CERTIFICATE

This is to certify that the dissertation **"Parenting Styles, Family Communication and risk behaviour Among Adolescents in Mizoram"** submitted by **B.Lalhmingmawii** for the award of Master of Philosophy in Social Work is carried out under my guidance and incorporates the students bonafide research and this has not been submitted for award of any degree in this or any other university or institute of learning.

Date: 16th December, 2010
Place: Aizawl, Mizoram

(Dr.KALPANA SARATHY)	**(Dr.KALPANA SARATHY)**
Head, Department of Social Work	**Supervisor/Associate Professor**

Department of Social Work,
Mizoram University.

ACKNOWLEDGEMENT

First and foremost, I would like to thank God for His never ending love and protection, for giving me the strength, health and courage and by this led me and helped me in the success and completion of my M.Phil Dissertation.

I would like to give my special thanks to Dr.Kalapana Sarathy, Research Supervisor and Head, Department of Social Work, Mizoram University, who has been a good guide through the ups and downs, and who is always a great motivator.

I am indeed thankful to Dr. Kanagaraj, Associate Professor, Department of Social Work, Mizoram University, for sparing his valuable time to help me in data analysis in spite of his heavy schedule. My study would have been incomplete without his help.

I am thankful to all my dear friends in Social Work Department for all their cooperation and encouragement through out the study.

I am grateful to my cousin Melody B.Lalnunpuii, Zarkawt, Aizawl, for her help in data collection and data entry.

My gratitude also goes to all Local Leaders as well as all adolescent-parent pairs from Dawrpui and Tanhril community, NGOs, Government welfare and Law enforcement agencies, hospitals, and school teachers. This dissertation would not be possible without their co-operation.

My sincere gratitude to my family especially my parents for their never ending love and support and all and my relatives who are always there for me.

Thank you all for your constant generosity.

B. Lalhmingmawii

CHAPTER 1

INTRODUCTION

CHAPTER 2

REVIEW OF LITERATURE

CHAPTER 3

METHODOLOGY

CHAPTER 4

RESULTS AND DISCUSSIONS

CHAPTER 5

CONCLUSION AND SUGESTIONS

APPENDICES

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE : B.Lalhmingmawii

DEGREE : M.Phil

DEPARTMENT : Social Work

TITLE OF DISSERTATION : Parenting Styles, Family

Communication and Risk Behaviour

among adolescents in Mizoram

DATE OF PAYMENT OF ADMISSION : 27th July, 2009

COMMENCEMENT OF SECOND SEM/
DISSERTATION : 4th February, 2010

APPROVAL OF RESEARCH PROPOSAL

1.   BPGS : 15th April, 2010

2.   SCHOOL BOARD : 27th April, 2010

REGISTRATION NO. & DATE : MZU/Mphil/20 of 27.4.2010

DUE DATE OF SUBMISSION : 16th December, 2010

EXTENSION (IF ANY) : N.A.

(Dr.KALPANA SARATHY)
Head, Department of Social Work,
Mizoram University

PARENTING STYLES, FAMILY COMMUNICATION AND RISK BEHAVIOUR AMONG ADOLESCENTS IN MIZORAM

Research Scholar

B. Lalhmingmawii

M.Phil Scholar

Department of Social Work

Mizoram University

Research Supervisor

Dr. Kalpana Sarathy

Associate Professor

Department of Social Work

Mizoram University

Interview Schedule

Schedule Number: _____ Date: _____

I. PROFILE OF THE RESPONDENT

1. Name: _____

2. Age: _____

3. **0** Female/**1** Male

4. **0** Non- school going/ **1** School going

5. Educational qualification: **1** Class VIII/ **2** Class IX/ **3** Class X/ **4** Class XI/ **5** Class XII/ **6** Others (Specify...............................)

6. Marital status: **0** Never married, **1** Married, **2** Divorced, **3** Remarried, **4** Widowed/Widower

7. Religion: **1** Christian/ **2** Muslim/ **3** Hindu/ **4** Others (Specify...........................)

8. Denomination: _____

9. Locality: _____

II. FAMILY PARTICULARS

10. Type: **1** Nuclear / **2** Joint

11. Form: **1** Stable/ **2** Broken/ **3** Reconstituted/ **4** Others (Specify.................)

12. Socio-Economic Category: **1** APL/ **2** BPL/ **3** AAY

13. Please furnish your household information in the table given below:

Sl. no	Name	Age	* Sex	** Marital Status	Edu-cation	Relation to Respondent	***Occu-pation	Monthly Income
i								
ii								
iii								
iv								
v								
vi								
vii								
viii								
ix								
x								

Codes: *** 0** Female/ **1** Male; **** 0** Never married, **1** Married, **2** Divorced, **3** Remarried, **4** Widowed/Widower, *****1** Student, **2** Unemployed, **3** Self-employed, **4** Govt. Employed, **5** Private employed, **6** Others (Specify......................)

III. PERCEIVED PARENTING STYLES OF ADOLESCENTS

(Tick (√) the appropriate answer. In case of inapplicability to both parents, specify who the statement is applicable to)

14. My parents take my wishes into consideration before they ask me to do something. (Yes/No)

15. My parents are very restrictive and I have to follow their directions with respect. (Yes/No)

16. My parents have few demands and control on me. (Yes/No)

17. My parents remind me of my past behavioural problems to ensure that I will not repeat them. (Yes/No)

18. My parents encourage me to freely speak my mind even if I disagree with them. (Yes/No)

19. My parents will do anything I request them to do. (Yes/No)

20. My parents encourage me to be independent. (Yes/No)

21. My parents often say that I am difficult to discipline. (Yes/No)

22. My parents forecast what I should do and I have no say about my life. (Yes/No)

23. My parents do not expect me to regulate myself or behave appropriately. (Yes/No)

24. My parents make rules and boundaries with no explanation. (Yes/No)

25. My parents set clear standards for me. (Yes/No)

26. My parents use threats as a form of punishment. (Yes/No)

27. My parents rarely punish me even if I did something wrong. (Yes/No)

28. My parents always explain their motives when they punish me. (Yes/No)

IV.   FAMILY COMMUNICATION *(Tick (√) the appropriate answer)*

29. My parents encourage me to express my feelings. (Yes/No)

30. My parents tend to decide everything and expect me not to challenge their ideas. (Yes/No)

31. My parents sometimes become irritated with my views if they are different from theirs. (Yes/No)

32. We often talk as a family about things we have done during the day. (Yes/No)

33. My parents encourage me to challenge their ideas and beliefs. (Yes/No)

34. My parents often tell me that I would know better when I grow up. (Yes/No)

35. My parents often remind me that I should not argue with adults. (Yes/No)

36. My parents value my ideas and thoughts in family decision making. (Yes/No)

37. I am expected to obey the decisions made by my parents. (Yes/No)

38. I can tell my parents almost anything without hesitation. (Yes/No)

V.   RISK BEHAVIOURS OF ADOLESCENTS

A.   Substance Abuse

39. Have you abused any kind of substance? (Yes/No)

40. If yes, please fill up the following table:

Sl. no	Type of substance	*Frequency per week	**Mode of use	***Reasons for initiation	Effects
i	Tobacco(Specify..........)				
ii	Dendrite				
iii	Alcohol				
iv	Ganja				

v	No. 4				
vi	Proxyvon				
vii	Others(Specify.............)				

Codes: *** 1** Once, **2** Twice, **3** Thrice, **4** Everyday, **5** Others (Specify); **** 1** Oral, **2** Smoking, **3** Sniffing, **4** Injecting, **5** Others (Specify); ***** 1** Peer influence, **2** Parental influence, **3** Family conflict, **4** Failure in studies, **5** Hopelessness, **6** Traumatic loss, **7** Experimentation, **8** Others (Specify)

B. **Sexual Risk Behavior**

41.   Have you ever had any sexual relationship with anyone? (Yes/No)

42.   If yes, please give your sexual history in the table provided below:

Age at first inter-course/ encoun-ter	With same gender(1)/ opposite gender(2)	With younger person(1)/ older person(2)	* Frequency of intercourse per week	**No. of sexual partner	Use of condom Yes(1)/ No(0)	*** Frequency of condom use	Baby out of wedlock Yes(1)/ No(0)

Codes: *** 1** Once, **2** Twice**, 3** Thrice, **4** Others (Specify); **** 1** One, **2** Two, **3** Three, **4** Others (Specify); ***** 0** Never, **1** Mostly, **2** Sometimes, **3** Always

43.   Have you ever come across pornography books, films, movies etc.? (Yes/No)

44.   If yes, with whom?

   i) Alone   □   ii) With friends   □
   iii) With siblings/cousins   □   iv)Others(Specify...................)□

45.   How did you get the material?

   i) From friends   □   ii) From internet   □
   iii) From shops   □   iv) Others (Specify................)□

46.   Has anyone ever threatened you asking for sexual favors? (Yes/No)

47.   If yes, who?

   0 Friend, **1** Relative, **2** Step-parents, **3** Neighbours, **4** Stranger, **5** Teachers, **6** Others(Specify.......................)

48.   Have you ever been raped or sexually abused? (Yes/No)

49. If yes, by whom?

i) Relatives (Specify.........) □   ii) Friends □
iii) Neighbors □   iv) Teacher (Specify.............) □
v) Stranger □   vi) Others (Specify................)□

C. Depression & Suicidal Ideation

50. How would you describe your general mood?

i) Very happy □   ii) Happy □   iii) Sad □   iv) Very sad □

51. Have there been occasions when you have felt extremely sad? (Yes/No)

52. If yes, describe the reasons and effects of this mood state.

Reasons:

_____
_____

Effects:

_____
_____

53. Rank the following in order describing the set of reasons for your state of happiness:

Sl.no	Particulars	Ranking	Reasons
i	Family related		
ii	School related		
iii	Peer related		
iv	Community related		
v	Religion related		
vi	Partner related		
vii	Others(Specify..................)		

54. Have you ever reached a situation when you wanted to end your life? (Yes/No)

55. If yes, please mention why?

_____

56. Rate below the strength of your desire to kill yourself?

i) Not strong at all □   ii) Fairly strong □
iii) Strong □   iv) Very strong □

57. Have you ever tried to kill or harm yourself before? (Yes/No)

58. If yes, how did you hurt yourself?

_____

59. Is there anything that would **stop** you from killing yourself? (Yes/No)

60. If yes, please specify.

_____

61. Tick (√) the possible reasons for an adolescent to end his/her life?

i) <u>Family Related</u>
a) Poor parental bonding □ b) Lack of communication □
c) Conflict in family □ d) Broken family environment □
e) Unstable family □ f) Poverty □
g) Parents lack of understanding towards child development □
h) Feelings of negligence among siblings □

ii) <u>School Related</u>
a) Failure in studies □ b) Over strict teachers □
c) Poor interaction among friends □ d) Few friends at school □
e) Bullying by school mates □
f)Uninteresting school environment □
g) Burdensome syllabus □ h) Ineffective teaching □
i) Rigid school rules and regulations□

iii) <u>Peer Related</u>
a) Rejection by peer group □ b) Influence by peer □
c) Bullying in peer group □

iv) <u>Community Related</u>
a) Easy access to lethal methods □
b) Feelings of isolation within community □
c) Community instability □
d) Discrimination due to religious affiliation □
e) Breakdown of cultural values □
f) Discrimination due to sexual orientation □
g) Barriers to accessing mental health treatment □
h) Discrimination of family by other community members □

v) <u>Relationship (partner) Related Issues</u>
a) Rejection □ b) Deception □ c) Death of partner □

vi) <u>Abuse Related Issues</u>
a) Physical abuse □ b) Verbal abuse □

c) Sexual abuse □ d) Substance abuse □

VI. SOCIAL SUPPORT

62.　Please mention the specific problem you encountered and the kind of social support you received in the following table:

Sl. no	Causes of problem	Specific problem	Most supportive person	How does he/she supports you?	Least sup-portive person	Why?
i	Family related					
ii	School related					
iii	Peer related					
iv	Community related					
v	Relationship (partner) related					
vi	Abuse related					

VII　SUGGESTIONS

63.　Kindly give suggestions to improve the parenting styles and family communication pattern as well as suggestions to eliminate risk behaviour of adolescents in Mizoram.

i	On parenting styles:

ii	On family communication:
iii	On risk behaviour (substance abuse, sexual risk and suicidal ideation) among adolescents:

THANK YOU

**PARENTING STYLES, FAMILY COMMUNICATION AND RISK
BEHAVIOUR AMONG ADOLESCENTS IN MIZORAM**

Research Scholar

B. Lalhmingmawii

M.Phil Scholar

Department of Social Work

Mizoram University

Research Supervisor

Dr. Kalpana Sarathy

Associate Professor

Department of Social Work

Mizoram University

<u>**Interview Schedule**</u>

Schedule Number: _____   Date: _____

I.   PERCEIVED PARENTING STYLES BY PARENTS

(Tick (√) the appropriate answer. In case of inapplicability to both parents, specify who the statement is applicable to)

1.   I take my children's wishes into consideration before I ask them to do something. (Yes/No)

2.   I am very restrictive and my children have to follow my directions. (Yes/No)

3.   I have few demands or control on my children. (Yes/No)

4.   I remind my children of their past behavioural problems to ensure that they will not repeat them. (Yes/No)

5.   I encourage my children to freely speak their mind even if they disagree with me. (Yes/No)

6.   I will do anything my children request me to do. (Yes/No)

7.   I encourage my children to be independent. (Yes/No)

8.   I often say that my children are difficult to discipline. (Yes/No)

9.   I forecast what my children should do and they have no say about their life. (Yes/No)

10.   I do not expect my children to regulate themselves or behave appropriately. (Yes/No)

11.   I make rules and boundaries with no explanations. (Yes/No)

12.   I set clear standards for my children. (Yes/No)

13.   I use threats as a form of punishment. (Yes/No)

14.   I rarely punish my children even if they do something wrong. (Yes/No)

15.   I always explain my motives when I punish my children. (Yes/No)

II.   FAMILY COMMUNICATION

(Tick (√) the appropriate answer)

16.   I encourage my children to express their feelings. (Yes/No)

17.   I tend to decide everything and expect my children not to challenge my ideas. (Yes/No)

18.   I sometimes become irritated with my children's views if they are different from mine. (Yes/No)

19.   We often talk as a family about things we have done during the day. (Yes/No)

20.   I encourage my children to challenge my ideas and beliefs. (Yes/No)

21.   I often tell my children that they would know better when they grow up. (Yes/No)

22.   I often remind my children that they should not argue with adults. (Yes/No)

23.   I value my children's ideas and thoughts in family decision making. (Yes/No)

24.   I expect my children to obey the decisions made by me. (Yes/No)

25.   My children can tell me almost anything without hesitation. (Yes/No)

III   SUGGESTIONS

26.   Kindly give suggestions to improve the parenting styles and family communication pattern as well as   suggestions to eliminate risk behaviour of adolescents in Mizoram.

i	**On parenting styles:**
ii	**On family communication:**

iii	**On risk behaviour (substance abuse, sexual risk and suicidal ideation) among adolescents:**

THANK YOU

PARENTING STYLES, FAMILY COMMUNICATION AND RISK BEHAVIOUR AMONG ADOLESCENTS IN MIZORAM

Research Scholar   Research Supervisor

B. Lalhmingmawii

M.Phil Scholar

Department of Social Work

Mizoram University

Dr. Kalpana Sarathy

Associate Professor

Department of Social Work

Mizoram University

<u>**Interview Schedule**</u>

Schedule Number: _____   Ni: _____

I.   TLEIRAWL CHUNGCHANG

1.   Hming: _____

2.   Kum: _____

3.   **0** Hmeichhia/**1** Mipa

4.   **0** Sikul kal toh lo/**1** Sikul kal lai

5.   Lehkha zir san zawng: **1** Pawl VIII/ **2** Pawl IX/ **3** Pawl X/ **4** Pawl XI/ **5** Pawl XII/ **6** A dang (Ziak lang rawh.......................)

6.   Nupui/pasal neih dan dinhmun: **0** La nei ngai lo, **1** Nei tawh, **2** Inthen, **3** Innei leh, **4**   Hmeithai/Parawl

7.   Sakhua: **1**Christian/ **2** Muslim/ **3** Hindu/ **4** Adang (Ziak lang rawh..................)

8.   Kohhran: _____

9.   Veng: _____

II.   CHHUNGKAW CHUNGCHANG

10.   Type: **1** Nu leh pate leh unau diktakte nen chauhva cheng/ **2** Nu leh pate leh unau diktakte bakah chhungte dang nen a cheng

11.   Form: **1** Pangngai/ **2** Keh chhia/ **3** Inzawmkhawm leh/ **4** A dang (Ziak lang rawh...............................)

12.   Socio-Economic Category: **1** APL/ **2** BPL/ **3** AAY

13.   A hnuai ah hian in chhungkaw hming leh dinhmun ziak rawh:

Sl. no	Hming	Kum	* Mipa/ Hmei-	** Nupui/ pasal neih dan	Leh-kha zir	Tleiraw l nen a inlai-	*** Hna-	Thlatin sum lak

			chhia	dinhmun	san zawng	chinna	thawh	luh zat
i								
ii								
iii								
iv								
v								
vi								
vii								
viii								
ix								
x								

Codes: *** 0** Hmeichhia/ **1** Mipa; **** 0** La nei ngai lo, **1** Nei tawh, **2** Inthen, **3** Innei leh, **4** Hmeithai/Parawl; ***** 1** Zirlai, **2** Thawh nei lo, **3** Mahni pual a thawk, **4** Sawrkar hna thawk, **5** Mimal/pawl hnuaia thawk, **6** A dang (Ziak lang rawh......................................)

III.   NU LEH PA TEN AN FATE AN ENKAWL DAN A TLEIRAWLTE INHRIAT   DAN

(A hnuaia thu awm te khu dik I tihna zawn ah thai (√) rawh. I nu leh pa ah hmehbel kawp a rem loh chuan tu zawk ah nge hmehbel rem sawifiah rawh)

14.   Ka nu leh paten thil ti tur a min tih hma in ka ngaihdan min zawt phawt thin. (Aw/Aih)

15.   Ka nu leh paten min khuahkhirh nasat em avangin an thupek te zah taka ka zawm a ngai.   (Aw/Aih)

16.   Ka nu leh paten ka lakah beisei an nei tlem in min thunun hran lo. (Aw/Aih)

17.   Hun kal tawha ka awmdan tha lo te anga ka awm tawh loh nan ka nu leh paten an sawi leh thin. (Aw/Aih)

18.   Ka nu leh pate ngaihdan ka tawmpui loh chang pawhin ka ngaihdante tlang taka sawichhuak turin min fuih. (Aw/Aih)

19.   Ka nu leh paten ka duh ang apiang min tih sak thin. (Aw/Aih)

20.   Ka nu leh paten mahni ke a ding thei turin min fuih thin. (Aw/Aih)

21.   Ka nu leh paten thunun I harsa min ti fo thin. (Aw/Aih)

22. Hun lo la awm tur a ka thil tih tur ka nu leh paten an sawi lawk thin avangin ka nun ah hian thuneihna engmah ka nei lo. (Aw/Aih)

23. Ka nu leh paten mahni invawng tur leh nundan mawia nung turin min beisei lo. (Aw/Aih)

24. Ka nu leh paten a chhan leh vang sawifiah lovin awm dan tur leh tihtur min tuk sak. (Aw/Aih)

25. Ka nu leh paten ka tihtur chin chiang takin min bituk sak. (Aw/Aih)

26. Ka nu leh paten min hrem nan min vau thin. (Aw/Aih)

27. Ka nu leh paten thil ka tih sual changin min hrem khat hle. (Aw/Aih)

28. Ka nu leh paten min hrem changin a chhan leh vang min hrilhfiah thin. (Aw/Aih)

IV.   CHHUNGKAW INBIAKPAWHNA *(Dik I tihna zawn ah thai (√) rawh)*

29. Ka nu leh paten ka ngaihdante sawi chhuak turin min fuih thin. (Aw/Aih)

30. Ka nu leh paten engkimah thutlukna siam an tum a, an ngaihdante hnial lo turin min beisei. (Aw/Aih)

31. Ka thil thlir dan hi ka nu leh pate thil thlir dan nen a inan lohvin ka nu leh pa an thinur thin. (Aw/Aih)

32. Kan chhungkuain chhun a kan thiltih te kan sawi ho thin. (Aw/Aih)

33. Ka nu leh paten an ngaihdan leh rindante dik lova ka hriat cuan hnial ngam turin min fuih thin. (Aw/Aih)

34. Ka nu leh paten I puitlin hun ah thil I hrethiam chho ve mai ang tiin min hrilh fo thin. (Aw/Aih)

35. Ka nu leh paten puitling te hnial lo turin min hrilh fo thin. (Aw/Aih)

36. Ka nu leh paten chhungkaw inrelbawlna kawngah ka ngaihdan te min ngaihhlut sak thin. (Aw/Aih)

37. Ka nu leh pate thutlukna zawm ngei tur a beisei ka ni. (Aw/Aih)

38. Ka nu leh pate thil engkim deuhthaw tlang takin ka hrilh thei. (Aw/Aih)

V.   TLEIRAWLTE NUNPHUNG TICHHE PALH EMAW TIKHAWLO THEI THIL

A.   Ruihtheih Thil Hman Khawloh

38. Ruihtheih thil engemaw tih I nei tawh em? (Aw/Aih)

39. I neih tawh anih cuan a hnuai ami te khu han chhang teh:

Sl. no	Ruihtheih Thil	* Kar khat a tih zin dan	** Tih dan	*** Tih chhan	A Nghawng
i	Vaihlo(Ziak lang rawh…......)				
ii	Dendrite				
iii	Zu				
iv	Ganja				
v	No. 4				
vi	Proxyvon				
vii	Adang(Ziak lang rawh…......)				

