MENTAL HEALTH, LOCUS OF CONTROL AND SELF-EFFICACY OF ADOLESCENTS FROM BROKEN AND INTACT FAMILIES

Apsara P. A.[1] and Arjunan N. K.[2]
[1] TEC, University of Calicut, Thrissur, Kerala, India.
[2] TEC, University of Calicut, Thrissur, Kerala, India.

ABSTRACT:
This descriptive study compared adolescents from broken and intact families in terms of their mental health, locus of control, self-efficacy and in terms of the correlation between these variables. Data were collected from a random sample 184 students (broken families = 18, and intact families = 166) in the age range 13-17, selected from secondary schools of Ernakulam district (Kerala state, India). Instrumentation included Mental Health Scale for Secondary School Students, Malayalam Version Rotter's Internal-External Locus of Control Scale, and the General Self-efficacy Scale. Statistical analysis exposed significant difference between adolescents from broken and intact families in terms of their mental health, internal locus of control and self-efficacy. Adolescents from intact families excelled their counterparts from broken families in all the psychological variables studied. Significant positive correlation was found to exists between mental health and internal locus of control and also between mental health and self-efficacy of adolescents from both broken and intact families. While significant difference observed between adolescents from broken and intact families regarding the degree of relationship between mental health and internal locus of control, no such difference noticed in the correlation between mental health and self-efficacy.
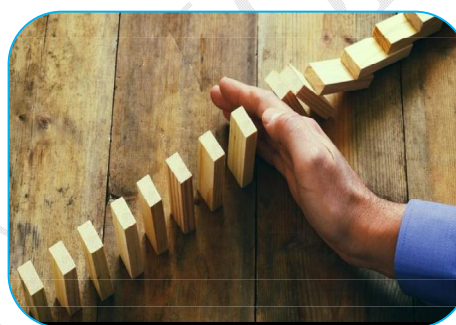
KEYWORDS: *Mental health, Locus of control, Self-efficacy, Broken families, Intact families.*

INTRODUCTION

Children are the wealth of any society. They need a happy and stable family environment and a conducive social network for their overall growth and development. In most of the societies, the family is the most valued system in almost all spheres of life and human living.Many studies have revealed the decisive role of family functioning in shaping the children's personality and promoting their mental wellbeing and social effectiveness (Barmola, 2013; WHO, 2002).Family integrity and happiness is crucial in the balanced personality development and maintenance of mental health of a child (Castro & Hernandez, 2004).Research shows that both overall family system functioning and parental behaviors are positively related to adolescent well-being (Karavasili*et al.*, 2003; Muris*et al.*, 2004). Disruption in family system can have its adverse effect on overall psychological formation of children and adolescents.

The family setup in Kerala is experiencing profound changes during the post globalised period. Family breakage due to parental separation, divorce, death, drug addiction and prolonged mental illnesses are no more a rare experience for our

_____

_____

adolescents. In the light of reports regarding ever increasing family disintegration in Kerala (Hindustan Times, 2016; Mathrubhumi, 2018), and an ever escalating incidence of personality maladjustments and mental health problems among Indian adolescents (Singh &Gururaj, 2014; NIMHANS, 2016; Srividhya, 2017), there is a pressing need to understand how the family breakage affect psychological factors like mental health, locus of control, and self-efficacy of adolescents.

OBJECTIVES OF THE STUDY
The major objective of the study is to find out the decisive role of family integrity on the mental health, locus of control and self-efficacy of adolescents. The study has the following specific objectives in view:
1. To compare the mental health of adolescents from broken and intact families.
2. To compare the locus of control of adolescents from broken and intact families.
3. To compare the self-efficacy of adolescents from broken and intact families.
4. To find out the relationship between mental health and locus of control of adolescents from broken and intact families.
5. To compare adolescents from broken and intact families with respect to the degree of association between mental health and locus of control.
6. To find out the relationship between mental health and self-efficacy of adolescents from broken and intact families.
7. To compare adolescents from broken and intact families with respect to the degree of association between mental health and self-efficacy.

HYPOTHESES OF THE STUDY
The following null hypotheses were tested for the study:
1. Adolescents from broken and intact families will not differ significantly in their mental health.
2. Adolescents from broken and intact families will not differ significantly in their internal locus of control.
3. Adolescents from broken and intact families will not differ significantly in their self-efficacy.
4. There will be no significant relationship between mental health and internal locus of control of adolescents from broken and intact families.
5. Adolescents from broken and intact families will not differ significantly with regard to the correlation between their mental health and internal locus of control.
6. There will be no significant relationship between mental health and self-efficacy of adolescents from broken and intact families.
7. Adolescents from broken and intact families will not differ significantly with regard to the correlation between their mental health and self-efficacy.

