalik Ithiha O loksanskriti Charcha Kendra in collaboration with Department of Library and Information Science Jadavpur University on the September 7 to 8, 2019 at Jadavpur University, Kolkata, West Bengal.
- National Seminar on Statistics for People, Society and Economy organized by Department of Statistics Gauhati University, Guwahati, Assam on February 22 to 23, 2019.

RESEARCH PAPERS PUBLISHED

- Dkhar, Z. R. (2019). Gender and Ecological Difference on Anxious and Withdrawn Depressed Emotional Problems among Khasi-Jaintia adolescents of Meghalaya. *Cognizance the New Vistas of Education & Psychology*, 1,132-144.
- Dkhar, Z. R. (2018). A comparative study of two ethnic groups on behavioural problems. *Contemporary Social Scientist*, X-II, 90-94.

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS

- Founding and Life member of the Indian Academy of Professional Supervision.
- Member of the North East Psychological Counsellors Association.
- Member of the Meghalaya Professional Counsellors Union.
- Member of the North East Career Club.

PARTICULARS OF THE CANDIDATE

NAME OF CANDIDATE : ZEBALDA RESTIA DKHAR

DEGREE : DOCTOR OF PHILOSOPHY

DEPARTMENT : PSYCHOLOGY

TITLE OF THESIS : FAMILY FUNCTIONING AND PARENTAL ATTACHMENT IN RELATION TO BEHAVIOURAL AND EMOTIONAL PROBLEMS OF ADOLESCENTS IN MEGHALAYA

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REGISTRATION NO. & DATE : MZU/Ph.D/976 of 22.05.2017

EXTENSION (IF ANY) : NIL

PROF. H. K. LALDINPUII FENTE

Head

Department of Psychology
School of Social Sciences
Mizoram University
Aizawl - 796004

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RELATION TO BEHAVIOURAL AND EMOTIONAL PROBLEMS
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Zebalda Restia Dkhar

DEPARTMENT OF PSYCHOLOGY

MIZORAM UNIVERSITY

AIZAWL

FAMILY FUNCTIONING AND PARENTAL ATTACHMENT IN RELATION TO
BEHAVIOURAL AND EMOTIONAL PROBLEMS OF ADOLESCENTS IN
MEGHALAYA
(ABSTRACT)

BY

Zebalda Restia Dkhar

Psychology Department

Submitted

In partial fulfilment of the Degree of
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Aizawl

Abstract

Introduction: Adolescence is a period whereby human personality begins to develop new dimensions and the individual shows emotional instability and conflict (Speyer, 1949). It is also the period whereby an adolescent is bombarded with numerous choices and possibilities that are associated with their development – psychologically and socially. It, therefore, is not astonishing that mental health problems may begin to arise during this stormy period. It is a period that puts the adolescent “at-risk” to developing mental health problems. It has been seen that rates of depression, suicide, alcohol and drug abuse, conduct disorders increases during this stage, with depression reported to be the most prevalent among adolescents (Laible, Carlo, & Rafaelli, 2000; Cuellar, 2015). For the purpose of this research, the term ‘mental health problem’ is used and is not for a diagnostic intention. Mental disorders are diagnosable clinical set of symptoms (Murphey, Barry & Vaughn, 2013) whereas ‘mental health problems’ is a broader term which included behavioural and emotional problems that may cause distress in an individual and may arise from a series of risk factors including genetic or environmental aspects (Claveirole & Gaughan, 2011). The term behavioural and emotional problems mean “a disability characterized by emotional or behavioural responses that adversely affect family relationships, academic, social, vocational, or personal skills.” They are essentially social and interpersonal problems (Garner, Kauffman & Elliot, 2013). Evans, Jonathan, & Richard (2001) explained that as per the findings from different studies, 9 to 12% of the adolescents have strong emotional symptoms which make negative impacts on daily life or functioning. Achenbach, Dumenci & Rescorla (2002) divided *Behavioural and Emotional Problems* into eight empirically based syndromes which comprise the *Internalizing Problems* which are problems that manifest themselves inwardly that could be described as being Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints; and *Externalizing Problems* which are problems that manifest themselves outwardly that could be seen as Rule Breaking Behaviour and Aggressive Behaviour. Other scales of behavioural and emotional problems described by Achenbach are Social Problems, Thought Problems, and Other Problems (e.g., “I don’t eat as well as I should.”). The onset of most mental

health problems was seen during the adolescent period (Wenar & Kerig, 2005). If problems are not identified and treated at early intervention, the likelihood of it increasing in its level in subsequent years is high. Healthy adulthood is dependent on the successful resolutions of the behavioural and emotional problems

According to Elder (2018), both girls and boys are not equally affected by behavioural and emotional issues. It has been seen that the males are more affected compared to females. Meltzer et al. (2003) also found that mental health problems were greater in boys (13%) in comparison to girls (10%). On the contrary, studies that were conducted on adolescents in Finland, Poland, Norway and Scotland showed that girls had more behavioural and emotional problems than boys (Haugland et al., 2001). However, specific problems are associated with gender differences. Girls have been seen to have more Internalizing problems such as anxiety and depression and boys in Externalizing problems such as physical aggression and delinquency (Pathak et al., 2011; Burstein et al., 2010). Healthy and proper behavioural and emotional development are necessary for the children to help them regulate emotions in a challenging situation and help them sustain learning. Hence, Sun (2001) suggested that it is very important to understand the culture and the ecology under which a child grows up.