Codes: *** 1** Vawikhat, **2** Vawihnih, **3** Vawithum, **4** Nitin, **5** A dang (Ziak lang rawh..............................); **** 1** Hmuam, **2** Zu, **3** Hnim, **4** Inchiu, **5** A dang (Ziak lang rawh….........................); ***** 1** Thiante tihhmuh vang, **2** Nu leh pa te tihhmuh vang, **3** Chhungkaw thubuai vang, **4** Zirna a hlawhchham vang, **5** Beidawn vang, **6** Thihna vang, **7** Tih chhin chak vang, **8** A dang (Ziak lang rawh......................................)

B.   Hmeichhiat/Mipatna Hman Khawloh

41.   Mi tu emaw nen hmeichhiat/mipatna in hmang tawh em? (Aw/Aih)

42.   I hmang tawh anih chuan a hnuai ah hian hmeichhiat/mipatna kawnga I dinhmun kimchang han ziak teh:

Hman hmasa k ber a kum zat	Mahni mipat/hmeichhiat pui nen a hmang(1)/ Mahni mipat/hmeichhiat pui ni lo nen a hmang(2)	Mahni aia naupang nen a hmang(1)/ Mahni aia upa nen a hmang(2)	*Kar khat a hman zin dan	**Hmei-chhiat/ mipatna kawnga kawppu i neih zat	Condom in hmang ngai em? Aw(1)/ Aih(0)	***Co n-dom hman zin dan	Sawn I pai/thla k tawh em? Aw(1)/ Aih(0)

Codes: *** 1** Vawikhat, **2** Vawihnih, **3** Vawithum, **4** A dang (Ziak lang rawh….............); **** 1** Pakhat, **2** Pahnih, **3** Pathum, **4** A dang (Ziak lang rawh….........................); ***** 0** Hmang ngai miah lo, **1** Hmang tlangpui, **2** Hmang zeuh zeuh, **3** Hmang ziah

43. Hmeichhiat/mipatna lam hawi zawng lehkhabu emaw, film emaw, movie te I chhiar/en tawh thin em? (Aw/Aih)

44. I chhiar/en tawh anih cuan, tu nen nge in chhiar/en?
i) Keimahin ☐ ii) Thiante nen ☐
iii) Unau te/cousin te nen ☐ iv) A dang (Ziak lang rawh...............)☐

45. Engtin nge chutiang thil te chu I neih?
i) Thiante atangin ☐ ii) Internet atangin ☐
iii) Dawr atangin ☐ iv) A dang (Ziak lang rawh............) ☐

46. Mi tu in emaw hmeichhiat/mipatna hmanpui turin an vau tawh che em? (Aw/Aih)

47. Aw anih cuan, tu in nge?

0 Thiante, **1** Chhungte, **2** Pahrawn/Nuhrawn, **3** Thenawmte, **4** Hmelhriat loh, **5** Zirtirtute, **6** Midang (Ziak lang rawh...)

48. I duh lo chungin mi in an pawngsual emaw khuaikhem tawh che em? (Aw/Aih)

49. Aw anih chuan, tu in nge?
i) Chhungte(Ziak lang rawh......)☐ ii) Thiante ☐
iii) Thenawmte ☐ iv)Zirtirtu(Ziak lang rawh...............) ☐
v) Hmelhriat loh ☐ vi) Midang (Ziak lang rawh............) ☐

C. **Nguina leh Mahni Intihhlum Duhna Rilru**

50. A tlangpuia I rilru puthmang (mood) ni a I hriat dan han sawi teh?
i) Hlim lutuk ☐ ii) Hlim ☐
iii) Lungngai ☐ iv) Lungngai Lutuk ☐

51. Lungngaih ngawih ngawih hun I nei thin em? (Aw/Aih)

52. Aw anih chuan, hetiang a I awm chhan leh a nghawng te han sawi fiah teh.

Chhan:
_____
_____

Nghawng:
_____
_____

53. A hnuai ami te hi nangmaha hlimna thlentu ni a I hriat dan indawtin number han pe teh:

(Entir nan I hlimna thlentu ber chu 1pe ang a, a dawttu chu 2, chutiang zelin 3, 4, 5.....)

Sl. no	Hlimna thlentu	Tehna	A Chhan
i	Chhungkua leh a kaihhnawih thil		
ii	Zirna leh a kaihhnawih thil		
iii	Thiante leh a kaihhnawih thil		
iv	Khawtlang leh a kaihhnawih thil		
v	Sakhua leh a kaihhnawih thil		
vi	Inlaichinna (kawppui) leh a kaihhnawih thil		
vii	Adang(Ziak lang rawh…...........................)		

54. Mahni intihhlum duhna hial khawp hun hrehawm I tawng tawh em? (Aw/Aih)

55. Aw anih chuan, khawngaihin a chhan han sawi teh?

_____

56. Mahni intihhlum duhna rilru I put dan han sawi teh?

   i) A nasa lo hle   □   ii) A nasa ve tho   □   iii) A nasa   □
   iv) A nasa lutuk   □

57. Mahni intihhlum emaw intihnat emaw I tum tawh ngai em? (Aw/Aih)

58. Aw anih chuan, engtin nge I intihnat thin?

_____

59. I intihhlum duhna rilru **ti tawp** (thlaktir) theitu thil engemaw a awm em? (Aw/Aih)

60. A awm chuan, khawngaihin han tarlang teh.

_____

61.   Tleirawlten mahni intihhlum an duhna chhan ni a I hriat zawnah thai (√) rawh.

i)   <u>Chhungkua leh a kaihhnawih thil</u>

xvii

a) Nu leh pa inlaichinna that loh vang ☐
b) Inbiak pawh loh vang ☐
c) Chhungkaw thubuai vang ☐
d) Chhungkua leh a chhehvel boruak that loh vang ☐
e) Chhungkaw nunphung ngheh loh vang ☐
f) Retheihna ☐
g) Nu leh pa ten an fate thanlenna kawng an hriatthiam tawk loh vang ☐
h) Unau zinga ngaihsak lo bik ni a inhriat vang ☐

ii) <u>Zirna leh a kaihhnawih thil</u>
a) Zirna a hlawhchham vang ☐
b) Zirtirtute khuahkhirhna nasat lutuk vang ☐
c) Thiante pawh tawn loh bik vang ☐
d) Sikul a thian neih tlem vang ☐
e) Zirpuiten tih duhdah thin vang ☐
f) Sikul boruak nuam tih loh vang ☐
g) Zirlai har lutuk vang ☐
h) Zirtirna that loh vang ☐
i) Sikul dan leh dun khirh lutuk vang ☐

iii) <u>Thiante leh a kaihhnawih thil</u>
a) Thiantena hnawl vang ☐   b) Thiante tihhmuh vang ☐
c) Thianten a tih duhdah thin vang ☐

iv) <u>Khawtlang leh a kaihhnawih thil</u>
a) Thihtheihna hmanrua hmuh awlsam vang ☐
b) Khawtlanga mal bik ni a inhriat vang ☐
c) Khawtlang dinhmun ngheh loh vang ☐
d) Sakhuana nen a inkaihhnawih thil vanga indiriam vang ☐
e) Hnam zia leh nunphung hlutna tlakchhiat vang ☐
f) Mipat/hmeichhiatna thil a in enhran vang ☐
g) Rilru lam hatsatna neite tan a inenkawlna that tawk loh vang ☐
h) Chhungkua thenawm khawveng tena hmuhsit vang ☐

v) <u>Inlaichinna (kawppui) leh a kaihhnawih thil</u>
a) Inban vang ☐   b) Inbum vang ☐   c) Kawppui thih vang ☐

vi) <u>Abuse leh a kaihhnawih thil</u>
a) Taksa tih/hman/chhawr khawloh ☐   b) Tawngkam a vauna ☐
c) Khuaikhem/pawngsual vang ☐   d) Ruihthei thil tih vang ☐

VI. TANPUINA DAWN DAN

62. A hnuai ah hian harsatna I tawn thin te leh tanpuina I dawn dan te han sawi teh:

Sl. no	Harsatna Thlentu	Harsatna bik	Tanpui tu ber	Engtiangin nge a puih che?	Ngaihsak lo ber tu	Engvang nge?
i	Chhungkua leh a kaihhnawih thil					
ii	Zirna leh a kaihhnawih thil					
iii	Thiante leh a kaihhnawih thil					
iv	Khawtlang leh a kaihhnawih thil					
v	Inlaichinna (kawppui) leh a kaihhnawih thil					
vi	Abuse leh a kaihhnawih thil					

VII. THURAWN

63.   Kan khawtlang nu leh pa ten an fate an enkawl dan ah leh chhungkaw inbiakpawhna kawnga hma kan sawn theih na tur leh tleirawlte nunphung tikhawlo thei thil kan nuaibo theihna tur ni a I hriat te han tarlang   teh:

i	**Nu leh pa tena an fa te an enkawl dan chungchangah:**
ii	**Chhungkaw inbiakpawhna chungchangah:**
iii	**Tleirawlte nunphung a hlauhthawnawm thei thil (***Ruihtheih thil hman khawloh, hmeichhiat/ mipatna hman khawloh, nguina leh mahniiIntihhlum duhna rilru***) chungchangah:**

Ka lawm e !!!

**PARENTING STYLES, FAMILY COMMUNICATION AND RISK
BEHAVIOUR AMONG ADOLESCENTS IN MIZORAM**

Research Scholar   Research Supervisor

B. Lalhmingmawii   **Dr. Kalpana Sarathy**

M.Phil Scholar   Associate Professor

Department of Social Work   Department of Social Work

Mizoram University   Mizoram University

Interview Schedule

Schedule Number: _____   Ni: _____

I. **NU LEH PA TEN AN FATE AN ENKAWL DAN A AN INHRIAT DAN**

(A hnuaia thu awm te khu dik I tihna zawn ah thai (√) rawh. Nu leh pa ah hmehbel kawp a rem loh chuan   tu zawk ah nge   hmehbel rem sawifiah rawh)

1.   Ka fate thil ti tur a ka tih hma in an ngaihdan ka zawt phawt thin. (Aw/Aih)

2.   Ka fate ka khuahkhirh nasat em avangin ka thupek te zah taka an zawm a ngai. (Aw/Aih)

3.   Ka fate lak ah beisei ka nei tlem in ka thunun hran lo. (Aw/Aih)

4.   Ka fate hun kal tawha an awmdan tha lo te anga an awm tawh loh nan ka sawi leh thin. (Aw/Aih)

5.   Ka faten ka ngaihdan min tawmpui loh chang pawhin an ngaihdante tlang taka sawichhuak turin ka fuih. (Aw/Aih)

6.   Ka fate duh ang apiang ka tih sak thin. (Aw/Aih)

7.   Ka fate anmahni ke a ding thei turin ka fuih thin. (Aw/Aih)

8.   Ka fate bulah thunun in harsa ka ti fo thin. (Aw/Aih)

9.   Hun lo la awm tur a ka fate thil tih tur ka sawi lawk thin avangin ka fa ten an nun ah thuneihna engmah an nei lo. (Aw/Aih)

10.   Ka fate hi mahni invawng tur leh nun dan mawi a nung turin ka beisei lo. (Aw/Aih)

11.   A chhan leh vang sawifiah lem lovin ka fate awm dan tur leh tih tur ka tuk sak. (Aw/Aih)

12.   Ka fate tih tur chin chiang tak in ka bituk sak. (Aw/Aih)

13.   Ka fate hrem nan ka vau thin. (Aw/Aih)

14.   Ka faten thil an tih sual changin ka hrem khat hle. (Aw/Aih)

15.   Ka fate ka hrem changin a chhan leh vang tha takin ka hrilhfiah thin. (Aw/Aih)

II. CHHUNGKAW INBIAK PAWHNA

(Dik I tihna zawn ah thai (√) rawh)

16. Ka fate an ngaihdan te sawichhuak turin ka fuih thin. (Aw/Aih)

17. Kawng engkimah thutlukna siam ka tum a, ka ngahdante hnial lo turin ka fate ka beisei. (Aw/Aih)

18. Ka fate thil thlir dan hi ka thil thlir dan nen a inan lohvin ka thinur thin. (Aw/Aih)

19. Kan chhungkuain chhun a kan thiltih te kan sawi ho thin. (Aw/Aih)

20. Ka ngaihdan leh rindan te ka fa ten dik lova an hriat cuan min hnial ngam turin ka fuih thin. (Aw/Aih)

21. I puitlin hun ah thil I hrethiam chho ve mai ang tiin ka fate ka hrilh fo thin. (Aw/Aih)

22. Puitling te hnial lo turin ka fa te ka hrilh fo thin. (Aw/Aih)

23. Chhungkaw inrelbawlna kawngah ka fate ngaihdan ka ngaihhlut sak thin. (Aw/Aih)

24. Ka thutlukna zawm ngei turin ka fate ka beisei. (Aw/Aih)

25. Ka faten thil engkim deuhthaw tlang takin min hrilh thei. (Aw/Aih)

III. THURAWN

26. Kan khawtlang nu leh pa ten an fate an enkawl dan ah leh chhungkaw inbiakpawhna kawnga hma kan sawn theih na tur leh tleirawlte nunphung tikhawlo thei thil kan nuaibo theihna tur ni a I hriat te han tarlang teh:

i	**Nu leh pa tena an fa te an enkawl dan chungchangah:**
ii	**Chhungkaw inbiakpawhna chungchangah:**

iii	**Tleirawlte nunphung a hlauhthawnawm thei thil (***Ruihtheih thil hman khawloh, hmeichhiat/ mipatna hman khawloh, nguina leh mahniiIntihhlum duhna rilru***) chungchangah:**

Ka lawm e !!!

CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

APL   :   Above Poverty Line

BPL   :   Below Poverty LIne

CBOs   :   Community Based Organization

FBOs   :   Faith Based Organization

FGD   :   Focus Group Discussion:

KII   :   Key Informant Interview

MHIP   :   Mizo Hmeichhe Insuihkhawm Pawl

MSACS   :   Mizoram State Aids control Society

MUP   :   Mizo Upa Pawl

NGO   :   Non-Governmental Organizations

PRA   :   Participatory Rural Appraisal (PRA)

SA   :   Salvation Army

UPC   :   United Pentecostal Church

DECLARATION

Mizoram University

December, 2010.

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

This is being submitted to the Mizoram University for the degree of Master of Philosophy/Doctor of Philosophy in Social Work Department.

(B. LALHMINGMAWII)

PARENTING STYLES, FAMILY COMMUNICATION AND RISK BEHAVIOUR

AMONG ADOLESCENTS IN MIZORAM

BY

B. Lalhmingmawii

Social Work Department

Submitted in partial fulfillment of the requirement of the Degree of Master of Philosophy

in Social Work of Mizoram University, Aizawl

APPENDICES

FORM OF DECLARATION TO BE SUBMITTED BY A CANDIDATE ALONG

WITH THE Ph.D/ M.phil THESIS

Mizoram University

December, 2010

I B.Lalhmingmawii, 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 bias of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the degree of Master of Philosophy/Doctor of Philosophy in Social Work Department.

(Candidate)

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE   : B.Lalhmingmawii

DEGREE   : M.Phil

DEPARTMENT   : Social Work

TITLE OF DISSERTATION   : Parenting Styles, Family Communication and Risk Behaviour among adolescents in Mizoram

DATE OF PAYMENT OF ADMISSION   : 27th July, 2009

COMMENCEMENT OF SECOND SEM/
DISSERTATION   :

APPROVAL OF RESEARCH PROPOSAL :

1.   BPGS   :

2.   SCHOOL BOARD   :

        REGISTRATION NO. & DATE   :

        DUE DATE OF SUBMISSION   :

        EXTENSION (IF ANY)   :

        Head

        (KALPANA SARATHY)

        Department of Social Work

The study is an attempt to understand concepts related to parenting styles, family communication and risk behavior among adolescents in Mizoram. Mizoram by virtue of its location in the North-East of India is particularly vulnerable to problems related to injecting drug use which places its youth population at high risk for HIV/AIDS.

The first chapter introduces the basic concepts related to parenting styles, family communication and risk behaviour among adolescents in Mizoram. It also presents a theoretical framework to study families, a brief statement of the problem as well as the objectives of the study.

1.1   Parenting Styles

Parenting is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood. It refers to the activity of raising a child. Usually, parental figures provide for a child's physical needs, protect them from harm, and impart in them skills and cultural values until they reach legal adulthood, usually after adolescence.

Parenting has never been an easy assignment and good parenting is often responsible for rearing children to become responsible adults. The world seems to be changing fast and children are growing up under very different circumstances. Both children and parents face great emotional stress and parenting has become an even more important task. Parenting requires time, patience, love, work and coping with several challenges that children face, however, many parents are ineffective in up-bringing their children.

Children and their issues are the first priority in every family. The family plays a large role in the process of developing competence among children when they are young. Family is the basic unit for cultivation of inter-personal and intra-personal interactions and it offers a socio-cultural orientation to children, in addition to the one they receive from the school and neighborhood. A child completely depends on parents and families on their first few years of life, and their biological facts necessitates protection, nurturing and teaching of children. As such, good parenting skills and healthy family environment is required for the promotion of human development.

Parenting style is a psychological construct representing standard strategies parents use in raising their children. One of the best known theories of parenting style was developed by Diana Baumrind who believes that parents should be neither punitive nor aloof. Rather, they should develop rules for their children and be affectionate with them. In her research, she has identified three main parenting styles in early child development: *authoritative, authoritarian, and permissive.*

According to Baumrind (1966) the *permissive* parent behaves in a ''nonpunitive, acceptant and affirmative manner toward the child's impulses, desires and actions''. There is an attempt by this parent to allow the child to regulate his or her own activities as much as possible and to avoid the exercise of control. The *authoritarian* parent ''attempts to shape, control, and evaluate the behavior and attitudes of the child in accordance with a set standard of conduct''. The authoritarian parent values obedience and favors punitive, forceful measures to curb the child's self-will. This parent does not encourage verbal give and take, and believes that the child should accept the parent's word for what is right. The *authoritative* parent

''encourages verbal give and take and shares with the child the reasoning behind the policy''. This parent enforces his or her own perspective as an adult, but recognizes the child's individual interests and special ways (Baumrind, 1966).

1.2   Family Communication

Communication is central to the family and to its functioning and is important for two primary functions- nurturing and controlling. *Nurturing* includes communication that is central to encouraging development (social, emotional and intellectual) and *control* includes communication that is central to guiding, influencing, and limiting the types of behaviors evidenced by the family members. *Family communication is defined as messages that are typically sent with intent, that are typically perceived as intentional, and that have consensually shared meaning among individuals who are related biologically, legally, or through marriage-like commitments and who nurture and control each other (Le Poire, B., 2006).* Further, the author states that family communication is important because of changing family forms (e.g., nuclear, single-parent, gay parent, blended families) and it is through proper communication that a family is able to carry out its function effectively.

Home is one of the significant social environments and among the five dominant socialization agents (family, school, peer, environment and mass media), family is the primary socialization context in which children develop beliefs, attitudes and knowledge from their parents. Parent-child communication, therefore, has been considered "one of the most pervasive forces" that can affect individuals' traits and personality developments (In Huang, 2010).

In the field of communication studies, scholars have devoted nearly 40 years of research examining the working models of parent-child communication which are captured in the theoretical construct of Family Communication Patterns (FCP). Chaffee et al. (1972) developed the concept of Family Communication Patterns (FCP) scale to measure two major dimensions of family communication patterns subsequently labeled *concept-orientation and socio-orientation*. A *concept-orientation* represents the degree to which parental discussions of ideas and concepts influences children's information processing and subsequent decision making. A *socio-orientation* represents the degree to which social roles and relationships will have a greater influence on children's decision-making. Using these two dimensions, McLeod, Chaffee, and their colleagues derived four distinct family types by dividing the sample along the median of each dimension: consensual families (high in both dimensions), protective families (high in socio-orientation and low in concept-orientation), pluralistic families (high in concept-orientation and low in socio-orientation), and laissez-faire families (low in both dimensions).

Parents spend much time in communicating with their children to develop their socio-emotional competence. They are frequently concerned with encouraging positive self esteem and positive parental identification. Such efforts can be characterized through various parenting styles that include different levels of control and nurturing. Parents should be able to interact and communicate freely with their child in order to avoid miscommunication or misunderstanding in the family and parents should be open and friendly towards their child so that children easily open up while discussing certain issues related to day-to-day life.

Adolescence is a transitional stage of physical and mental development that occurs between childhood and adulthood. Adolescence is an important stage in life and it is accompanied by an increased independence allowed by parents or adulthood. During this stage the adolescent is subjected to a number of fears and worries and because of the nature of the physical, emotional and mental changes, they become more vulnerable to all risk behavior leading to increased rate of delinquents.

