CHAPTER IV
METHODOLOGY

This chapter presents the methodology of the doctoral study. The theoretical orientation of the study that lends support to the underlying objective of the study is presented first followed by the methodological paradigm, the research design and the process of data collection. It concludes with the ethical considerations and the strengths and limitations of the study.

I INTRODUCTION

Theories are grounded in a broader worldview or a set of philosophical assumptions that guide scientific thought, which in turn provided perspectives on human development. In the process of conceptualising the child’s development, the ‘grand theories’, of Freud, Piaget, Erikson & Kohlberg were considered the frontrunners. Based on a few core concepts, they were critically reviewed as they tended towards large scale theorising. The 20th century has witnessed the evolution of three worldviews, namely the Organismic Model, the Mechanistic Model and the Contextual Model, which saw a paradigm shift in theorising in child development, from the strong individualistic traditions in psychology to a contextual conceptualisation of human development (Woodhead et al. 1991; Kagitciibasi 1996). This is discussed in the next sub-section.

The movement from the Organismic model to the Contextual model

According to Charlesworth (2000), child development theories developed in Europe & North America were conventionally the foundation of education and child rearing practices. The psychoanalytic theory guided by the organismic model dominated the understanding of human development followed by the behaviour learning theories, influenced by the mechanistic model. Notwithstanding these distinctive phases in terms of the dominant perspectives on child development, there was a definite move towards re-evaluating and re-examining these foundational assumptions (Woodhead et al. 1999). The twentieth century also witnessed the emergence of various sociological frameworks to study the role of the family in the individual’s growth and development (Haralambos and Heald 1980). They are the Symbolic interaction framework (Cooley 1902; Mead 1934);

7Socrates from Diogenes Laertius, Lives of Eminent Philosophers.
the Structural-functional framework (Parsons and Bales 1955); the Social exchange framework (Blau 1964; Homans 1961); the Conflict framework (Sprey 1979) and the Developmental framework (Nock 1979) (as cited in Anaokar 2003). Contemporary thought has moved towards the contextual-ecological stand on key developmental issues. Researchers (Bronfenbrenner & Morris 1998; Siegelman and Shaffer 1995) now work on the understanding that human development is the product of the active interplay of both the individual and their ecologies and have the potential to develop in positive or negative directions. Tracing the movement of child development through the three worldviews (presented in Table 4.01), Siegelman & Shaffer (1995) made assumptions for the childrearing function of the family based on the models’ position on developmental issues and individual-environment interaction.

Table 4.01: Implications for Childrearing vis-à-vis the three World Views

<table>
<thead>
<tr>
<th>Type of model</th>
<th>Guiding metaphor for humans</th>
<th>Nature of humans</th>
<th>Role of the Individual/Environment in development</th>
<th>Position on developmental issues</th>
<th>Assumptions for child rearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organismic</td>
<td>Plant</td>
<td>Coherent, organized whole</td>
<td>Active/passive</td>
<td>Biological maturation, genetically controlled/ Predictable</td>
<td>Children simply “bloomed” (genetic), childrearing style <strong>not significant</strong>. Parents are supportive, but not ‘pushy’. No attempt to <strong>structure</strong> their child’s life experiences. <strong>Development stage</strong> important.</td>
</tr>
<tr>
<td>Mechanistic</td>
<td>Machine</td>
<td>Collection of ‘parts’ (specific behaviors)</td>
<td>Passive/Reactive</td>
<td>Human being passively shaped by external stimuli.</td>
<td>Requires <strong>guidance</strong> hence <strong>organisation</strong> of child’s schedule. <strong>Systematically exposed</strong> to proper stimulation. <strong>Behavior modification</strong> techniques to shape desirable behaviors and eliminate undesirable behaviour.</td>
</tr>
<tr>
<td>Contextual</td>
<td>Historical event</td>
<td>Part of changing person/environment relationship</td>
<td>Active/active</td>
<td>Involved in adapting to changing ecology Ever-changing interplay of forces between person and environment</td>
<td>Parent-child-inseparable unit, ‘<strong>partners</strong>’ in the developmental process. Change due to <strong>dialectic/dialogue</strong> between child-parent and child-environment.</td>
</tr>
</tbody>
</table>

**Source:** Adapted from Siegelman & Shaffer (1995).
The table clearly indicates the movement from a *static, linear* model of interaction to a more *dynamic transactional* model in which multiple forces interplay in the child’s development. Notably, the movement from the biologically determined processes of the *organismic* model to the structured interaction between child and parent of the *mechanistic* model, to the notion of the *contextual* model of parent and child being ‘*partners*’ in the developmental process was significant to the study; as it endorsed the significance of the parent-child relationship, consistently underscored in the study.

The next section presents the theoretical orientation of the doctoral study

**II THEORETICAL ORIENTATION OF THE STUDY**

Recognising that childrearing contexts are viewed as a product of the social, economic, political, cultural and historical conditions, the current study drew support from the ecological theory, drawn from the fields of sociology and developmental psychology and based on principles of *risk* and *resilience*. The human ecological perspective (Bronfenbrenner 1979, 1986, 1997), based on the contextual-ecological worldview was based on an understanding that relationships between individuals and their environments were "*mutually shaping*" (Box 4.01). Developmental psychology focused on child-adult relationships and sociology on marital relationships and the family as a whole in a social context. Recognising the significance of the interaction between child and the family in the promotion of mental health, both perspectives were integrated to provide a framework for studying the child in the family context.

**Box 4.01: Basic tenets of the ecological model**

- Human development is viewed from a person-in-environment perspective.
- The different environments individuals and families experience shape the course of development.
- Every environment contains risk and protective factors that help and hinder development.
- Influence flows between individuals and their different environments in a two-way exchange. These interactions form complex circular feedback loops.

Emerging research has endorsed a strength-based model over the deficit-based one to understand and prevent childhood and adolescent problems (Anaokar 2007). Initiatives with families through the ecological perspective is based on recognition of the strengths and capabilities of families and collaboration between parents and other stakeholders in
child mental health, using a family-centered approach that flowed from a non-deficit, strength-based orientation. The ecological framework also maintained that childrearing contexts have both risk and protective factors embedded within them (Figure 4.01) and mental health outcomes were a product of the interplay of these factors (Whittaker & Tracy 1989). Broadly defined, the term risk factor related to any event, condition or experience that increased the probability that a problem would be formed, maintained or exacerbated (Patterson 2002). Promotive factor referred to attributes or characteristics that had positive effects on people’s lives, irrespective of the level of risk exposure (Sameroff 1983). Identification of these factors can contribute to minimising risk and enhancing strengths with the ultimate aim of promoting child mental health.

