



## Role of Home Environment, Parental Care, Parents' Personality and Their Relationship to Adolescent Mental Health

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### Abstract

The study examined relationships among home environment, parents' personality and mental health of adolescents with a focus on adjustment, anxiety, self-concept and self-confidence. A group of 370 adolescents were interviewed using a semi-structured questionnaire and three psychological tests; subjects were selected following a two-stage sampling technique. Participation of the adolescent students in the study was voluntary. Results indicate that parental care was associated with high self-confidence while parental pressure associated with high anxiety. Fathers' "friendliness" associated with low emotional adjustment and high self-concept while mothers' short-temper associated with high anxiety. Disturbed families contributed to adolescent anxiety, inability to share personal problems, parental interference in personal affairs and academic pressure. Parental traits were found to negatively influence mental health, e.g., anxiety, adjustment, self-concept and self-confidence. Findings suggest a need for expanding school guidance and counseling capacity to assist parents and adolescents with developmental tasks.

**Keywords:** Family environment; Personality; Adjustment; Anxiety; Self-concept; Self-confidence

### Introduction

Positive intra-parental relationship, parents' personality attributes, and nurturing parental care in the home environment are essential for healthy mental, physical and academic child development. A healthy family environment provides children and adolescents with a sense of emotional security hence facilitating adolescent development and motivation in academic progress particularly at a time of numerous developmental changes. Unfortunately, a large number of children do not experience a congenial home environment [1]. Rather some experience domestic violence, which is a problematic social phenomenon across all social strata. According to law enforcement statistics, domestic violence is the most frequent criminal activity in the United States [2]. The victims are predominantly women and children [2,3]. The data shows that one out of seven women have experienced domestic violence and that 20-40% of all women will become victims at least once in their lives [4,5]. In a study in Slovenia, the authors found that 15.3% of subjects reported some type of domestic violence during the previous five years. Additionally, 5.9% reported physical and 9.4% psychological violence [6]. Bakker, Ormel, Verhulst, and Oldehinkel [7] found that childhood family instability was associated with internalizing and externalizing problems during late adolescence. The results of Bakker's et al., [7] study suggest that growing up in an unpredictable family environment has long-lasting negative mental health effects on children and adolescents. Ibabe, Jaureguizar, and Bentler [8] investigated the role of positive family and classroom environments as mitigating factors for adolescent violence toward authority, e.g., child-to-parent or student-to-teacher antisocial behaviour or violence. Perceived family cohesion and organization showed an inverse association with parent abuse, suggesting that a positive family environment was a protective factor against the development of violence towards parents. Lee, Wickrama, and Simons [9] observed that chronic family economic hardship contributed to mental and physical health problems for adolescents. Supportive parenting was found to mitigate the influence of financial hardship. Moreover, supportive parenting also mitigated marital conflict on adolescents' symptoms of depression. Martinez

and Garcia [10] examined the relationship of parenting styles with adolescents' outcomes in a sample of 1456 Spanish adolescents. The results demonstrated that Spanish adolescents from more permissive households have the same or better outcomes than adolescents from authoritarian homes. Adolescents of more permissive parents show highest scores in self-esteem whereas adolescents from authoritarian parents obtain the worst results. In another study with 1,239 Brazilian adolescents, Martinez and Garcia [10] explored the relationship between parenting styles and self-esteem. Their work demonstrated that Brazilian adolescents from more permissive families scored equally or higher in self-esteem than adolescents from authoritarian families. These results suggest that authoritarian parenting is not associated with optimum self-esteem in Brazil. A study by Milevsky, Netter, and Keehn [11] examined variations in adolescent adjustment as a function of maternal and paternal parenting styles in a metropolitan area of the Northeastern U.S. Authoritative mothering was found to relate to higher self-esteem and life-satisfaction and to lower depression.