Mental health problems in adolescents are dependent on their exposure to various risk factors from five categories – biological and genetics, perceived family environment, social environment, behaviour and personality. Out of all the five categories, the family environment was reported to be the most influential when it comes to the mental health of the adolescents (Levin & Currie, 2010; Keijsers, Loebar, Branje, & Meeus, 2012; Kenny et al., 2013). In one particular study, the association between adolescents' psychological distress was reduced when the adolescent-parent relationship was controlled (Falci, 2006) as the family provides a secure base for them (Shek & Leung, 2013). Studies have also shown that factors such as family attachment, opportunities for positive involvement in the family, a sense of connection, good communication among family members, an environment that encourages expression of feelings, parental warmth and support are factors that protected adolescents from developing any kind of mental health problems (Bogels

& Brenchman-Toussaint, 2006; Hoskins, 2014; Chen & Liu, 2012). Paternal attachment and sensitivity are as important as a mother's sensitivity towards their children's perceived security (Grossmann, et al., 2002). Perceived parent alienation resulted in negative consequences (Baker & Ben-Ami, 2011).

Nomura et al. (2002) in their longitudinal study on family functioning found that a lack of family cohesion increased the risk of depressive disorders in adolescents. And a high family cohesion with lack of flexibility was associated with anxiety (Peleg-Popko & Dar, 2001). Unhealthy family communication could act as a risk factor for the development of mental health problems in adolescents (Bogels & Brenchman-Toussaint, 2006). Adolescents reported having a positive family satisfaction when the factors of perceived daily time use and of observing special events are present, and are flexible and bonded (Henry, 1994). Adolescents who are satisfied with their relationships with parents and family functioning are found to have a low risk of developing behavioural and emotional problems (Kenny, Dooley, & Fitzgerald, 2013).

In the family structure and its transition, the parent-adolescent relationship be it in a resident parent family, or non-residential, a step-parent or a single parent, has a significant influence in the adolescents' distress. Therefore, what matters most is maintaining a good quality relationship and attachment with all parental figures and maintaining a well-functioning family environment across the various types of family structures (Demo & Acock, 1996; Falci, 2006).

The north-eastern hills of India comprise of many races. Two of these are the Khasi-Jaintia and the Garo race belonging to the state of Meghalaya which came into existence as an autonomous state within the state of Assam on April 2, 1970, and attained full statehood on January 21, 1972. The State is divided into two sectors; the first is the Khasi-Jaintia Hills which comprises of the eastern portion and the central high plateau regions, predominantly inhabited by the Khasi-Jaintia people. The second is the Western region renowned for its rich biodiversity and is predominantly occupied by the Garo people (Sangma, 2006). They are both matrilineal in descent. The languages of the State are Khasi, Jaintia and Garo with English as the official

language. Schneider and Gough (1961) defined a matrilineal system as “a system which includes the matrilineal principle but does not include the patrilineal principle.”

Outside the state, the Khasis, Jaintias, and other related sub-groups of the Wars, the Bhois, are known by the common name of Khasi. Even though they may vary from each other in some features due to geographical reasons, they still belong to the same tribe (Pyal & Lyndem, 2002). A typical Khasi family would usually consist of the parents, children, the mother’s parents and the mother’s unmarried siblings. To a Khasi, the family is considered the root and core of the entire race and tribe. Children are known to be the foundation of the family, and without them, a family does not exist (Mawrie, 1980). The woman and mother in this society are treated as equivalent to the male; however, the head of the family is always the father. After marriage, the man would have to go to his wife’s house and settle there if she is the heiress of her family. Even though he may head the family, he is someone from a different clan in his wife’s home and is considered as an outsider (Gaikwad, 2015). In the case of a Jaintia man, he earned for his mother and her family and has his meals at her home even after marriage and would only stay in his wife’s home at night. This impacts the emotional attachment the father has to his wife and children. However, this practice is not seen much in the modern-day due to geographical distance and fathers taking up much more responsibility for their family of procreation (Goswami, 1976). A number of studies have focussed on other areas of the matrilineal system, particularly the mother’s brother. He is looked up to as someone with authority, responsibility and obligation towards his kin. In a study done by Mawlong (1998), it is seen that 77.5 to 80% responded that the role of the maternal uncle is only figurative in the present days and it is only in the traditional Khasi society and those following the indigenous beliefs where he continues to play a decisive role (20 to 22.5%). A girl child is considered an asset among the Khasi and Jaintia family whereas the boys a liability. As a result, the girls are prepared and guided to shoulder a number of responsibilities, leaving the boys feeling disregarded, neglected and inferior. This cultural ground causes a major factor that contributes to the differential treatments of boys and girls in the family (Warjri, 1987). In the case