Figure 4.01: The ecological perspective with reference to childrearing contexts

Holling (1973) introduced the concept of resilience in ecological systems, called “ecological resilience”, outlining the relationship between resilience and stability, with
expansions into the fields of psychology and mental health in the last decade (Walsh 2003).

According to Masten et al. (1990), resilience contributes to bringing about:

1. good outcomes regardless of high-risk status,
2. constant competence under stress, and
3. recovery from trauma

In this context the resiliency theory, based on characteristics that protect children from engaging in problem behaviours by defining the protective and risk factors in the child’s environment becomes a useful framework to designing interventions in child mental health.

Within the various childrearing contexts, the ecological framework lays particular emphasis on the family’s role as a mediator between the child and the environment (Dennis 2006). Ecological models (Dishion et al. 1995; Bronfenbrenner, 1998; Belsky 1984 as cited in Gadeyne et al. 2004) including all kinds of family variables, assert that the mediation between child development and diverse distal family factors (such as socio-economic status, parental personality and marital relationships) occurred through the childrearing function. The ecological approach while acknowledging changes in childrearing contexts also viewed stress, coping and adaptation as intrinsic to normal developmental processes (Schorr 1989). Emphasis was on the active process of adaptation to changes through a ‘partnership’ of the child and the parent and child and the broader environment that largely determined the childrearing style adopted by the family.

The purpose of the theoretical perspectives (discussed in the next section) chosen for the study was to provide deeper understanding into the changing dynamics of urban family and the implications on its childrearing function.

**Theoretical Perspectives Guiding the Study**

There is consensus that, it is in the family context that the developing child was exposed to opportunities that allowed for the acquisition of essential skills and behaviours requisite for successful socialisation (Baumrind 1991). At the same time, risk researchers also looked at the family for potential source of stress to development (Gerard and Buehler 1999). Guided by the ecological framework, the doctoral study attempted to focus on the
risk and protective factors in the childrearing environment that influenced family functioning (Figure 4.02). In conceptualising the family environment as an arena for the transmission of risk as well as a strong protective context (Figure 4.03), the study drew from two theoretical perspectives, functionalist theory (structural-functionalist perspective) and resilience theory (family resilience perspective). The former was used to explain the reasons for the urban family unit to be perceived as risky childrearing context that influenced the childrearing function and subsequently child well-being. The latter saw the family, despite the threats and challenges, as a protective context due to its resilience promoting processes.

Figure 4.02: Conceptual Framework Guiding the Study
Critical to the study, the resilience theory provides an effective framework for explaining principles of *risk* and *resilience* and *strengths* that helped identify protective factors that are associated with adaptive functioning for children and families at high risk for adverse outcomes (Biglan et al. 2004). The strengths-based approach that the study drew from was characterised by a possibility-focused paradigm that viewed human beings as "*purposeful organisms*" starkly contrasted with the medical model, which pathologises or viewed the person as being ill, deficient or inherently weak. According to Benard (2004), a consistent and remarkable finding in research (both quantitative and qualitative) was that most children (a high average of 70% to 75%) were able to have positive lives and develop successfully, including the most challenged ones from troubled families and disadvantaged communities. The resilience perspective apart from contributing to child mental health interventions conceptually and methodologically has also played a significant role in understanding the onset and persistence of childhood and adolescent problems.

Figure 4.03: The Theoretical Orientation of the Study
Functionalist Theory

Functionalism, a dominant perspective in 1940’s [founders- Comte (1798-1857) and Spencer (1820-1903)], developed by Durkheim ([1893, 1897, 1912] as cited in Lamanna 2002) and refined by Parsons (1956), attempted to explain social institution as collective means to fill individual biological needs. Societies are seen as coherent, interdependent and fundamentally relational constructs, who function like organisms, with their various parts (social institutions) working together to maintain and reproduce them (Chilcot 1998). The social structure (the family, the economy, the educational and political system) represented an ‘Organic solidarity’ (Durkheim [1893, 1897, 1912] as cited in Lamanna 2002), maintained by the enactment of individual roles and determined by the rules of the society that worked towards overall social equilibrium (Ritzer 2000). Individuals were significant not for themselves but in terms of their status, their position in patterns of social relations, and their roles in accordance with the behaviour(s) associated with their
status. The key constructs of the functionalist framework (Malinowski 1944; Merton 1949 as cited in Chilcot 1998) that held significance to the study were:

- **Common values produce common goals**
- **Roles are provided by the social system and the individual enacts his/her role according to the script provided by the larger social system.**

The current study drew support specifically from the structural functionalism perspective (developed by sociologist Talcott Parsons to understand how the family unit affected by the larger structural factors becomes an arena for transmission of risk (Figure 4.04).

**Structural Functionalism Perspective**

Talcott Parsons viewed society as naturally being in a state of *equilibrium* or *balance* (Parsons et al. 1956). A change in one segment of the culture of a society resulted in corresponding changes in its other segments (Malinowski 1944:75-84; Merton 1949, as cited in Chilcot 1998). Adjustment to change was essential or else social equilibrium was threatened, straining the social order. To ensure survival of the larger system, some degree of compatibility, order and stability was essential, and this integration was based on *value consensus* (Haralambos and Heald 1980). Therefore, it was reasonable to state that predominant values of society were integrated into various parts of the social structure through adjustment to change. Within the structural functionalism perspective, adjustment was through four distinct and inevitable processes (Table 4.02).

Table 4.02: Processes of adjustment to change

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Differentiation</td>
<td>referred to the increase in complexity of social organisations</td>
</tr>
<tr>
<td>Adaptive Upgrading</td>
<td>whereby social institutions become more specialised in their processes</td>
</tr>
<tr>
<td>Inclusion</td>
<td>this occurred where groups previously excluded from society because of such factors as race, gender, social class etc. were now accepted</td>
</tr>
<tr>
<td>Value Generalization</td>
<td>was the development of new values that tolerated and legitimised a greater range of activities</td>
</tr>
</tbody>
</table>

Further, the stress on ‘social order’ and *collective conscience* (common beliefs and sentiments) required members to form families that enacted the roles prescribed by the needs of the larger social system. Structural-functionalists believed that the basic building block of society was the nuclear family assigned with two basic functions.