In an Indian study in Uttar Pradesh, Deepshikha and Bhanot [12] found that family environment plays a significant role in social adjustment of adolescent girls. Parental pressure for better academic performance is a serious issue in India. In this regard, Hussain, Kumar, and Husain [13] observed that the magnitude of academic stress was significantly higher among the Public school students whereas Government school students were significantly better in terms of their

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level of adjustment since they do not experience the same degree of academic pressure. However, inverse but significant relationships between academic stress and adjustment were found for both. On the basis of these results it can be stated that academic stress adversely affects overall adjustment of students. Deb, Chatterjee, and Walsh [14] found high anxiety among 20.1% of boys and 17.9% of girls in Kolkata. Further, the authors revealed that adolescents belonging to the middle socio-economic group suffered more anxiety than those from both high and low socio-economic groups.

## Broad Objective

The broad objective of the study was to examine the relationships among home environment, parents' personality and mental health of adolescents with a focus on adjustment, anxiety, self-concept and self-confidence.

## Method

### Site

This study was confined to six higher secondary schools in Kolkata. Kolkata is capital of West Bengal (India) located on the western banks of the famous Hooghly River. As of 2011, the city of Kolkata had 4.5 million residents; India's third largest metropolitan area after Mumbai and Delhi [15] and the eighth-largest metropolitan area in the world [16]. People from various states migrate here for vocational, educational, employment and other purposes. State government or non-governmental organizations including religious and philanthropic organizations administer schools. The medium of instruction in schools is predominantly Bengali or English and, to a lesser extent, Hindi and Urdu.

### Sample

A two-stage sampling method was used for selection of the study subjects.

Stage I: Six schools, three each from North and South Kolkata were randomly selected from the list of Higher Secondary Schools in Kolkata in order to maintain a geographical distribution.

Stage II: Volunteer adolescent students were recruited during a single field visit from Grades XI and XII. All subjects signed an informed consent. The first three-hundred subjects were equally recruited from five of the schools, divided between grades 11 and 12. The remaining 70 subjects were recruited from the sixth school based on voluntary consent. All subjects completed the interview and standardized tools during the field visit.

### Tools

**Semi-structured questionnaire [17]:** A specially designed semi-structured questionnaire was developed for the present study to collect information regarding socio-economic status, demographic information, perceived home environment, interpersonal relationships, nature of violence experienced by the adolescent, incidents domestic violence reporting, self-confidence, and guidance needs of the adolescent. The questionnaire was originally developed in English to gather information regarding socio-economic and familial background. It was then translated into the local Bengali language and validated by three experienced bilingual researchers. The Bengali version was back translated into English and was reviewed by two experts to confirm its equivalence with the original. The questionnaire consists of the following five sections:

**Section I: Background Information:** There are 10 items in this section including: gender, age, educational standard, family type, number of siblings, level of parent's education and occupation, monthly income of the family, and place of living

**Section II: Perceived Home Environment and Interpersonal Relationship:** This section included questions pertaining to the following: perceptions of congeniality or domestic disturbance; subjects' perception of the reason for the disturbed home environment, comfort level in sharing personal problems with parents, perception of parental ability to fulfill basic needs, perceptions as to whether parents were permissive, satisfaction with level of material possession and whether this created any discomfort in peer relationships, parental interference in personal affairs, and pressure for better academic performance. This section also inquired as to subjects' perception regarding parents' personality, i.e., whether dominating, short-tempered, aggressive, friendly.....3; and Submissive...4.

For information regarding subjects' perceived family environment and parents' personality, the following questions were asked:

*'How do you find your family environment?' Response choices included: Congenial...1; No so congenial....2; and Disturbed or under current tension....3.*

*'What is your perception about your parent's personality? Response choices included: Dominating...1; Short-tempered....2; Aggressive.....3; Friendly.....3; and Submissive...4.*

**Section III: Nature of Violence Experienced by the Adolescent:** There were fifteen items in this section related to abuse and violence experienced by the adolescents, e.g., emotional intimidation, physical abuse, sexual abuse or bizarre or frightening behaviour by parents or other adult members of the household.