of the Khasi-Jaintia community, aggressive and violent behaviour is much more related to females and males are seen to have become more tolerant (Lyngdoh, 1979). Separation and divorce are common among the Khasis. An absent father is less likely to invest in his children but much more towards his maternal home and his sister's children (Leonetti, Nath, & Heman, 2007). Over the years, Khasi matriliney has undergone huge changes resulting in what we see today as far from what it was or should have been. The reasons for this change is that people in the urban areas are not as traditional as the people in the rural areas, those who practise religions other than the traditional indigenous ones are more liberal, and the marriage practices have also become different from those who promote the traditional way of life (Mawrie, 1983; Mawrie, 1980).

The Garos, the other tribe in the state of Meghalaya, differ in all aspects of their culture from the Khasis – their descent, physical appearance, attire, food habits, social structure, and so on. The one thing they share in common is their matrilineal descent. The framework of their society is characterized by a basic unit a family (*nok*) or a household (*hokdang*), a matrilineal group (*mahari*) and a descent group (*machong*) and a larger group of clans (*chatchi*). It is established that Garo married women depend on their brother and while they are unmarried to be under the authority of her maternal uncle (Mukherjee, 1958) unlike in the patrilineal society where the father is the authority figure. Just as it is with the Khasi tribe, among the Garos too, the menfolk and the *Mahari* play a vital role in the family affairs and their decision making. The extended family is called a *Machong*. A woman's viewpoint would only be expressed in the *Mahari* through her husband. However, in the present day, there is a change in the role of the *Mahari* in the society and with much more flexibility and leniency in the system giving women a more positive role and status (Marak, 2015). After marriage, a man leaves his mother's home and builds a new home with his wife, and his children take on his wife's surname. The heiress daughter stays at her own parental residence (*Nokrom* marriage), whereas a non-heiress daughter leaves her parental home to build a new nuclear home with her husband (*Agate* marriage). It is established that Garo married women depend on their brother and while they are unmarried under the authority of their maternal uncle

(Mukherjee, 1958), unlike the patrilineal society where the father is the authority figure. The structural marriage system of the Garo is different from what we have seen of the Khasis. Even though they follow the uxorilocal residence after marriage, the men have to leave their *Nok* (home) and live in their maternal uncle's *Nok* which is the home of his wife through cross-cousin marriage system. Hence, the father-in-law who is from the same lineage can keep a check on any pressures from the wife's lineage upon the new groom in the family. Garo marriages usually give the husband the position of paternal authority in his new *Nok*. He is placed second among the members of the *Nok* next to his father-in-law, in case of the *Nokrom*. This is quite different from the Khasi family where the husband has a lower status among the members of his wife's family. The Garo family is said to have strong cohesion and solidarity, with its core centred on the headship of the husband (Nakane, 1967). The essence of the domestic family is the husband-wife relationship rather than the parents-children relationship. Although, the *Chra* (maternal uncle) does keep a check on the power of the husband, this pressure, however, is backed up by the husband's lineage people too. This balance of power on both sides makes Garo marriages successful, making divorce very rare among this community. The husband, therefore, is given all the responsibility for the family and the wife is dependent and subordinates to him, which is a unique feature among the matrilineal system (Nakane, 1967).

Several studies have indicated that in the last 20 years, due to socioeconomic and technological advancements, the percentage of adolescents with mental health problems escalated to a great extent. Therefore, the study of this age group in the present circumstances becomes much more essential in the hope that it will prevent and provide immediate intervention (Chaube, 2002). This prevalence is also supported by the mental health report of the World Health Organization (2001), which said that worldwide between 10% and 20% of children and adolescents suffer from a mental illness. Although a number of studies have been done in different states in India on mental health across different age groups, Meghalaya is lacking in psychological and mental health studies. Also, different studies in different states have different cultures. Hence, one study cannot be used to generalize the issue at hand for the whole country. Family functioning is said to be the correlation between

the psychological adjustment of the adolescents with the parents and the improvement of their behavioural and emotional problems. A family-centred approach to prevention and treatment of adolescent behavioural and emotional problems has been seen to be effectively strong. This shows the importance of the family factors in serving as protective factors of adolescent mental health problems (Kuhn & Laird, 2014). There is a huge gap in knowledge with regard to the prevalence of mental health problems in adolescents and the impact of family on their mental health problems in Meghalaya, as research is still baseline. Gaining an understanding of the prevalence of mental health problems and its association with family factors is an important component of a strategy for the provision of mental health and other services to the adolescent group in the state – be it in the schools or in the community at large.