1.3   Risk behavior

Risk behavior includes those behaviors that render persons to risk and threaten security, health and life. Commonly it is also behaviour that does not fit in with the legal norms of society. Such behaviour includes delinquency, violence, Suicide, substance use and abuse, sexual activities, etc. that are likely to put the adolescents life in risk (danger) or causes damage to health. Good parenting and effective family communication is very important to prevent risk behavior among adolescents.

The increased participation in risk-taking behaviors is a robust characteristic of adolescence. Although some risk-taking is a normal part of adolescent development, certain subgroups engage in a higher incidence of self-destructive behaviors, including unprotected sexual intercourse, multiple partners, violent behaviors, and substance abuse. Depressed youth represent one subset of the adolescent population at risk for self-destructive behavior; the link between adolescent depression and risk-taking behaviors has been widely documented, both cross-sectionally and prospectively. While the relationship is strong, the etiology of the association is uncertain. Possible intrapersonal characteristics of depressed youth have been suggested. For example, risk-taking behavior may give depressed youth the opportunity to develop an identity and foster independence, which in turn can help to

improve a battered self-image. Interpersonal factors have also been described, such as the desire to seek acceptance from groups from whom the adolescent is mirroring risk behaviors (In Yu, S., Clemens, R., Yang, H., et.al. 2006).

One of the national health objectives for adolescents is to increase family communication related to tobacco, alcohol, and other drug use. The presumed importance of parent-child communication about substance use is reflected in family-based approaches to substance use prevention, most of which focus on improving family functioning and parenting skills, including communication. As a recent example, a primary goal of the National Youth Anti-Drug Media Campaign is to establish good communication about substance use between youth and their parents as a deterrent to youths' use (In Ennett, S.T., Bauman, K.E., Foshee, V.A., et.al., 2001).

1.4   Statement of the Problem

Mizoram, which is located in the North-Eastern part of India, is best known as a state which enjoys the highest literacy in the country. However, it is located in close proximity to the known drug route in India and it encounters diverse problems in the field of adolescent wellbeing. Adolescence is a transitional stage of physical and mental human development that occurs between childhood and adulthood and it is usually accompanied by an increased independence allowed by the parents or legal guardians as well as less supervision. During this stage, the adolescent is subjected to a number of fears and worries, and because of the nature of the physical, emotional and mental changes, they become more vulnerable to risk behavior. The State Government has implemented various programmes and services which are meant for the welfare of all children. However, weak parenting, inadequate care and attention on the part of parenting and issues such as negligence create tremendous problems in the

youth. There is a dearth of research studies on parenting styles in Mizoram, however, there is much evidence to state that there is a growing young population with reference to drug use (IDU in particular), suicide rates, HIV/AIDS, early and often broken marriages, divorce, domestic violence as well as poor family stability. Therefore, research in the area is required in order to understand the relationship between parents and their children. The significance of this study lies in the fact that it will offer suggestions to strengthen families since it is cognizant of the fact that most social problems in Mizoram are rooted in family instability. It is hoped that this study will indicate further areas of research and also suggest policy measures to strengthen families.

1.5   Objectives of the Study

i)   To study the perceived parenting styles of adolescents in Mizo families.

ii)   To understand the communication pattern between parents and adolescents.

iii)   To study the risk behavior of adolescents in Mizoram.

iv)   To study the relationship between parenting styles, family communication and risk behavior of adolescents.

v)   To suggest social work intervention for reduction of risk behaviour among adolescents.

1.6   Hypotheses

i)   There is association between parenting style and risk behaviour among adolescents.

ii)   There is association between family communication and risk behaviour among adolescents.

1.7   Theoretical Framework

Family is an important agency of socialization and there are various theories related to family. However, the present study will rely on *Family Systems Theory* as the study attempts to find out the relationship between parents and their children.

Family systems theory emerged from general systems theory. Within general systems theory, a system is viewed as a set of interrelated elements surrounded by a boundary and exhibiting common characteristics of traits. A family is viewed as a system in which family members interact with one another, exhibit coherent behaviors, and share some degree of interdependence. Family systems theory largely attends to two key aspects of families: the elements that comprise them and the processes that exist within families and their environments.

From a family systems theory perspective, a family may be viewed much like a machine, as comprising a set of interconnected elements that together make a coherent whole. Further, when these parts interact in a meaningful way, the entire system functions in a way that produces a set of outputs. Much as an engine operates when it receives meaningful inputs and its part are all appropriately connected, a family functions in ways that reflect both inputs received by the family and patterns of interaction among members of the family. As this theory states, members of the family are held together by degrees of *interdependence* and this interdependence is not only the glue that holds family system together but it also defines the nature of relationships in families. Further the theory discusses *inputs* which reflect information received by the family that may impact family functioning. These inputs may come from outside the family in the form of message or information to which the family

attends or from within the family in terms of members' monitoring of family functioning.

The theory states the importance of *boundary* which exists around each family system. This boundary is the point of interface between the family and its environment and they are characterized by degrees of rigidity that influence how much information is allowed into or out of a family system. Also, a *hierarchy of systems* exists within and beyond family systems. A layering of subsystems is found within family systems which reflect patterns of relationships among family systems. Power in family system is typically held by the members of the subsystem that are higher on the hierarchy of subsystems within the family.

The theory also talks about *rules* which reflect patterns of relationship that serve to prescribe family members' behavior, roles, patterns of authority, expression of emotion, and communication- indeed, all aspects of family member's interactions. It describes family as f*eedback mechanisms* whereby families reflect endless feedback loops or patterns of monitoring their status. From a system perspective, families strive to maintain equilibrium in their functioning and are constantly monitoring the degree to which their functioning is consistent with system goals. While family systems comprise a set of elements or parts, the system cannot be simplistically viewed as the sum of its parts. Thus, family systems theory addresses both the structure of families and patterns of interaction that exist within families and between families and their environment (*Nonsummativity)*. The theory also talks about *change and* explains that family system tends to reorganize themselves and adapt new patterns of interaction in response to information that is received either from outside or within the family. It reflects a pattern of morphogenesis, or a tendency to change its basic structure or

functioning over time. *Equifinality* is defined as the ability of a system to achieve a goal through different means or routes. Thus, different family systems may achieve the same outcomes through very different approaches or processes. A family may also use more than one approach to achieving change based on the characteristics of the family system itself (In Chibucos, T.R & Leite, R.W, 2005; White, J.M., 2005).

Review of literature is essential and is often given importance before conducting any study as it helps the researcher to understand the theoretical background and findings of different scholars in various aspects. Also, it gives an idea about the research gaps as well as the differences or commonality of various studies in relation to our present study. It also helps one to understand the typology or method suitable for a particular study thus giving one a general idea about the significance or limitations of each method. It also widens the outlook and over all it helps in mapping out what is of core importance for the research at hand thus helping one to have a more systematic study. The present section includes various studies done by researchers across the world which are relevant for the present study.

2.1   International Studies

Parenting has been playing very crucial roles in adolescents' transition to adulthood. Parenting has been recognized as a major vehicle in socializing the child. Parenting is the act of parenthood, the child upbringing, training rearing or child education. Three major types of parenting styles, *authoritative, authoritarian, and permissive,* are theorized to influence child emotional and cognitive outcomes. Authoritative parenting is characterized by consistent limit setting that is considerate of the child's needs and encourages independence and individuality. Permissive parents set few demands, often allowing the child to self-regulate. The authoritarian parenting style includes strict enforcement of rules which that cannot be challenged and entails significant punishment (In Okorodudu, G. N., 2010).

Research has generally shown that *authoritative parents are likely to raise children who are self-reliant, self-controlled, explorative, and content.* Although results vary, data suggest that the authoritative parenting style is associated with the

most favorable child outcomes. *Authoritarian parents tend to produce offspring who are discontent, withdrawn, and distrustful. Children of permissive parents are the least likely to be self-reliant, explorative, and self-controlled* (In Dudley, R.L. and Wisbey, R.L., 2000).

Studies have shown that marital relationships predict the quality of the emotional relationships between parents and children (e.g., acceptance, emotional availability, security of attachment), with less consistent evidence of effects on parenting as control. Finally, children's relationships or representations of relationships with the parent may also change because of the negative effects on their sense of trust or regard for parents due to watching the parent behave in mean or hostile ways toward their spouse; thus, the impact of marital conflict on parenting may be direct. In this sense, marital conflict may affect children's representations of parent–child relationships while it affects children's representations of the marital relationship (In Shamir, H., Schudlich, T.D.R., and Cummings, M., 2001).

Shamir, H., Schudlich, T.D.R., and Cummings, M., 2001 conducted a study in 2001 with the objective of determining whether marital conflict predicted children's representations of family relationships, including parent – child and marital relationships.

The sample consists of 47 married couples with a child between the ages of 5 and 8 years independently completed questionnaires assessing dimensions of their marital conflict behavior and parenting. To assess children's representations of family, they were asked to complete the Family Stories Task (FAST).

Findings indicated that the particular ways in which parents engaged in conflicts were related to children's representations of multiple family systems. In particular, negative marital conflict strategies predicted more negative representations of parent – child (mother – child, father – child) as well as marital and triadic family systems. (Shamir, H., Schudlich, T.D.R., and Cummings, M., 2001)

Of interest, and consistent with past work, positive marital conflict strategies were associated with less negative representations of family relationships but *not* more positive representations. The results thus provide further support for the role of the marital relationship as a dimension of parenting pertinent to children's socialization and specifically demonstrate that marital conflict has implications for children's representations of family relationships. Moreover, consistent with a family-wide model for the effects of family experiences on children's functioning, consideration of the influence of other dimensions of parenting (i.e., parenting styles) added to the understanding of children's representations of family relationships (In Shamir, H., Schudlich, T.D.R., and Cummings, M., 2001).

Research indicates that family life significantly affects development from infancy through adulthood. Many of the studies about *at-risk* families emphasize that extended kinship support has indirect rather than direct effects, mainly through improving parenting quality. When parents, especially single mothers, receive practical, social, and emotional support from extended kin, they tend to negotiate interactions with their children in a more positive manner. More recent studies on adolescents have also emphasized the indirect influences of extended kinship support for enhancing adolescent development by providing support for parents to engage in more positive parenting strategies (In Lamborn, S.D. and Nguyen, D.T., 2003).

In 2003, Lamborn, S.D. and Nguyen, D.T conducted a study among African American adolescents in the 9th and 10th grades to examine perceived kinship support and parenting practices. The sample consists of 158 adolescents between 14 to 16 years where more than half were from single-parent homes headed by the mother and over a third were from two-parent homes, which included adolescents living with both biological parents and stepparent. The remaining ten per cent were from other types of families.

Adolescents were asked to complete a survey about youth perceptions of themselves and their families and the survey included 5 sections: demographic questions about the family, ratings of the relationships with both parents, kinship support, and outcomes in areas pertaining to psychological maturity and school values. Answers were assessed using different measurement and scales and scores were given accordingly (In Lamborn, S.D. and Nguyen, D.T., 2003).

Results for teen reports on mothers indicated that most of the outcomes were associated with gender and parent education level but not family structure. Girls scored higher than boys on self-reliance, work orientation, educational expectations, and teacher reports of school values. In addition, students from families with higher education levels reported stronger scores on these outcomes when compared with students whose parents had lower educational backgrounds. Greater kinship support related to a stronger ethnic identity, higher self-reliance, and a stronger work orientation. Greater kinship support also predicted a stronger orientation to school and higher educational expectations. Perceptions of kinship support were positively and directly related to adjustment for African American families from both single and 2-parent households with different educational backgrounds. The result also shows that

kinship support is positively associated with adolescent adjustment, regardless of the specific nature of the parental relationships perceived by youth. Adolescents who perceived stronger kinship support reported higher psychosocial development and stronger attitudes about school. Teens with more kinship support described their mothers as higher on warmth, and showed stronger work and school orientation scores. Findings such as this emphasize the potential functionality of extended family as an alternative family system and as a coping mechanism for African American teens (In Lamborn, S.D. and Nguyen, D.T., 2003).

Studies have also shown that parenting styles experienced during childhood affects the religious commitment of young adults. Hoge, Petrillo, and Smith (1982) found that transmission was strongest in families in which the parents had definite religious beliefs, agreed on them, and carried out conscious religious socialization in the home. Transmission was also strongest in families in which overall disagreements between parent and child were small (In Dudley, R.L. and Wisbey, R.L., 2000).

Johnson found that students who committed to their parents' religious values perceived their families as happier, warmer, and more accepting than did students who rejected these values. Nelsen found that religious commitment was highest in youth whose parents were religious and who were in harmony with each other (In Dudley, R.L. and Wisbey, R.L., 2000).

Dudley determined that dogmatic parenting styles as perceived by Seventh-day Adventist high school students were strongly related to alienation from their parents' religious beliefs. Thomas et al. discovered that where parents combined support (a positive affective relationship) with strictness, adolescents gave evidence

of significantly greater commitment to traditional religiosity (In Dudley, R.L. and Wisbey, R.L., 2000).

Lenciauskiene, I. and Zaborskis, A. (2002) conducted a study to identify the influence of family structure, parent-child relationship and parental monitoring on adolescents' involvement in early sexual behaviour.

The representative samples were drawn from 10 European countries. A group of 14,287 (6716 boys and 7571 girls) 15-year-olds was surveyed. Adolescents were asked about sexual behaviour, family structure, parent-child communication, and parental control.

Results of the study show that Greenlandic adolescents were predominantly engaged in early sexual behaviour. Intact family was a key protective factor for adolescents' early sexual behaviour as it significantly decreased both boys' and girls' involvement in early sexual behaviour. Close parent-adolescent relationships and a high level of parental monitoring were found to be less protective factors than family structure. *Easy communication with parents, especially with the mother, was more significant for girls' than for boys' early sexual behaviour. A low level of maternal monitoring had a higher impact on boys' early sexual behaviour, while a low level of paternal monitoring had a higher impact on girls. (*Lenciauskiene, I. and Zaborskis, A., 2002)

In his editorial, Thomas J. Socha discusses early 21st Century family communication research. He states that studies of first-generation scholars in the 20th century were rooted in fields outside of communication (e.g., sociology, psychology, family therapy, etc.) as well as in specialties inside the communication field (e.g.,

interpersonal communication and group communication) and are focused primarily on marital communication. According to him, studies of communication in the contexts of family relationships, family units, family networks, and the interfacing of family units with societal institutions such as media, education, healthcare, law, and government is necessary.

Chen, L. and Cheng, S.H.M. conducted a study to investigate how family communication pattern were related to youngsters' self-disclosure to their parents based on conversation orientation and socio orientation.

Snowball sampling method was employed and 208 Hong Kong youngsters, 13 to 24 years, were selected for the study. Data was collected using questionnaire which consist two parts: the first part is to measure perceived family communication pattern and the second part is to ask what the youngsters disclose to their parents.

Results of perceived family communication pattern show a little less than a quarter (24.5%) of *Laissez-faire*, more than a quarter (28.8%) of *Protective*, less than a quarter (24%) *Plural* and more than one-fifth (22.6%) *Consensual* type. Amount of self-disclosure to parents which was standardized in eight topics reveals that "Interest/taste" (65%) as the overall topic children reported self disclosing most and "sex" (5%) as the least disclosed topic (Chen, L. and Cheng, S.H.M., 2001).

Carter, N.M.P. (2008) conducted a study to investigate the interpersonal communication satisfaction between daughters and their fathers.

250 female college students at Midwestern University and their fathers participated in the study. The Revised Family Communication Pattern (RFCP) instrument (Ritchie & Fitzpatrick in Communication Research Reports, 2008) was

used for this study. The instrument has 26 Likert-type items that range from 1 (always) to 7 (never).

Findings revealed a positive relationship between conversation orientation family communication patterns and perceptions of interpersonal communication satisfaction. Father and daughter satisfaction was significantly affected by *conversation orientation* family communication patterns (e.g., pluralistic and consensual), while conformity orientation family communication patterns (e.g., laissez-faire and protective) were not influential on satisfaction. *Fathers and daughters who had more conversation orientation family communication patterns had higher levels of satisfaction than did fathers and daughters who exhibited other family communication patterns* (Carter, N.M.P., 2008)

Various studies that have been done on family communication and research have shown that *daughters who are dissatisfied with their communication interactions with their fathers are more likely to be involved with bad peer relationships, have unpleasant romantic endeavors, and make poor or life-threatening decisions compared to daughters who are satisfied with their communication interactions with their fathers (Leonard, 1982 in Communication Research reports, 2008).* Studies have shown that *mothers and fathers differ in their communication patterns with their daughters.* For instance, Youniss and Ketterlinus (in Communication Research Reports, 2008) found that *father-daughter communication patterns are quite limited compared to mother-daughter communication patterns.* Youniss and Ketterlinus also noted that *mother-daughter communication interactions were more open than father-daughter communication interactions.*

Noller, P. and Bagi, S. (1985) conducted a study on *Parent-adolescent communication* which involved the development of a questionnaire for measuring parent-adolescent communication on both process and content dimensions.

Six process dimensions chosen on the basis of available literature includes frequency, initiation, recognition, self-disclosure, domination and satisfaction. Six-point scales with clearly defined scale points were designed for each dimension and fourteen content areas were also chosen and these were selected to include areas representative of two dimensions: *general principles vs. specific issues, and external social reference vs. intrafamily references.* Based on each of the six process dimensions for each of the fourteen content areas, 1st year university students rated their interactions with their mothers, fathers and both parents together. Parents were asked to rate the same items in the way they thought their adolescent son or daughter would rate them (Noller, P. and Bagi, S., 1985).

Results of the study shows that *adolescents of both sexes tended to communicate more with mothers than with fathers over a wide range of areas and politics was the only area on which subjects talked more with fathers than mothers.* Results also show that *self-disclosure occurred to mothers than to fathers and daughters are found to be disclosing more to mothers than did sons. Mothers were also more accurate than fathers at predicting adolescents' responses* (Noller, P. and Bagi, S., 1985).

Miller, K.S., Kotchick, B.A., Dorsey, S., et.al. (1998) conducted a cross-sectional study on family communication about sex among 14 to 16 years old adolescents to examine the impact of selected individual, family, peer and

environmental factors on both the risk behavior and risk-reducing behavior of adolescents.

The study consists of 907 mother-adolescent pairs and parent-adolescent communication about 10 sex-related topics was examined through an interview schedule which was set in a close-ended answer type of "yes" or "no".

Result of the study revealed that adolescent of both sexes are more likely to report discussions with mothers than with fathers, and with parents more likely to discuss topics with an adolescent of the same gender than of the opposite gender (Miller, K.S., Kotchick, B.A., Dorsey, S., et.al. 1998).

Research studies conducted by Mc.Donell, J.R. (2006) highlight the importance of neighborhood context for child and family well-being. The studies linked social and physical features of neighborhood to health status and mortality risk, crime, child maltreatment, adolescent risk behavior, educational attainment, resident safety, and adolescent physical activity, among other indicators. In addition, this research increasingly shows that neighborhood characteristics have direct effects on indicators of resident health and wellbeing. *Studies show that residents in economically distressed neighborhoods have higher health risks as compared to residents in non-economically distressed neighborhoods.* After reviewing several research, the National Academy of Sciences (2000) concluded that neighborhood effects actually accounted for very little of the variation in parental mental health and family management practices, noting that this may be due to greater variability in family characteristics within than between neighborhoods.

Hockenberry, J.M., Timmons, E.J. and Weg, M.V. (2009) conducted a study to investigate whether smoking is related to suicidal ideation in teens and whether there is evidence of a causal pathway.

Data from the 2002 National Annenberg Survey of Youth was used and they employ multivariate logistic regression to model each teen's risk of suicidal ideation as a function of self-report of depressive symptoms, own smoking, parent smoking and demographic and household income variables.

Result of the study indicates that individuals reporting depressive symptoms have an increased risk of suicidal ideation. Relative to teens who do not smoke and whose parents do not smoke, teens who smoke and do not have a parent who smokes have increased risk of suicidal ideation, whereas those with a parent who smokes do not have a statistically significant increased risk of suicidal ideation regardless of teen smoking behavior (Hockenberry, J.M., Timmons, E.J. and Weg, M.V., 2009).

A study conducted by Blum, R.W., Beuhring, T., Shew, M.L. et.al. in 2000 examines the unique and combined contributions of race/ethnicity, income, and family structure to adolescent cigarette smoking, alcohol use, involvement with violence, suicidal thoughts or attempts, and sexual intercourse. The sample included 10,803 White, Black, and Hispanic 7th to 12th graders.

Results of the study shows that *white adolescents were more likely to smoke cigarettes drink alcohol, and attempt suicide in the younger years than were Black and Hispanic youths. Black youths were more likely to have had sexual intercourse; both Black and Hispanic youths were more likely than White teens to engage in violence. Controlling for gender, race/ethnicity, income, and family structure together*

explained no more than 10% of the variance in each of the 5 risk behaviors among younger adolescents and no more than 7% among older youths (Blum, R.W., Beuhring, T., Shew, M.L. et.al. 2000).