METHODOLOGY
Descriptive survey method was adopted for the study. A random sample of 184 adolescents in the age range 13 to 17 (Mean = 14.97; SD = 3.67) was selected from the secondary schools of Ernakulam district (Kerala state, India). They were separated into two family groups, viz., adolescents from intact families (n = 166) and adolescents broken families (n = 18), based on the indicators obtained from a researcher made questionnaire. Data collection was completed by administering the following instruments:

*(1) Mental Health Scale for Secondary School Students (MHS):*It is a 60 item five-point Likert type scale developed by Arjunan and Dixon (2013). It covers 10 dimensions of the modern concept of mental health, viz., (i) Optimism, (ii) Adaptability, (iii) Sense of security, (iv) Perception of reality, (v) Emotional maturity, (vi) Social conformity, (vii) Mastery of environment, (viii) Positive attitude towards self, (ix) Positive attitude towards others, and (x) Freedom from negativism. The MHS has reported to have a concurrent validity of 0.76 and a split-half reliability of 0.81.

_____

_____

(2) Malayalam Version Rotter's Internal-External Locus of Control Scale: The locus of control of the mothers of children with autism was measured using the Malayalam Version Rotter's Internal-External Locus of Control Scale (I-E Scale), developed originally by Rotter (1966),and adapted to Indian context by Arjunan& Abraham (2003). The 32-item adapted scale was found to have an external validity of 0.93 (correlation with the original scale in a bilingual sample) and a test-retest reliability (four weeks interval) of 0.88.

*(3) General Self-efficacy Scale:*The self-efficacy of the participants was measured by using a Malayalam translated version of the General Self-Efficacy Scale(GSS) developed by Schwarzer& Jerusalem (1979). It is a 4-point scale consisting of 10 items where responses are rated from 'not at all true' to 'exactly true'. The scale measures one's perception of his/her abilities for organizing and executing the courses of action required to attain designated types of performance. The Cronbach's alpha reported for the scale ranged from 0.76 to 0.90.

The tools were administered under standardised conditions, responses were collected and scored with the aid of scoring key. The data were consolidated with the help of a computer software and analysed by using SPSS (windows version 17.0).

ANALYSIS AND INTERPRETATION

Table 1 presents the data and result of the comparison of broken and intact families with respect to the mental health of the adolescents

Table 1. Comparison of the mental health of adolescents from broken and intact families

Groups	Statistical indices			t-value	Sig.
	N	M	SD		
Intact Family	166	88.84	14.28	2.43	.05
Broken Family	18	80.28	12.22		

The t-value estimated is significant which shows that adolescents from broken and intact families differ significantly (t = 2.43; p<.05) with respect to their mental health. A closer observation of the mean scores reveals that subjects from intact families have better mental health compared to their counterparts from broken families. The Hypothesis-1 (adolescents from broken and intact families will not differ significantly in their mental health) is, therefore, rejected. The result of the comparison of broken and intact families with respect to the internal locus of control of the adolescents is given in Table 2.

Table 2. Comparison of the locus of control of adolescents from broken and intact families

Groups	Statistical indices			t-value	Sig.
	N	M	SD		
Intact Family	166	15.91	2.09	3.76	.01
Broken Family	18	13.38	2.65		

The result of the two tailed test shows that adolescents from broken and intact families differ significantly in their internal locus of control (t = 3.76; p<.01). Scrutiny of the mean estimates reveals that adolescents from intact families are more internally oriented than their counterparts from broken families. The hypothesis formulated in this context, viz., Hypothesis-2 (adolescents from broken and intact families will not differ significantly in their internal locus of control) is, hence, rejected. Table 3

_____

_____

presents the data and result of the t-test performed to compare the broken and intact families in terms of their self-efficacy.

Table 3. Comparison of the self-efficacy of adolescents from broken and intact families

Groups	Statistical indices			t-value	Sig.
	N	M	SD		
Intact Family	166	25.55	3.90	3.61	.01
Broken Family	18	21.94	4.86		

The t-value obtained on comparing the self-efficacy of adolescents from broken and intact families are significant at 99% confidence interval (t = 3.61; p<.01). It shows the presence of a significant difference between adolescents from broken and intact families with respect to their self-efficacy. Inspection of the mean estimates shows that adolescents from intact families surpasses adolescents from broken families in their perceived self-efficacy. In the light of the preceding finding, the Hypothesis-3 (adolescents from broken and intact families will not differ significantly in their self-efficacy) is rejected. The coefficient of correlation estimated between mental health and internal locus of control of adolescents from broken and intact families is presented in Table 4.

Table 4. Relationship between mental health and internal locus of control of adolescents from broken and intact families

Sample	N	r	SE_r	r_{POP}		Sig.
				.05 level	.01 level	
Intact Family	166	0.288*	0.071	0.149 - 0.428	0.105 - 0.472	.01
Broken Family	18	0.694*	0.122	0.455 – 0.933	0.379 – 1.00	.01

The coefficient of correlation (r) between mental health and internal locus of control for the adolescents from intact families was estimated to be 0.288 and that estimated for adolescents from broken families was found to be 0.694. The estimated coefficients of correlation show that there exist a significant positive correlation between mental health and internal locus of control for both the groups. The degree of relationship between the variables, however, is different in both sub-samples. Table 5 presents the data and result of the comparison of adolescents from broken and intact families with respect to the degree of relationship between mental health (MH) and internal locus of control (ILC).