The present study entitled, “Family Functioning and Parental Attachment in relation to Behavioral and Emotional Problems of Adolescents in Meghalaya” was conducted by following a scientific methodology which could be replicated in future in the selected population in order to structure appropriate prevention and intervention strategies for behavioural and emotional problems in adolescents.

Objectives:

Based on the theoretical foundations, the following objectives were framed for the present study, as under:

1. To examine the prevalence, type and level of behavioural and emotional problems among adolescents.
2. To study the relationship between family functioning and parental attachment and behavioural and emotional problems among adolescents.
3. To examine the prediction of family functioning and parental attachment on behavioural and emotional problems among adolescents.
4. To ascertain the independent effects of ‘culture’, ‘ecology’ and ‘gender’ on family functioning and parental attachment and behavioural and emotional problems among the target population.

5. To determine the interaction effects of 'culture', 'ecology' and 'gender' (culture x ecology x gender) effects on dependent variables among adolescents.

Hypothesis:

To meet the objectives of the study the following hypotheses are set forth for the study:

1. It was expected that there would be a common behavioural and emotional problem among adolescents in Meghalaya.
2. It was expected that a significant relationship between family functioning and parental attachment and behavioural and emotional problems among adolescents.
3. It was expected that family functioning and parental attachment would have a prediction of a significant effect on the behavioural and emotional problems among adolescents in Meghalaya.
4. It was expected that significant independent effects of 'culture', 'ecology' and 'gender' on family functioning, parental attachment and behavioural and emotional problems among the adolescents in the target population.
5. It was also expected that significant interaction effects of 'culture,' 'ecology' and 'gender' (culture x ecology x gender) effects on dependent variables among the adolescents in Meghalaya.

Sample

Four hundred adolescents of Meghalaya, comprising of 2 cultures (200 Khasi-Jaintia adolescents and 200 Garo adolescents), 2 ecologies (200 urban adolescents and 200 rural adolescents) and 2 genders (200 male and 200 female) were randomly sampled by following multistage sampling procedure from the different districts of Meghalaya. The age group of the participants were between 14 to 18 years old school-going adolescents.

Design:

2 x 2 x 2 factorial design was employed, that, 2 Cultures (Khasi and Garo) x 2 Ecologies (Urban and Rural) x Genders (male and female) to meet the objectives of the study

The psychological tool used:

To meet the objectives and the hypotheses set forth for the present study, the psychological tests: Youth Self Report (YSR; Achenbach, 1991b), Family Adaptability and Cohesion Evaluation Scale-IV (FACES IV; Olson, 2010) and Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) were employed.

Sample Characteristics

The sample was adolescent students from ages 14 to 18 years old studying in Grades 9 to 12 from three Districts of Meghalaya. The equal representation of culture, ecology and gender were controlled but the different levels of age groups, education and family structure. The sample of the study of 14 to 15-year-old adolescents consists of 49.50% females and 42.50% males. Adolescents under 16 to 18 years old consist of 53% females and 47 % males. The type of family structure the adolescents came from were divided into intact and non-intact families, of which 60.75% were from intact family structure and 39.25% were from non-intact family structure.

Results:***Psychometric Adequacy of Psychological Scales***

The psychological tests used in this study were originally constructed for another culture and therefore, it becomes necessary to ensure the scales are appropriate in the present study and are valid and reliable for further analysis (Witkin & Berry, 1975). This psychometric test is done to verify the trustworthiness of the scales for the population under study. The results of the item-total coefficient of correlation, reliability coefficients (Cronbach alpha, Split-half and Spearman-Brown Prophecy) for the subscales and total scales of the Youth Self Report (YSR),

Inventory of Parent Peer Attachment (IPPA) and Family Adaptability and Cohesion Evaluation Scale-IV (FACES IV) proved to be trustworthy.

The reliability scores of the alpha coefficient of all the scales suggest the items of the test scales have internal consistency ranging from .53 to .91 for the evaluation of the sample. Split-Half method is used for measuring the internal consistency of the test. Split-Half reliability showed that the items of the test scales have internal consistency ranging from .52 to .91. The Split-Half reliability only gives the results of half the test length. Thus, the Spearman-Brown prophecy (or prediction) formula or the Standardized Cronbach's alpha is a formula relating psychometric reliability and it showed that all the variables with the exception of Balanced Flexibility and Enmeshed (lesser than .70) are considered to have an internally consistent reliable variance of true score variance.