Parental monitoring and communication is another interpersonal factor that may be of critical importance in the depression-risk behavior. The inverse relationship between perceived parental monitoring/parent-child communication and adolescent risk involvement has been repeatedly documented across geographic and cultural niches. Similarly, the association of positive parental-child attachment and communication with increased child resiliency has been described. In general the parent-child monitoring and communication literature has relied on youth perceptions of parental monitoring and/or communication. *Studies assessing perceptions of monitoring from the perspective of both youth and parents have typically found that parents perceive parent-adolescent relationships and adolescent behavior from a somewhat more optimistic perspective than do youth. It has been noted in related work that adolescents scoring high on hopelessness perceive decreased parental monitoring compared to their non-depressed peers* (In Yu, S., Clemens, R., Yang, H., et.al., 2006).

Yu, S., Clemens, R., Yang, H., et.al. (2006) conducted a study among 752 Bahamian youth and their parents to examine the relationship of youth depression with youth risk involvement, parental monitoring, and parent-youth communication. A questionnaire consisting of scales suitable for each variable was distributed to the adolescents

Result of the study reveals that only a few (5.7%) were depressed and of these, depression is found to be a *little more in the case of female than in male*. Also,

depressed youth were older than non-depressed youth and are more likely to engage in risk behaviors, and they perceived significantly lower levels of parental monitoring and higher levels of impaired communication than did non-depressed youth. Both depressed and non-depressed youth perceived lower rates of parental monitoring, less open communication and higher rates of problem in communication. Youth depression was strongly associated with youth-perceived impaired parent-youth communication. It was also found out that youth depression, past risk behaviour youth perceptions of parental monitoring and impaired parent-youth communication were associated with anticipated risk behavior of young people during the next 6 months (Yu, S., Clemens, R., Yang, H., et.al., 2006).

Garnefski, N. and Diekstra, R.F. (1995) in their study to find out suicidal behaviour among adolescents noticed the absence of studies on differences between suicide attempters and non-attempters which have focused on comorbidity or the co-occurrence of problems. As such, they conducted a study to compare the presence of sets of interrelated problems, i.e. the comorbidity or co-occurrence of emotional, behavioural and cognitive problems, in a population-based sample of secondary school students with and without a history of suicidal behaviour. Subsequently, the co-occurrence of problems was studied in more detail in the group of suicide attempters.

Using random sampling, 954 secondary school students between the age of 12 to 19 years (477 with and 477 without a history of suicidal behaviour defined as one or more previous self-reported suicide attempts) were selected and they were asked to fill out an extensive self-report questionnaire. The questionnaire covers area such as physical and mental health, life-style, behavioural patterns, risk behaviors, attitudes

towards various social and political topics, income, consumption pattern and leisure activities.

Results of the study show that more non-attempters than attempters had problems in a 'single' problem category, whereas more attempter than non-attempters had problems in 'multiple' categories. The number or accumulation of emotional, behavioural and/or cognitive problems seems of more importance in relation to a history of suicidal behaviour than the specific type of problem. Within the subgroup of suicide attempters the co-occurrence of symptoms of different disorders was rather the rule than the exception, which raises doubts upon the validity of the prevailing diagnostic and classification systems (Garnefski, N. and Diekstra, R.F., 1995).

Alfred Adler first asserted that the order in which an individual is born in a family influences his or her subsequent personality due to the psychological situation created by the presence of siblings, and competing needs for parental attention. Adler proposed that firstborn and only children experience intellectual advantages, but are likely to suffer emotional consequences of pampering – and in the case of firstborns, the loss of privileged status once subsequent siblings are born. The history of research on birth order effects on psychological characteristics is long and controversial with many theoretical perspectives that are often at odds with each other. Findings from various literatures are diffuse and cumbersome to summarize, with many studies suggesting that there are differences in intelligence, personality and emotional health related to birth order (In Kirkcaldy, B., Richardson, R. and Siefen, G, 2009).

Kirkcaldy, B., Richardson, R. and Siefen, G (2009) conducted a study in West Germany among 2553 children and adolescents in hospitalized care with a recognized

psychiatric diagnosis. The aim of the study was to identify the relationship between birth order and self-injurious and suicidal behaviour among adolescents.

Data was assessed using a structured interview inventory that included history of self-injurious behaviour, suicidal intent and socially disruptive and threatening behaviour, and diverse socio-demographic variables. Birth order was categorized into four ordinal positions only child, firstborn (eldest), middle-, lastborn (youngest).

Results reveal that birth order was associated with both suicidal and self-injurious behaviour, middle children being most likely to exhibit such behaviour. Females were more than twice as likely to have self-injured than males. Comparisons of birth order groups within gender found no significant differences in suicidal behaviour between birth positions for males, however among females, middle children were much more likely to have attempted suicide. Conversely, there was no difference in self-injurious behaviour among birth positions in females, but among males, middle children were significantly more likely to have self-injured than firstborns, only children or lastborns. The number of siblings in the family was significantly correlated with both suicidal history and self-injurious behaviour. The risk of suicidal behaviour was highest for those with four or more siblings (Kirkcaldy, B., Richardson, R. and Siefen, G., 2009).

Okorodudu, G. N. (2010) conducted a study among 404 secondary school students in Delta Central Senatorial District using random sampling with the purpose to determine the relationship between adolescents' delinquency and the parenting styles.

The instruments used for the study were adolescent delinquency and parenting styles questionnaire (ADAPSQ) and the instrument was divided into three parts: (a) bio-data of the participants, (b) parenting measures and (c) Adolescents' delinquency scale (ADS) adopted from Iyonsi's (2007) behaviour of delinquency students (BDSS) designed to measure effect of group counseling on the behaviour of delinquent students. Parenting styles measures and adolescents' delinquency measures consists a list of items and these scoring were based on the Likert four-point scales of measurement (Okorodudu, G. N., 2010).

Results of the study shows that that *permissive parenting style effectively predict adolescents' delinquency while authoritarian and authoritative did not.* Parents who are positively oriented in their styles (demandingness and responsiveness) will make their adolescents socially competent and goal – directed. Parents who exerted control and monitored adolescent activities and promoted self-autonomy were found to have the most positive effects on adolescents' behaviour. *Uninvolving parents and also non responsive to adolescents needs had negative impacts on their behaviour and are more likely to involve in delinquent behaviour* (Okorodudu, G. N., 2010).

Several studies show that *adolescents are at greater risk for smoking and drinking when parents smoke or, are more tolerant of tobacco and alcohol use,* and *provide less support and supervision.* In addition to these aspects of the family environment, *adolescents are at high risk if they live in single parent families* and have less educated parents (In Ennett, S.T. et.al., 2001).

Ennett, S.T. et.al. (2001) conducted a study to examine the nature and effects of parent-child communication about tobacco and alcohol use on adolescent use of these substances.

The study sample is derived from a probability sample of 537 adolescent-parent pairs and they are interviewed by telephone at baseline and again 1 year later. Measures of the study include adolescent tobacco and alcohol use, parent-child communication, and other family characteristics, including substance-specific, general parenting, and demographic characteristics (Ennett, S.T. et.al., 2001).

Adolescent tobacco and alcohol use measures were based on self-reports and included lifetime smoking and drinking at baseline and initiation and escalation of cigarette and alcohol use at follow-up. In the follow up, it was found out that among the 378 adolescents who were nonsmokers at baseline, more than a fifth had initiated smoking and among the 195 adolescent nondrinkers at baseline, more than a third started drinking by follow-up. Also, less than two-thirds of the adolescents who were baseline smokers (n= 117) and more than a half baseline drinkers (n= 281) reported escalation of use (Ennett, S.T. et.al., 2001).

Findings of the study found relatively little support for the influence of parent-child communication on adolescent tobacco and alcohol use. However, it was found out that parental smoking predicted the initiation of both tobacco and alcohol use, and parental drinking predicted the escalation of tobacco use. *The overall findings indicate that nonverbal communication by parents through the substance use behavior they model is a more potent form of communication than what they say* (Ennett, S.T. et.al., 2001).

Taris, T.W. and Bok, I.A. (1997) conducted a longitudinal study among a sample of 642 young adults on the "Effects of Parenting Style upon Psychological Well-being of Young Adults". Their study examines young adults' feelings of depression at two time points in time as a function of (a) the degree to which they feel able to influence things that happen to them; and (b) the degree to which they feel that their parents provided a warm, loving and caring upbringing during the first sixteen years of their lives.

A standardized interview schedule was used in order to find out the attitudes and behavior of the young adults on a number of life domains. Van Rooijen's (1977) translation of Lubin's (1965) Depression Adjective Checklist which consists a series of 12 positive and 22 negative emotion words was used as a measure of the subjects' feelings of depression. Using Parental Bonding Instrument (PBI, Parker, Tupling & Brown, 1979), care of the father and mother was assessed retrospectively. Locus of control was measured using a thirteen-item scale, with the items representing different aspects of their lives. Children of highly involved parents generally feel more competent, display greater control understanding, and have a more internal locus of control than those of less involved parents (Taris, T.W. and Bok, I.A., 1997)

As a first step they examined whether the subject's gender affected the strength of the relations among the variables. Comparison of the variance-covariance matrices of boys and girls did not reveal significant differences between the two. There was a rather strong effect of time one depression upon time two depression (.36, $p < .001$). Thus, it appeared that feelings of depression were rather stable across the four-year period observed here. The same applied to locus of control; here we found a time one-time two stability of .34 $(p < .001)$. Of more interest are the cross-lagged effects. We

found that time one Depression had a small negative effect upon time two Locus of control (-.09, $p < .01$). Thus, it appeared that persons who felt depressive at time one felt also relatively less able to influence things around them at time two (Taris, T.W. and Bok, I.A., 1997)

Additionally, time one Locus of control had a negative effect upon time two depression (-.21, $p < .001$): people with an external locus of control were more likely to feel depressive at time two, controlling feelings of depression at time one. Thus, it appeared that depression and locus of control mutually influenced each other during the observed time span of four years. However, the effect of locus of control upon depression was considerably larger and stronger than the reverse effect: an analysis where the cross-lagged effects were constrained to be equal to each other yielded an increase of 4.65 chi-square points with only 1 df extra, which is significant at $p < .05$ (Taris, T.W. and Bok, I.A., 1997).

Borawski, E.A., Ievers-Landis, C.E., Lovegreen, L.D., et.al.(2003) conducted a study among 692 adolescents in 9th and 10th grades with the purpose of comparing two different parenting practices (parental monitoring and negotiated unsupervised time) and perceived parental trust in the reporting of health risk.

In their study, students were asked to complete a self-administered paper-based survey that assessed adolescents' perceptions of the degree to which their parents monitor their whereabouts, are permitted to negotiate unsupervised time with their friends and trust them to make decisions. Using gender-specific multivariate logistic regression analyses, they examine the relative importance of parental monitoring, negotiated unsupervised time with peers, and parental trust in predicting reported sexual activity, sex-related protective actions(e.g., condom use, carrying

protection) and substance use(alcohol, tobacco, and marijuana) (Borawski, E.A., Ievers-Landis, C.E., Lovegreen, L.D., et.al, 2003)

Results indicate strong association between negotiated unsupervised time with increased risk behavior (e.g., sexual activity, alcohol and marijuana use) and also sex-related protective actions for males and females. In males, high parental monitoring was associated with less alcohol use and consistent condom use while parental monitoring was found to have no affect on female behavior. Perceived parental trust served as a protective factor against sexual activity, tobacco, and marijuana use in females, and alcohol use in males (Borawski, E.A., Ievers-Landis, C.E., Lovegreen, L.D., et.al, 2003).

Although there are numerous studies related to Indian families and adolescents in particular, there is a dearth of research studies on parenting styles and family communication as such. Light, H.K. and Martin, R.E. on their study on *American Indian families* noted that many Indian women and men were optimistic and hopeful in spite of incredibly difficult living conditions. In an attempt to explore family strengths of American Indian women living in North and South Dakota, they noted a drastic difference between the structures of the American Indian family network from other extended family units in Western society. They noted that American Indians, when forced into the white cultural and social environment, have problems in developing to their fullest potential and also noted American Indians relying on family strengths for a source of courage and confidence to overcome these disadvantages. In order to identify some of these strengths, they conducted a study to explore social support, esteem, and communication patterns in a sample of 32 American Indian women (Light, H.K. and Martin, R.E., 1996).

Results of the study indicate that American Indian women received '*Extended Family Social Support*' most of the time. When scores for *Family Strengths Esteem and Communication* was computed, it was found out that over half looked at the good and bad of each problem situation "most of the time" when facing a problem. Almost three-fifths of the respondents said it was acceptable for family members to express sadness by crying. Other "most of the time" responses included: members of the family respect one another in less than two-thirds of the respondents. Over three-quarters felt that sometimes decisions are discussed with other family members to show positive feelings about each other. The family tries to look at the bright side of things no matter what happens to them according to over two-thirds and working members of the family seem to be respected by their co-workers in an overwhelming majority (Light, H.K. and Martin, R.E,. 1996)

From this study, we can see that Indian families in America have a good extended family social support system where communication is open and free most of the time. We can also see that Indian women develop high self-esteem in spite of the problems they encountered in the white cultural and social environment. Even though there are lots of external forces that can shape human behaviour, we can perceive from this study that Indian families are generally close to each other and members are supportive to one another in times of distress as well.

According to Vijaykumar L. (2007), *more than one lakh lives are lost every year in India due to suicide.* Over a third of suicides in India are by those below the age of 30 years and suicide rates of women is always higher than men. Modes of suicides reveals that over a third commit suicide by poisoning, less than a third due to hanging and self-immolation in less than a tenth and it is estimated that one in 60

persons in our country are affected by suicide including those who have attempted suicide and those who have been affected by the suicide of a close family or friend.

According to the official data, the reason for suicide is not known for about while about half of suicides while illness and *family problems* contribute to about for almost half the suicides. Studies note that an overwhelming majority of suicide have a mental disorder (Vijaykumar L., 2007).

Alcoholism plays a significant role in suicide in India. Around 30-50% of male suicides were under the influence of alcohol at the time of suicide and many wives have been driven to suicide by their alcoholic husbands. (Vijaykumar L., 2007). If this is the case, one can strongly hold the opinion that *substance abuse* of the father or any of the family members will have a deep negative impact thus breaking down the marital relationships as well as the whole family system.

Vijaykumar L further states not only were there a large number of alcoholic suicides but also many had come from alcoholic families and started consumption of alcohol early in life and were heavily dependent. This finding indicates that nonverbal communication by parents through the substance use behavior they model is a more compelling form for their children to do the same.

2.2 Mizoram Context

Although parenting styles have not been studied in Mizoram, a study by H.Elizabeth on child rearing practices among Mizo families with respondents who were mothers in the age group of 22-40 years observed that mothers with higher educational levels had better child rearing practices. Interestingly, it also observed that younger age at marriage was better for child rearing practices.

A Study conducted by Rai, R.N. in 2008 examines the effects of *Perceived Parental Rearing Style on drug addiction amongst Mizo male and female adolescents* and the results indicate that *rejection from father and mother leads to drug addiction among Mizo male adolescents whereas emotional warmth from father prevents drug addiction. Over protection from mother and father have been found the factors of drug addiction, while the emotional warmth from both the parents is most effective factor in preventing adolescent's drug addiction.* Some earlier studies have also reported similar results (Bhargava & Bhargava; Parimu in R.N.Rai, 2008).

According to the latest National Family Health Survey, a huge majority of male population in Mizoram use tobacco while less than two-thirds of the female population uses tobacco products making the state India's number one in tobacco consumption. This emphasizes that adolescents who are in the age of excitement and experimentation will no doubt be free from tobacco. A study conducted among 2,295 students between class eight and ten reveals that less than a quarter of these students smoke cigarettes while almost a third uses tobacco in other forms, the society officials said. More than half of high school students in Mizoram are using tobacco products, according to officials of the Mizoram State Tobacco Control Society.

Buli Nag (2007) conducted a study on stress and coping styles among school children in Mizoram and the study aims at profiling the socio demographic characteristics of the respondents, exploring the nature of stressors experienced and coping strategies used by them.

The sample includes 80 students drawn from three different schools in Aizawl. Almost three-fourth (73.75%) of the respondents belong to the age group of 14 to 16

years with male students constituting a little over half (53.75%) marginally exceeding the number of female students (46.25%).

The study reveals that most of the students are 'middle' in birth order and level of stress is low among families where siblings are more. Academic pressure was found to be the most common stressor with almost half of the respondents perceiving performance in exams or test followed by heavy burden or pressures from school syllabus as stressors. Students reported heavy burden or pressures from school syllabus (36.25%), followed by attitudes of teachers towards students (21.25%), lack of interests in school syllabus (17.5%), poor performance and language problem (15%) and attitudes of fellow students (10%) among the major stressors experienced by them in school. Almost half of the respondents (48.75%) in this study reported stress due to poor interpersonal relationship with friends. A fifth of the respondents (21.5%) report poor relationships with their family members as being a cause of stress. Majority of the respondents have also reported that they turn to friends for social support rather than their parents (Nag, B., 2005).

A study conducted by Lalmuanpuii Hauhnnar (2007) on *suicide* reveals that youth are increasingly succumbing to suicides. From a sample of 32 respondents in whose household suicide had occured, it was observed that there were three times the number of male suicidees (75%) as compared to females (25%). Less than a half (40.65%) were between the ages of 15 to 25 years. As this is a period of struggle and adjustment in life, there has been an alarming increase in rates of suicides and the main reasons for suicide is anger outburst. *The study also mentions that one-third of the suicidees had a poor relationship with their parent* and mentions that drug or

alcohol abuse, situational stress, access to fire arms and previous/current suicidal thoughts as the risk factors for teen suicide.

2.3   Research Gaps

i) Limited studies are available on the effects of parenting styles and family communication on adolescent development, especially in North-east.

ii) A dearth of research is available on the impact of family economic and social status which has a great influence on the family communication pattern, parenting style and adolescent well-being.

iii) Although there are various studies about the communication between parents and children, there are few studies on sibling communication and its impact on adolescents.

iv) Many studies related to adolescents fails to suggest policy measures and implications for social work practice.

3.1   Methodology

The study is descriptive in design and the universe of the study includes all adolescents in Aizawl between the age group of 13 to 18 years.

3.1.1   Sampling

For sampling, a *Multistage Sampling* was used. Firstly, Aizawl, Mizoram was purposively selected. Secondly, Aizawl was classified into two categories: core (urban) and peripheral (semi-urban) on the basis of indicators of socio-economic development and infrastructure development. One representative locality was chosen purposively from each category. *Dawrpui* community was selected to represent the core area while *Tanhril* community was selected to represent the peripheral area. These communities are between 12 to 13 kilometers apart from each other. Dawrpui is a central are within Aizawl city and comprises of the main bazaar and business houses. Tanhril on the other hand is at the outskirts of the city and is located near Mizoram University. All adolescents between the ages of 13 to 18 years were identified through Local Leaders, Sunday School Teachers as well as Health Sub-centre. A list was prepared and all adolescents who were not residing with their parents (hostellers) were identified and were struck off from the list. Systematic random sampling was employed to arrive at a sample representative of gender and ages of school going as well as non-school going adolescents of both areas (Systematically, respondents were selected with an interval of 5 in the core area as well as in the peripheral area.). From the total of 532 adolescents who resides in these two areas, 20% (i.e.106 adolescents) was taken for the final sample. The sample consisted of 55 from the core area (29 Males, 26 Females) and 51 from the peripheral area (23 Males, 28 Females).

3.1.2 Tools of data collection

Tools of data collection include both quantitative and qualitative methods. A semi-structured interview schedule was administered to collect data on perceived parenting style, family communication and for information on indulgence in substance abuse, sexual risk behaviour and suicidal ideation.

Qualitative methods like Focus Group Discussion (FGD) with adolescents and Key Informant Interviews (KII) with law enforcement officials and community leaders were used to explore aspects related to suicide ideation and attempt. Participatory Rural Appraisal (PRA) technique of *Trend Analysis* was attempted among MUP members in peripheral locality to document perceived trends in parenting styles.

Secondary data about risk behaviour of adolescents was collected from records maintained by MSACS, NGOs, Government welfare and Law enforcement agencies, and hospitals.

3.1.3 Pilot Study

A pilot study was conducted during 1st-15th October 2009 at *Tanhril* community which is located at the outskirts of Aizawl city. *Tanhril* is an old community and was named after their *King Tanhrila* about 300 years ago. At present, it has a population of 3802 and there are 626 houses approximately and 673 families residing there. During the fifteen days of pilot study, interactions were held with several parents and different parenting styles adopted by the Mizos were understood and attempt was made to find out the challenges faced by most parents and children in Mizoram.

In the pilot study, information was collected mainly by using qualitative methods like unstructured interview, Participatory Rural Appraisal (PRA), Focus Group Discussion (FGDs) and case study. Interview was conducted among various key leaders of the community and case studies were conducted with five families with diverse socio-economic background. FGD was also conducted with members of the Mizo Hmeichhe Insuihkhawm Pawl (MHIP), which is the leading women's organization in the state and has branches in all the villages as well as local urban communities. The organization deals with both women and children's issues. Participatory Rural Appraisal techniques were used with a group of children, between the ages of 13 to 18 years to assess needs.

i) Interview: Unstructured interview was conducted among the key leaders and senior citizens of the community. The objective of the interview was to examine the socio-economic status of families at Tanhril and its impact on parent-child relationship and to identify the difference between traditional parenting styles modern parenting styles.