**Section IV: Reporting:** This section focused on whether the adolescent reported any abuse incident to the police and/or parents

**Section V: Self-confidence and Guidance:** This section focused on subject's confidence to perform examinations and achievement of academic and professional goals. It also inquires as to whether subjects felt the need for guidance in personal and psychological issues; physical health issues; academics or career related matters.

The above questions generated both quantitative and qualitative data through both open and closed ended questions.

**Self-concept scale [18]:** The scale consists of 51 items covering 10 constructs of self-concept, e.g., health and sex appropriateness; competence; self-confidence; self-acceptance; worthiness; present, past and future beliefs and convictions; feeling of shame and guilt; and sociability, responses were recorded on a 5 point likert scale. Cronbach's alpha for the present sample was 0.82.

**Beck anxiety inventory [19]:** This is a 21-question multiple-choice self-report inventory measuring anxiety severity. It enabled investigators to assess how subjects were feeling in the last week and their specific anxiety symptoms, e.g., numbness, hot and cold sweats, or feelings of fear. Each question has the same set of four possible answer choices, which are arranged in columns and are answered by marking the appropriate choice. The answer choices are: i) Not at All; ii) Mildly, it did not bother me much; iii) Moderately, it was very unpleasant, but I could stand it; and iv) Severely, I could barely stand it. The test-retest reliability of this scale has been established by conducting the test twice on 83 subjects. The reliability coefficient was 0.75.

**Social adjustment inventory** [20]: This inventory has 60 items measuring emotional and social adjustment of an individual. This instrument was originally based upon the *Bell's Adjustment Inventory* [21,22] which has a long tradition of adaptation in psychological research in India. Bell's original Adjustment Inventory measured a person's degree of adjustment in four realms of life: health, social, emotional, and occupational. Cronbach's alpha for the present sample was 0.79.

### Procedure

Following the required permission from school authorities, subjects were informed of study objectives; informed that participation was voluntary; confidentiality was assured and that withdrawal from the study was permitted at any point during the process. The data was then reviewed for gaps, lack of clarity and finally entered into the study's database.

### Statistical analysis

Comparison between groups, i.e., demographic variables and family environment and parents personality were completed using a chi-square test while comparison between demographic and socio-economic variables, family environment and parental care and support services were made using an independent sample t-test. All analysis was conducted using SPSS for Windows 17.0 (SPSS Inc, Chicago, IL).

## Results

### Sample description

The demographic characteristics of the sample are presented in Table 1. The age of the sample ranged from 15 to 18 years, with an average of 16.65 ( $SD=0.67$ ). Only one student was aged 15. Participants were equally distributed by gender and grade (Table 1). Fathers were more educated (56.2% were graduate or higher) than that of mothers (38.1% were graduate or higher). The majority of parents belonged to

middle income groups. All students were from urban or semi-urban families.

### Home environment and parents' personality

Most participants (66.2%) perceived their family environment as congenial with the remainder reporting "not congenial" or "disturbed" (Table 2). Although adolescent boys and girls did not differ significantly with respect to their perceived family environment, male students were more likely to report their families as congenial as their female counterparts (72.0% vs. 60.6%,  $\chi^2(1, 370) = 5.32, p = 0.028$ ). Less than half (45.4%) felt comfortable in sharing personal problems with their parents with similar responses from males (46.2%) and females (44.7%,  $p > 0.05$ ). Two-thirds (66.8%) perceived their parents as permissive with a significant gender difference (56.6% vs. 76.6%,  $\chi^2(1, 370) = 16.67, p < 0.001$ ). A quarter (24.6%) of the participants perceived their parents as too involved in their personal affairs without a significant gender difference (20.9% vs. 28.2%,  $p > 0.05$ ). Parental pressure on students' academic performance was reported by nearly half (46.2%) of the participants with females more likely to do so (39.0% vs. 53.2%,  $\chi^2(1, 370) = 7.48, p = 0.007$ ).