The data were also analyzed for finalizing an appropriate statistic for the present study. The Levene's test showed significance on Rule-Breaking Behaviour, Thought Problem, Other Problems in the YSR scale and Chaotic in the FACES IV scale and Mother Trust in the IPPA scale. This can be concluded that there is a difference between the variances in the population on the mentioned dimensions of the scales. However, the Brown Forsythe test has been applied in incidences where the homogeneity of variances has been violated. The robust test for equality of variances (Brown Forsythe test) showed significance on all the measures thus indicating that there is a homogeneity of variance. Therefore, data analysis of variance can be carried out.

Descriptive Statistics

The descriptive statistics of the raw data consisting of the Mean, Standard Deviation, Skewness and Kurtosis are indices for normality of the scores of the population under study on the measured variables. This is indicated by the skewness statistics which is seen to fall between 1.0 to 2.0 (Miles & Shevlin, 2001).

Adolescents in Meghalaya showed behavioural and emotional problems of Anxious/ Depressed, Withdrawn/ Depressed, Somatic Complaints, Social Problems,

Thought Problems, Attention Problems, Aggressive Behaviour, Rule-Breaking Behaviour and Other Problems which were further categorized into Internalizing Problems, Externalizing Problems and Total Problems. The mean differences between various scales/ sub-scales measures of the behavioural variables revealed that Khasi-Jaintia adolescents scored significantly higher in behavioural and emotional problems in comparison to Garo adolescents. Additionally, Garo adolescents reported perceiving a significantly higher degree of Mother Communication, Father Attachment, Father Trust, Father Communication, Enmeshed Family Functioning and Family Communication. The urban adolescents showed higher scores in Withdrawn/ Depressed, Anxious/ Depressed, Aggressive Behaviour, Other Problems and Total Problems. Additionally, adolescents from rural families reported significantly higher Family Communication and Family Satisfaction. Female adolescents reported higher Internalizing Problems and Total Problems in comparison to male adolescents. Adolescent males reported significantly higher Balanced Flexibility in their families and females showed significantly higher Mother Communication; and Enmeshed and Rigid family functioning. The prevalence of behavioural and emotional problems are significantly highest in Khasi urban females on Withdrawn/ Depressed, Anxious/ Depressed, Internalizing Problems and Total Problems.

This is in contrast with most previous studies where behavioural and emotional problems are seen more in boys than in girls (Steinhausen, 2006; Meltzer et al., 2003). Among the Khasi-Jaintia community, girls are groomed and trained to take up responsibility in looking after their families, especially the heiress (Syiem, 1983). Personality studies on matrilineal adolescent girls reported them as obedient, mild, submissive and accommodating (Warjri, 2011) which contributed to their anxious/ depressed, withdrawn/ depressed, internalizing problems and on the total problem score. Adolescent boys are said to receive more autonomy and lesser pressure from families and society a large (Ram, Strohschein, & Gaur, 2014) which explained them feeling less vulnerable to behavioural and emotional problems. Adolescent males are also reported to have strong superego strength; they are persistent and calm which could be protective factors to developing mental health problems (Warjri, 2011). Garo adolescents also showed to score higher in Enmeshed

family functioning which could be mistaken to portray strong and close relationships that matrilineal societies have with their families (Von EHRENFELS, 1971). This sense of closeness resulted in them also showing higher Family Communication in comparison to Khasi-Jaintia adolescents. Family communication was seen as a protective factor to adolescent behavioural and emotional problems (Wills & Yaeger, 2003). Perceived alienation in the Khasi-Jaintia adolescents was linked to higher behavioural and emotional problems as reported in past studies too (Baker & Ben-Ami, 2011; Sher, 2015).

Rapid urbanization due to rural-urban migration for economic and educational purposes and also as a result of marriage has been linked to urban poverty and a higher probability of behavioural and emotional problems (Patel et al., 2008). Family size also influences behavioural and emotional problems in adolescents. The fertility rate among the Khasi-Jaintia community reported to be twice as high in rural areas than urban areas (NFHS -4, 2015-16) and adolescents from smaller families showed higher behavioural and emotional problems in comparison to those in larger family sizes (Santos, Kawmura, & Kassouf, 2012; Liu, Munakata & Onuoha, 2005).

Bivariate relationship between the variables

The results of the Pearson Correlation showed the relationship between all the variables in the study. The inter-scale relationship was examined as there were two or more subscales within the three scales of YSR, IPPA AND FACES IV. The YSR subscales showed a high correlation with each other. Total Problem had positive significant correlations with all the subscales ($r = .522^{**} - .854^{**}$) in the YSR. Also, Internalizing Problems indicated positive significant correlations with Anxious/Depressed, Withdrawn/Depressed and Somatic Complaints. Significant positive correlations were also seen with Externalizing Problems and Rule Breaking and Aggressive Behaviour. The correlation in the FACES IV scale showed a high correlation between Balanced Cohesion, Balanced Flexibility, Family Communication and Family Satisfaction. The other dimensions on FACES IV i.e. Disengaged, Enmeshed, Rigid and Chaotic have a lower significant correlation with

each other ($r = .119^* - .411^{**}$). In the IPPA scale, Mother and Father Attachment, Trust and Communication showed high correlation with one another. The Mother and Father Alienation has a low correlation with the rest of the scale.