Findings: Since Tanhril is at the outskirts of Aizawl, development in all aspects is very slow and steady. People are generally poor as the employment rate is very low and majority of the population depends on manual labour and their agricultural products for their livelihood. As such, parents are unable to spend much time with their children, thus, hindering the growth and development of the child. Due to poverty, many parents do not send their children to school beyond high school and because of ignorance, some parents are unable to assist their children in their studies. The consequence is increasing drop-out rates, which further leads to the risk of becoming *delinquent*. Also, parents tend to lack control over children who often lack discipline. Very high praise of children for good behaviour and strict punishment

during reprimanding the child when he does something wrong, has undesirable and mixed outcomes.

Respondents were asked on the changing trends related to parenting. It was found out that there is a great difference between the concept of parenting in traditional and in modern Mizo society. In the traditional Mizo society, the father as the sole head of the family, took major decisions on family matters while mothers were expected to respect their husbands' decision to stay at home and look after the family. Interestingly, now changes are visible and mothers have a voice in the family and are involved in taking minor as well as major decisions on family matters. The respondents opined that women are almost equal to men in all spheres especially in taking family decisions. Majority of the respondents claims themselves to be strict and authoritative.

ii) Participatory Rural Appraisal (PRA): PRA exercise on *Needs Assessment* was held with adolescents between the ages of 13-18 years. Eight children came for the PRA exercise. The main goal of this PRA exercise was to assess the needs of children at Tanhril and following are the points that emerged during the exercise-

- Intimate love and care and understanding is a major need.
- Moral support from the parents is required.
- Good recreational facilities are needed.
- Quality educational institution including Higher Secondary School within the community would be desirable.
- More co-curricular activities at school.

Findings: From the PRA exercise, it was identified that children lack emotional stability which is essential for the healthy development of every human being. Also, they longed for the love and care of their parents which many parents have failed to provide even though they thought they were under the impression that it was provided. As parents are the role model for their children, children look up to them but often saw their parents practicing the same habits which they were prohibited from, thus creating confusion and making them wonder *'why?'*. They also believed that provision of quality education will enhance their development and the introduction of more co-curricular activities would be not only interesting, but healthy for their over-all development. As they are growing, they also expect their parents to accept that they are growing up and expressed that they did not like too many *Dos and Dont's.*

iii) Focus Group Discussion (FGD): FGD was conducted among MHIP (Mizo Hmeichhe Insuihkhawm Pawl) and seven women between the ages of 35 to 50 years participated at the FGD. The purpose of conducting this FGD was to identify the parenting style adopted by the Mizo parents, the challenges faced by Mizo parents and children as well as to find suggestions and measures to adress these challenges.

Findings: As Mizo society is a *patriarchal* society, men are the bread winners of the family and they spend most of their time outside the home. As such, women are expected to look after the children at home and they also take care of other household chores. But due to poverty several women have to engage themselves in labour work or other petty business in order to support the husband in meeting the basic requirements of the family. Due to these reasons, children are often left unattended. Besides, modernization with the advancement in science and technology has had a

deep impact on modern Mizo society. The respondents felt that these changes have contributed to an increase in arguments and as such conflicts in ideas arose thus affecting the parent-child relationship. It was also identified that too much social activities in the society deteriorate the family system thus hampering family relationship and family wellbeing. From the FGDs, it was learnt that most Mizo parents are highly demanding and directive, but not responsive which is more likened to *authoritarian* parenting styles. There are also a group of parents who tend to be *indulgent and permissive* thus giving the child too much freedom which has a strong negative impact on the future development of the child.

Following are the suggestions and measures made by the group members to overcome the challenges faced by Mizo parents and children-

- Parents should know that their children are their responsibility and that they should be able to give them the love and care they required.

- Both the parents should be *cooperative* with respect to making rules or taking decisions. If it is otherwise, it is confusing for their children.

- Parents should know what their children are upto and they should be able to build a friendly atmosphere within the family.

- Parents should avoid their children from hanging out with their friends too much.

- Parents should guide their children in God's way and should often give them moral education.

iv) Case Studies: The worker conducted case studies among parents with varying socio-economic backgrounds in order to find out different parenting practice and the challenges faced by the Mizos in parenting. In all five case studies were conducted (3 fathers and 2 mothers) of ages ranging between 36 and 45 years.

Findings: From the case studies, the worker found out that Mizo parents exhibit characteristics of all the parenting styles (authoritative, authoritarian and permissive). This could be because of the diverse family culture which is transmitted from generation to generation and it could also be due to the influence of westernization and modernization. Parents are generally good and responsible to their children and most parents found parenting a routine responsibility and regarded parenting as a gift. However, some parents were of the opinion that children are given too much of choice and freedom which tends to inculcate a negative outcome thus spoiling the behavior of the child. Mizo society has too many social activities and this affects the family quality as one or both the parents are compelled to attend these social activities which results in child negligence. This further hampers the development of the child thus affecting the functioning of the family. Positive bond between the parents leads to effective parenting and positive outcomes in child rearing. However, kinship support is also great among the Mizos as such, single/divorced mothers do not have much emotional instability. Educational background and health of the parents greatly determines child's growth and development. Too many rules and restrictions often led to temper tantrums by the child thus inducing negative practices and maladjustment. As a whole, mothers are more concerned for their children than fathers and some men consider child care the sole responsibility of women as men have a major role to play as bread-earners. Involvement in substance particularly alcoholism greatly affects the quality of family life and influences perceptions of children about fathers.

The pilot study helped in formulating the research problem, sharpening the conceptualization and in construction of tools that would appropriately collect information on the variables to be studied.

3.1.4 Data Analysis

Data obtained was processed using Microsoft excel and SPSS package. The data presented below is in simple percentages, averages, Kendals W. and Karl Pearson's Correlation Coefficient was used to test the hypothesis.

This chapter introduces the main findings of the study based on data collected through survey method. As both the core and peripheral areas selected are far apart and since the interview method was being used, data collection was a lengthy process involving four months (August to November, 2010).

The results of both the qualitative and quantitative approaches used are presented in several sections. The section consist information on *Demographic Profile of the Respondents, Family Particulars, Educational Qualification of Parents and Socio-Economic Status, Perceived Parenting Styles, Family Communication, Risk behavior of Mizo Adolescents.* Information collected through qualitative methods like Focus Group Discussion (FGD), Key Informant Interviews (KII), Trend Analysis and secondary information about risk behaviour of adolescents collected from records maintained by MSACS, NGOs, Government welfare and Law enforcement agencies, and hospitals are also included.

4.1   Demographic Profile of the Respondents

Table 1(a & b) includes information on the profile of the respondents. Information such as age, gender, education, educational qualifications, and denomination are included in this section.

Table 1(a): Demographic Profile of the Respondents

Sl.No	Characteristic	Core n = 55	Peripheral n = 51	Total N = 106
I	**Age Group (in years)**			
1	13-14	16 (29.09)	26 (50.98)	42 (39.62)
2	15-16	19 (34.55)	13 (25.49)	32 (30.19)
3	17-18	20 (36.36)	12 (23.53)	32 (30.19)
II	**Gender**			
1	Female	26 (47.27)	28 (54.90)	54 (50.94)
2	Male	29 (52.73)	23 (45.10)	52 (49.06)
III	**Educational Status**			
1	Non- school going	6 (10.91)	5 (9.80)	11 (10.38)
2	School going	49 (89.09)	46 (90.20)	95 (89.62)

Source: Computed   **(Figures in parentheses are percentages)**

45

Table 1(b): Demographic Profile of the Respondents

Sl.No	Characteristic	Core n = 55	Peripheral n = 51	Total N = 106
IV	**Educational Qualification**			
1	Class VIII	11 (20.00)	11 (21.57)	22 (20.75)
2	Class IX	11 (20.00)	13 (25.49)	24 (22.64)
3	Class X	8 (14.55)	9 (17.65)	17 (16.04)
4	Class XI	11 (20.00)	3 (5.88)	14 (13.21)
5	Class XII	11 (20.00)	3 (5.88)	14 (13.21)
6	Others	3 (5.45)	12 (23.53)	15 (14.15)
V	**Denomination**			
1	Presbyterian	41 (74.55)	35 (68.63)	76 (71.70)
2	Baptist	2 (3.64)	4 (7.84)	6 (5.66)
3	Salvation Army	7 (12.73)	2 (3.92)	9 (8.49)
4	Roman Catholic	1 (1.82)	2 (3.92)	3 (2.83)
5	UPC	3 (5.45)	1 (1.96)	4 (3.77)
6	Others	1 (1.82)	7 (13.73)	8 (7.55)

Source: Computed   **(Figures in parentheses are percentages)**

4.1.1   Age: Age is an important variable in any study and therefore age group should be carefully selected to provide reliable data. For the present study which is on adolescents, adolescents between the ages of 13 to 18 years were selected as they are most likely to give reliable information regarding their family functioning. The age group of the respondents was classified into three categories: (i) 13 to 14 years, (ii) 15 to 16 years, and (iii) 17 to 18 years. It is evident from the table that more than a third (39.62%) of the total respondents belongs to the age group of 13 to 14 years and, less than a third each (30.19%) belongs to the age group of 15 to 16years and 17 to 18 years. this reflects that there was near equal representation across the three categories.

4.1.2   Gender: Gender is an important factor in determining any information as males and females most usually have different opinions on most subjects. The present study also included both genders so as to incorporate different opinions held by adolescents of both genders. A little more than half of the respondents (50.94%) in this study are female while the remaining (49.06%) are male, indicating again a near equal representation.

4.1.3   Education: This is an important variable as it shows school and non-school going status and indicates free time on hand. In the present study, majority (89.62%) of the respondents are school going children and the remaining tenth (10.38%) are non school going.

4.1.4   Educational Qualifications: This is also another important variable as it shows the intellectual progress of an individual from childhood with reference to education. Adolescents of 13 to 18 years are most likely to be between Class VIII to

class XII. More than one-fifth (22.64%) of the respondents are in class IX and another one-fifth (20.25%) are in class VIII which shows that majority of the parents are giving importance upto High-School education in both the areas under study. However, there is significant difference in the educational qualification of core and peripheral area after high school education with one-fifth (20%) of the respondents in core area equally belonging to Class XI and XII but only a few (5.88%) were in the same grade in the peripheral area. However, this could be attributed to the higher prepondence of respondents in the peripheral area in the 13-14 year age group.

4.1.5 Denomination: A majority (71.70%) of the respondents from both the areas are *Presbyterian* (Core 74.55% and Peripheral 68.63%) followed by *Salvation Army* (12.73%) in the core area and *Baptist* (7.84%) in the peripheral area. This is reflective of the representation of denominations in Mizoram since most of the Christian in Mizoram are Presbyterian.

4.2   Family Particulars

Information on family particulars was collected in order to identify the family background of the respondents. This section includes information on the type, form and size of the family as well as marital status of the parents. Findings on family particulars are presented in Table 2.

Table 2: Family Particulars

Sl.No	Characteristic	Location		Total N = 106
		Core n = 55	Peripheral n = 51	
I	**Type of family**			
1	Nuclear	32 (58.18)	38 (74.51)	70 (66.04)
2	Joint	23 (41.82)	13 (25.49)	36 (33.96)
II	**Form of family**			
1	Stable	41 (74.55)	44 (86.27)	85 (80.19)
2	Broken	4 (7.27)	2 (3.92)	6 (5.66)
3	Reconstituted	10 (18.18)	5 (9.80)	15 (14.15)
III	**Size of Familly**			
1	Small(1-3)	6 (10.91)	2 (3.92)	8 (7.55)
2	Medium(4-6)	33 (60.00)	31 (60.78)	64 (60.38)
3	Large Family(7 and Above)	16 (29.09)	18 (35.29)	34 (32.08)
IV	**Marital Status of Parents**			
1	Never married	0 (0.00)	1 (1.96)	1 (0.94)
2	Married	41 (74.55)	41 (80.39)	82 (77.36)
3	Divorced	8 (14.55)	4 (7.84)	12 (11.32)
4	Remarried	0 (0.00)	1 (1.96)	1 (0.94)
5	Widowed	6 (10.91)	4 (7.84)	10 (9.43)

Source: Computed   **(Figures in parentheses are percentages)**

4.2.1 Type of family: Family is an important agency of socialization and it can be regarded as among the most interesting and influential human system. A child completely depends on parents and families on their first few years. As such, his behaviour and other development are largely affected by the family in which he is born and brought up. In this study, family type includes *nuclear and joint.*

Table 2 shows that two-thirds (66.04%) of the respondents belong to *nuclear* family while the remaining third (33.96%) belonged to *joint* family. Surprisingly, results shows a *higher percentage of nuclear family in peripheral area than in core area* where almost three-fourth (74.51%) of the respondents belong to nuclear families. In the core area, more than half (58.18%) have nuclear families. Similarly, one-fourth (25.49%) of the respondents in peripheral area belongs to joint family while a lesser number i.e. two-fifth (41.82%) of the respondents from the core area falls under the same category. This, however, could be possibly because people in the rural area are more conservative and traditionally oriented as compared to urban people. Also, the core areas are affected tremendously by the increasing trend of urbanization where situations like remarriage and divorce occur more commonly as compared to the peripheral areas. When situations like this occur, children are left to live with their grand parents or aunts and uncles thus causing them to form a joint family. The other explanation for this could be that all fluid opportunities for education and employment are located near the core and therefore the core area households attract more members from the peripheral areas.

4.2.2 Form of family: This is considered an important variable as it can help in predicting the nature of the child and the family to a great extent. Form of family is categorized into three parts: *stable, broken and reconstituted.*

Findings of the study show that majority (80.19%) belongs to *stable* family, a few (5.66%) belong to *broken* family and less than a sixth (14.15%) are categorized as *reconstituted* family. Results also show higher percentages of stable family in the peripheral area (86.27%) as compared to core area (74.55%). Also, the number of broken and reconstituted families in core area is double the number as compared to the peripheral area. These findings when considered together with form of family shows that people in the peripheral area are better and more stable in family functioning as compared to the core area.

4.2.3   Size of Family: Size of family is another important variable as it could have multiple effects on the child's overall development. If, for example, the size of the family is too big, parents cannot give enough care and attention which could subsequently lead the child to engage in risk behaviour. Family of small size on the other hand, do things together and parents with lesser number of children are more likely to attend to their children well as compared to parents with several children.

The present study also took into consideration the size of family and categorized it as: (i) *Small* (1 to 3), (ii) *Medium* (4-6), (iii) *Large* (7& and above). Findings reveal less than two-third (60.38%) belong to medium families, less than a third (32.08%) falls under the category of large family and a few (7.55%) belong to small families.

4.2.4   Marital status of Parents: This variable is very important as the present study aims at finding information on perceived parenting styles by adolescents as well as parents themselves. Marital status is categorized as: *never married, married, divorced, remarried and widowed.*

Findings shows that majority (77.36%) of parents in the present study are married while more than tenth (11.32%) are divorced. Variation in the findings is the presence of a lone respondent in the category 'never married' and 'remarried' each from the peripheral area. Also, the number of persons declaring *'divorce' status is higher in the core* (14.55%) as *compared to peripheral area* (7.84%). The number of parents who are widows are marginally higher in the core area (10.91%) as compared to the peripheral area (7.84%).

Going by the rate of divorced in the core as well as in the peripheral area, it is evident that marital conflict and failure in marriage are fairly common among Mizo families. A study conducted by Shamir, H., Schudlich, T.D.R., and Cummings, M., (2001) shows that negative marital conflict strategies predicted more negative representations of parent-child (mother-child, father-child) as well as marital and triadic family systems. Therefore, it is important to have a happy marital relationship in order to have a positive parent-child relationship.

4.3   Educational Qualification of Parents

Information on parents' educational qualification was collected in order to identify the educational background of both the parents (See Table 4).

Table 3: Educational Qualification of Parents

Sl.No	Characteristic	Location		Total N = 106
		Core n = 55	Peripheral n = 51	
I	**Father's Educational Qualification**			
1	No information	13 (23.64)	8 (15.69)	21 (19.81)
2	Under Matriculate	10 (18.18)	23 (45.10)	33 (31.13)
3	Matriculate	7 (12.73)	10 (19.61)	17 (16.04)
4	Class XII	14 (25.45)	2 (3.92)	16 (15.09)
5	Graduate	6 (10.91)	6 (11.76)	12 (11.32)
6	Post Graduate	3 (5.45)	2 (3.92)	5 (4.72)
7	Others	2 (3.64)	0 (0.00)	2 (1.89)
II	**Mother's Educational Qualification**			
1	No information	1 (1.82)	1 (1.96)	2 (1.89)
2	Under Matriculate	21 (38.18)	36 (70.59)	57 (53.77)
3	Matriculate	13 (23.64)	8 (15.69)	21 (19.81)
4	Class XII	9 (16.36)	5 (9.80)	14 (13.21)
5	Graduate	9 (16.36)	1 (1.96)	10 (9.43)
6	Post Graduate	1 (1.82)	0 (0.00)	1 (0.94)
7	Others	1 (1.82)	0 (0.00)	1 (0.94)

Source: Computed   **(Figures in parentheses are percentages)**

4.3.1 Father's Educational Qualification: Education enhances the quality of life and it forms an integral part of human development. As compared to illiterate or less educated persons, educated persons are more likely to give better education to their children and are more likely to raise their children better even though there are various external factors which can shape the quality of life. As such, educational qualification can influence parenting style to a great extent.

Results obtained shows that less than a third (31.13%) of the respondents' fathers are *under matriculate* while more than a tenth (11.32%) are *graduates* and only a few (4.72%) have completed their *post graduation*. Also, two fathers from the core area had *professional degrees* while in the peripheral, there are no such respondents.

Comparison of the educational qualification of both the areas reveals that *parents in the core area had higher level of educational qualification than parents in the peripheral area.* This could be because of greater opportunities in accessing education system in the city as compared to the peripheral area. Besides, people in the peripheral area are more disadvantaged when considering socio-economic status as compared to people in the city and as such they had to engage themselves in low-paid manual labour for their livelihood which restrains them from getting formal school education.

4.3.2 Mother's Educational Qualification: More than half (53.77%) of the respondents' mothers are *under matriculate*. A lone mother in the core area had completed *post graduation* and another lone mother from the same area had acquired a *professional degree*. Comparisons of the results on educational qualifications of the fathers and the mothers reveal that women are in a much lower position regarding

54

educational qualification as compared to men. However, interesting to note is the presence of more number of graduate mothers (16.36%) as compared to fathers (10.91%) in the core area. There were no post graduates among the mothers in the peripheral area while two fathers from the same area had completed their post graduation. This finding shows that women are less educated than men in both the areas and this is not surprising in a patriarchal society like Mizoram.

A study conducted by Lamborn, S.D. and Nguyen, D.T., (2003) reveals that students from families with higher education levels reported stronger scores on self-reliance, work orientation, educational expectations, and teacher reports of school values when compared with students whose parents had lower educational backgrounds.

'

4.4   Socio-Economic Status

Socio-economic status of the family includes particulars such as occupation of father and mother, monthly household income and socio-economic category.

Table 4(a): Socio-Economic Status

Sl.No	Characteristic	Location Core n = 55	Peripheral n = 51	Total N = 106
I	**Father's Occupation**			
1	No information	13 (23.64)	8 (15.69)	21 (19.81)
2	Unemployed	2 (3.64)	0 (0.00)	2 (1.89)
3	Self-employed	10 (18.18)	10 (19.61)	20 (18.87)
4	Govt. Employed	24 (43.64)	19 (37.25)	43 (40.57)
5	Private employed	4 (7.27)	14 (27.45)	18 (16.98)
6	Others	2 (3.64)	0 (0.00)	2 (1.89)
II	**Mother's Occupation**			
1	No information	1 (1.82)	1 (1.96)	2 (1.89)
2	Unemployed	23 (41.82)	29 (56.86)	52 (49.06)
3	Self-employed	16 (29.09)	11 (21.57)	27 (25.47)
4	Govt. Employed	14 (25.45)	4 (7.84)	18 (16.98)
5	Private employed	1 (1.82)	6 (11.76)	7 (6.60)

Source: Computed   **(Figures in parentheses are percentages)**

Table 4(b): Socio-Economic Status

Sl.No	Characteristic	Location		Total N = 106
		Core n = 55	Peripheral n = 51	
III	**Monthly Household Income**			
1	Below ` 5000	5 (9.09)	26 (50.98)	31 (29.25)
2	` 5001 to 10000	19 (34.55)	14 (27.45)	33 (31.13)
3	` 10001 to 15000	7 (12.73)	6 (11.76)	13 (12.26)
4	` 15001 to 20000	8 (14.55)	4 (7.84)	12 (11.32)
5	` 20001 to 25000	4 (7.27)	0 (0.00)	4 (3.77)
6	Above ` 25001	12 (21.82)	1 (1.96)	13 (12.26)
IV	**Socio-Eco Category**			
1	APL	55 (100.00)	30 (58.82)	85 (80.19)
2	BPL	0 (0.00)	21 (41.18)	21 (19.81)

Source: Computed   **(Figures in parentheses are percentages)**

4.4.1 **Father's Occupation**: Information on occupation of the respondent's father was collected as it helps in determining the socio-economic status of the family. Study shows two-fifth (40.57%) of the fathers as *government employee* and this job appears to be the most common job taken up by most fathers in both the areas. *Self-employment* is also common in both the areas with almost one-fifth (Core 18.18% and Peripheral 19.61%) engaging in the activity. However, *private employment* is much higher in peripheral area with more than a quarter (27.57%) engaging in it as compared to less than a tenth (7.27%) in the core area.