The percentage of adolescent students reporting perceptions of their parents as dominant, short-tempered, aggressive, friendly and submissive was 23.8%, 37.6%, 23.0%, 55.9% and 25.7% respectively for fathers, and 12.7%, 28.1%, 17.6%, 80.5% and 29.5% respectively for mothers (Table 3). Overall, fathers were more likely to be considered as dominating ( $\chi^2(1, 740) = 15.23, p < 0.001$ ) or short-tempered ( $\chi^2(1, 740) = 7.51, p = 0.006$ ), while mothers were more likely to be considered as friendly ( $\chi^2(1, 740) = 51.64, p < 0.001$ ). The percentages of perceived aggression and submission were similar for father and mothers. Significant gender differences were observed for father's dominance (30.8% vs. 17.0%,  $\chi^2(1, 370) = 9.64, p = 0.002$ ), father's friendliness (62.6% vs. 49.5%,  $\chi^2(1, 370) = 6.51, p = 0.012$ ), and mother's short-temper (20.3% vs. 35.6%,  $\chi^2(1, 370) = 10.73, p = 0.001$ ) (Table 3).

	Frequency	%		Frequency	%
<b>Gender</b>			<b>Mother education</b>		
Male	182	49.2	Lower than secondary	99	26.8
Female	188	50.8	Secondary to high school	130	35.1
<b>Age group</b>			Graduate or higher	141	38.1
15-16	169	45.7	<b>Father occupation</b>		
17-18	201	54.3	Service	136	36.8
<b>Grade</b>			Business	208	56.2
XI	186	50.3	Others	26	7.0
XII	184	49.7	<b>Mother occupation</b>		
<b>Family type</b>			Service	32	8.7
Joint	119	32.2	Business	17	4.6
Single	251	67.8	Housewife	304	82.2
<b>Sibling number</b>			Others	17	4.6
0	126	34.1	<b>Income</b>		
1	143	38.7	10,000 and lower	137	37.0
2 or more	101	27.3	10,001-20,000	104	28.1
<b>Father education</b>			20,001 and higher	129	34.9
Lower than secondary	74	20.0	<b>Place living</b>		
Secondary to high school	88	23.8	Urban	322	87.0
Graduate or higher	208	56.2	Semi-urban	48	13.0

Table 1: Demographic characteristics of the sample (n=370).

	n (%)	Anxiety <i>M (SD)</i>	Emotional adjustment <i>M (SD)</i>	Social adjustment <i>M (SD)</i>	Self-concept <i>M (SD)</i>	Self-confidence <i>M (SD)</i>
Total	370 (100%)	13.4 (8.4)	43.8 (5.3)	52.4 (3.8)	164.7 (17.1)	3.6 (0.8)
Family congenial						
No	125 (33.8)	14.7 (7.4)*	44.6 (5.2)	52.6 (4.1)	162.9 (16.6)	3.6 (0.8)
Yes	245 (66.2)	12.8 (8.9)	43.4 (5.4)	52.3 (3.7)	165.7 (17.3)	3.6 (0.7)
Sharing problems						
No	202 (54.6)	14.4 (8.6)*	44.6 (5.5)**	52.1 (3.9)	162.7 (17.8)*	3.6 (0.8)
Yes	168 (45.4)	12.3 (8.1)	42.9 (5.0)	52.8 (3.7)	167.2 (15.9)	3.7 (0.6)
Parental care						
No	123 (33.2)	13.1 (8.6)	43.8 (5.4)	52.4 (4.0)	165.2 (17.4)	3.5 (0.9)**
Yes	247 (66.8)	13.6 (8.4)	43.8 (5.3)	52.4 (3.7)	164.5 (16.9)	3.7 (0.6)
Parental interference						
No	279 (75.4)	12.9 (8.5)*	43.2 (5.3)**	52.4 (3.9)	165.5 (17.0)	3.6 (0.7)
Yes	91 (24.6)	15.2 (8.0)	45.6 (4.8)	52.5 (3.6)	162.4 (17.1)	3.6 (0.8)
Parental pressure for better academic performance						
No	199 (53.8)	11.9 (7.9)**	43.1 (5.3)**	52.3 (3.8)	166.5 (17.0)*	3.6 (0.8)
Yes	171 (46.2)	15.2 (8.7)	44.6 (5.2)	52.6 (3.8)	162.7 (17.0)	3.7 (0.7)

Note: Comparisons between groups were made using independent sample t-test.

