

Are Adolescents at Mental Health Risk in Single Parent Families?

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The study examined the mental health status, school adjustment and scholastic achievement of adolescents in single parent families with reference to gender and family structure. The sample comprised 93 adolescents and their single mothers. Data was gathered using Developmental Psychopathology Check List of Children, School Adjustment Inventory, and the Scholastic Achievement record of the adolescents. Results were analysed using multivariate ANOVA and Pearson's correlation. The results revealed that no differences existed in the mental health status and school adjustment of adolescents by gender. However, significant gender differences were evident for scholastic achievement. Regarding family structure, adolescents from nuclear families were significantly better adjusted in school than their counterparts from single parent families. The results also indicated that adolescents who had better mental health status were better adjusted and achieved more in schools. The study suggests planning of intervention strategies and undertaking active research on guidance and counselling involving mothers and adolescents in single parent families.

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INTRODUCTION

Repeated concern has been expressed over the rising phenomenon of single parent families and their impact on family dynamics and well-being of individual members. Countries like the United States of America (24 per cent), former Soviet Union (21 per cent) and Sweden (17 per cent) have reported the highest rates of single parent families. (Burns and Scott, 1994). Scholars further estimate that over half of all children in the United States of America will spend some portion of their youth living in a single parent family, typically a mother-headed family (Furstenberg and Cherlin, 1991; US Bureau of the Census, 2000) with divorce as a major cause, followed by unwed motherhood and then widowhood (Burns and Scott, 1994).

Even though a substantial amount of research has been done on single parent families in the United States of America, particularly towards adjustment to divorce (Amato, 1994) and its correlates, relatively limited work has been done on the situation of single parent families in developing nations like India (India: Office of the Registrar-General, 2001; Singh, 1996). Data are also not readily

available in India that focus on the psychological impact on the children of single parent families (Bharat, 1991).

Estimates in India indicate that about seven per cent of all family units likely to have dependent children, are single parent family units, where one parent is absent due to death, divorce or separation. In over 80 per cent of these cases, death of the spouse is the cause of single parenthood and more than 70 per cent of the single parents are women (India: Office of the Registrar-General, 1991).

The frequency of divorce is steadily on the rise due to recent social and legal developments (Siganporia, 1993). The 1955 Hindu Marriage Act has made divorce easier to obtain, especially for women. A revision of this Act in 1976 made a form of no-fault divorce available by mutual consent (Sharma, 1989). The 1991 Census of India (India: Office of the Registrar-General, 1991) showed that there were as many as 6,92,640 males and 1,427,600 females divorced in 1991. A Union Law Ministry Report (India: Ministry of Law, 1994) shows a 12 per cent yearly increase in the divorce rate over three consecutive years all over India (1991-1993). Further, the maximum numbers of divorcees are in the age range of 20-44 years among the females (India: Office of the Registrar-General, 1991) with the females being most likely to get the custody of their children after divorce (Pothen, 1986).

However, the actual percentage and number of divorcees may be much higher than the reported figures as divorce is still considered to be a stigma in the Indian society and many individuals probably fail to report their true marital status (Amato, 1994). Furthermore, a high percentage of married couples who separate permanently never file for divorce, either because of their wish to avoid social disapproval or simply because of the lengthy legal procedures and lack of awareness (Amato, 1994; Leela, 1995).

In Chandigarh, where the present study was carried out, single parent families comprise 3.7 per cent of the total married population. Within this, the total percentage of widows is 71.4 per cent and that of divorced/separated women is 2.38 percent (India: Office of the Registrar-General, 1991).

This study focuses on adolescents in single parent families (widowed and divorced mothers). Limited research work is available on the adolescents' mental health and related issues of school adjustment and scholastic achievement, particularly from single parent families. In the Indian context, the studies that are available on the effect of single parent families on children and adolescents are primarily on the socio-emotional and economic consequences (Bharat, 1988b; Shanmugam, 1999).