4.4.2 **Mother's Occupation**: Less than half (49.06%) of the mothers from both the areas are *unemployed* and spend most of their time at home attending to the needs of the family. A quarter (25.47%) of the mothers are *self-employed* which is higher than man who are self-employed and one-sixth (16.98%) are *government employees*. The table also shows that more mothers in the core area engaged in work outside the house as compared to rural mothers. Women are more likely to be running small enterprises or indulging in petty businesses such as sale of clothes, vegetables, etc.

A comparison of the status of the father and mother shows that women are less educated than men and the employment rate of men is much higher than women. This clearly shows that women in Mizoram stay at home and nurture the family while the men are likely to be more engaged in work outside the home to earn money for the family.

4.4.3 **Monthly Household Income**: Income is another important variable in this study as it has a great impact on the functioning of the family. For the present study, monthly household income is categorized as: (i) Below ` 5000, (ii) ` 5001 to 10000,

(iii) ` 10001 to 15000, (iv) ` 15001 to 20000, (v) ` 20001 to 25000 and (vi) Above `
25001.

From the table 4, we could see that almost one-third (31.13%) of the family
has an income between ` 5001 to 10000. There is significant variation in the income
pattern of the core and peripheral area. Half (50.98%) of the families in the peripheral
area have a monthly income which is below ` 5000/- and only one family has a
monthly income above ` 25001/- while one-third (34.55%) of the family in the city
has a monthly income of ` 5001 to 10000 and one-fifth (21.82%) claim income above
` 25001 income per month. This shows that people in the core area have higher
incomes as compared to people in the peripheral area as they had better employment
opportunities while people in the rural area mainly engaged in labour work. However,
it is important to consider that family size as w ell as expenditure is higher in the core
as compared to the peripheral areas.

4.4.4 Socio-Economic Category: Socio-economic category is another important
variable to identify the status of a family in a society. In the present study, the families
are classified as: (i) Above Poverty Line (APL) and (ii) Below Poverty Line (BPL).
None of the families in the core area belong to BPL families while in the peripheral
area, a little more than two-fifth (41.18%) belong to BPL families and the remaining
three-fifth (58.82%) is APL families.

4.5 Parenting Styles

Parenting style is a psychological construct representing standard strategies parents use in raising their children. In the present study, three parenting styles namely *authoritative, authoritarian, and permissive* identified by Diana Baumrind (1966) was used to identify parenting styles in Mizoram. Perception of parenting style by adolescents (13 to 18 years) as well as their parents was taken using fifteen items which was set in a close-ended answer type of "yes" or "no".

4.5.1 Perceived Parenting Styles by Adolescents

Table 5(a) shows the frequencies and percentages scored by each item of the three parenting styles. Results on perception of parenting style by adolescents reveals "*Authoritative Parenting*" as the most predominant style in core as well as peripheral area. Research has generally shown that authoritative parents are likely to raise children who are self-reliant, self-controlled, explorative, and content. Although results vary, data suggest that the authoritative parenting style is associated with the most favorable child outcomes (In Dudley, R.L. and Wisbey, R.L., 2000). A study conducted by Okorodudu, G. N. (2010) to identify the relationship between adolescents' delinquency and the parenting styles reveal that authoritative parents who are positively oriented in their styles (authoritative) will make their adolescents socially competent and goal-directed. Parents who exerted control and monitored adolescent activities and promoted self-autonomy were found to have the most positive effects on adolescents' behaviour.

Table 5 (a): Perceived Parenting Styles by Adolescents

Sl. No	Characteristic	Location				Total N = 106	
		Core n = 55		Peripheral n = 51			
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Take my wishes into consideration	23	41.82	10	19.61	33	31.13
2	Encourage me to speak my mind	29	52.73	47	92.16	76	71.70
3	Encourage me to be independent	54	98.18	51	100.00	105	99.06
4	Set clear standards for me	46	83.64	45	88.24	91	85.85
5	Always explain their motives when they punish me	52	94.55	50	98.04	102	96.23
6	Very restrictive	37	67.27	26	50.98	63	59.43
7	Remind me of my past behavioural problems	47	85.45	49	96.08	96	90.57
8	Forecast what I should do	5	9.09	5	9.80	10	9.43
9	Make rules and boundaries	15	27.27	23	45.10	38	35.85
10	Use threats as a form of punishment	25	45.45	9	17.65	34	32.08
11	Have few demands and control	3	5.45	0	0.00	3	2.83
12	Do anything I request them	8	14.55	0	0.00	8	7.55
13	Often say that I am difficult to discipline	32	58.18	36	70.59	68	64.15
14	Do not expect me to regulate myself	0	0.00	6	11.76	6	5.66
15	Rarely punish me	27	49.09	8	15.69	35	33.02
I	Authoritative Parenting(1-5)	0.74		0.80		0.77	
II	Authoritarian Parenting(6-10)	0.47		0.44		0.45	
III	Permisive Parenting(11-15)	0.25		0.20		0.23	

Source: Computed

Table 5(b): Perceived Parenting Styles by Parents

Sl. No	Characteristic	Location				Total N= 106	
		Core n = 55		Peripheral n = 51			
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Take my children's wishes into consideration	22	40.0	8	15.7	30	28.3
2	Very restrictive	29	52.7	33	64.7	62	58.5
3	Few demands or control	1	1.8	2	3.9	3	2.8
4	Remind their past behavioural problems	49	89.1	50	98.0	99	93.4
5	Encourage children to freely speak their mind	43	78.2	48	94.1	91	85.8
6	Do anything my children request me to do	4	7.3	1	2.0	5	4.7
7	Encourage my children to be independent	54	98.2	51	100.0	105	99.1
8	Often say that my children are difficult to discipline	35	63.6	39	76.5	74	69.8
9	Forecast what my children should do	8	14.5	8	15.7	16	15.1
10	Do not expect my children to regulate themselves	1	1.8	3	5.9	4	3.8
11	Make rules and boundaries with no explanations	12	21.8	27	52.9	39	36.8
12	Set clear standards for my children	50	90.9	46	90.2	96	90.6
13	Use threats as a form of punishment	26	47.3	9	17.6	35	33.0
14	Rarely punish my children even if they do something wrong	35	63.6	9	17.6	44	41.5
15	Always explain my motives when I punish my children	50	90.9	51	100.0	101	95.3
I	Authoritative Parenting	0.80	0.17	0.80	0.10	0.80	0.14
II	Authoritarian Parneting	0.45	0.25	0.50	0.19	0.47	0.22
III	Permisive Parenting	0.28	0.17	0.21	0.10	0.25	0.14

Source: Computed

4.5.2 Perceived Parenting Styles by Parents

Findings on perception of parenting style by parents (Table 5(b)) reveals "*Authoritative Parenting*" as the most predominant style in core as well as peripheral area. Both parents and children show concurrence in their perception with regard to "*authoritative*" parenting being the most common.

4.6   Family Communication Pattern

Communication is generally accepted as one of the most crucial facets of interpersonal relationships. As such, the present study also aims at understanding the communication pattern on a Mizo family. Family communication pattern developed by Chaffee et al. (1973) having two dimensions viz socio orientation and concept orientation was used. Perception of family communication pattern by children and parents was sought using ten items which was set in a close-ended answer type of "yes" or "no".

Table 6 (a): Perception of Family Communication Pattern by Adolescents

Sl. No	Characteristic	Location				Total N = 106	
		Core n = 55		Peripheral n = 51			
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Encourage me to express my feelings	36	65.5	48	94.1	84	79.2
2	Often talk as a family about things we have done during the day	22	40.0	38	74.5	60	56.6
3	Encourage me to challenge their ideas and beliefs	30	54.5	44	86.3	74	69.8
4	Value my ideas and thoughts in family decision making	42	76.4	47	92.2	89	84.0
5	I can tell my parents almost anything without hesitation	31	56.4	17	33.3	48	45.3
6	Tend to decide everything	27	49.1	33	64.7	60	56.6
7	Become irritated with my views if they are different from theirs	21	38.2	11	21.6	32	30.2
8	Often tell me that I would know better when I grow up	43	78.2	47	92.2	90	84.9
9	Often remind me that I should not argue with adults	53	96.4	50	98.0	103	97.2
10	I am expected to obey the decisions made by my parents	53	96.4	49	96.1	102	96.2
I	Concept Orientation	0.59		0.76		0.67	
II	Socio Orientation	0.72		0.75		0.73	

Source: Computed

4.6.1 Perception of Family Communication Pattern by Adolescents

Findings on adolescent's perception of family communication pattern reveals "socio orientation*"* more predominant dimension than "concept orientation" in the core area but in peripheral area, the results are reversed which mean that parent-child communication is more free and open in the peripheral area as compared to core area (Table 6(a)).

Table 6(b):   Perception of Family Communication Pattern by Parents

Sl. No	Characteristic	Location				Total N = 106	
		Core n = 55		Peripheral n = 51			
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Encourage my children to express their feelings	46	83.6	49	96.1	95	89.6
2	Tend to decide everything	34	61.8	36	70.6	70	66.0
3	Become irritated with my children's views if they are different from mine	28	50.9	21	41.2	49	46.2
4	We often talk as a family about things we have done during the day	36	65.5	40	78.4	76	71.7
5	Encourage my children to challenge my ideas and beliefs	39	70.9	45	88.2	84	79.2
6	Often tell my children that they would know better when they grow up	48	87.3	46	90.2	94	88.7
7	Often remind my children that they should not argue with adults	51	92.7	51	100.0	102	96.2
8	Value my children's ideas and thoughts in family decision making	50	90.9	48	94.1	98	92.5
9	Expect my children to obey the decisions made by me	51	92.7	48	94.1	99	93.4
10	My children can tell me almost anything without hesitation	45	81.8	24	47.1	69	65.1
I	Concept Orientation	0.79	0.24	0.81	0.15	0.80	0.20
II	Socio Orientation	0.77	0.22	0.79	0.16	0.78	0.19

Source: Computed

4.6.2   Perception of Family Communication Pattern by Parents

Findings on parents' perception of family communication pattern reveal "concept orientation" as more predominant dimension than "socio orientation" in both the areas. Findings on the perception of family communication pattern by adolescents and parents in the core area are contradictory to each other where parents perceived themselves as concept oriented but children perceived their parents as socio oriented.

4.7   Substance Abuse

Substance abuse is one of the most common risk behaviors all over the world among the adolescents. Kinds of substances abused may vary from region to region and for the present study, commonly used substances in the state such as tobacco including betel nut, gutkha and cigarette, dendrite, alcohol, ganja, no.4 and proxyvon are included in the schedule and an extra options called "others" is included incase of respondents using rare substances. Adolescents were asked if they have ever abused any kind of substances and were asked to respond in a close-ended answer type of "yes" or "no".

Table 7: Substance Abuse

Sl.No	Characteristic	Location				Total N = 106	
		Core n = 55		Peripheral n = 51			
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Cigaratte	13	23.64	10	19.61	23	21.70
2	Gutkha	9	16.36	8	15.69	17	16.04
3	Alcohol	12	21.82	3	5.88	15	14.15
4	Betel Nut	10	18.18	4	7.84	14	13.21
5	Ganja	6	10.91	1	1.96	7	6.60
6	Grape Wine	5	9.09	0	0.00	5	4.72
7	Dendrite	3	5.45	1	1.96	4	3.77
	Substance Use Index		0.15		0.08		0.11

Source: Computed

Results show a few number of adolescents engaging in one or more of substances. Findings from the study reveals that tobacco use is highly common among Mizo adolescents of both sexes and cigarette is the most common substance abused by male with one-fifth (21.70%) of respondents engaging in smoking. One-sixth (16.04%) of the respondents consume guthkha, less than a sixth (14.15%) consume alcohol and more than a tenth (13.21%) chew betel nut. Use of ganja and dendrite is not so common among. For the options "others", it is found out that local grape wine is also abused by few adolescents in the core (9.09%). It is important to note that substance use in the core area is double of the number of cases in peripheral area. This indicates that adolescent in the core area had a higher risk of risk behaviour as compared to their counterparts in the peripheral areas.

4.8   Sexual Risk

This variable is included so as to examine whether an adolescent is at risk regarding sex related issues. Out of the total sample, two respondents (1.89%) both from the core area already had sexual relationship with the opposite sex. When asked if they have ever come across pornography books, films, movies etc, more than half (54.72%) replied in the positive with core area exceeding the cases as against the peripheral area. Surprisingly, there is a lone respondent in the peripheral area who has been threatened by someone asking for sexual favors but such a case is not found in the core area.

Table 8: Sexual Risk

Sl. No	Characteristic	Location				Total N = 106	
		Core n = 55		Peripheral n = 51			
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Have you ever had any sexual relationship with anyone?	2	3.64	0	0.00	2	1.89
2	Have you ever come across pornography books, films, movies etc.?	40	72.73	18	35.29	58	54.72
3	Has anyone ever threatened you asking for sexual favors?	0	0.00	1	1.96	1	0.94

Source: Computed   **(Figures in parentheses are percentages)**

4.9   Mood and State of Happiness

Table 9 (a): Mood

| Sl.No | Characteristic | Location | | Total |
		Core n = 55	Peripheral n = 51	N = 106
I	**General Mood**			
1	Very happy	8	15	23
		(14.55)	(29.41)	(21.70)
2	Happy	41	34	75
		(74.55)	(66.67)	(70.75)
3	Sad	5	2	7
		(9.09)	(3.92)	(6.60)
4	Very sad	1	0	1
		(1.82)	0.00	(0.94)

Source: Computed   (Figures in parentheses are percentages)

Table 9 (b): Reason for State of Happiness

| Sl.No | Characteristic | Location | | Total |
		Core n = 55	Peripheral n = 51	N = 106
1	Peer related	5.04	5.49	5.25
2	Family related	5.04	4.16	4.61
3	School related	3.21	4.06	3.62
4	Religion related	3.43	2.87	3.16
5	Community related	2.35	3.13	2.73
6	Partner related	1.94	1.29	1.63
	Test Statistics			
	Kendall's W	0.51	0.58	0.50
	Chi-Square	138.97	148.72	264.59
	df	5.00	5.00	5
	Asymp. Sig.	0.00	0.00	0.00

Source: Computed   (Figures in parentheses are percentages)

4.9.1   Mood: Mood is an important variable to examine the mental wellbeing of an adolescent. The predominant mood state of adolescents in this study was assessed and is categorized as *very happy, happy, sad and very sad.* From the table above, we can see that over two-thirds (70.75%) described themselves as happy and one-fifth (21.70%) of them claimed themselves as very happy while a few (6.60%) describes their mood state as sad and a lone respondent claimed to be in a very sad mood state.

4.9.2   Reason for State of Happiness: Adolescents' perception on the reasons for state of happiness was measured using six items including family, school, peer, community, religion and partner. *Kendall's W* was computed to see the inter-rankers agreement on the reason for state of happiness. The inter-ranker agreement was significant. The *Kendall's W* indicate that there was a moderate level of agreement among respondents. The *Chi-square* statistics were significant in the case of core, peripheral as well as overall.

Findings on reason for state of happiness (Table 9(b)) shows '*peer related'* as the major contributors for an adolescents state of happiness followed by family, school, religion, community and lastly partner.

4.10   Suicidal Ideation

Mizoram ranks very high on suicide rates and unfortunately the increasing number of suicides involve its youth. Deliberate self-harm and self-injurious behaviour including injecting drug use are fairly common in the state and therefore this study sought information on this aspect. Suicide among young people, according to Pillai, Teddy Andrews and Vikram Patel, is emerging as a major public health issue in many low and middle income countries (Pillai, Teddy Andrews and Vikram Patel, 2009)

A study conducted by Lalmuanpuii Hauhnnar (2007) on *suicide* among Mizo youth reveals that youth are increasingly succumbing to suicides. From a sample of 32 respondents in whose household suicide had occurred, it was observed that there was three times the number of male suicidees as compared to females. Less than a half were between the ages of 15 to 25 years. As this is a period of struggle and adjustment in life, there has been an alarming increase in rates of suicides and the main reasons for suicide is anger outburst. *The study also mentions that one-third of the suicidees had a poor relationship with their parent* and mentions that drug or alcohol abuse, situational stress, access to fire arms and previous/current suicidal thoughts as the risk factors for teen suicide.

Table 10: Suicidal Ideation

Sl.No	Characteristic	Location		Total N = 106
		Core n = 55	Peripheral n = 51	
I	**Reached a Situation to End Life**	7	0	7
		(12.7)	(0.0)	(6.6)
II	**Strength of desire to kill self**			
1	Not strong at all	52	51	103
		(94.5)	(100)	(97.2)
2	Fairly strong	2	0	2
		(3.6)	(0.0)	(1.9)
3	Strong	1	0	1
		(1.8)	(0.0)	(0.9)
III	**Ever tried to kill or harm Self**	2	0	2
		(3.6)	(0.0)	(1.9)

Source: Computed   **(Figures in parentheses are percentages)**

4.10.1 Reached a Situation to End Life: Minority (6.6%) has reached a situation to end life and these are adolescents from the core area.

4.10.2 Strength of Desire to Kill Self: An over-whelming majority (97.2%) express *no* desire to kill self, an insignificant minority (1.9%) had a *fairly strong* desire while a smaller number (0.9%) had a *strong* desire to kill self.

4.10.3 Self-harm: An insignificant minority (1.9%) reported that they have harmed self.

There is no suicidal tendency among Adolescents in the peripheral area but a few from the core area had suicidal ideation.

4.11 Perceptions on Reasons for an Adolescent to End Life

Perceptions on reasons for an adolescent to end life was collected using six dimension including family related, school related, peer related, community related, relationship related and abuse related. This information was collected so as to identify the perceived reason to end life by adolescents.

4.11.1 Family Related: Perceived reasons for an adolescent to end life related to family was collected using eight items. Of these, *poor parental bonding scored the highest* with more than two-third (68.87%) of the respondents perceiving it as the reasons to end life. Only a few (7.55%) perceived *lack of communication* as the possible reasons for an adolescent to end life.


Figure 1: Family Related
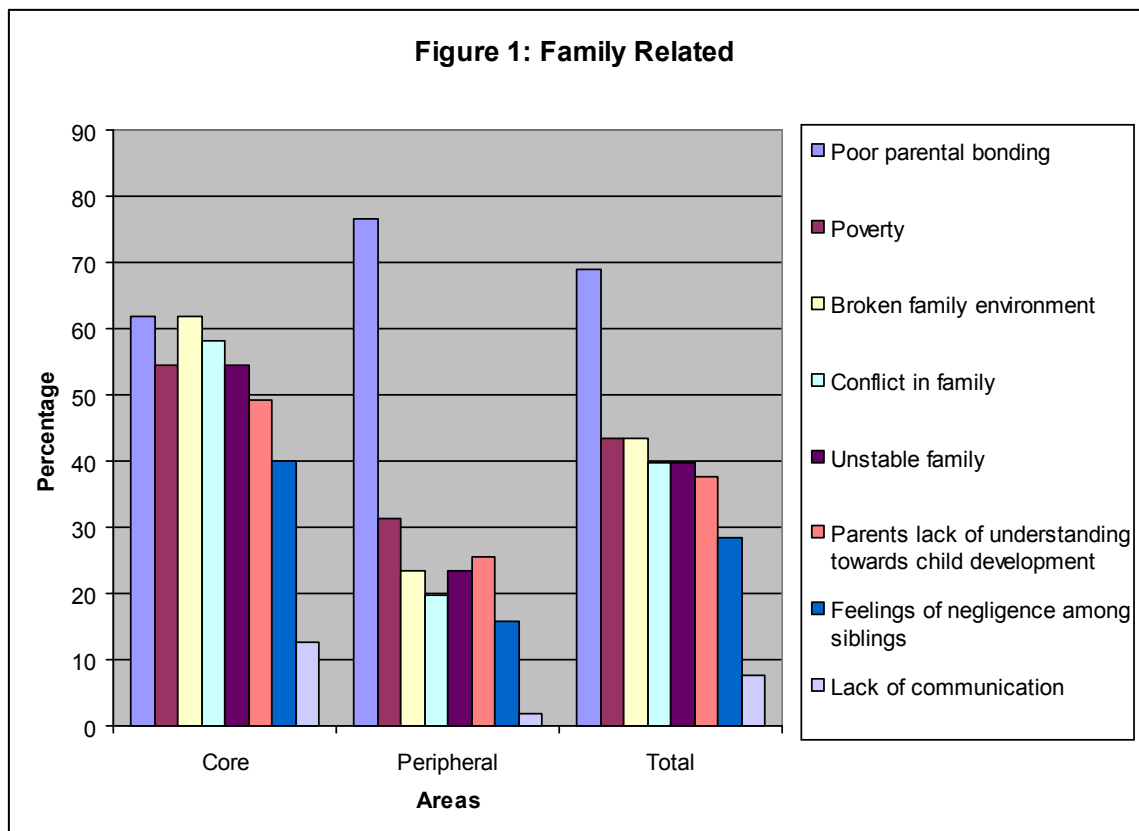
4.11.2 School Related: Perceptions on school related reasons for an adolescent to end life was identified using nine items and of this, *failure in studies* ranked the highest with more than a half (59.43%) believing this as the leading causes to end life among adolescents. Less than a half (47.17%) believes *bullying by school mates* as the reason to end life for an adolescent.