\* $p < 0.05$ ; \*\* $p < 0.01$

**Table 2:** Associations between home environment and dependent variables ( $n=370$ ).

	n (%)	Anxiety <i>M (SD)</i>	Emotional adjustment <i>M (SD)</i>	Social adjustment <i>M (SD)</i>	Self-concept <i>M (SD)</i>	Self-confidence <i>M (SD)</i>
Dominating (F)						
No	282 (76.2)	13.4 (8.4)	43.7 (5.3)	52.4 (3.9)	164.2 (17.2)	3.7 (0.7)
Yes	88 (23.8)	13.5 (8.5)	44.1 (5.4)	52.5 (3.5)	166.4 (16.5)	3.6 (0.9)
Short-tempered (F)						
No	231 (62.4)	12.8 (8.7)	43.1 (5.4)**	52.5 (3.9)	166.2 (17.9)*	3.6 (0.7)
Yes	139 (37.6)	14.5 (7.9)	44.9 (4.9)	52.2 (3.7)	162.3 (15.4)	3.6 (0.8)
Aggressive (F)						
No	285 (77.0)	13.2 (8.4)	43.7 (5.3)	52.4 (3.9)	164.8 (17.3)	3.6 (0.7)
Yes	85 (23.0)	14.3 (8.6)	44.0 (5.4)	52.3 (3.5)	164.3 (16.3)	3.6 (0.8)
Friendly (F)						
No	163 (44.1)	14.7 (7.9)*	45.1 (4.9)**	52.2 (4.0)	160.8 (15.8)**	3.6 (0.9)
Yes	207 (55.9)	12.4 (8.7)	42.8 (5.4)	52.6 (3.7)	167.8 (17.4)	3.7 (0.6)
Submissive (F)						
No	275 (74.3)	13.6 (8.6)	43.8 (5.4)	52.4 (3.8)	164.3 (16.6)	3.6 (0.8)
Yes	95 (25.7)	12.9 (7.9)	43.8 (5.1)	52.4 (3.7)	165.9 (18.3)	3.6 (0.7)
Dominating (M)						
No	323 (87.3)	13.2 (8.3)	43.8 (5.4)	52.3 (3.9)	164.2 (17.3)	3.6 (0.8)
Yes	47 (12.7)	15.4 (8.9)	43.6 (5.2)	52.9 (3.1)	168.5 (15.2)	3.7 (0.6)
Short-tempered (M)						
No	266 (71.9)	12.6 (8.3)**	43.4 (5.4)*	52.3 (4.0)	165.3 (17.2)	3.7 (0.7)
Yes	104 (28.1)	15.5 (8.3)	44.8 (5.0)	52.8 (3.3)	163.1 (16.7)	3.6 (0.8)
Aggressive (M)						
No	305 (82.4)	13.4 (8.5)	43.7 (5.3)	52.5 (3.8)	164.3 (16.8)	3.6 (0.7)
Yes	65 (17.6)	13.5 (8.0)	44.3 (5.6)	52.0 (3.9)	166.6 (18.3)	3.6 (0.8)
Friendly (M)						
No	72 (19.5)	15.3 (8.7)*	45.2 (5.5)*	52.2 (3.9)	159.8 (18.4)**	3.5 (0.9)
Yes	298 (80.5)	13.0 (8.3)	43.5 (5.2)	52.4 (3.8)	165.9 (16.5)	3.7 (0.7)
Submissive (M)						
No	261 (70.5)	13.6 (8.8)	44.1 (5.3)	52.4 (3.8)	163.9 (16.8)	3.6 (0.7)
Yes	109 (29.5)	13.0 (7.5)	43.1 (5.3)	52.4 (3.7)	166.8 (17.6)	3.6 (0.8)

Note: Comparisons between groups were made using independent sample t-test.