Mental Health of Adolescents from Single Parent Families

Some of the previous research work done on children from single parent families in India has dealt with custody arrangements of the children

(Mehta, 1975), attachment of the children with the mother or the father after divorce (Pothen, 1986), socioeconomic and socio-emotional hardships faced by individual family members after divorce or death of the spouse (Bharat, 1988b; Desai, 1991), and effects of a broken home on the children (Kumthekar, 1991). However, limited work is available related to mental health issues among adolescents in India, particularly from single parent families. The present study examines the same.

Researches indicate that the mental health status (MHS) of children who are deprived of parental care is low and there is a significant relationship between MHS of children and the degree of parental deprivation. The MHS of completely deprived (maternal and paternal) children is the lowest (Reddy, 1987; Steinhausen, Aster, and Gobel, 1987). An unpublished report by the Young Women Christian's Association of India shows that children of divorced parents experience fear of separation, loneliness, and unhappiness. Socially, they are likely to be either aggressive or withdrawn (cited from Bharat, 1988a). Further, they have greater incidence of emotional and school achievement problems with possible long-term negative consequences (Lansdale, Cherlin and Keirnan, 1995). The studies reviewed above indicate that adolescents from single parent families are likely to manifest emotional and behavioural maladjustment.

Further, Davar (1999) in a review work on socio-demography and mental distress, highlights that in India, between widowed men and women, women are more frequently depressed. Her review work also suggests that widowhood makes women more predisposed to neuroses. As a result, the children also report suffering from consequences in the psychological and socioeconomic sphere to a comparatively larger degree. The impact of single parenthood on children is elucidated by a study on the status of Indian widows by Chen and Dreze (1992) who point out that the helplessness often associated with widowhood has an influence on the health and well-being of children in particular other than the widows themselves.

Gender Differences and Mental Health Status

Research evidence also indicates that prolonged separation from the fathers affects boys more in comparison with girls and that the boys exhibit more behavioural problems. The absence of fathers who act as role models for the boys is considered to be the main cause for this phenomenon (Sood and Misra, 1995; Srinivasan and Raman, 1987). However, Khatri (1970, cited from Kapur, 1995) reports that there are gender inequalities in traditional Indian families, which affects the mental health of both boys and girls. For boys parenting practices are conducive to positive mental health whereas for girls, differential treatment may result in the development of a negative self-image. Therefore, the female child is at risk for several mental health

problems. It can be expected that differential opportunities and experiences within the family, especially in the single parent families, influence the mental health status of adolescents by gender.

Family Structure and Mental Health Status

Epidemiological studies conducted in rural and urban communities show a higher percentage of psychiatric illness in nuclear families as compared to joint families. This is because the latter provides more security in terms of love, warmth, social and economic support, which has a positive influence on the mental health (Sethi and Manchanda, 1978; Sethi, Manchanda and Sharma, 1979; Sethi and Sharma, 1980; Sharma, Sethi and Bhiman, 1984). This is particularly relevant for the single parent families wherein the primary kin are seen to share the emotional feelings and also care for the well-being of single mothers and their children (Aruna and Reddy, 2001). Further, the joint family still remains an ideal in the Indian society and single women along with their children are likely to return to their maternal home and stay with parents, uncles or brothers (Leela, 1995).

The reviewed studies on gender and family structure are based on two parent families. There is limited evidence available on the mental health and well-being of adolescents from single parent families in the Indian context. Even though it is likely that boys when compared with girls, and adolescents from joint families when compared with adolescents from nuclear families will have a comparatively better mental health status, this is an area that needs further exploration. The present study aims at assessing the same.

School Adjustment and Scholastic Achievement of Adolescents

A related issue with the mental health of adolescents from single parent families is their school adjustment and performance. Blum, Boyle and Offord (1988) reported in their study that children with poor school performance are 1.7 times more likely to be from single parent families than two parent families. Further, research evidence indicates that the consequence of single parenthood on the academic performance of the adolescents is likely to be greater for boys as compared to girls (Blanchard and Biller, 1971, cited from Bharat, 1986; Krein and Beller, 1988).

Several studies show that children who live with single parents during adolescence receive less guidance, less help in school work, and less encouragement than children who live with both their parents (Astone and Maclanahan, 1991; Cherian and Cherian, 1995; Singh and Gill, 1986). However, this is an area that needs to be further reviewed in the Indian context.