Figure 2: School Related
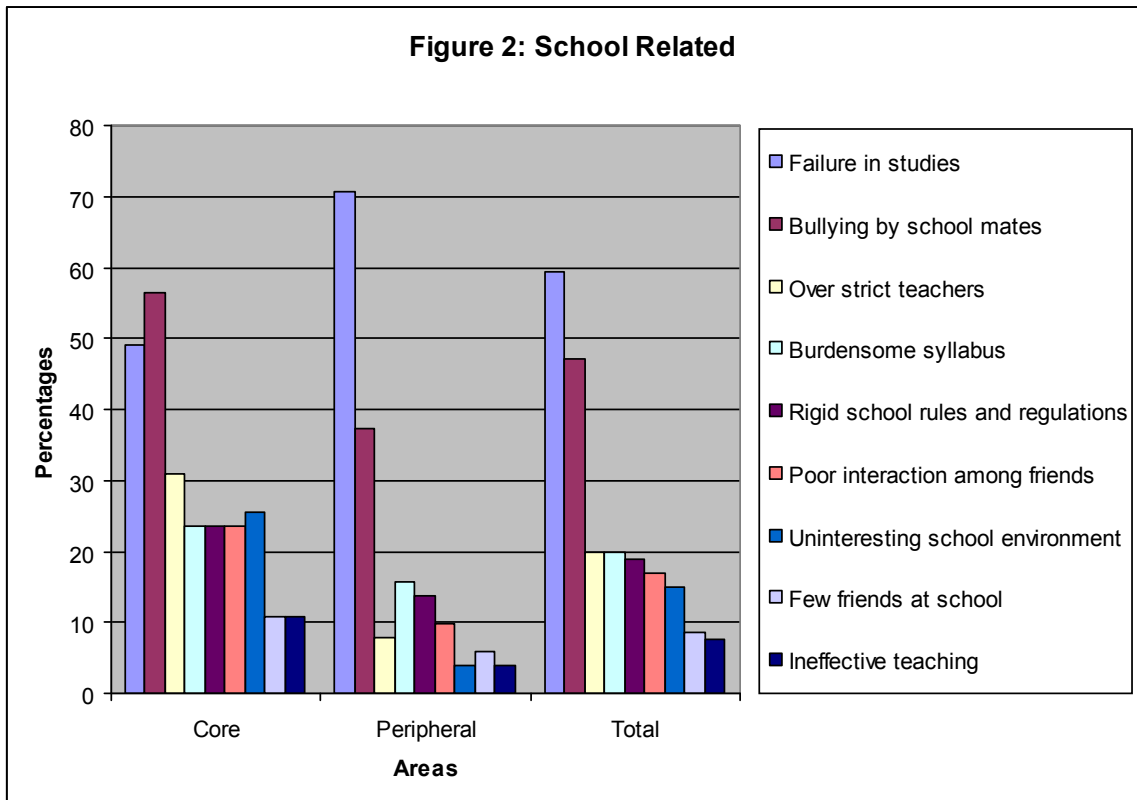
4.11.3 Peer Related: Peer influence is very strong during adolescent stage and many studies on adolescents reveals peer influence as the major causes of delinquency and depression. *Bullying in peer group* was perceived by more than three quarters of the respondents (71.70%) as the possible reasons for an adolescent to end his life and almost one-third (32.08%) of the respondents perceived *peer rejection* as the possible reasons for an adolescent to end life while *peer influence* was perceived by almost one-fifth (19.81%) of the respondents as the possible reason to end life.


Figure 3: Peer Related
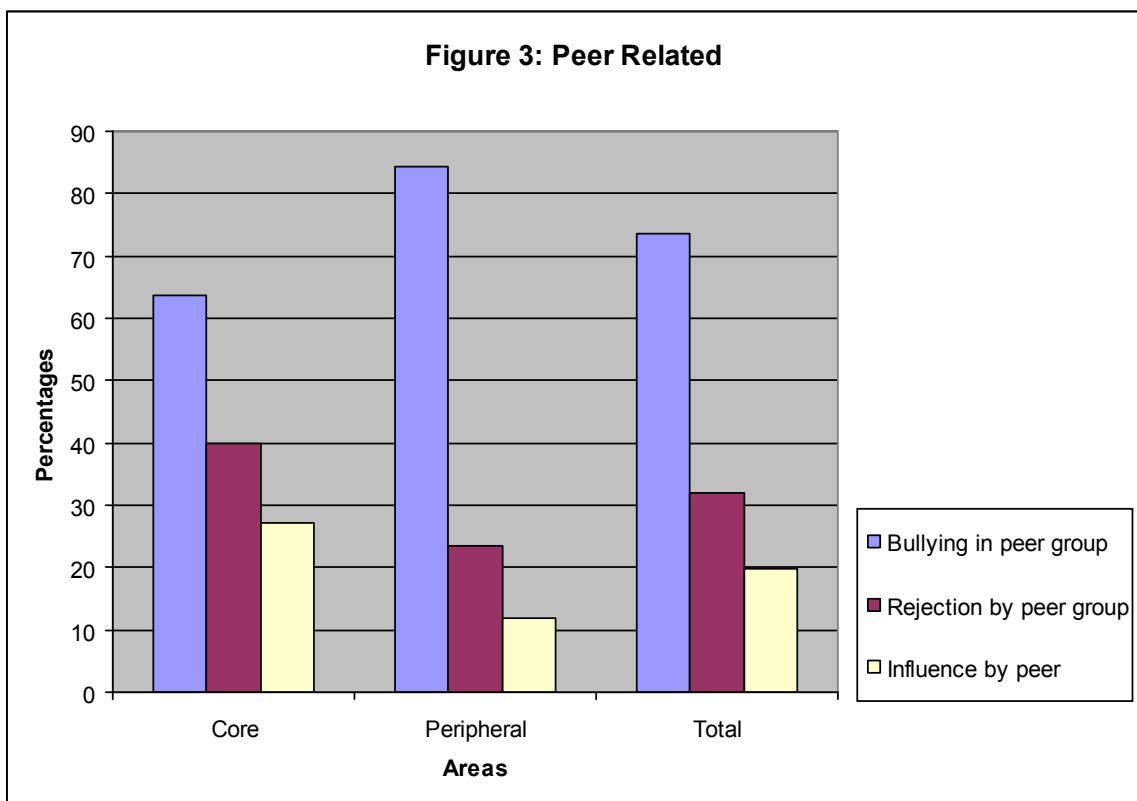
4.11.4 Community Related: Man is a social being and a person's state of mind is often affected and influenced by the environment in which one lives in. Feelings of discrimination by community member and other related reasons could possibly hurt a person leading to suicidal ideation and attempt. In the study, perceptions on possible community related reasons for an adolescent to end life were identified using eight statements. *'Barrier to access mental health treatment'* scored the highest with more than two-thirds (71.70%) of the respondents perceiving it as a possible reason to end life. This figure was higher in the peripheral as compared to the core area. More than half (54.72%) perceived *discrimination of family by community members* as the possible reasons for an adolescent to end life. Other items did not score as high as compared to this two items. Figure 4 shows details of the findings for possible community related reasons for an adolescent to end life.

Figure 4: Community Related
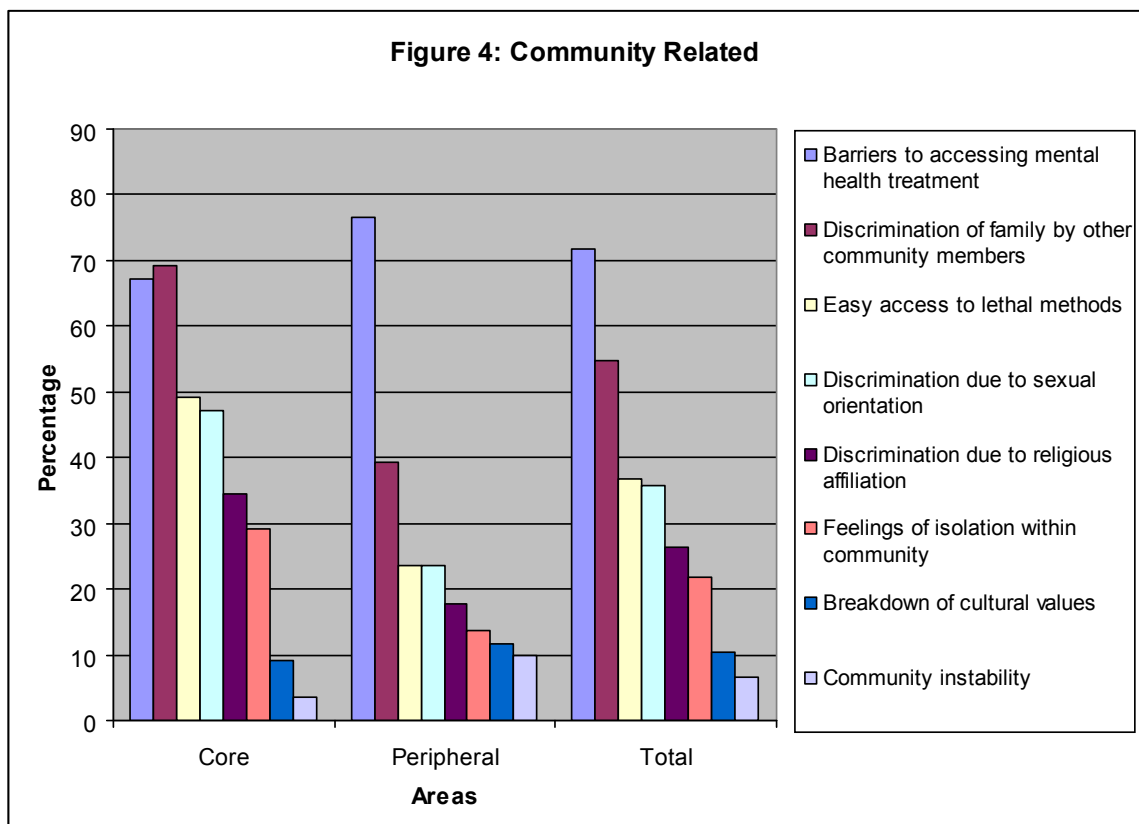
4.11.5 Relationship Related Issues

Perceptions on possible reasons for adolescents to end life related to relationship issues are measured using three items such as rejection, deception and death of partner.

Figure 5: Relationship Related Issues
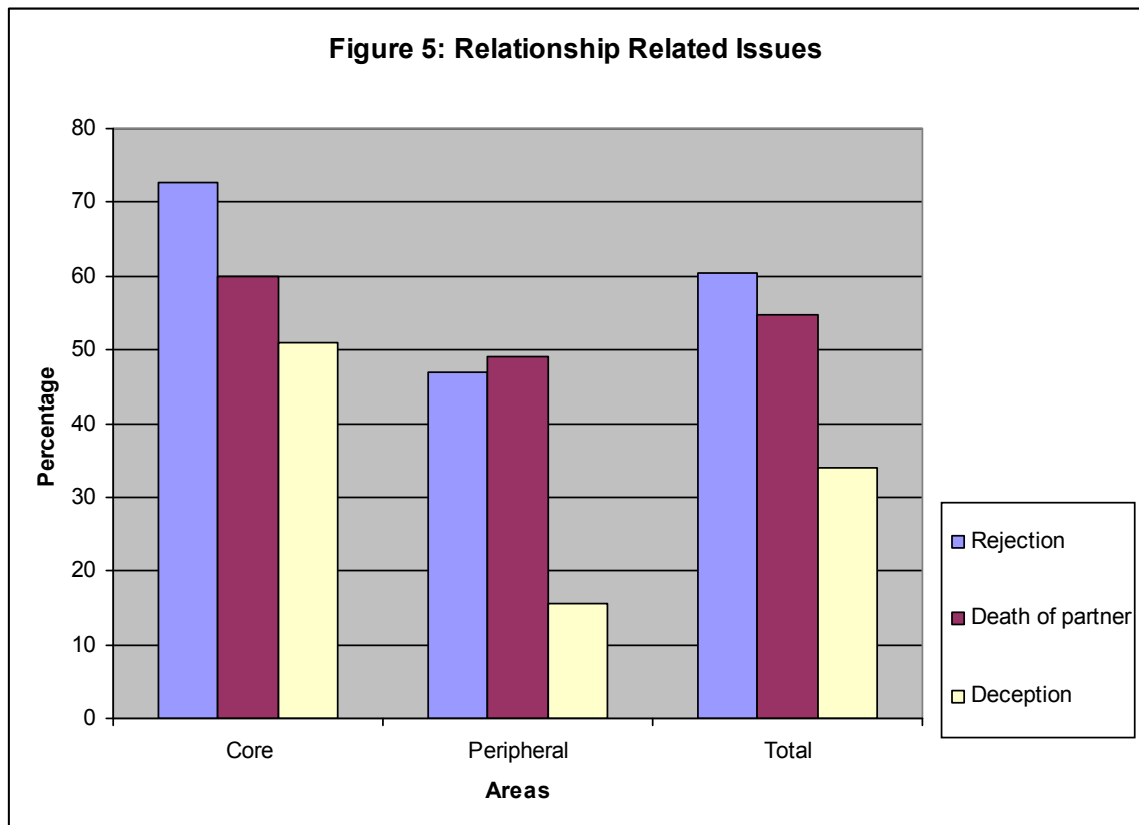
Findings reveal that less than two-thirds (60.38%) of the respondents perceived *rejection* as a possible reason for an adolescent to end life. More than half (54.72%) perceived *death of partner* as the possible reasons for an adolescent to end life related to relationship issues while *deception is perceived by* one third (33.96%) of the respondent as the possible reasons for an adolescent to end life related to relationship issues.

4.11.6 Abuse Related Issues

Abuse could be of different types and forms and in the present study, abuse denotes *sexual, substance, physical and verbal.* Figure 6 shows adolescents' perception on possible reasons to end life related to abuse.

Figure 6: Abuse Related Issues
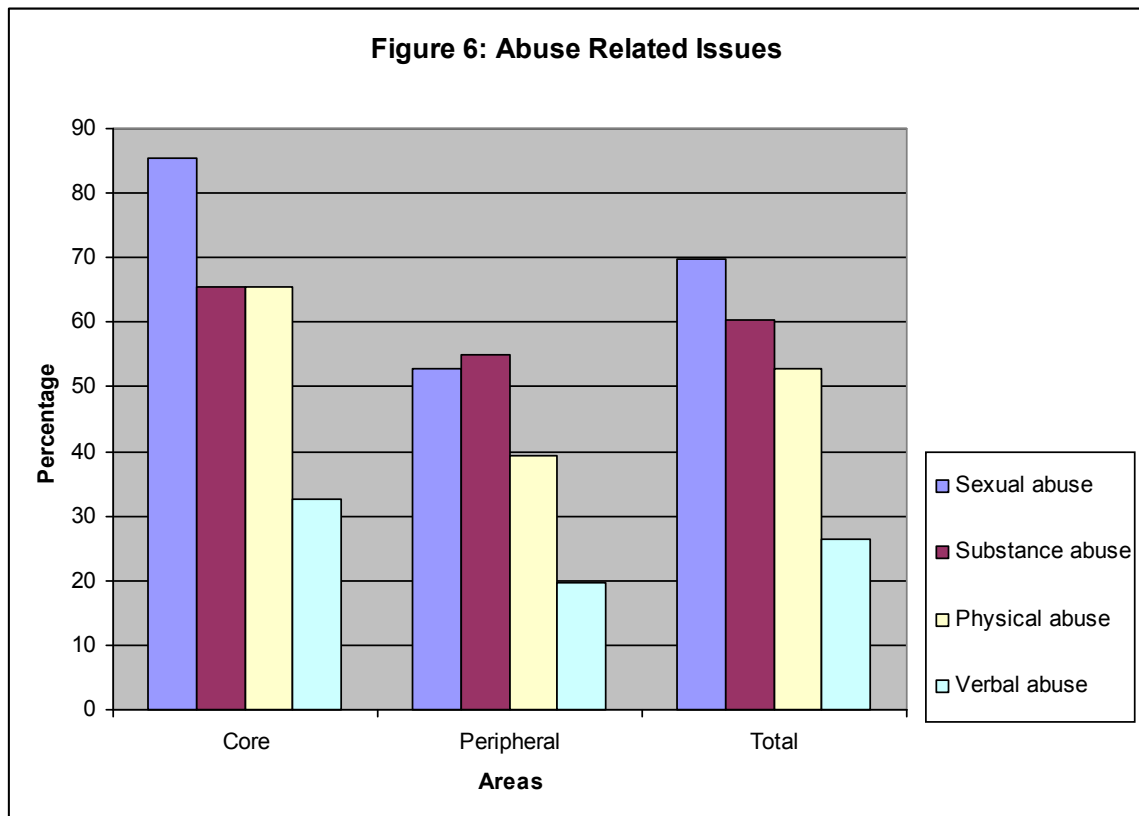
From the figure above, we could see that more than two-third (69.81%) of the respondents perceived *sexual abuse* to be a strong reason for an adolescent to end life and two-fifth (60.38%) of the respondent perceived that *substance abuse* could be a reason for an adolescent to end life. More than half (52.83%) perceived *physical abuses* as the possible reasons for an adolescent to end life and amongst all the abuse related reason to end life, *verbal abuse* scored the least with more than a quarter (26.42%) perceiving it as the possible reasons for an adolescent to end life. This findings reveals that children in Mizoram does not face much verbal abuse but

incidents which occurs often in the state like sexual abuse and substance abuse are perceived by most respondents as the causes to end life.

The findings related to suicide are very significant since parental bonding, family communication, peer related reasons including bullying in schools have been cited as important reasons that could influence risk behaviour to end life by Mizo adolescents. Suicidal behaviour including ideation and attempt are the most important predictors to of completed suicides according to Pillai, Andrews and Patel. They conducted a cross sectional study of 3662 youth between the ages of 16 to 24 years from rural and urban communities in Goa, India. Overall females were found to be four times more likely to report suicidal behaviours compared with males. This contradicts the findings in Mizoram where a retrospective study on 32 suicidees from information gathered through family members revealed that there were three times more male than females.

The Goa study also identified not living with parents, difficulty in talking to parents about personal problems and sexual issues, independent decision making, physical abuse and sexual behaviour were among the factors associated with suicidal behaviours. In their sample, almost a tenth use tobacco at least once a week (Pillai, Andrews and Patel, 2009)

4.12   Correlation

Correlation was computed in order to find out the relationship between *Parenting Styles, Family Communication and Risk Behaviours among adolescents.* The first hypothesis reads that there is association between parenting style and risk behaviour among adolescents. To test the hypothesis, Karl Pearson's Correlation

Coefficient was used (see table 13). This hypothesis has been accept or rejected in view of the results correlation analysis. Results reveal that *Authoritative parenting* is not significant with risk behaviour such as substance abuse, sexual relationship and depression and suicidal ideation. *Authoritarian Parenting* is significant with substance abuse and mood and *Permissive Parenting* is significant with exposure to pornography.

The second hypothesis reads that there is association between family communication and risk behaviour among adolescents. Results reveal that *Concept Orientation Family Communication Pattern* is not significant with substance abuse, mood, situation to end life, and strength of desire to kill self. *Socio Orientation Family Communication Pattern is* significant with mood, situation to end life, and strength of desire to kill self. *Socio Orientation Family Communication Pattern is* significant with mood, situation to end life, and strength of desire to kill self. Substance abuse is related to sexual relationship.

Table 11: Correlation between Parenting Styles, Family Communication and Risk Behaviours

Characteristic	Variable	Var01	Var02	Var03	Var04	Var05	Var06	Var07	Var08	Var09	Var10	Var11	Var12
Parenting Style													
Authoritative Parenting	Var01	1	0.04	0.02	0.44**	0.06	-0.10	-0.15	-0.14	0.04	-0.14	0.03	-0.15
Authoritarian Parenting	Var02	0.04	1	0.13	-0.17	0.22**	0.19*	-0.04	0.02	0.24**	0.12	0.04	0.17
Permisive Parenting	Var03	0.02	0.13	1	-0.14	0.12	0.09	-0.02	0.26**	0.10	0.14	0.02	0.15
Family Communication Pattern													
Concept Orientation	Var04	0.44**	-0.17	-0.14	1	-0.26**	-0.23*	-0.13	-0.17	-0.27**	-0.42**	-0.24**	-0.18
Socio Orientation	Var05	0.06	0.22	0.12	-0.26**	1	0.04	0.05	-0.10	0.24**	0.30**	0.19**	0.12
Risk Behaviour													
Substance Abuse	Var06	-0.10	0.19*	0.09	-0.23*	0.04	1	0.22*	0.47**	0.10	0.05	0.03	0.09
Had Sexual Relationship	Var07	-0.15	-0.04	-0.02	-0.13	0.05	0.22*	1	0.13	0.03	-0.04	-0.02	-0.02
Exposure to Pornography	Var08	-0.14	0.02	0.26**	-0.17	-0.10	0.47**	0.13	1	-0.05	0.01	-0.02	-0.01
Depression and Suicidal Ideation													
Description of General Mood	Var09	0.04	0.24**	0.10	-0.27**	0.24**	0.10	0.03	-0.05	1	0.41**	0.48**	0.16
Reached a situation to end life	Var10	-0.14	0.12	0.14	-0.42**	0.30**	0.05	-0.04	0.01	0.41**	1	0.60**	0.52**
Rate the strength of desire to kill self	Var11	0.03	0.04	0.02	-0.24**	0.19*	0.03	-0.02	-0.02	0.48**	0.60**	1	0.27**
Ever tried to harm Self	Var12	-0.15	0.17	0.15	-0.18	0.12	0.09	-0.02	-0.01	0.16	0.52**	0.27	1

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

Findings also reveal significance between *Authoritative Parenting and Concept Orientation Family Communication Pattern,* also *Authoritarian Parenting is significantly associated with Socio Orientation Family Communication Pattern. Substance abuse is significantly associated with sexual relationship and exposure to pornography.*

Mood is significant with situation to end life and strength of desire to kill self and situation to end life is related to strength of desire to kill self and self-harm. Strength of desire to kill self is also significant with self-harm. From this, it may be understood that an unhappy state of mind due to depression increases the strength of desire to kill self.