1. **Primary socialisation of children**
2. *Stabilisation of adult personalities in society.*

Central to this study and despite contrary views, many sociologists viewed the family as a universal, social institution (Haralambos and Heald 1980). Parsons [as cited in Haralambos and Heald (1980)] claimed that families were ‘factories’, which produced human personalities (pg. 333). Based on this understanding of the family, within the Structural functionalism perspective, the childrearing function of the family was seen to be directed by the existing norms, values and structure of the larger society. The contextual framework that the child belonged to would then exert considerable influence on the formation of the child’s personality. An example of particular relevance to the study would be that of the value of *materialism* integrated into contemporary urban contexts, resulting in the consideration of productivity as an important societal goal. Accordingly, advanced industrial societies required a highly motivated, achievement oriented workforce forcing all social structures (the educational system for skill training, the political structures to improve standards of living) to enhance productivity. Based on this understanding the family became an important unit of consumption.

Figure 4.04: Conceptual framework: Family as risky context
Several sociologists (Vogel and Bell; Laing, Leach, David Cooper as cited in Haralambos and Heald, 1980) have critiqued the functionalists’ view of the American middle-class family as an idealistic, inevitable and universal institution absolutely necessary for society. Some of the reasons cited were that the family could be a unit of exploitation for the child (Woodhead et al. 1991), where the family itself may be instrumental in creating dysfunction in the child, as what is functional to the parent, family and society as a whole may be dysfunctional to the child. The major criticisms of the functionalist tradition is that it presented a static or entropic model of society with no scope for change;
overemphasised integration, displayed lack of agency and reflected a deterministic philosophy of cause determining outcome, leaving very little possibility for dealing with dysfunction (Chilcot 1998). Furthermore, the emphasis was on the limits of human activity rather than the potentialities.

The researcher’s use of the theory of functionalism despite its rigid, autonomous and conservative nature was to understand the changes that occurred in family’s childrearing styles in response to urbanisation and its ripple-like effect on the childrearing function and child mental health. Furthermore, it provided explanations of social behaviour through its emphasis on the influence of contextual and environmental forces on individual functioning. In addition, despite the criticism of the structural functionalists’ view of the family unit as an ideal, universal system, the study viewed the family as an important context for mental health intervention mainly for two reasons. Firstly, the absence of viable alternatives to the family unit in the current social order, and secondly, the strong evidence (Anaokar 2003; Carter and Kahn 1996; Patterson 2002), particularly in resilience research, of resilience-promoting processes in families and their interactions that work as protective factors in the promotion of mental health.

As stated earlier since the mid-sixties, the focus of research has moved towards the interactional model of human development that considered both the child’s make-up and the quality of the caretaking environment that determined child mental health outcomes. While the larger structure was significant, outcomes of human interaction were based not only on cause and effect relationship, but involved the individual both actively creating the social environment and being shaped by it. Hence a shift to the constructivist paradigm was considered to look for complexity of views rather that reducing the phenomena into a few categories. Traditional treatment modalities tended to base the intervention on the individual where all efforts were on reducing the problem or deviant behaviour to fit it into social norms. In contrast to the functionalist view, within the resilience approach, intervention focused on social norms by extending the boundaries to understand the child’s behaviour within the social context thus choosing the individual over the system. In the event of constraints in changing the social norm, efforts were directed to changing the child’s or the caregivers’ vulnerability to difficult contexts by fostering resilience. The next section discusses the resilience theory.
Resiliency theory

Resilience—the ability to withstand and rebound from adversity—has become an important concept in mental health theory and research over the past two decades (Walsh 2002). Research focused on resilience viewed it as an innate or self-acquired trait not affected by stress, and attributed it to inner fortitude or strength. Moving beyond psychopathology, resilience was viewed in terms of the interplay of risk and protective processes over time, involving individual, family and larger socio-cultural influences. There is enough evidence (Masten et al. 1990; Rutter 1990; Werner 1990) in resilience research that showed that certain structures may carry high risks, an example of which are urban childrearing contexts. According to Patterson (2002), family distress that resulted from unsuccessful attempts to cope with internal and external stressor events can overwhelm the family threatening its stability. Notably, in terms of the resultant effects on children, without a secure and stable family structure, a strong concept of family relationships and ties critical to child well-being may be difficult to inculcate. The family resilience perspective discussed in the next section maintains that despite high risks in contemporary childrearing contexts, resilience-promoting processes can be developed within families to strengthen the childrearing function leading to stable families, the ultimate aim being promotion of child mental health.

Family resilience perspective

The family resilience approach to clinical practice grounded in the family systems theory, combining ecological and developmental perspectives, viewed the functioning of the family in relation to its broader socio-cultural context and that, which evolved over the multigenerational life cycle (Walsh 1996). While the term ‘resilience’ was commonly used by mental health professionals to investigate how children and adolescents overcame significant adversity in their lives, the family resilience perspective (Figure 4.05) advocated by Luthar et al. (2000) focused on fostering family resilience that went beyond avoidance or reduction of pathology and dysfunction to enhance functioning and well-being. Family resilience is defined as "characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations" (McCubbin and McCubbin 1988, as cited in Patterson 2002, page 247). Traditionally, most attention was diverted to building extra-familial resources believing the family to be hopelessly dysfunctional. This perspective changes this deficit-based approach of viewing families in difficulty as damaged and
beyond repair (Walsh 2002). While challenges influence the whole family, key family processes mediated the recovery and resilience of vulnerable members as well as the family unit, reducing risk and vulnerability. As the family becomes more resourceful, its ability to meet future challenges was enhanced. Consequently, each intervention automatically becomes a preventive measure.