TABLE 1: Means and Standard Deviations of Adolescents' Mental Health in Single Parent Families

<i>Mental Health Variables</i>	<i>Kapur's cut-off values</i>	<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Type of Family</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>
Developmental History	3	Boys	42	1.26	1.25	Nuclear	47	1.09	1.40
		Girls	51	1.02	1.30	Joint	46	1.17	1.16
		Total	93	1.18	1.28	Total	93	1.13	1.28
Developmental Problem Disorders	5	Boys	42	2.55	2.21	Nuclear	47	1.83	1.81
		Girls	51	1.73	1.65	Joint	46	2.37	2.08
		Total	93	2.10	1.96	Total	93	2.10	1.96
Hyperkinesia	2	Boys	42	1.38	1.25	Nuclear	47	1.04	1.08
		Girls	51	1.04	0.92	Joint	46	1.35	1.08
		Total	93	1.19	1.09	Total	93	1.19	1.09
Conduct Disorders	4	Boys	42	1.07	1.67	Nuclear	47	0.62	0.95
		Girls	51	0.82	1.31	Joint	46	1.26	1.83
		Total	93	0.94	1.48	Total	93	0.94	1.48
Learning Disorders	3	Boys	42	0.71	1.02	Nuclear	47	0.57	0.95
		Girls	51	0.53	0.81	Joint	46	0.65	0.87
		Total	93	0.61	0.91	Total	93	0.61	0.91
Emotional Disorders	3	Boys	42	2.12	2.17	Nuclear	47	2.34	2.01
		Girls	51	2.04	1.80	Joint	46	1.80	1.89
		Total	93	2.08	1.96	Total	93	2.08	1.96
Obsessive Compulsive Neurosis	1	Boys	42	0.007	0.26	Nuclear	47	0.006	0.25
		Girls	51	0.001	0.14	Joint	46	0.002	0.15
		Total	93	0.004	0.20	Total	93	0.004	0.20

Somatic Disorders	1	Boys	42	0.67	1.12	Nuclear	47	0.64	0.97
		Girls	51	0.55	1.03	Joint	46	0.54	1.17
		Total	93	0.60	1.06	Total	93	0.60	1.06
<i>Mental Health Variables</i>	<i>Kapur's cut-off values</i>	<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Type of Family</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>
Psychoses	3	Boys	42	1.57	1.82	Nuclear	47	1.36	1.61
		Girls	51	1.25	1.66	Joint	46	1.43	1.87
		Total	93	1.40	1.73	Total	93	1.40	1.73
Family History	-	Boys	42	0.95	1.21	Nuclear	47	0.68	0.93
		Girls	51	0.73	1.15	Joint	46	0.98	1.37
		Total	93	0.83	1.18	Total	93	0.83	1.18
Stressors	-	Boys	42	3.74	1.75	Nuclear	47	3.13	1.50
		Girls	51	2.90	1.73	Joint	46	3.43	2.04
		Total	93	3.28	1.78	Total	93	3.28	1.78
Temperamental	-	Boys	42	6.48	2.60	Nuclear	47	5.70	2.80
		Girls	51	5.27	2.34	Joint	46	5.93	2.22
		Total	93	5.82	2.52	Total	93	5.82	2.52
Helpful Factors	-	Boys	42	4.45	1.35	Nuclear	47	4.36	1.70
		Girls	51	4.53	1.47	Joint	46	4.63	1.04
		Total	93	4.49	1.41	Total	93	4.49	1.41

Source: *These are the factors which help in planning therapeutic strategies and, therefore, have no cut-off values.

Objectives

The researches reviewed point out to the increase in the percentage of single parent families and their impact on the adolescents. However, in light of the limited work available in the Indian context on single parent families, the present study was conducted with the objectives of examining the:

1. mental health status, school adjustment and scholastic achievement of adolescents in single parent families with reference to gender (boys/girls) and family structure (joint/nuclear).
2. relationship between the mental health status of adolescents, their school adjustment, and scholastic achievement.