Focus Group Discussion (FGD) with Adolescents

FGD was conducted with adolescents in core as well as peripheral area with the objective to explore aspects related to suicide ideation and attempt. Participants from the core area were between the ages of 15 to 18 years and the group comprised of six members. In the peripheral area, participants were between the ages of 14 to 17 years and the group comprised of eight members The purpose and objectives of the discussion was explained to them and they were requested to speak their mind openly with regard to the issue.

Findings: Suicide is a familiar issue for both the group and *broken family environment* was found to be the key factor for the causes of suicide ideation and attempt. Besides, *substance abuse* is also considered the contributing factor for suicide. Also, *burdensome syllabus at school and failure in studies* causes a lot of depression among adolescents thus giving them suicidal ideation. Some of the members said they some of their friends at school often hurt themselves by cutting themselves and also reported that many adolescents in their age group had no desire to live because they felt hopeless and unloved. Even though there are some from the group who claim that they used to feel like dying, no one has ever yet hurt themselves nor try to commit suicide. Group members from both the areas believed that suicide is a crime as it is an act which is against Gods willing.

Key Informant Interviews (KII)

KII was held with Law Enforcement official (Police Department at Kulikawn Outpost, Dawrpui Outpost and District Jail) and community leaders with the purpose

to explore aspects related to suicide ideation and attempt among adolescents in Mizoram.

Findings: The findings from the KII are given below-

- Majority of the suicide in Mizoram is due to broken home environment like disputes among the couples or disputes between parents and their children which often led to depression

- Substance abuse is very common in the state and due to this, conflict often occurs in the family and parents often say harsh words to their children who are abusers of substances thus leading to suicide.

- Feeling of negligence, hopelessness and desire to receive intimate love but unable to receive one makes a persons life miserable thus leading to suicide.

- Suicide rate among adolescents (13-18 years) is quite high in Mizoram as such and many of the adolescents today are influenced by modernization and westernization and tend to acquire certain undesirable habits from it thus leading to may conflict between the parent-child relations.

Trend Analysis

Trend analysis was held with Mizo Upa Pawl (MUP) at Tanhril with the purpose to understand the perceived trends in parenting styles adopted by the Mizos.

Finding reveals that parenting style and control of children have changed significantly in the past 100 years and due to urbanization and exposure to mass media, parental control is less on children. It was also found that values of children have changed significantly over time and parents could not sometimes control their children on certain issues.

Secondary Information

Secondary data about risk behaviour of adolescents was collected from records maintained by MSACS, NGOs, Government welfare and Law enforcement agencies, and hospitals. Findings reveals that the root cause of risk behaviour related to the present study are mainly due to broken family environment where situations like marital discord and divorce occur between the couple. Also, substance abuse of the parents especially the fathers had an adverse impact not only on the child but the family as a whole. Negligence of the children by the parents due to work and other business outside the home contributes to development of risk in adolescents' life.

Conclusion and Suggestion

The present study attempts to identify the relationship between parenting styles, family communication and risk behaviour among adolescents in Mizoram.

The objectives were to study the perceived parenting styles of adolescents in Mizo families, to understand the communication pattern between parents and adolescents, to study the risk behavior of adolescents in Mizoram, to study the relationship between parenting styles, family communication and risk behavior of adolescents and to suggest social work intervention for reduction of risk behaviour among adolescents

Two hypothesis was formulated- (i) there is association between parenting style and risk behaviour among adolescents and, (ii) there is association between family communication and risk behaviour among adolescents and Karl Pearson's Correlation Coefficient was used to test the hypothesis.

The study is descriptive in nature and samples were drawn from two areas of Mizoram: one core location (Dawrpui) and one peripheral location (Tanhril). Systematic random sampling was employed to arrive at a sample and 106 adolescents (52 Males, 54 Females) were interviewed using a semi-structured interview schedule. Majority of the respondents are school going children. Data obtained was processed using Microsoft excel and SPSS package.

Qualitative methods like Focus Group Discussion (FGD), Participatory Rural Appraisal (PRA) and Key Informant Interviews (KII) was also used. Secondary data about risk behaviour of adolescents was collected from records maintained by MSACS, NGOs, Government welfare and Law enforcement agencies, and hospitals.

In the present study, there was near equal representation across the three categories of age group as well as across gender. Majority of the respondents are school going adolescents between class VIII to XII. Also, majority of the respondents are Presbyterian by denomination. Two-thirds of the respondents belong to nuclear family while the remaining third belonged to joint family. Surprisingly, *results show a higher percentage of nuclear family in peripheral area than in core area.* Finding reveals that majority of the respondents belongs to *stable* family and results also show higher percentages of stable family in the peripheral area as compared to core area. Also, the number of broken and reconstituted families in core area is double the number as compared to the peripheral area.

Majority of the parents are married but more than tenth are divorced. Divorce rate is much higher in the core area than in peripheral area. Parents in the core area had higher level of educational qualification than parents in the peripheral area. Comparisons of the results on educational qualifications of the fathers and the mothers reveal that women are in a much lower position regarding educational qualification as compared to men. Most of the fathers are Government employee and more than half mothers are unemployed. Regarding income, there is significant variation between core and peripheral area with core area having much higher incomes as compared to people in the peripheral. None of the families in the core area belong to BPL families while in the peripheral area, a little more than two-fifth belong to BPL families.

Regarding parenting styles, both parents and children show concurrence in their perception with regard to *"authoritative"* parenting being the most common.

Adolescent's perception of family communication pattern reveals "socio orientation" more predominant dimension than "concept orientation" in the core area but in peripheral area, the results are reversed which mean that parent-child communication is more free and open in the peripheral area as compared to core area. Parent's perception of family communication pattern reveals "concept orientation" as more predominant dimension than "socio orientation" in both the areas. Overall findings on the perception of family communication pattern by adolescents and parents in the core area are contradictory to each other where parents perceived themselves as concept oriented but children perceived their parents as socio oriented.

Regarding substance use, findings show a few number of adolescents engaging in one or more substances. Tobacco use is highly common among Mizo adolescents of both sexes and cigarette is the most common substance abused by male.

Sexual risk is also quite high among Mizo adolescents. More than half have had come across pornography books, films, movies etc, with core area exceeding the cases as against the peripheral area and two respondents, both from the core area, already had sexual relationship with the opposite sex.

Over two-thirds of the respondents described their mood state as *happy* and a few describes their mood state as sad and a lone respondent claimed to be in a very sad mood state. Findings on reason for state of happiness shows '*peer related*' as the major contributors for an adolescent's state of happiness followed by family, school, religion, community and lastly partner.

Even though suicide is a common incident in the state, there is no suicidal tendency among adolescents in the peripheral area but a few from the core area had suicidal ideation. Regarding perceptions on reasons for an adolescent to end life, *poor parental bonding* scored the highest in relation to Family related reasons and only a few perceived *lack of communication* as the possible reasons for an adolescent to end life. *Failure in studies scored the highest* in perceptions on school related reasons for an adolescent to end life. *Bullying in peer group* was perceived by more than three quarters of the respondents as the possible reasons for an adolescent to end his life. In community related reasons, *barrier to access mental health treatment* and *discrimination of family by community members* are perceived by most of the respondents as the reasons for an adolescent to end life. Regarding relationship issues, *rejection and death of partner* was perceived by most respondents as the reasons to end life. In regard to abuse related issues, *sexual abuse, substance abuse and physical abuse scored quote high but verbal abuse* scored very less which shows that children in Mizoram does not face much verbal abuse.

A result of correlation reveals that *Authoritative parenting* is not significant with risk behaviour such as substance abuse, sexual relationship and depression and suicidal ideation. *Authoritarian Parenting* is significant with substance abuse and mood and *Permissive Parenting* is significant with exposure to pornography. *Concept Orientation Family Communication Pattern* is not significant with substance abuse, mood, situation to end life, and strength of desire to kill self. *Socio Orientation Family Communication Pattern is* significant with mood, situation to end life, and strength of desire to kill self. Substance abuse is related to sexual relationship.

Findings also reveal significance between Authoritative Parenting and Concept Orientation Family Communication Pattern, also Authoritarian Parenting is significantly associated with Socio Orientation Family Communication Pattern. Substance abuse is significantly associated with sexual relationship and exposure to pornography.

Mood is significant with situation to end life and strength of desire to kill self and situation to end life is related to strength of desire to kill self and self-harm. Strength of desire to kill self is also significant with self-harm. From this, it may be understood that an unhappy state of mind due to depression increases the strength of desire to kill self.

FGD with adolescents on aspects related to suicide ideation and attempt reveals *broken family environment* as the key factor for the causes of suicide ideation and attempt. Besides, *substance abuse* is also considered the contributing factor for suicide. Also, *burdensome syllabus at school and failure in studies* causes a lot of depression among adolescents thus giving them suicidal ideation.

KII held with Law Enforcement official (Police Department at Kulikawn Outpost, Dawrpui Outpost and District Jail) and community leaders to explore aspects related to suicide ideation and attempt among adolescents reveals broken home environment like disputes among the couples or disputes between parents and their children as the major cause of suicides in Mizoram. Substance abuse, feeling of negligence, hopelessness and desire to receive intimate love are perceived to be other causes of suicides.

Trend analysis held with Mizo Upa Pawl (MUP) reveals that parenting style and control of children have changed significantly in the past 100 years and due to urbanization and exposure to mass media, parental control is less on children.

Secondary data about risk behaviour of adolescents collected from records maintained by MSACS, NGOs, Government welfare and Law enforcement agencies, and hospitals reveals that the root cause of risk behaviour related to the present study are mainly due broken family environment.

Suggestions for Social Work Intervention

In the light of the findings, the following suggestions are being made.

1. Suggestions with reference to Parent-child Relationship: Most of the respondents across the survey as well as the Focus Group Discussions emphasized the need to improve parenting styles as well as communication among family members. The study suggests the need to involve parents and children on a common platform. Workshops, sensitization programmes as well as awareness generation with reference to problems in the parent-child relationship need to be conducted. Involvement of NGOs, FBOs, the church, the Village council would be required in a joint action to strengthen family networks and improve family environments. The importance of open communication and its relation to risk behaviour of adolescents needs to be impressed upon the stakeholders. Parenting workshops for parents of adolescents can be conducted at community or Church levels in Mizoram since the community is organized around the church and all Mizos are active members of the church and pay a lot of attention to any effort that is made by the church elders or authorities.

2. Suggestions with reference to Risk Behaviour of Adolescents: The suggestions have both policy and research implications. Policy implications directly arising out of this research suggest the introduction of **School Mental Health Programme** to address important issues related to suicide prevention, management of depression, strengthening of peer networks. Reduction in use of harmful substances and efforts directed at reducing the viewing of pornography. The research implications of this study indicate that more research is required for understanding adolescent experiences, parent-child relationships and in reference to family communication. Tools that are more sensitive to capturing the sensitive information related to substance abuse, sexual risk behaviour need to be developed.

3. **Life-skills Programme for Adolescents:** Adolescents require to be taught several Life skills. Most importantly, this study highlights the need to learn assertive skills (to be able to deal with parental pressures), Refusal skills (to be able to refuse pressures from peers) and Communication skills (to have better communication within families). Relationship Skills to improve relationships between parents and children are also required and these can be achieved through workshops and programmes in communities.

4. **Advocacy Efforts** to reduce the access to sexual and substance abuse risks are also indicated and need to be addressed towards the community.

To conclude, the suggestions from this study have Policy, Research, Programme and Advocacy implications on a very important area of research in families.

References:

Baumrind, D. (1966). Effects of Authoritative Parental Control on Child Behavior. *Child Development, 37(4), 887-907.*

Blum, R.W., Beuhring, T., Shew, M.L. (2000). The Effects of Race/Ethnicity, Income, and Family Structure on Adolescent Risk Behaviors. *American Journal of Public Health, 90(12), 791-884.*

Borawski, E.A., Ievers-Landis, C.E., Lovegreen, L.D., et.al, (2003). Parental Monitoring, Negotiated Unsupervised Time, and Parental Trust: The Role of Perceived Parenting Practices in Adolescent Health Risk Behaviors. *Journal of Adolescent Health, 33 (2), 60-70.*

Carter, N.M.P. (2008). Father-Daughter Relationships: Examining Family Communication Patterns and Interpersonal Communication Satisfaction. *Communication Research Reports, 25(1), 23-33.*

Chen, L., & Cheng, S.H.M. (2001). *Perceived Family Communication Patterns and Self Disclosure to Parents: A Study of Youngsters in Hong Kong.* Paper presented at the 2001 International Communication Association Annual Conference, Washington, D.C.

Chibucos, T.R., & Leite, R.W. (2005). *Readings In Family Theory.* New Delhi: SAGE Publications.

Dudley, R.L., & Wisbey, R.L. (2000). The Relationship of Parenting Styles to Commitment to the Church among Young Adults. *Religious Education, 95(1):38- 50.*

Elizabeth, H. (2004). *Child Rearing Practices among Mizo Families.* Unpublished MSW Dissertation, Aizawl: Department of Social Work, Mizoram University.

Ennett, S.T., Bauman, K.E., Foshee, V.A., et.al.,(2001). Parent-Child Communication About Adolescent Tobacco and Alcohol Use: What Do Parents Say and Does It Affect Youth Behavior?. *Journal of Marriage and Family, 63(1): 48–62.*

Garnefskia, N., & Diekstraa, R.F.W. (1995). Suicidal behaviour and the co-occurrence of behavioural, emotional and cognitive problems among adolescents; *Archives of Suicide Research, 1(4): 243- 260.*

Light, H.K., & Martin, R.E. (1996). American Indian Families. *Journal of American Indian Education, 26(1).*

Hauhnar, L. (2007). *A Psycho-social Study of Suicide in Mizoram.* Unpublished MSW Dissertation, Aizawl: Department of Social Work, Mizoram University.

Hockenberry, J.M., Timmons, E.J., & Weg, M.V. (2009). Smoking, Parent Smoking, Depressed Mood, and Suicidal Ideation in Teens. *Nicotine & Tobacco Research, 12(3), 235–242.*

Huang, Y. (2010). *Family Communication Patterns, Communication Apprehension and Socio-Communicative Orientative Orientation: A Study of Chinese Students.* Thesis (accessed online) presented to the Graduate faculty of the University of Akron in partial fulfillment of the requirements for the degree of Masters of Arts.

Kirkcaldy, B., Richardson, R., & Siefen, G. (2009). Birth order: Self-injurious and suicidal behaviour among adolescents. *Psychology, Health & Medicine, 14(1), 9–16.*

Lamborn, S.D., & Nguyen, D.T. (2004). African American Adolescents' Perceptions of Family Interactions: Kinship Support, Parent–Child Relationships, and Teen Adjustment. *Journal of Youth and Adolescence, 33(6), 547–558.*

Lenciauskiene, I. & Apolinaras, Z. (2008). The Effects of Family Structure, Parent-Child Relationship and Parental Monitoring on Early Sexual Behaviour among Adolescents in nine European Countries. *Scandinavian Journal of Public Health, 36(6), 607-618.*

Le Poire, B.A. (2006). *Family Communication: Nurturing and Control in a Changing World*. New Delhi: SAGE Publications.

McDonell, J.R. (2006). Neighborhood Characteristics, Parenting and Children's Safety. *Social Indicators Research, 83, 177–199.*

Miller, K.S., Kotchick, B.A., Dorsey, S., et.al. (1998). Family Communication About Sex: What are Parents Saying and Are Their Adolescents Listening?. *Family Planning Perspectives, 30(5), 218-235.*

Nag, B. (2005). *Stress and Coping Styles among School Children in Mizoram.* Unpublished MSW Dissertation, Aizawl: Department of Social Work, Mizoram University.

Noller,P., & Bagi,S. (1985). Parent-Adolescent Communication. *Journal of Adolescence, 8(2): 125-144.*

Okorodudu, G. N. (2010). Influence of Parenting Styles on Adolescent Delinquency in Delta Central Senatorial District. *Edo Journal of Counseling, 3(1), 58- 86.*

Pillai, A., Andrews, T., & Patel, V. (2009). Violence, Psychological Distress and the Risk of Suicidal Behaviour in young People in India. *International Journal of Epidemiology, 38(2), 459-469.*

Rai, R.N. (2008). Perceived Parental Rearing Style and Drug Addiction among Mizo Adolescents; *Journal of the Indian Academy of Applied Psychology, 34, (1), 69-72.*

Shamir, H., Schudlich. T.D.R., & Cummings, E.M. (2001). Marital Conflict, Parenting Styles, and Children's Representations of Family Relationships. *Parenting, 1(1), 123 -151.*

Socha, T.J. (2001). Editor's Introduction: Home, Family, and Communication: The Horizon through a Wide Lens. *Journal of Family Communication, 1 (1), 1-7.*

Taris, T.W., & Bok, I.A. (1997). Effects of Parenting Style upon Psychological Well-being of Young Adults: Exploring the Relations Among Parental Care, Locus of Control and Depression. *Early Child Development and Care,* 132(1), 93-104.

Vijaykumar, L.(2008). Suicide and its prevention: The urgent need in India. Indian Journal of Psychiatry 49(2), 81-84.

White, J.M. (2005). *Family Theories*: New Delhi; SAGE Publications.

Yu, S., Clemens, R., Yang, H., et.al. (2006). Youth and Parental Perceptions of Parental Monitoring and Parent-Adolescent Communication, Youth Depression, and Youth Risk Behaviors. *Social Behavior and Personality.* (Accessed online).

BIO-DATA

Name	:	B.Lalhmingmawii
Date of Birth	:	12th May, 1986
Father's Name	:	B.Lalhnuna
E-mail ID	:	**hmingtei.bawitlung@gmail.com**
Permanent Address	:	c/o B.Lalhnuna
		Zion Street, Teddim Road
		Churachandpur-795128, Manipur
		Telephone No. (03874) 234330
Temporary Address	:	c/o Lalbuanga
		S-58/1, Dawrpui South
		Aizawl -796001, Mizoram.
		Mobile No. 91-9862647886

Educational Qualification :

Class	Board/University	Year of Passing	Division	Percentage
H.S.L.C.	Board of Secondary Education, Manipur	2002	II	51.5
H.S.S.L.C	Council of Higher Secondary Education, Manipur	2004	II	54.6
B.Sc.(Home Science)	North Eastern Hill University	2007	I	66.75
Master of Social Work	Mizoram University	2009	I	63.81

Related Experience

❖ **Field Work at Durtlang Hospital, Aizawl, Mizoram:** The focus of the field work is to study the nature of Drugs users and abusers and people living with HIV/AIDS, its causes and consequences on the personal, family and society as a whole. Conducted Case Study and Group Work.

❖ **Field Work at FXB India Suraksha, Mizoram:** Works with Orphans and Vulnerable Children (OVC) and investigating the vulnerability of children in and around Aizawl, and understanding the problems, causes and various programmes available for the welfare of children at risk. Conducted Case Study and Group Work.

❖ **Field Work in a Community (Tanhril), Mizoram:** Learning the community structure and decision making process, work and contributions of local CBOs, identification of needs and resources with local leaders, villagers and key persons and motivating the communities towards development through available resources. Conducted Case Study, Group Work, Participatory Rural Appraisal (PRA) and Socio-economic Survey, organized HIV/AIDS Awareness Campaign, Career Guidance, and Nutrition Awareness Campaign. Took initiative in a project for construction of footpath leading to Pukmawi as requested by the MUPs.

❖ **Project Work at Tanhril, Mizoram:** Carried out a project on "An Integrated Approach to Early Childhood Care and Education (ECCE) at Tanhril" and dealing with issues and challenges of children (0-6 Years) through process of social study, assessment, intervention and evaluation. Dealing with Government Officials, Community Leaders and Local People to tackle the challenges of ECCE.

(B. LALHMINGMAWII)   **(Dr.KALPANA SARATHY)**

Research Scholar   **Head**

Department of Social Work