The family resilience perspective is of great significance to the study mainly due to the contemporary attraction of stakeholders to look for extra-familial resources to deal with life challenges rather than inherent systems within the family and community. Its key factors- *collaboration, empowerment of client potential* and *utilisation of family resources* rather than therapist techniques (Walsh 2002) were extremely significant in the context of modern living characterised by a high degree of dependence on external agencies and professionals in routine childrearing tasks. It recognises the ecological standpoint of involving the family and child contexts, community agencies, workplace, school, health care and other larger systems. It also makes a shift from the longstanding overemphasis on pathology and assumptions of family causality in the field of mental health to assessment and intervention efforts being redirected to problem resolution, identification and augmentation of existing and potential competencies (Gerard and Buehler 1999). This perspective claims that effective childrearing styles experienced during childhood and adolescence not only promote resilience to adversity but also are likely to promote long-term successful relationships and emotional well-being in adulthood (Conger & Conger 2002). This again becomes important in the modern context where individuals despite functional competence have difficulty in dealing with relationships and subsequent life adaptation.

The family resilience approach assumed that no single model fitted all families or their situations challenging static and acontextual family typologies. Apart from offering a promising knowledge base for potential applications, the research-informed family resilience framework could help guide clinical intervention and prevention efforts with vulnerable families and consequently vulnerable children (Luthar et al. 2000). Finally as a broad meta-framework, it can be applied to problem situations that call for sensitivity and respect for family and cultural diversity.
Figure 4.06 present the conceptual framework of the doctoral study from the standpoint of the family and its childrearing function.
Notwithstanding a stressful and competitive atmosphere, studies (Baumrind 1991) indicated that supportive family environments can mediate to bring about positive mental health outcomes. Several countries have endorsed the need for strong prophylactic work aimed at preserving or strengthening the family as a way of protecting its members against environmental stresses. The ecological model which was the theoretical foundation for a family-centered approach is a "philosophy" that believed that families have unique concerns, strengths and values. Antonovsky’s (1987 as cited in Forman and Davies, 2005) ‘sense of coherence’ theory referred to the perceived confidence that the overall family context was predictable, stable, and coherent through an evaluation of the balance of challenges, threats, and available resources. Thus, despite the challenges thrown in by urbanisation, the family context had inherent abilities to deal with dysfunction and ill-health, develop a strong sense of coherence in its members ultimately fostering their emotional development. This basic premise helped delineate the research questions and the objectives of the study.
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?

Objectives of the study
The broad objective of the study was to examine the influence of the childrearing function on child mental health outcomes in the context of the urban family.

Specific Objectives:
1. To identify the changes that occurred in childrearing styles across the 3 critical inter-related life-domains of lifestyle, education and sexuality.
   Apart from their criticality in human development in terms of their crucial role in building emotional competence in the child, the selection of these specific domains was due to the following reasons:
   1) The core activities of the three domains that formed the child’s daily schedule also constituted the transactional processes between family members and through which families were able to functionally execute their childrearing role.
   2) These were significant in shaping the personality of the child in terms of building skills of functional, cognitive and emotional competence and were instrumental in laying the foundation for adulthood.

2. To identify the risk and protective factors in childrearing contexts that influenced child mental health outcomes.

3. To explore experiences of the family/family members on
i. The childrearing role and its value in child well-being.

ii. Concerns related to child mental health and the strategies/coping skills used to address these concerns.

4. To develop a conceptual framework for an emerging intervention model that transforms the nuclear urban family unit from vulnerability to stability.

IV OPERATIONALISATION OF KEY CONCEPTS

Childrearing: Ogbu’s definition of childrearing was used to explain the use of the term childrearing instead of parenting in the study. A process by which parents and other stakeholders/caregivers in the child’s well-being transmit and by which the child acquires the prior existing competencies to assume valued future adult tasks” (Ogbu 1981, page 418). The definition was parallel to the Indian worldview where the childrearing process was not merely a function of the parent but every significant other involved in the child’s life.

The childrearing function: Universally, the principal goal of childrearing function was to enable children to become competent, caring adults who are able to function well within society. The meaning of the childrearing function is underscored in its three specific goals i.e. providing emotional fulfilment, opportunities for socialization and shaping attitudes and thinking that contributed to the overall personality development of the child.

Childrearing contexts: included not just the childrearing structure, but also the circumstances and environment in which this structure operated. As human behaviour was directly or indirectly influenced by factors and processes (socio-demographics, family processes and child functioning) in different domains (e.g. family or neighbourhood) and at different levels (e.g. microsystem and mesosystems) of the social world, all these constituted the childrearing context.

Childrearing style: Specifically, it indicated parent functioning that related to specific developmental outcomes and identified childrearing practices associated with competence in children. Although, in developmental psychology the term used was ‘parenting style’ the researcher consciously used the term ‘childrearing style’ to underscore the multiple nature of childrearing in societies with a collectivistic orientation like India, Japan, China, etc.
Mental health: The study uses the conceptualisation of mental health as outlined in the religions and philosophies of the world, which is also parallel to the traditional Indian understanding of mental health, which is its equation to spiritual harmony (Mane and Gandevia 1993). “Swasthya”, the Indian word for health which means ‘being oneself’, (rooted in oneself), is itself a positive concept (Pethe and Chokhani, NK).

Promotion: The term denoted intervention before the problem has occurred, which indicated a paradigm shift from pathology to wellness. Stress was on flexibility to respond and adapt to the changing demands of the environment.

Caregiver/Stakeholder: An individual or group that has a stake in child well-being. This included policy makers, parents, significant others, schools, communities mental health professionals and the child.

Family: Parents, their children and extended family, if any, bound by legal marriage.

Parent: The biological mother and father of the child.

Child: An individual who falls in the 0-18 age range was included in this category.

Stressor: Socio-economic, cultural and macro level factors in urban childrearing contexts that resulted in activating inherent mental health risks generating high levels of stress. Examples in urban contexts could be transient lifestyles, increased exposure to mass media, dual-career families, early sexuality, etc.

Collective childrearing practices: Traditionally a collectivistic culture that placed the welfare of the collective extended system above the interests of the individual, Indian families were largely primary-care providers. So, strong family bonds were considered significant in the development of the individual. The notion of multiple childrearing was clearly indicated in their profound influences on functions, particularly with reference to

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marital and other inter-personal relationships and childrearing. This was considered strongly in the study, specifically in terms of contextually-based intervention frameworks.