MATERIAL AND METHODS

The present cross-sectional study was conducted in Chandigarh and its satellite towns of Panchkula and Mohali. A sample of 93 adolescents in the age group of 10-18 years (mean age 13.95 years) and their single mothers (64 widows and 29 divorcees) were randomly selected. They were further sub-divided into the type of family structure (joint/nuclear) and gender (boys/girls). The sample consisted of urban, middle class families. The majority of the mothers were graduates and post-graduates (71 per cent) and working (81 per cent).

The sample was selected from schools in the area by contacting the students after obtaining consent from the Principals. Advocates were contacted in the District Court for the addresses of divorcees. A total of 50 schools were selected on the basis of stratified random sampling method.

The following measures were used for the study:

Background Information

A self-structured personal information sheet was prepared to collect background information of the families. Both the English and Hindi versions of this form were made available. It contained questions regarding demographic factors, mother's working hours, hours at home, and work delegation in the family.

Developmental Psychopathology Checklist for Children

The checklist determined the mental health of the adolescents. Both the English and Hindi versions of this checklist were available. The Development Psychopathology Checklist for Children (DPCL) (Kapur, Barnabas, Reddy, Rozario and Uma, 1995) is validated against a well-known Western tool, the Child Behaviour Checklist (CBCL) developed by Achenbach and Edelbrock (1983). It points to syndromes relevant in the Indian context. The list with 124 items includes sub-categories of (a) developmental history, (b) developmental problem disorders, (c) psychopathology (hyperkinesias, conduct disorders,

learning disorders, emotional disorders, obsessive compulsive neurosis, somatic disorders, and psychoses), (d) psychosocial stressors, (e) temperamental profile, and (f) supportive factors.

The subject (parent) is asked to mark 'present' if the item response is positive and mark 'absent' if the item response is negative (except from item 6 to 10 of the checklist). 'Present' scores are added for each of the sub-categories and they are compared with cut off scores available for the first nine sub-categories. Higher scores above the cut off value are indicative of mental health problems among the subjects. The interclass correlation coefficient of the entire checklist is 0.965 (significant at 0.001 level). It also has satisfactory inter-rater reliability and validity.

School Adjustment Inventory

The School Adjustment Inventory (Bhagia, 1968) is a 165 items inventory in Hindi used for studying the school adjustment of secondary and higher secondary school students. The inventory consists of five categories covering all the main aspects of school life: academic matters (A), schoolmates (S), school administration and general environment (G), teachers (T), and self-satisfaction at school (P). 'Yes', 'No' and 'Question Mark' are the options given to the subjects for each item to respond on. Letter grade norms are given and high scores indicate better adjustment at the school (see Table 2 for scoring). The test-retest reliability coefficient as given by the Bhagia (1968) is .96.

Scholastic Achievement

The percentage marks of the last exams taken by the adolescent were gathered using the report cards. For data collection, families were individually approached and their consent was taken. The significance of the study was explained to them. Both the mother and the adolescent were given instructions on the questionnaires, which were administered on them. Second home visit were made to collect the filled questionnaires and to clarify and doubts.

RESULTS

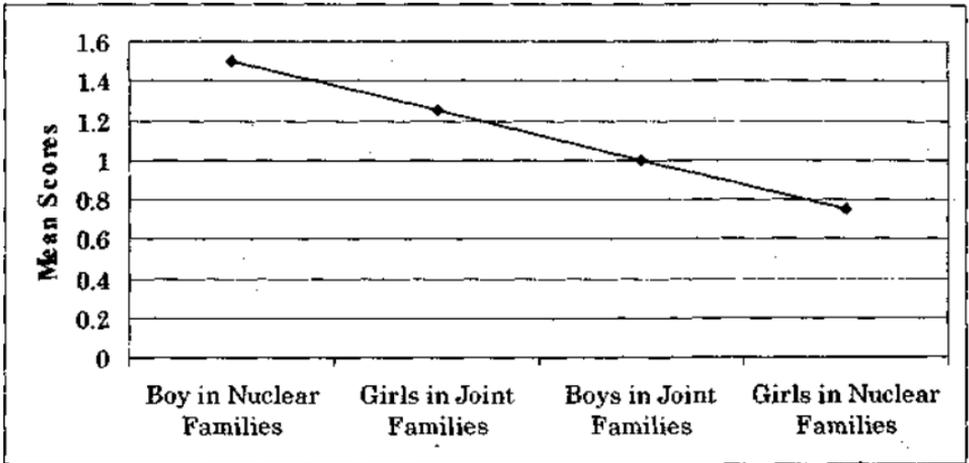
Mental Health of Adolescents in Single Parent Families

