STATEMENT OF THE PROBLEM, DESIGN & METHODOLOGY

Over the past two decades a significant literature has developed on the impact of family structure and family change on child wellbeing. This literature documents an accumulating body of evidence that children raised in different family contexts display differential patterns of outcomes across a wide range of developmental domains. In particular children raised in lone – parent families have been found, on average, to do less well across a range of measures of wellbeing than their peers in two parent families, while parental separation has been found to be associated with an array of adverse outcomes for children.

Parental separation has been reported in the literature as being associated with a wide range of adverse effects on children's wellbeing, both as a short – term consequence of the transition and in the form of more enduring effects that persist into adulthood. Fergusson, Lyskey and Harwood (1994) reported adverse impacts of parental separation on cognitive capacity of children. Negative influence of parental separation on schooling was observed by Evansetal (2001). Dawson (1991) found that parental separation has negative impact on physical health of children. In a longitudinal study Chase – Landsdal Lindsay, Cherlin and Kiernan (1995) observed the adverse effects of parental separation on children's mental and emotional health. The sexual conduct and behavior of child were found to be negatively affected by parental separation (Morrison and
Cairo, 1999). Demo and Acock (1988) found that parental separation has an adverse influence on peer relations of children. Criminal offending of child was observed to be significantly affected by parental separation (Hanson, 1999). Ermisch and Francesconi (2001) studied the relationship between family structure and children's achievements and reported the cigarette smoking was linked with parental separation. Ellis, Bates, Dodge Fergusson, Harwood, Pettit and Woodward (2003) studied the effects of father absence on special risk for early sexual activity of daughters. Parental separation was perceived as a causal factor of teenage pregnancy (Woodward et. al. 2001). Jaffee et. al. (2003) found that the less time fathers lived with their children, the more conduct problems the children had, but only if the father exhibit low levels of antisocial behavior.

Aquilino (1996) reported that the experience of multiple transitions and multiple family types among a sample of children not born into an intact biological family, was associated with lower educational attainment and greatly increased the likelihood that children would try to establish and independent household and enter the labourforce at an early age. Brown (1980) observed that children from single parent families were more likely to experience discipline problem than the children from intact family. Mishra (1995) reported that prolong absence of the father from the family due to any reason can also have an adverse effect on the socioemotional development of the child. Robert (1997) observed that adolescents living in single parent family are more prone to behavior problems like school
dropout, running away from home and enjoying in premarital sexual activities.

In the background of above studies and observations present study is formulated to find out the effects of family structure, i.e. single parent family and intact family on social competence, mental health and loneliness of adolescents of eastern U.P. Single parent family is defined as family headed by one parent in the absence of the other because of death or divorce. Intact family is one where both the biological parent are alive and live together. This study is aimed to obtain the following three major objectives.

1. To determine the impact of intact and single parent family on social competence of young adolescents.

2. To identify the effects of intact and single parent family on mental health of young adolescents.

3. To explore the impact of intact and single parent family on loneliness of young adolescents.

In order to reach the abovesaid objectives the following 21 hypotheses are framed in the course of present study.
HYPOTHESES

1. There will be significant difference between mean social competence scores of adolescents lived in single and intact family groups.

2. There will be significant difference between mean mental health scores (overall and component wise) of adolescents lived in single and intact family groups.

3. There will be significant difference between mean loneliness scores of adolescents lived in single and intact family groups.

4. Significant difference would be observed between mean social competence scores of Hindu and Muslim male adolescents in single as well as intact family groups.

5. Significant difference would be observed between mean social competence scores of Hindu and Muslim female adolescents in single as well as intact family groups.

6. Significant difference would be observed between mean social competence scores of Hindu male and female adolescents in single as well as intact family groups.

7. Significant difference would be observed between mean social competence scores of Muslim male and female adolescents in single as well as intact family groups.
8. Significant difference would be observed between mean social competence scores of adolescents lived in single and intact family for male and female respondents separately.

9. Significant difference would be observed between mean social competence scores of adolescents lived in single and intact family for Hindu and Muslim respondents separately.

10. Significant difference would be observed between mean mental health scores (overall and component wise) of Hindu and Muslim male adolescents in single as well as intact family groups.

11. Significant difference would be observed between mean mental health scores (overall and component wise) of Hindu and Muslim female adolescents in single as well as intact family groups.

12. Significant difference would be observed between mean mental health scores (overall and component wise) of Hindu male and female adolescents in single as well as intact family groups.

13. Significant difference would be observed between mean mental health scores (overall and component wise) of Hindu male and female adolescents in single as well as intact family groups.

14. Significant difference would be observed between mean mental health scores (overall and component wise) of adolescents lived in single and intact family for male and female respondents separately.
15. Significant difference would be observed between mean mental health scores of adolescents lived in single and intact family for Hindu and Muslim respondents separately.

16. Significant difference would be observed between mean loneliness scores of Hindu and Muslim male adolescents in single as well as intact family groups.

17. Significant difference would be observed between mean loneliness scores of Hindu and Muslim female adolescents in single as well as intact family groups.

18. Significant difference would be observed between mean loneliness scores of Hindu male and female adolescents in single as well as intact family groups.

19. Significant difference would be observed between mean loneliness scores of Muslim male and female adolescents in single as well as intact family groups.

20. Significant difference would be observed between mean loneliness scores of adolescents lived in single and intact family for male and female respondents separately.