**Risky and Protective Context:** Several factors in the child's distal and more proximal care-giving environment were associated with pathways leading to chronic externalising trajectories making them risky and protective environments at the same time.

**Risk factor:** related to any event, condition or experience that increased the probability that a problem would be formed, maintained or exacerbated (Patterson 2002).

**Promotive factor:** referred to attributes or characteristics that had positive effects on people’s lives, irrespective of the level of risk exposure (Walsh 2002).

The methodological approach discussed in the next section has been chosen keeping in mind the objectives of the proposed study.

**V RESEARCH DESIGN**

The study was an exploratory attempt to understand the significance of the childrearing function of families in child well-being, as also to explore the risk and protective factors within the child’s environment that could impede or promote mental health. Considering the study objectives and the scope, the *Mixed Methods* type that combined both the Quantitative and Qualitative methods was considered suitable. It enabled the researcher to both explore the relationship between the variables in depth and explain the phenomena under study, which was the childrearing function and its role in child mental health. It captured the best of both approaches by converging broad numeric trends (Survey method) derived from quantitative research and the detail of qualitative research (Case study Method). The quantitative survey approach was employed primarily to gather rich and substantial data on the function of childrearing especially in terms of role, attitudes and values in the context of urbanisation. In order to capture an in-depth understanding on experiences of families’ child rearing roles and issues concerning child mental health, the qualitative approach was found to be most appropriate. The quantitative method aided in examining the *causal effects* (changes in childrearing style due to urbanisation) and the qualitative methods helped answer questions related to the *causal mechanisms* or processes (the factors that are instrumental in shaping childrearing practices).
The methodology emphasised 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. Being familiar with the research context, the researcher sought to interpret the data through the personal perspective (i.e. being a parent and a mental health professional herself) leading to a further refinement of ideas and generations of more questions. The researcher drew on diverse strategies of enquiry that were interactive and sensitive to the participants, took place in the natural setting, and were emergent rather than tightly preconceived and structured.

The mixed methods design type is philosophically oriented to the Pragmatism paradigm. Pragmatism, a philosophical movement, began in the United States in the late nineteenth century with Charles Sanders Peirce (Baert 2004). Its endorsement of practical theory by focusing on action rather than philosophising added to its value. Teddlie & Tashakkori (2003) defined pragmatism as a deconstructive paradigm that debunked concepts such as ‘truth’ and ‘reality’ and focused on what worked as the truth.

Its basic propositions were:

- An ideology or a proposition is true if it worked satisfactorily.
- The meaning of a proposition was to be found in the practical consequences of accepting it.
- Unpractical ideas were to be rejected.

The pragmatist proceeded from the basic premise that the human capability of theorising is integral to intelligent practice; theory and practice were not seen as separate but as tools or maps for understanding and finding our way in the world. Therefore, the debate was not of theory or practice, but rather of intelligent versus uninformed, stupid practice (John Dewey, as cited in Eldridge 1998). Pragmatism as its philosophical basis is in contrast to the value-free (quantitative) and value-bound (qualitative) approaches, thereby rejecting the either-or choices from the constructivism-positivism debate (Howe 1988 as cited in Teddlie & Tashakkori 2009). Pragmatism however tried to explain psychologically and biologically, how the relation between knower and known ‘works’ in the world. Most importantly, for the researcher, this paradigm acknowledged that the values of the researcher were significant in the interpretation of results. Pragmatists’ research was guided by their value systems, where variables and units of analysis that were considered most appropriate for finding an answer to the research question was included. Notably, the
manner of research conducted indicated an anticipation of the results that are congruent with their value systems.

Also, in its consideration of perspectives from both sides of the paradigm debate it provides an interaction of the research question with the real-world circumstances (pg 73, Teddlie & Tashakkori 2009), crucial to the researcher’s objectives and ideology. Most importantly, its pluralistic approach takes into consideration the cultural diversity which while recognising the global and mainstream culture also acknowledges the influences of the society in which the individual lives. The advantage here lies in the shift from simple explanations of personal deficiencies to a systemic view of the individual acknowledging myriad psychological, sociological, and economic influences. The choice of pragmatism as a philosophical basis for the study emerged from some of its major characteristics (Figure 4.07) that were in harmony with the researcher’s interests and objectives.

Figure 4.07: Rationale for the choice of the pragmatism paradigm
The study preferred the mixed methods approach over single approaches as it could answer research questions better as compared to other methodologies and provided stronger inferences. Further, as it allowed for the presentation of divergent views: the quantitative and qualitative components could lead to a completely different or contradictory set of findings. Research findings can converge, which can be seen as an indicator of their validity, as also the diversity provided new comprehension of the phenomenon (Erzberger and Prein 1997).

In the final analysis, the choice of Pragmatism is justified because of its practical and applied research philosophy that allowed the researcher to study,

‘what interests and is of value to you, study it in the different ways that you deem appropriate, and use the results in ways that can bring about positive consequences within your value system’

(Tashakkori & Teddlie 1998, page 30).

Research setting
Data was collected from families residing in non-slum structures from M-Ward (West), Mumbai city as per the Health posts categorisation. The choice of the setting was based on its representativeness of Mumbai city. Mumbai was chosen as an ideal Indian urban context as it was considered,

- ‘Urbs Prima’ of India
- ‘Gateway of India’
- Major port
- The commercial and industrial hub of India

The Brihanmumbai Mahanagar Palika (BMC)\(^9\), a self governing institution, was founded for administration of Mumbai City (The Bombay Mumbai Municipal Act 1888)\(^10\). It comprised of 24 wards and 6 zones. The demarcation of wards was based on density of population. The state government reserved plots for development based on the amenities. After 20 years it was given to the corporation. The corporation then developed it for public housing, zoos, garden, etc. and also allotted land to builders for construction. The next

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\(^9\) Head office: Mahapalika Marg, Boribunder, Fort-1.
sub-section outlines the process of obtaining the sample for the study and also presents an overview of how the individual wards evolved.