General Linear Model Multivariate ANOVA test was used for group differences by gender and family structure. The means and standard deviations of the 13 sub-categories of mental health were computed (see Table 1).

Results reveal that none of the sub-categories of mental health are close or above the cut-off values. Hence, adolescents in single parent families do not suffer from mental health problems. As per ANOVA, the main effect of gender is marginally significant for developmental

problem disorders such as clumsiness, breath holding, stuttering/stammering ($F= 4.14, p<.05$), stressors such as problem with parents, inconsistent discipline, adolescents living with their single parent ($F = 5.22, p<.03$), wherein boys showed more problems than girls. Gender difference is also evident for the dimension of temperament which deals with management, independence, sensitivity for others and self ($F = 5.40, p<.02$). The main effect of family structure is marginally significant for conduct disorders such as stubbornness, disobedience, aggressiveness ($F=4.19, p<.05$). The interaction (gender X family structure) indicates that results are significant for only one sub-category namely, developmental history problem ($F=3.14, p<.08$) (Figure 1). However, the overall results point out that there are no differences in mental health status by gender or by family structure.

FIGURE 1: Group Differences in Developmental History Problem among



Adolescents

School Adjustment and Scholastic Achievement of Adolescents in Single Parent Families

As per the scale (Bhagia, 1968), total school adjustment of adolescents in single parent families' fall in the category of 'good' ($M=122.92, SD=25.22$) (See Table 2). The data was further analysed to examine the adolescent's adjustment to various aspects of school life. Group differences by gender and family structure are given in Table 2. As per ANOVA, the main effect of gender is marginally significant for adolescents' adjustment with their schoolmates ($M[\text{boys}]: 25.31; M[\text{girls}]: 27.20$), and teachers ($M[\text{boys}]: 26.43; M[\text{girls}]: 29.53$) than boys. The result, therefore, indicates that the trend is towards the significance of gender.

TABLE 2: ANOVA for School Adjustment and Scholastic Achievement of Adolescents in Single Parents Families

Variables	Independent Variables	df	Mean Square	F
School Adjustment (Academic Matters)	Gender		74.73	1.98
	Type of Family		185.92	4.94*
	Gender x type of family		11.23	0.29
School Adjustment (School Mates)	Gender		81.033	3.49*
	Type of Family		169.38	7.29**
	Gender x type of family		60.53	2.60
School Adjustment (General School Environment)	Gender		8.49	0.23
	Type of Family		22.39	0.60
	Gender x type of family		19.42	0.52
School Adjustment (Teachers)	Gender		218.54	3.59*
	Type of Family		245.83	4.04*
	Gender x type of family		33.65	0.55
School Adjustment (self-satisfaction)	Gender		17.34	0.67
	Type of Family		81.33	3.16
	Gender x type of family		22.01	0.85
School Adjustment -Total	Gender		1652.51	2.74
	Type of Family		3018.15	5.00*
	Gender x type of family		330.74	0.55
Scholastic Achievement	Gender		1284.30	7.92**
	Type of Family		51.61	0.32
	Gender x type of family		2.39	0.02

Source: *P<.05; **p<.01

Note: Scoring

Grade	Class	Range of Score					
		A	S	G	T	P	
A	Excellent	Above 31	Above 32	Above 26	Above 33	Above 32	Above 150
B	Good	31-25	32-26	26-21	33-26	32-25	150-120
C	Average	24-17	25-18	20-14	25-18	24-18	119-89
D	Poor	16-9	17-11	13-7	17-11	17-11	88-58
E	Very Poor	Below 9	Below 11	Below 7	Below 11	Below 11	Below 58