Correlation between Family functioning and Parental attachment was also seen. It was observed that Balanced Cohesion had a medium positive correlation with Mother Attachment ($r = .361^{**}$), Mother Trust ($r=.370^{**}$) and Mother Communication ($r=.367^{**}$). Balanced Flexibility is also found to have a medium positive correlation with Mother Attachment ($r = .302^{**}$), Mother Trust ($r = .310^{**}$), Mother Communication ($r = .337^{**}$), Father Trust ($r = .305^{**}$) and Father Communication ($r = .324^{**}$). Family Communication has a medium positive correlation with Mother Attachment ($r = .352^{**}$), Mother Trust ($r=.373^{**}$) and Mother Communication ($r = .374^{**}$). Family Satisfaction is observed to have a medium positive correlation with Mother Attachment ($r = .429^{**}$), Mother Trust ($r = .413^{**}$), Mother Communication ($r=0.423^{**}$) and Father Communication ($r=0.334^{**}$). Other variables of Family Functioning like Disengaged, Enmeshed, Rigidity and Chaotic have no correlation with the dimensions of Parental Attachment.

The Correlation table showed that the variables Disengaged, Chaotic, Family Communication, Family Satisfaction, Mother Attachment, Mother Trust, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father Communication and Father Alienation, are statistically significant at 0.05 level with Total Problem. Family Communication and Family Satisfaction both show a significant inverse relationship with Total Problem ($r = -.312; -.344$). Mother Attachment has an inverse medium correlation with Total Problem as the correlation coefficient ($r = -.305$), while on the other hand, Mother Alienation has a direct relationship with Total Problem with a positive correlation coefficient ($r = .317$), Father Alienation has a direct relationship with Total Problem ($r = .449$). The remaining variables (Disengaged, Chaotic, Mother Trust, Mother Communication, Father Attachment, Father Trust and Father Communication), although significant, have very low correlation coefficients indicating that there is no correlation between Total Problem and the remaining variables.

Family Communication showed inverse significant correlation with Total Problem which indicated that the higher the perceived family communication, the lower the behavioural and emotional problems in adolescents. Adolescents who perceive their parents and family members as good listeners and understanding and are able to have open communication with them are seen to show a lower risk of any internalizing or externalizing problems (Wills & Yaeger, 2003). Also, Family Satisfaction showed an inverse significant relationship with internalizing, externalizing and total problem which indicates that the higher the perceived family satisfaction, the lower the behavioural and emotional problems in an adolescent. Adolescents who reported being satisfied with their families showed lower risks of developing behavioural and emotional problems (Kenny, Dooley, & Fitzgerald, 2013). Adolescent behavioural and emotional problems are reported to have a significant relationship with mother and father attachment. Chakraborty & Banerjee (2017) also stated that parental attachment with both the mother and father has a significant impact on adolescent problems. The correlation result between perceived Mother Alienation and Father Alienation coincides with literature where it had been found that perceived parent alienation behaviours resulted in negative consequences in children and adolescents (Baker & Ben-Ami, 2011).

Prediction of Behavioural and Emotional Problems on Parental Attachment and Family Functioning

Multiple Regression analysis (stepwise) was calculated in the prediction of behavioural and emotional problems on the mother and father attachment dimensions (Mother and Father Attachment, Trust, Communication and Alienation) and family functioning dimensions (Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, Chaotic, Family Communication and Family Satisfaction). Total Problem has an inverse relationship with Mother Attachment, Family Communication and Family Satisfaction. And there is an increase in Total Problem with an increase in Mother Alienation and Father Alienation. The other dimensions have not been taken into consideration as their correlation score is low. Total Problems can be predicted from Family Communication by 1.3%, Family

Satisfaction by 6.0%, Mother Attachment by 9.3%, Mother Alienation by 10% and Father Alienation by 6.2%.

According to family therapists and researchers, adolescents' identity issues, eating disorders, anxiety, depression, suicide ideations and any other behavioural issues are linked to problematic communication styles in the family (Sabatelli & Anderson, 1991; Bogels & Brenchman-Toussaint 2006; Kwok & Shek 2010). Dissatisfaction with one's family is related to fewer interactions and responsiveness in the family resulting in internalizing and externalizing problems (Cummings, Pellegrine, Notarius, & Cummings, 1989; Suldo & Huebner, 2004).