21. Significant difference would be observed between mean loneliness scores of adolescents lived in single and intact family for Hindu and Muslim respondents separately.
PSYCHOMETRIC MEASURES

The following psychometric measures were used to collect the data from study participants –

i). **Social Competence Scale** –

The Social Competence Scale was used to assess the social competence of various groups of study participants. This scale is constructed and standardized by Sharma, Shukla and Shukla (1992). The scale comprises 50 items which can measure 18 factors of social skills and behavior. Five alternative responses i.e. "very high", "high", "general", "low" and "very low" are assigned to respond for each item. Age and grade norms are prepared by the authors and it is tabled in prescribed manual. The coefficient of temporal stability employing test-retest methods, with an interval of 20 days, has been estimated .56. The coefficient of interrater reliability has been found .67. The scale was validated against Teacher's Rating on a five point scale of the normative pupils of grade VIII and a coefficient of correlation to the extent of $r= .79$ was obtained between Teacher's Rating and pupils total scores on social competence scale. The factor analysis was also performed to examine the validity of the scale and 18 factors were identified to measure the various dimensions of social competence.
ii). **Mithila Mental Health Status Inventory** –

The Mithila Mental Health Status Inventory constructed and standardized by Kumar and Thakur (1986) was used to measure the mental health status of study participants. There are fifty items in this inventory which measure five dimensions of mental health namely, Egocentrism, Alienation, Expression, Emotional Unstability and Social Non-Conformity.

Each item of the inventory can be responded in five point response format, i.e. "very true", "true", "doubtful", "false" and "completely false". Positive and negative items are included in this inventory. The positively worded items of the inventory are given scores of 5, 4, 3, 2 and 1 for "very true", "true", "doubtful", "false", and "completely false" response. Negatively worded items are scored in the reverse manner. The maximum possible score for MMHSI is 250 and minimum being 50. High score on inventory is indicative of poor mental health. Egocentrism scale measure the extent to which the individual is concerned about his own needs, feelings, opinions and ideas. Alienation scale was developed to indicate the similarity of the respondent to hospitalized psychiatric cases. Expression scale would measure the level of interaction of individuals on a social level. Emotional unstability scale will indicate whether the person would be unhappy, nervous, emotionally labile, fearful, anxious and depressed. Social non-conformity scale would provide a clue to whether the
individual was aligning with the existing social system or against it. The reliability of the inventory was determined by split half and test retest method. The split half reliability is found to be .81 and test retest reliability was observed to be .76. The index of reliability was found to be .90 and .87. The validity of MMHSI was estimated on the basis of administering this inventory on normal and psychiatric patients. Significant difference between the two means was observed which prove that this inventory measures that traits for which it is developed. The scores obtained on this inventory were correlated with the score obtained on Hindi version of the E.P.Q. and the correlations were found to be significant which confirm the validity of the inventory.

iii) **Perceived Loneliness Scale**

Perceived Loneliness Scale developed by Jha (1997) was used to measure the loneliness of study respondents. It is an unidimensional self report research tool which gives a holistic estimate of loneliness of an individual in a five-point likert format. The scale consists of 36 items with five response alternatives, i.e. "totally agree", "agree", "can not say", "disagree" and "totally disagree". The minimum and maximum scores range between 36 to 180. High score is to be interpreted as high loneliness and low score as low loneliness of the respondent.

Two indices of reliability of this scale were determined. It was determined by Kuder – Richardson formula and the obtained value was .65

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on a sample of 100 undergraduate students. The test–retest reliability were found to be .84 after an interval of five weeks and .82 after an interval of eight weeks. The content validity of this scale was reported on the basis of experts' evaluation. The opinion of the experts confirmed that the scale is logically validated. To determine predictive validity the L-scale was administered individually to two groups of 45 subjects identified as "Lonely" and "Non-lonely". The L-scores of the two groups were compared and the results possessed predictive validity.
SAMPLE

The selection of sample was based on purposive randomized technique. 400 adolescents from different districts of eastern U.P. were selected as study respondents. Out of 400 adolescents 200 cases were identified from single parent family and rest of the 200 cases were selected from intact family. Single parent family was defined as family headed by one parent, either mother or father, in the absence of the other because of death or divorce. Adolescents of single parent family were identified by the school authority based on candidates application information and the same was confirmed by respective families. At the time of sample selection some precautions were taken into consideration. Equal number of male and female adolescents were selected in both the groups. Both the groups were matched on the variables i.e. age, education and socioeconomic status. Hindu and Muslim adolescents were equally distributed among both the groups. Thus two groups comparison was implemented to find out the results of the present study.

Procedure and Design of the Study-

The purposive randomized sampling technique was adopted in this study. As stated earlier the study participants were classified into two major groups based on family structure i.e., single parent family and intact
family. The entire sample was further classified into two groups in respect of their gender. Hindu and Muslim classification of entire sample was also performed in order to find out the religion effects on social competence, mental health and loneliness of adolescents lived in single as well as intact family groups. Several number of comparisons were meet out based on gender and religion of study participants.

The Social Competence Scale, Mithila Mental Health Status Inventory and Loneliness Scale were administered on entire sample. The respondents were asked to read the questions or items carefully and to answer all questions of the various scales. The responses given by study participants were scored with the help of instruction given in the prescribed manuals. Thus systematic data sheet was prepared for each purposive group separately. Appropriate statistics were used to obtain the results of this study which are tableted in the next chapter.

The results obtained in the course of present study are systematically presented in the next chapter.