Analysing family structure for the variables of school adjustment and scholastic achievement, ANOVA results reveal significant F-values for adolescents adjustment to academic matters (M[nuclear]: 25.38; M[joint]: 22.46), their liking for schoolmates (M[nuclear]: 27.62; M[joint] 25.04) and their total school adjustment (M[nuclear]: 128.45; M[joint]: 117.28). Adolescents' liking for their teachers is marginally

significant (M[nuclear]: 29.70; M[joint]: 26.52). The above results reveal that adolescents living in nuclear families show better school adjustment than adolescents living in joint families. None of the interactions are significant.

Adolescents displayed average scholastic achievement (M=67.52, SD=13.09). Results from Table 2 also indicate that girls have higher scholastic achievement than boys with a significant F-value (M[boys]: 63.42; M[girls]: 70.98).

Relationship between Mental Health and Adolescents, their School Adjustment and Scholastic Achievement in Single Parent Families

Pearson's correlation was used to determine the relationship among variables. Gender-wise correlation between the scores of mental health, school adjustment and scholastic achievement reveal that within the 13 sub-categories of mental health, there is a significant positive correlation, except for obsessive-compulsive neurosis.

Analysing the various sub-categories of mental health with the total school adjustment of adolescents, the results reveal that for girls conduct disorders ($r=-.30$, $p<.03$) and stressors ($r=.28$, $p<.04$) are negatively correlated with total school adjustment. This implies that girls who are low on conduct disorders and are less predisposed to stressors, have better total school adjustment. For boys, temperament is negatively correlated with total school adjustment ($r=-.37$, $p<.01$) whereas no significant correlation is evident for girls.

The sub-categories of mental health are also correlated with scholastic achievement of adolescents. Results indicate that for boys, development problem disorder ($r=-.38$, $p<.01$), hyperkinesias ($r = -.004$), and learning disorders such as school refusal, poor school performance, reading, writing and arithmetic difficulties ($r = -.48$, $p<.001$) are negatively correlated with scholastic achievement. For girls, stressors are negatively correlated with scholastic achievement ($r = -.30$, $p<.03$).

While studying the variables of school adjustment, the results reveal that they are positively correlated with each other in both boys and girls whereas no significant correlation is evident for the variables of school adjustment with scholastic achievement.

Thus, the above results reveal that there is a significant negative correlation between mental health problems, school adjustment and scholastic achievement of adolescents in single parent families. The previous results of this study on school adjustment are supported by the results of correlation, which suggest that adolescents from nuclear families who are low on conduct disorders such as stubbornness, disobedience, disruption, aggression, truancy, are better adjusted in schools ($r = -.29$, $p<.04$). The results also reveal that for adolescents from nuclear families, conduct disorders are low as compared to adolescents from joint families. Therefore, adolescents from nuclear families are better adjusted in schools.

Highlights of Results

1. Adolescents in this study did not suffer from mental health problems.
2. There is no significant difference in the mental health status by gender of family structure.
3. Subjects displayed good school adjustment.
4. No significant differences existed in the school adjustment by gender.
5. Adolescents from nuclear families were significantly better adjustment in schools than their counterparts from joint families.
6. Adolescents and average scholastic achievement with girls having significantly higher achievement than boys.
7. A significant negative correlation was displayed between mental health problems, school adjustment, and scholastic achievement of adolescents in single parent families.

DISCUSSION

The findings indicate that the effect of single parent families may not be entirely negative for adolescents in India. The results of our study are in contrast with much of the published literature on single parent families in India. Many studies on this subject tend to overemphasise on the negative aspects and the resulting implications of being a single parent and the possible consequences on the children and undermine the strengths of being in a single parent family. John Cloud (2003) in a special issue of the *Time* magazine provides a very interesting insight into 'how we get labelled' (p.48) and cautions that a label can sometimes become a stigma. Therefore, an effort needs to be made in understanding the child and the single mother in totality and mention the positive as well as negative aspects of growing up.