Literature showed that adolescents with a secure attachment with both parents were less likely to have mental health problems like anxiety and depression in both rural and urban setup (Pathak, et al., 2011; Gundy et al, 2014). Lack of trust and communication between them resulted in negative well-being in the adolescents (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Fanti, Henrich, Brookmeyer, & Kuperminc, 2008). Muris, Meesters and Van den Berg (2003) in their study reported that perceived parental alienation resulted in a higher risk of depression and anxiety in adolescents. An involved father, even if not residing with his children, reduces the risk of behavioural and emotional problems in them (Lamb, Pleck, Charnov, & Levine, 1987).

Prediction of Independent effect of culture and ecology on Dependent Variables

Results of analysis of variance revealed that culture had a significant independent effect on Balanced Flexibility, Enmeshed and Family Communication dimensions of family functioning and on all the dimensions of Mother and Father Attachment. Different cultures around the world have been seen to report different types of functioning. Ethnic Irish, Scandinavian families despite showing separated families in nuclear set-ups are still connected to their extended families. The Mexican, Italian and Jewish families showed enmeshed functioning, and Jewish American families were known to be flexible (Woehrer, 1988). Black families of South Africa have involved extended families and grandparents which was viewed as dysfunctional among White European nuclear families (Madhavan & Gross, 2013).

Asian parents are seen to show lesser warmth and acceptance in comparison to Western parents (Stewart, Bond, Abdullah & Ma, 2000). From the results of this study too, it has been seen that Garo culture had a significantly higher degree of Enmeshed family functioning, Family Communication, Mother Communication, Father Attachment and Family Communication in comparison to the Khasi culture. The different structures and principles within a culture influenced the type of functioning within a family.

Ecology had a significant independent effect on Total Problem and the family functioning dimensions of Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction; and on the dimensions of Mother Attachment, Mother Communication, Mother Alienation, Father Attachment, Father Trust, Father, Communication, Father Alienation. Urbanization is seen as a risk factor to behavioural and emotional problems in adolescents (Agarwal & Berk, 2015) and rural Pennsylvania adolescents also reported on feeling lonely, confused, depressed and engaging in substance abuse (Puskar et al, 1999). Rural families are said to be better at cohesion which acts as a protection against any kind of stress factors. They are also closer in kinship and tradition. In addition, urban families are seen to lack cohesion and reported showing high flexibility (Rada, 2014). Rural families also spend more time together resulting in higher family communication (Elgar et al., 2013). All these factors verify that rural families have reported having higher family satisfaction than urban families (Henry, 1994). Diannara et al. (2014) further confirmed that there was a significant difference in the perception and level of parental attachment and also in the three dimensions of trust, communication and extent of alienation and anger between urban and rural adolescents; with rural adolescents showing higher scores in attachment, trust and quality of communication and lower levels of parental alienation and anger than those in urban areas. His present study also showed urban adolescents having higher levels of behavioural and emotional problems and rural adolescents had healthier family functioning and parental attachment.

Gender revealed a significant independent effect on Total Problem score, Balanced Flexibility, Enmeshed, Family Communication Mother Communication,

Father Communication and Father Alienation. Girls have seen to have more Internalizing problems such as anxiety and depression while boys have more Externalizing problems (Pathak et al., 2011). On the dimensions of family functioning, gender discrimination impacted their perception of flexibility among the boys and enmeshment among the girls in their family (Warjri, 1987). Also, adolescent females showed slightly higher levels of family communication and satisfaction than adolescent males (Henry, 1994). The results of this study also corroborate the findings of the literature on the effect of gender on the above-mentioned variables.

Interaction effect of Independent Variable on Dependent Variables

The interaction of Culture x Ecology showed a significant effect on Total Problem, Mother and Father Attachment, Trust, Communication and Alienation; and on the family functioning dimensions of Balanced Cohesion, Balanced Flexibility, Enmeshed, Rigid, Family Communication and Family Satisfaction.

Significant interaction effect of Culture x Gender was also seen on Total Problem, Mother and Father Attachment, Trust, Communication and Alienation; and on the family functioning dimensions of Balanced Cohesion, Balanced Flexibility, Enmeshed, Family Communication and Family Satisfaction.

The interaction effect of Ecology x Gender on dependent variables for the whole samples showed that the significant interaction effect was seen on Total Problem, Mother and Father Attachment, Trust, Communication and Alienation; and on the family functioning dimensions of Balanced Flexibility, Enmeshed, Rigid and Family Communication.

Significant interaction effect of Culture x Ecology x Gender as was seen on Total Problem, on all the dimensions of family functioning i.e. Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Family Communication and Family Satisfaction; and also significant effect on the dimensions of parental attachment i.e. Mother and Father Attachment, Trust, Communication and Alienation.