**Process**
The researcher met the Ward Officer and was directed to the Health department; however he was very uncooperative and said they did not have any record of all households. She was then directed to the Properties & Assessment Department, where after getting a list from their files, found out this list was incomplete as they recorded only disputed properties. Finally contacted the Head Office (VT) as the local officials were not able to help. The evolution of the BMC was provided by the Legal department and the Record keeper at the HO. A lot of interesting information about wards came about and how the population profile developed was given by the officials. In terms of getting a list of pucca (non-slum) households list the officer suggested going back to the Health Department’s IPP5 (Indian Population Health Profile) project, a new initiative by the BMC. Every ward is expected to maintain and follow-up every households (slum and non-slum) health status. The list was procured from the Health Posts. It was decided to take 5% of the population of each of the health posts to provide for proportionate and diverse sample. The entire process took about a month as engaging with government officials was time-consuming and also making the lists health-post wise proved to be quite demanding.

**Historical overview**
In 1803, a huge fire gutted Mumbai city which necessitated the reconstitution of the city in an orderly fashion. In 1807, the Court of Petty services established and in 1845, the Board of Conservancy set up. In 1872, through the Municipal Act of 1872, the Municipal Corporation of Bombay with 64 members was set up. The BMC Act\(^{11}\) (1988) helped take a centralised approach to administration and the Municipal Corporation, The Standing Committee and the Municipal Commissioner were put in charge. Wards were set up for efficient administration of Bombay City (Table 4.03.).

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Table 4.03: Formation of Wards in Mumbai City\textsuperscript{12}

<table>
<thead>
<tr>
<th>BMC Year</th>
<th>Act / Wards</th>
<th>City Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1888</td>
<td>A-G</td>
<td>City Limits (Colaba to Mahim).</td>
</tr>
<tr>
<td>1950</td>
<td>A-T Wards</td>
<td>Juhu-Vile Parle Development Scheme (Suburbs added- Bandra, Parla, Andheri, Kirol, Juhu, Ghatkoper)</td>
</tr>
<tr>
<td>1956</td>
<td></td>
<td>Jogeshwari to Dahisar (Malad, Kandivili, Mulund, Dahisar)</td>
</tr>
</tbody>
</table>

**A-G wards (Colaba to Mahim) - City Limits**

Post urbanisation and rural-urban migration, due to increase in population, the movement to the suburbs occurred due to insufficient space within the city. As it happened globally (Bartlett 1998), the process of suburbanisation occurred in Mumbai too. The other reason was the increasing nuclearisation of the family unit that led to looking for alternate spaces for the younger generations.

**A-T wards Juhu-Vile Parle Development Scheme**

- 1950- Suburbs came under the City limits (Extension of Limits Bombay Act VII of 1950 (Section 34) – Bandra, Parla, Andheri, Kirol, Juhu, Ghatkoper (pg 948 M)
- Extended suburbs – Jogeshwari to Dahisar (amendment to Extension of Limits Bombay Act VII of 1950 (Section 28) Further Extension & Scheduled BBA (Amendment Act) 1956. Malad, Kandivili, Mulund, Dahisar
- 1964- The purpose of the BMC was to provide for economic planning and social justice along with provision of basic and civic amenities. The Central administration system was re-organised to speed up disposal and improve efficiency.

**Choice of Setting**

The choice of M- Ward (Chembur) as against the other wards as a representative sample for Mumbai was based on the following facts after interviews with BMC head office officials. M-ward represents an eclectic mix of different communities and different socio-economic strata. In the process of suburbanisation, younger member of families in the city limits moved towards the newly formed suburbs of Sion and Chembur. It is synonymous

\textsuperscript{12} Municipal Corporation of the City of Bombay Yearbook. 2008-2009
with the ‘process of suburbanisation’ in Mumbai City and therefore India, in which a need for re-organisation of urban spaces was felt due to increasing populations because of the demographic transition and the emergence of the nuclear family unit. Notably, the newer populations that migrated to the city were first generation earners with continued links with the extended family at their native place. The children of this generation thus were of immense significance to the study as they represented the emerging urban population of India.

**Sampling**

*The process of arriving at the sample for the study*

M Ward divided into East (6 sections) and West (12 sections) came about in the 1st phase of the extension of City limits in 1950. Initially, there was only M (W) but as populations grew for efficient service delivery, the Ward was divided into East and West (Figure 4.08).

Figure 4.08: Distribution of households as per slum and non-slum

As Figure 4.08 indicates that despite a substantial number of households in both wards, M ward (E) had more of industrial units, hence it was decided to focus on M ward (W). Also the non-slum households (in terms of SES and religion) were well-distributed in M ward (W) in comparison with M (east) where the concentration of the lower-income groups was higher. Further, the M ward (west) came about later and as a majority of the families did not own properties in Mumbai (like the property-owning families in South Mumbai) they represented the emerging urban culture of India.
Rationale for the choice of non-slum populations

The direct and indirect effects of poverty (Figure 4.09); a manifestation of deep-rooted structural factors on the development and maintenance of emotional, behavioural and psychiatric problems (Murali and Oyebode 2004) has been documented by an expanding body of research. The focus on non-slum populations was based on the assumption that the mental health problems in the slum population may emerge from issues of poverty and deprivation.

Figure 4.09: The vicious cycle of the consequences of poverty

A noteworthy point evident in this figure is that apart from the other negative consequences of an impoverished environment, the ultimate result of a sense of isolation, insecurity and disempowerment that the individual and the family experienced was a significant risk factor. According to Sen (2000), impoverished families have difficulties not just in meeting their functional needs but also to realise and exploit the full range of their capabilities, thereby obstructing the nurturance of the emotional development of its
members. Therefore it is reasonable to conclude that basic functional issues of lack of ownership, social isolation, physical conditions, lack of access to housing and other civic amenities, decision making, etc. would take precedence over the childrearing function and its responsibilities.

Table 4.04 shows the population profile of M Ward (W) according to the slum and non-slum households.

Table 4.04: M Ward (West)

<table>
<thead>
<tr>
<th>Slum</th>
<th>Non-Slum</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>4,62,142</td>
<td>89,219</td>
</tr>
<tr>
<td>Households</td>
<td>98,667</td>
<td>20,076</td>
</tr>
</tbody>
</table>

M Ward (west) was divided into 7 health posts- Tilak Nagar, Chembur Naka, Chembur Colony, Lal Dongari, Subhash Nagar, Pestom Sagar and Ghatla Village. Table 4.05 shows the sample selection across the health posts. The sample selected for each health post was according to the proportionate number of non-slum households in the total number of non-slum households (20,076).