F=Father; M=Mother

\* $p < 0.05$ ; \*\* $p < 0.01$

**Table 3:** Associations between parents' personality and dependent variables ( $n=370$ ).

### Associations between home/parental variables and dependent variables

Means scores (*SDs*) of anxiety, social adjustment, emotional adjustment, self-concept and self-confidence and their associations with home environment and parental personality are presented in Table 4. Male adolescents reported significantly lower scores for anxiety ( $10.3 \pm 7.3$  vs.  $16.5 \pm 8.4$ ,  $t=56.40$ ,  $p<0.001$ ) and emotional adjustment ( $41.8 \pm 4.8$  vs.  $45.7 \pm 5.1$ ,  $t=56.44$ ,  $p<0.001$ ) but higher self-concept scores ( $169.7 \pm 17.4$  vs.  $159.9 \pm 15.4$ ,  $t=32.61$ ,  $p<0.001$ ) than did females.

Adolescent students who perceived their home environment as congenial reported a significantly lower score of anxiety ( $p<0.05$ , Table 2). Participants who reported comfort in sharing personal problems with parents were found to have significantly lower scores for both anxiety and emotional adjustment but a higher score of self-confidence ( $p<0.05$ , Table 2). Perception of parents' permissiveness had a significant effect on self-confidence with students who did so reporting a higher score ( $p<0.05$ , Table 2). The perception that parents were too intrusive or high pressure for better academic performance was associated with higher scores of anxiety and emotional adjustment ( $p<0.05$ , Table 2). Parental pressure was also related to a lower self-concept score ( $p<0.05$ , Table 2).

Perceiving father or mother as short-tempered was associated with adverse mental health outcomes, such as high anxiety, high emotional adjustment and low self-concept, while considering parents as friendly had a positive effect, such as low anxiety, low emotional adjustment and high self-concept ( $p<0.05$ , Table 3).

The results (*F*-test and *R*-square for models and standardized coefficients  $\beta$  for each independent variable) of multiple regression analyses for each outcome measure in which all home environment and parental personality factors served as independent variables are presented in Table 4. When controlled for all other factors, parental style was associated with high self-confidence; parental pressure was associated with high anxiety; perceiving father as friendly was associated with low emotional adjustment and high self-concept; and

mother as short-tempered was related to high anxiety (Table 4). Only three regression models for anxiety, emotional adjustment and self-concept were statistically significant with relative low coefficients of determination ( $R^2$  ranges from 0.06 to 0.11, Table 4).

### Discussion

The aim of this study was to focus attention on the developmental emotional health and needs of adolescents. The assertion that the family is the basic foundation for overall child development needs little substantiation. The study sought to shed light on how the familial environment plays a crucial role in the overall development of interpersonal, personality, outlook and career choices for adolescents. A number of previous studies have highlighted the importance of good parent-child communication during adolescence [23]. The present study was particularly interested in examining the possible correlation between adolescent *perception of the home environment* as indicated by parental personality characteristics, e.g., dominance, short-temperedness, aggressiveness, submissiveness, permissiveness, intrusiveness and congeniality, with *adolescent emotional health* as measured by anxiety level, social adjustment, emotional adjustment, self-concept and self-confidence. We were also interested in how the home environment and perceived parental style facilitated communication between adolescent children and their parents.

While the study found "good news" in the data, the study also unearthed areas for further investigation and/or intervention. In particular, it is important to highlight these specific findings:

1. The perception of a "disturbed family environment" which we found correlated with adolescent anxiety.
2. Just under half of the sample reported comfort in sharing personal problems with their parents. Adolescents who were unable to share personal problems were found to have higher anxiety, lower emotional and social adjustment as well as lower self-concept and self-confidence than those who were able to do so.