Research evidence supports the findings that culture has a significant effect on what can be determined as a behavioural or emotional problem with gender and ecological differences were seen for prevalence and types of problems the adolescents have (Armistead, Forehand, Brody, & Maguen, 2002). Significant differences in family functioning were seen where adolescents from ethnic groups and rural families showed higher cohesion and family satisfaction and also differences in gender perception to the dimensions of family functioning (Woehrer, 1988; Compañ, Moreno & Pascual, 2002; Gray et al., 2013). Cultural differences were also seen in a perceived parental attachment in adolescents with ecological and gender differences (Dewanggi, Hastuti, & Herawati, 2015).

Post-hoc mean comparison (Scheffe) of the groups:

The post-hoc mean comparison (Scheffe) was conducted in order to find where the significant differences in the means seen in ANOVA analysis are located between the eight groups. The post-hoc results on the dimensions of Family Functioning of the FACES IV scale revealed that highest significant difference on Balanced Cohesion was observed between Garo Urban Female and Khasi-Jaintia Urban Male, and on Balanced Flexibility between Khasi-Jaintia Urban Male and Garo Rural Female. Female adolescents reported lower flexibility and a higher degree of cohesion in comparison to boys (Ram, Strohschein, & Gaur, 2014). Also, urban families showed a lack of cohesion and reported showing increased flexibility (Rada, 2014). The significant difference was seen between Garo Rural Female and Khasi-Jaintia Urban Male on Disengaged family functioning. Only a minority of rural adolescents reported anything negative about their families in comparison to urban adolescents (Glendinning, 1998). Females in comparison to males engaged much more in communication with their parents and family members (McNaughton & Niedzwiecki, 2000).

On all the dimensions of the IPPA scale measuring the dimensions of mother and father attachment, the highest significant mean difference between Khasi-Jaintia Urban Male and Garo Rural Female on all the dimensions except for Father Alienation where a significant difference was seen between Garo Urban Male and

Garo Rural Female. Rural adolescents showed higher scores in attachment, trust and communication and lower levels of parental alienation than those in urban areas (Diannara, et al., 2014). The cultural difference between the Khasi-Jaintia and Garo adolescents was also seen which could be due to the cultural differences between the two.

Limitations:

This study is limited in a few aspects. It is a one-phase study in nature which makes it difficult to find causality in the interactive family factors of communication, attachment and functionality to adolescents' mental health. In addition, only data from the community samples were taken into the study, which means that the population seeking help for their mental health problems have been excluded.

Suggestions for Future Studies:

In consideration of the limitations of the present study, future research studies are required to look into other non-familial variables that could contribute to the prevalence of behavioural and emotional problems in adolescents. Also, a longitudinal study is required to better understand the degree of prediction of family factors on behavioural and emotional problems. A study of the clinical sample would give a more extensive understanding of the prevalence and of the risks and protective factors in the prevention and intervention of such problems. The effect of culture was seen on various variables and dimensions of the scales used in this study, which had an effect on the behavioural and emotional problems of the adolescents and the parental attachment and family functioning. Future studies can explore aspects which contributed to these differences. This study also reported the high perceived parental alienation among these matrilineal adolescents. Future studies can look into the explanation and understanding of such perceived feelings. Lastly, the application of the results from this study could be used in the intervention and treatment of adolescents with behavioural and emotional problems to be able to deduce the practical applicability of the findings.

Significance of the study:

This study brought to light the prevalence of the behavioural and emotional problems of the Khasi-Jaintia and Garo adolescents of Meghalaya. Additionally, adolescents of Garo culture perceived a healthier family functioning and parent attachment and communication in comparison to Khasi-Jaintia adolescents.

The differences in behavioural and emotional problems, family functioning and parental attachment between the Khasi-Jaintia and Garo families were noted and it brought forward the curiosity to discover the aspects which cause the variation.

The importance of mother attachment was further confirmed in this study as a protector of behavioural and emotional problems in adolescents. As indicated in this study, the repercussion of perceived mother alienation is a strong predictor of mental health problems in adolescents. This calls for parents from intact and non-intact families to be involved in their adolescent child's life as a way to protect them from any behavioural and emotional problems.

This study highlights the need for healthy family communication and a high degree of family satisfaction to buffer the effects of unhealthy family functioning resulting in the declining incidences of these problems in adolescents.

Ecology was also seen to predict behavioural and emotional problems in adolescents with urban adolescents at a higher risk than rural adolescents. This result emphasizes the need for prevention and intervention strategies in the urban sector.

Therapists in the field of mental health working with adolescents and families can gain a comprehensive understanding on the role of parental attachment and family functioning dimensions, especially in the Khasi-Jaintia and Garo communities of North East India.

Lastly, this study provides insight to the Education Department of the State and the mental health professionals of the dire need of awareness among adolescents and parents and the necessity of a system in the schools and communities in order to identify adolescents with mental health problems, and for concrete and accessible intervention plan.

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