**Health Posts: 7**

Total no. of Non-slum Households --- 20,076 – **UNIVERSE**

1,100 – **SAMPLE**

Pick up every 18th household out of each health post – \( \frac{20,076}{1,100} = 18 \) (could start at any number to make it random) 1,100

Table 4.05 shows the data sheet of M Ward (W) in terms of the population and the sample collected for each health post.
Table 4.05: Data sheet of M Ward (West)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Health Post (HP)</th>
<th>Total population (HHS)</th>
<th>Slum population</th>
<th>% of slum (hhs)</th>
<th>Total Houses</th>
<th>Slum Households (hhs)</th>
<th>Non-slum (NS) hhs.</th>
<th>% of NS hhs</th>
<th>Sample selected (5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tilak Nagar</td>
<td>75,000</td>
<td>52,000</td>
<td>70</td>
<td>15,432</td>
<td>10,908</td>
<td>4,524</td>
<td>22</td>
<td>242</td>
</tr>
<tr>
<td>2.</td>
<td>Chembur Naka</td>
<td>85,000</td>
<td>80,000</td>
<td>94</td>
<td>17,500</td>
<td>16,500</td>
<td>1,000</td>
<td>6</td>
<td>66</td>
</tr>
<tr>
<td>3.</td>
<td>Chembur Colony</td>
<td>82,854</td>
<td>82,854</td>
<td>100</td>
<td>20,597</td>
<td>20,597</td>
<td>___</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>Lal Dongari</td>
<td>1,02,172</td>
<td>91,825</td>
<td>90</td>
<td>21,225</td>
<td>18,365</td>
<td>2,860</td>
<td>14</td>
<td>154</td>
</tr>
<tr>
<td>5.</td>
<td>Subhash Nagar</td>
<td>66,335</td>
<td>30,224</td>
<td>43</td>
<td>12,470</td>
<td>6,044</td>
<td>6,426</td>
<td>32</td>
<td>352</td>
</tr>
<tr>
<td>6.</td>
<td>Pestom Sagar</td>
<td>79,500</td>
<td>67,239</td>
<td>82</td>
<td>18,109</td>
<td>14,258</td>
<td>3,851</td>
<td>19</td>
<td>209</td>
</tr>
<tr>
<td>7.</td>
<td>Ghatla Village</td>
<td>60,500</td>
<td>58,000</td>
<td>95</td>
<td>13,410</td>
<td>11,995</td>
<td>1,415</td>
<td>7</td>
<td>77</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>5,51,361</td>
<td>4,62142</td>
<td>1,18,743</td>
<td>20,076</td>
<td>1100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample size

Based on the decision of collecting data from 5% of non-slum families from M (West) Ward the sample size included 1100 households selected randomly from the 7 health posts (Figure 4.10) for the quantitative survey where the key respondent was the mother.

Figure 4.10: Sampling Profile of the household respondents
For the case studies, 42 key informants were selected purposively [13 family members and significant others, 21 mental health professionals and 8 children] (Figure 4.11).

Figure 4.11: Sampling profile of the key informants

Sampling strategy

**Quantitative:** Multiple (systematic, proportionate, random) probability sampling technique as it would provide every household a fair and equal chance of being selected for the study.

**Qualitative:** Purposive sampling technique

The selection of units was based on the following:

1) ‘Expert judgement’ of researcher and informants deemed most informative with regard to study objectives and to generate themes. The researcher used her judgement to pick out a sample that enhanced her abilities to make inferences from the data and give credible explanations.

2) ‘Depth’ and ‘Richness’ of information that can be generated by individual units to provide most information about the unit of analysis. In comparison to the larger quantitative sample, the purposive sampling techniques assisted in picking out a sample which may be small but would helped focus and select only those cases that might best illuminate and provide insights into the phenomena under study. This was endorsed by Patton (1990, page 169) who states,
“The logic and power of purposive sampling lies in selecting information-rich cases for study in depth”

The Data Collection process

The Sequential mixed design which involved data to be collected in chronological order (first quantitative and then qualitative) has been chosen considering the study objectives. The quantitative and qualitative strands were related and the qualitative sample emerged from the quantitative strand.

Data was collected in three ways (Table 4.06):

1. **Quantitatively** through the survey method. The Interview schedule (89 items- Lifestyle [45], Education [10] and Sexuality [22]), comprised mainly of close-ended questions, was devised to facilitate exploration of the first objective. A General [12] category was included to cover certain important aspects related to childrearing that could not be fitted into the three domains. The domains were divided into sub-domains to ensure that every critical aspect of the childrearing function was covered. Data was collected at one point of time (August-October 2010). As certain attributes were identified based on a smaller sample to a larger population, the purpose of the interview schedule was to generalise from a proportionate and representative sample to a population so that certain trends could be gauged from carefully-worded and standardised questions.

2. **Qualitative data** to meet the remaining objectives of the study through the Case study method. The *Interview Guide* included questions related to childrearing that provided an in-depth exploration into the childrearing function and specific focus on concerns related to child mental health particularly from the standpoint of childrearing function of the family. Insights into the various aspects of the childrearing process, risk and protective factors in the childrearing contexts and resilience-promoting processes of the family that could evolve as strategies for the promotion of child mental health were explored. Inputs from stakeholders (child, family and significant others and mental health professionals) was sought. This was to gain an understanding primarily into child mental health issues and concerns that the normally-functioning majority of children faced in contemporary childrearing contexts, who may-be ‘at-risk’ due to various risk factors in the environment.
3. **Field notes of observations and interactions** recorded by the researcher were included in the data to be analysed.