	Anxiety	Emotional adjustment	Social adjustment	Self-concept	Self-confidence
Model					
<i>F</i> -value (df=15, 354)	2.56**	3.01**	0.77	2.38**	1.14
<i>R</i> <sup>2</sup>	0.10	0.11	0.03	0.06	0.05
Standardised coefficients ( $\beta$ )					
Family congenial	-0.08	-0.04	-0.08	0.02	-0.01
Share problems	-0.07	-0.09	0.11	0.08	0.06
Parental care	0.06	0.05	-0.02	-0.05	0.13*
Parental interference	0.02	0.11	0.02	0.01	-0.01
Parental pressure	0.16**	0.08	0.06	-0.09	0.06
Dominating (F)	-0.03	0.02	0.03	0.05	-0.05
Short-tempered (F)	0.00	0.08	-0.05	-0.05	0.01
Aggressive (F)	0.02	-0.02	0.01	-0.01	0.01
Friendly (F)	-0.10	-0.13*	0.05	0.16*	0.03
Submissive (F)	-0.02	0.06	-0.02	-0.01	-0.01
Dominating (M)	0.09	-0.05	0.04	0.06	0.09
Short-tempered (M)	0.12*	0.06	0.08	-0.02	-0.06
Aggressive (M)	-0.06	0.02	-0.08	0.07	-0.03
Friendly (M)	-0.03	-0.04	0.02	0.10	0.05
Submissive (M)	0.00	-0.08	0.01	0.06	-0.02

Note. Regression coefficients were tested using *t*-test.  
\* $p<0.05$ ; \*\* $p<0.01$

Table 4: Results of multiple regressions for each of the dependent variables ( $n=370$ ).

3. A quarter (24.6%) of the adolescents thought that their parents were overly intrusive in their personal affairs ( $p>0.0$ ). Parental interference had a significant negative effect on anxiety and emotional adjustment, i.e., adolescents who experience parental intrusion have more anxiety and decreased capacity for emotional adjustment.
4. Just under half the sample (46.2%) experienced academic pressure with females were more likely to experience those pressures. When adolescents experience a high degree of parental pressure related to academic performance, they were found to have significantly higher anxiety, lower emotional adjustment and lower self-concept.

In essence, the study found cause to consider strategies to help families with contentious, non-communicative, overly intrusive or high-pressure parenting.

Anxiety was found to be higher among the adolescents who were in a disturbed home environment. This finding is supported by the work of Jorge [24], where children who had witnessed inter-parental conflict exhibited higher anxiety. Parental discord and conflict may distract parents from the nurturance required by adolescents hence enhance adolescent uncertainty about how to handle with their own problems. Findings with regard to parental personality and family environment are consistent with the findings of previous studies [1,25]. Parents with poor impulse control, low self-esteem and mental health problems are more likely to use physical violence against children [26]. Parents who use violence against their children may well have experienced violence as children themselves [27].

In contrast, perceived home environment did not have a statistically significant effect on emotional and social adjustment, self-concept or self-confidence of the adolescents. Findings from previous studies challenge some of the findings in this present study. Previous studies found that adolescents' psychological adjustment and satisfaction is significantly related to the degree of support and commitment in the family as well as the degree of perceived conflict in the family [28]. It is certainly possible given changes and exposure to evolving norms that adolescents are adopting coping strategies independent of family influences. The need for support from the parents and other family members might not remain as critical in adolescent adjustment, self-concept and confidence. Consistent with this possible trend in extra-familial support is the issue of parent-child communications; almost one-half the sample was more dependent on friends or siblings, particularly sisters for problem solving.

However, adolescents who were unable to share personal problems with parents were found to have higher anxiety, lower emotional and social adjustment as well as lower self-concept and self-confidence than those who were able to do so. This is clearly an area where parents may need assistance in their ability to facilitate a dialogue with their adolescent children. A healthy and secure parent-child attachment teaches a child the basics of a loving human relationship, better coping abilities as well as low trait anxiety [29].

