ABSTRACT

I THE RESEARCH PROBLEM
Children’s emotional security has been considered a critical goal in the endeavour for societal well-being. Families, through the childrearing function, were expected to provide the base of protection and support that nurtured children’s mental health. Most mental health difficulties have been linked to emotional issues. It was seen that several factors in the child’s care-giving environment were associated with poor developmental outcomes. Seen from the standpoint of mental health, urban children were in crisis. This was indicated by both the incidence and prevalence of mental health issues that affected the normal functioning majorities of the population. Mental health problems that affected children ranged from social problems like fragmented families, child abuse, violence, substance abuse to emotional problems of reduced affiliation and connectedness, insecurity and instability.

While the goal of childrearing has essentially remained the same, i.e. to enable children to become competent, caring adults, it is seen that contemporary urban caregivers universally experienced pressures and challenges not faced by previous generations. This does not mean that parenting was any easier in the earlier generations but indicated the presence of added stressors within current childrearing contexts, chiefly modernisation, affluence, dual-career families, reduced support systems, materialistic lifestyles and powerful media influences. These factors led to the increased vulnerability of the family unit creating immense difficulty in providing for a stable and secure care-giving environment for fostering the emotional development of the child.

II RATIONALE OF THE STUDY
Every psychological, behavioural and social problem has been directly or indirectly linked to the childrearing function. Yet, very few promotive indicators have been developed to mark child well-being from the all-important standpoint of the childrearing function or the parents’ and child’s strengths and potentialities, either in policy, research or practice. In the endeavour to build strong, healthy families that nurtured children’s emotional development, the study attempted to explore the changes that have come about in childrearing styles in the post-
urbanised context and their consequent effect on children’s developmental outcomes. Further, as deficits in childrearing behaviours were chronic and could permeate into adulthood, the study attempted to identify the risk and protective factors in the childrearing environment that assisted in the creation of promotive and early intervention strategies that enhanced child mental health.

Most importantly, the lack of consideration of the contextual dimension in planning of mental health interventions was an important factor in undertaking the study. Children comprise 40% of the total Indian population (Anaokar 2003), yet child development studies in India have largely focused on physical indicators like poverty, unemployment, maternal and child mortality, malnutrition, ignoring families and their role in shaping developmental outcomes. Anthropological, historical and philosophical studies have established that the Indian texts and practices are rich sources of psychological knowledge (Kakar & Kakar 2007). Yet, post urbanisation and the universal adoption of the bio-medical model (Capra 1982) have seen the increased focus on pathological and curative models ignoring the holistic Indian conceptualisation of health. The current study therefore attempted an exploration of child development through a socio-ecological approach, with reference to the family that included traditional childrearing practices, children’s socio-emotional adjustment and maladjustment, interpersonal relationships, changing value orientations, educational conditions and play. This would contribute to creating interventions that were not only promotive but also contextually rooted.

III RESEARCH QUESTIONS

1) Is there literature in both the Indian and Western context that can help to gain an in-depth understanding into the role of the childrearing function of the family in shaping child mental health outcomes?

2) What are the factors that have emerged in urban childrearing contexts that necessitated caregivers to change their childrearing style?

3) What are the stakeholder perspectives on the value of the childrearing function, concerns related to child mental health and the strategies used to address these concerns?
4) Are there any theoretical models with reference to the childrearing style that provides specific guidelines for stakeholders (parents, teachers, professionals and other caregivers) in child mental health?

5) Is the childrearing function contextually conceptualised? Is there an Indian worldview to childrearing?

III OBJECTIVES OF THE STUDY
The broad objective of the study was to examine the role of the childrearing function of the family in shaping child mental health outcomes. This was done by identifying the changes in childrearing styles that had occurred in the inter-related life-domains of lifestyle, education and sexuality and the risk and protective factors in childrearing contexts that influenced child mental health outcomes. Another aim of the study was to understand the value attached to the childrearing function and the developmental stage of childhood considered fundamental to human development. The core objective however remains to develop a conceptual framework and concrete strategies for an emerging intervention model that transforms the nuclear urban family unit from vulnerability to stability.

IV THEORETICAL ORIENTATION OF THE STUDY
Risk and protective factors were embedded in childrearing contexts (Bronfenbrenner 1979). In conceptualising the family environment as an arena for the transmission of risk, as also a strong protective context, the study drew from two fields of the ecological framework, sociology (structural-functionalist perspective) and developmental psychopathology (family resilience perspective). The former was used to understand the reasons for the nuclear urban family unit to be perceived as a risky childrearing context in the context of urbanisation; through insights into the environmental and larger structural factors beyond individual control that interplay with child development. The latter guided the study in viewing the same family, despite the threats and challenges, as a protective context due to its resilience promoting processes. Figure 1 graphically shows the conceptual framework that guided the study.
V  RESEARCH DESIGN

The study was primarily exploratory and descriptive, and the methodology emphasised on process and outcome, whereby the researcher attempted to reconstruct from human data sources, meanings and interpretations that were negotiated from the multiple realities that participants faced. Considering the study objectives, the Mixed Methods type, philosophically oriented to the Pragmatism paradigm was used. The choice of Pragmatism as a philosophical basis for the study emerged from some of its major characteristics that were in harmony with the researcher’s interests and objectives. These included interaction of research questions with the real world circumstances, emphasis on practical theory, significance of the personal values of the researcher to the research process and the subjectivity-objectivity continuum.
VI THE STUDY FINDINGS

The most important finding of the study has been the deconstruction of certain notions held by the researcher about the family unit, based on her pre-doctoral study and clinical experience. The primary misconception was the attribution of child mental health problems solely to the nuclear family unit, predominantly parents. The study findings revealed that while parents significantly influenced their children, other influences within childrearing contexts also shaped family interactions and the development of its children. These factors may be beyond individual control. Secondly, the popular notion of the decline of the family receiving popular support especially from recent Euro-centric research (Buckingham 2000; Mamen 2006) that not only blamed parents for creating vulnerability in the child but also predicted the demise of the family unit. Yet as Durkheim stated in the nineteenth century, ‘the family is not declining, it is changing’ (Lamanna 2002). This holds good for the twenty-first century nuclear urban Indian family. Hence, the study had to shift focus to include the family and discuss its vulnerabilities within the newer identities and roles that emerged in a post urbanised and globalised environment.

The study findings revealed that \textit{urban childrearing contexts have inherent mental health risks for children’s mental health}. Two core themes emerged from the study.

\textbf{Theme 1: Family as a risk and protective context}

\textbf{Theme 2: The changing family: from vulnerability to stability}

The key processes that contributed to ‘\textit{vulnerability}’ and poor mental health outcomes were stressed parental lifestyles that led to a \textit{decline in parental investment}, which in turn led to \textit{individualistic childrearing practices} focused on academic excellence, \textit{decline in unstructured play} and \textit{poor inter-generational transmission of values}. The protective factors that emerged from the study were components that were central to the resilience framework, the framework that the current study drew support from. The factors that led to ‘\textit{stability}’ of the family unit were \textit{parental support} that would ensure \textit{collectivistic childrearing practices} that promoted holistic excellence and \textit{inter-generational transmission of values}. The emerging model of intervention therefore propounded \textit{parent support} as the crucial variable to bring about the transition from \textit{vulnerability} to \textit{stability} that would ultimately lead to positive child mental health outcomes.