Table 4.06: Methods of data Collection as per the study objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Methods</th>
<th>Respondents</th>
<th>Themes Explored</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To study &amp; document changes in childrearing Styles.</td>
<td>Qualitative Method</td>
<td>Mothers, families, significant others, mental health professionals and children</td>
<td>Defining child well-being</td>
</tr>
<tr>
<td>2. To identify risk and protective factors in childrearing contexts.</td>
<td>Quantitative Method</td>
<td></td>
<td>The role of the family in child mental health promotion</td>
</tr>
<tr>
<td>3. To explore experiences of the family/family members on • The childrearing role and its value in child well-being • Concerns related to child mental health and the strategies/coping skills used to address these concerns</td>
<td>Qualitative Method</td>
<td>Significant others, mental health professionals and family members</td>
<td>Changes that have occurred in childrearing styles</td>
</tr>
<tr>
<td>To study the role of the childrearing function in the promotion of child mental health</td>
<td>Qual &amp; Quant</td>
<td>Mothers, families, significant others, mental health professionals and children</td>
<td>Issues of discipline &amp; structure, play, leisure, values, media, social interest and connectedness</td>
</tr>
<tr>
<td>To identify changes that have occurred in childrearing styles across the 3 critical inter-related life-domains of <em>lifestyle, education and sexuality</em></td>
<td>Quant – Interview schedule</td>
<td>Mothers (46 and above Below 45 years)</td>
<td>Stressors in daily living and the responsibilities of the childrearing role</td>
</tr>
<tr>
<td>To identify the risk and protective factors in childrearing contexts that influence child mental health outcomes</td>
<td>Qual – Case study</td>
<td>Significant others, mental health professionals and family members</td>
<td>Changing value-orientation Support-systems</td>
</tr>
<tr>
<td>To explore experiences of the family/family members on i) The childrearing role and its value in child well-being ii) Concerns related to child mental health and the strategies/coping skills used to address these concerns</td>
<td>Qual – Case study</td>
<td>Significant others, family members, mental health professionals and children</td>
<td>The value of the childrearing role child mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parental expectations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Strategies &amp; coping mechanisms</td>
</tr>
</tbody>
</table>
VI DATA ANALYSIS

Data analysis will involve the integration of both Statistical as well as Thematic Analysis. Descriptive statistical methods will be used for the quantitative analysis for summarising data to discover trends, patterns and relationships and better communicate the results. Thematic analysis (‘Way of seeing’ – Observation, Understanding and Interpretation) for the relevant narrative data will be used for the qualitative data. While the analysis of the two strands for Inferences maybe independent, both will be synthesised to meta-inferences at the end of the study. The process of arriving at the meta-inferences is depicted in Figure 4.12.

Figure 4.12: Data Analysis

VII ETHICAL ISSUES

1) Confidentiality: Complete confidentiality of the data collected would be maintained. It would be used only for the purpose of research. Also, care would be taken to ensure that the data would not be misused by others.

2) Clarity of Role: Important to stress that the research problem does not marginalise the group/individuals being studied. This could happen in the context of the researcher’s
bias as also a growing base of research that is tending to look at placing the ‘blame’ on the parents. (The main purpose of the study is to understand the role of the childrearing function in child mental health and not to apportion ‘blame’ to any stakeholder).

3) The nature of the information garnered was largely non-threatening, as apart from the time factor, most respondents were enthusiastic about being part of the research. Yet, apart from the technical aspects of information-generation, issues of trust, respect, generosity in terms of contribution to a larger cause were also considered. This not only led to a productive relationship between the researcher and the researched, but for the researcher as the insights that was an outcome of this brief but meaningful relationship was of immense value to the study, they were considered sacrosanct.

VIII SIGNIFICANCE OF THE STUDY

The study holds significance for a variety of reasons.

1. Considering that children and adolescents are the basic and fundamental resources for human, social and economic development and that the mental well-being of societies is largely dependent on the mental health of its child population, the choice of the research topic- Child mental health itself, could contribute to the knowledge base in the field of mental health. Knowing more about how children are raised informs us about their socialisation process, educates us about parental roles and involvement in caring for the child, made us aware of possible factors affecting the child's physical and mental health status, and highlights the coping and support networks used by the family.

2. In the Indian context, research related to child mental health has explored issues mostly from the physical, psychological, social and political aspects of the problems (for ex. pathology, poverty, abuse, violence, rights, etc.), largely neglecting the role of emotional development. Further, the crucial variable of childrearing and the role of families, the primary care-giving unit has not been given the attention it deserved. While the main objective was to explore children’s emotional development within the context of the family and its childrearing function, the study also focused on doing it from the Indian worldview. This shift came about post the literature review which revealed a large base of anthropological, medical and philosophical evidence in India that brought to light clearly delineated stages in child development and the traditional community-style childrearing practices guided by collectivistic values. The significance of the rich and varied insights into the Indian child lay not only in its
contribution to the basic premise of the study, *how to bring family solidarity in the current individualised context*, but also has set the stage for future theory building in child mental health. That this would be contextually explored is self-evident.

3. Prevention and promotion was largely neglected in research and practice. Considering large populations and an inadequate and overburdened mental health system that stressed the pathogenic model, promotive interventions as this study proposed would contribute significantly to the well-being of individuals, families and communities. The value of the current study lay in its attempts to make a unique contribution to mental health literature by providing a new direction for intervention research through a promotive, strength-based and contextual approach. Further, that the knowledge base could be translated into practical, accessible and affordable intervention for all populations was one of the core strengths of the study.

4. Urban childrearing contexts had inherent mental health risks for children, making them ‘vulnerable’ to mental ill-health. The study in shifting focus from the *dysfunctional minorities* to the *functioning majorities* proposed to recommend the need for advocacy to bring in changes at the individual, community and policy level that supported intervention directed towards children *at-risk* due to risky childrearing environments.

In the final analysis, the study’s greatest contribution lies in its basic premise that *children and their happiness is of prime significance*. To borrow Pollard and Davidson’s (2001) words,

> “The ultimate purpose of each of these tools and others being developed around the world is support for the day-to-day well-being of children and families”

**IX LIMITATIONS OF THE STUDY**

The researcher’s bias of the pre-dominant role of the family and its childrearing function in the promotion of child mental health. While acknowledging that families could be exploitative and create dysfunction in its members, it also becomes important to state that in the context of the lack of viable alternatives, the family as a biological institution may be the best option. In defence of the family, Catterall (1998) reported findings that poor parenting quality was seen to be the most consistent predictor of problem behaviours regardless of other positive familial processes and resources considered important for adjustment (i.e. co-operative styles of addressing conflict or high socio-economic status). Hence, this limitation could be minimised by shifting focus from family characteristics to enhancing the childrearing style.

Chapter V presents the socio-demographic profile of the respondents of the study.