A more subtle need is the parent's ability to disengage and refrain from becoming overly involved in their adolescent's development. Parental interference in personal matters of adolescents may result in distancing behaviors by children [23]. This may be of particular importance for female adolescents where in Indian society parents are more protective about their safety hence will restrict their movement and heighten scrutiny. The present study revealed that parental interference had a significant negative effect on anxiety and

emotional adjustment. This finding is supported by Bogels et al. [30] research where they note that overprotection by parent's leads to social anxiety in adolescence. Parents may help their adolescents to grow by opening lines of communication, effectively listening, suggesting coping strategies, and providing a warm and supportive environment. Excessive interference will often be experienced as "controlling their lives" rather than caring and guidance. This may lead to concealment of problems and other personal matters from parents and consequential development of an estranged relationship with parents.

The issue of parental over control is even more critical with respect to academic performance. Almost one-half of the sample (46.2%) experienced academic pressure with females more likely to experience those pressures. Employment scarcity may be the driver behind academic pressure. Secondly, given the limited number of quality educational institutions in India resulting in significant competition hence a high degree of expectation and pressure for performance. The pressure for better academic performance has been shown to be harmful. This is an important issue for policy makers and authorities of educational institutions. Findings of the present study dovetail with findings of previous studies carried out in India, China and other Western countries [31-34]. A multicultural survey [33,34] found that Chinese students have the highest academic pressure among four participating countries. Nearly ninety percent (86.6%) of Chinese participants reported high or very high academic pressure, while 69%, 74.8% and 67.1% of Japanese, Korean and U.S. students perceived the same [35,36]. Faas et al. [37] observed that socioeconomic resources provided by parents in adolescence directly predicted education outcomes and were partially mediated by family success expectations. Family success expectations were an important predictor of education outcomes.

Adolescents who experience too great a parental pressure related to academic performance were found to have significantly higher anxiety, lower emotional adjustment and lower self-concept. These findings are consistent with the work of Hussain et al. [13], which found that academic stress adversely affects overall adjustment of the students. In India, the primary documented cause of anxiety among school children and adolescents is parental expectations and pressure for academic achievement [38]. It is notable that in one year alone in India, 2320 children, or more than six children per day, committed suicide due to academic failure [39]. This very regrettable figure underlines the seriousness of the problem and related to the mental health of the society as a whole.

## Conclusion

Although about two-third of the adolescents (66.2%) perceived family environment as congenial, more than half, irrespective of gender, were not comfortable in sharing their personal problems with their parents. About half of the adolescents reported parental pressure for better academic performance. Perceived home environment and parent's personality was found to be associated with adolescent mental health, i.e., adolescents who perceive congenial home environment reported significantly less anxiety. Similarly, the adolescents who reported comfort in sharing personal problems with parents were found to have significantly lower score for anxiety but a higher score of emotional adjustment and self-confidence. However, perceived home environment did not have a statistically significant effect on emotional and social adjustment, self-concept or self-confidence of the adolescents. In general, fathers were perceived as dominating and/or short-tempered, while mothers were more likely to be considered as friendly. Perceiving either of the parents as short-tempered was

associated with adverse mental health outcomes, such as high anxiety, high emotional adjustment problems and low self-concept, while considering parents as friendly had a positive effect, such as low anxiety, high emotional adjustment and high self-concept.

## Recommendation

Given our findings, we recommend the need for improved family and parental education and intervention. We suggest that this is particularly important in light of the evidence related to academic performance and youth suicide. While the study did not attempt to quantify the need for parental education, we find that there is significant evidence to consider strategies for intervention and education of parents on effective parenting. Parents will clearly benefit from understanding adolescent emotional development, the influence of the home environment, strategies for effective communication as well as how to moderate and regulate their own behaviour related to academic performance. The study by Gate et al. [40] also highlights the importance of positive parenting behaviours as a possible protective factor against the development of adolescent rumination and subsequent depressive symptoms. One effective preventive approach to improving adolescent mental health may be through the provision of psycho-education for parents concerning the importance of pleasant and affirming interactions with their children.

## Limitations of the Study

Generalizability of the findings is limited by the sample size considering the adolescent population of Kolkata. Secondly, self-report is not an objective finding of fact. Although the findings do provide perspective about perceived family environment, the experience of support felt by adolescents and perceived parents' personality and its relationship with mental health variables; these findings may be enhanced through the use of a validated standardized questionnaire.

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