In the present study, though the children do display a negative correlation between mental health, academic adjustment, and scholastic achievement and display some borderline problems in the dimension of mental health and also showed differences in the area of family structure for academic adjustment, nowhere do the results match up with the popular notion that is usually associated with children from single parent families that they will not be properly disciplined, will be very troubled, will be juvenile offenders, will be someone with a low self-esteem, will be at an enhanced risk of childhood psychopathology, and will display acute mental health related problems (Chopra, 1982; Roy, 1980; Wig, Verma, and Shah, 1969).

An effort, therefore, needs to be made in understanding the varied factors that can have a probable impact on the adolescents in the present study. Firstly, the period of being in a single parent family needs to be understood. Majority of the adolescents in the present study

(63.4 per cent) had lost their father in the time duration of five years and above followed by 19.3 percent of them in the time duration of one to three years. The popular saying that 'time is the biggest healer' might hold some truth while describing the situation of these children. A subject (Code No. 45), while describing if he felt any personality changes after the demise/separation of his father points out that 'I don't remember much since I was very young then'.

Secondly, in India the family plays an important mediator and does provide an emotional buffer to the children going through the initial trauma of their father's loss. A uniqueness of the Indian family is that even though there might be stresses and tensions among the family members, emphasis is put on interdependence, particularly in the joint family. Families rally around for support at times of need, crisis and stress. This finding, however, is contrary to the general belief that the differential opportunities and experiences within the family, especially in the single parent families influence the health status for adolescents by gender. Sinha (1984) reports that in the phase of transition, these features have altered. Now boys and girls are treated equally. There could be other reasons such as mother's education and period of loss of father, which are based on the demographic profile of the present sample. The finding that majority of the mothers are educated (graduates = 43 per cent, postgraduates = 27 per cent) is reflected in the perception of equality among the children.

Luthra (1996) also supports the results by reporting that the family structure in India may nuclearise under the influence of modernisation and urbanisation, but will retain the strategic features of the joint family. Thus, adolescents, whether living in a nuclear or joint family, will not have reduced kinship ties and this, further, will not have an impact on the mental health status of adolescents in single parent families.

IMPLICATIONS

Results of this study have crucial implications for single parent families and counsellors. When planning programs for single parent families. Especially in the Indian context where comprehensive programs for the benefits of single mothers in general and divorced mothers in particular are still in the infancy stage, caution needs to be taken while addressing the target group. Since the family for the single mothers holds so much importance and since many a times there are stress levels due to misunderstandings among the members, programs on family counselling need to be made available following the demise/separation of the spouse that look at involving the family as a group inclusive of the mother, her children, and the immediate family members.

Supportive interventions are further recommended for children displaying problems because Malhotra (2003) very aptly points out that

in developing countries certain mental health related problems may not necessarily denote deep ingrained problems. Many a times, in the Indian situation, young children show dramatic recovery with simple timely interventions. Caution only needs to be taken in interpreting the symptoms in context of the life circumstances of the children. It would also be relevant to study the time gap since the absence of the father and understand the effect of the loss in relation to direct measures of coping of the adolescents.

Malhotra (1998) highlights the need to evolve appropriate models of intervention typically for the developing countries as opposed to replicating programmes from Western countries. The author stresses on the need to develop models of intervention that are rooted in the Socio-cultural and philosophical traditions of a country. Finally, there is a far greater need for the participation of families, community, and non-governmental organisations to work towards a greater facilitation of removal of ignorance and a change of attitude towards single parent families at the grassroots level. Families need to be made aware of and be educated about the various social policies and family legislations that can affect them directly or indirectly, so that they can utilise their benefits and be cautioned against exploitation.

CONCLUSION

The family plays an important role in India where the transition is still in motion. Even if geographical 'jointness' is not possible, an effort can be made to develop an environment in which emotional, financial or other links are maintained. Role of the counsellors in schools and in various women's organisations needs to be encouraged involving both mothers and adolescents in single parent families. It would also be relevant to study the time gap since the absence of the father and understand the effect of the loss in relation to direct measures of coping of the adolescents

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