Table 5. Comparison of the coefficients of correlation between MH and ILC for adolescents from broken and intact families

Groups	Statistical indices			CR	Sig.
	N	r	z		
Intact families	166	0.288	0.299	2.035	.05
Broken families	18	0.694	0.848		

The critical ratio obtained on comparing adolescents from broken and intact families with respect to the coefficients of correlation between their mental health and internal locus of control is significant (CR = 2.035; p<.05). It shows that there exists a true difference between adolescents from

_____

_____

broken and intact families regarding the correlation between their mental health and locus of control. Scrutiny of the r-values estimated for the groups show that the variables are more strongly correlated in adolescents from broken families than from intact families. The hypothesis formulated in this context viz., Hypothesis-5 (adolescents from broken and intact families will not differ significantly with regard to the correlation between their mental health and internal locus of control) is, therefore, rejected. Table 6 presents the correlation between mental health and self-efficacy of adolescents from broken and intact families.

Table 6. Relationship between mental health and self-efficacy of adolescents from broken and intact families

Sample	N	r	SE_r	r_{POP} .05 level	.01 level	Sig.
Intact Family	166	0.329	0.069	0.193 - 0.464	0.150 - 0.507	.01
Broken Family	18	0.517	0.173	0.178 - 0.855	0.071 - 0.962	.01

The coefficients of correlation between mental health (MH) and self-efficacy (SE) obtained for adolescents from both broken and intact families are positive and significant at .01 level. It shows that any increase in internal orientation of the mind of the adolescents will be accompanied by a corresponding increase in their mental health. The r-values estimated for the groups, however, shows an observable difference. To test whether the difference is significant, two tailed test of significance for the differences between two independent correlations were carried out, the result of the same is given in Table 7.

Table 7. Comparison of the coefficients of correlation between MH and SE for adolescents from broken and intact families

Groups	Statistical indices N	r	z	CR	Sig.
Intact families	166	0.329	0.343		
Broken families	18	0.517	0.576	0.864	NS

Comparison of the adolescents from broken and intact families with respect to the coefficient of correlation between their mental health and self-efficacy produced a critical ratio which is not significant (CR = 0.864; p>.05). It shows that adolescents from broken and intact families are almost alike with regard to the degree of relationship between their mental health and self-efficacy. The Hypothesis-7 (adolescents from broken and intact families will not differ significantly with regard to the correlation between their mental health and self-efficacy) is, hence accepted.

CONCLUSIONS
The following are the major conclusions of the study:
1. Adolescents from broken families and intact families differ significantly in their mental health. Adolescents from intact families excel their counterparts from broken families in their mental health.
2. Significant difference exists in the locus of control of adolescents from broken and intact families. Adolescents from intact families are more internally oriented than adolescents from broken families.

_____

_____

3. Family integrity is a significant factor in deciding the self-efficacy of adolescents. Adolescents from intact families surpass their counterparts from broken families in their self-efficacy.
4. There is significant positive correlation between mental health and internal locus of control of adolescents from both the broken and intact families.
5. Significant difference exists between adolescents from broken and intact families with respect to the degree of relationship between their mental health and internal locus of control. The relationship between the variables is stronger in adolescents from broken families than in adolescents from intact families.
6. Mental health of adolescents from both the broken and intact families is significantly and positively correlated with their self-efficacy.
7. No significant difference exists between adolescents from broken and intact families regarding the correlation between their mental health and self-efficacy.

ACKNOWLEDGEMENTS

REFERENCES
Arjunan, N. K., & Abraham, M. (2003). *Malayalam version of Rottr's internal-external locus of control scale.*Thiruvananmthapuram: Department of Education, University of Kerala.
Arjunan, N. K., & Dixon, P. T. (2013). *Mental health status scale for secondary school students.*Thrissur: Teacher Education Centre, University of Calicut.
Barmola, K. C. (2013). Family environment, mental health and academic performance of adolescents. *International Journal of Scientific Research, 2 (12),* Retrieved from: https://www.researchgate.net/publication/263655162
Castro, F. G., & Hernandez, N. T. (2004). A cultural perspective on prevention interventions, In R. Velasquez, L., Arellano, & B. McNeil (Eds.), *Handbook of Psychology and Mental Health.* Mahwah, NJ: Lawrence Erlbaum.
Hindustan Times. (2016, October 31). Marriage splitting up, divorce cases going up. Kochi: Hindustan Times.
Karavasilis, L., Doyle, A., &Markiewicz, D. (2003). Associations between parenting style and attachment to mother in middle childhood and adolescence. *International Journal of Behavioral Development, 27,* 153-164.
Mathrubhumi (2018, February 23). Marriage splitting up, divorce cases going up in Kerala. Kochi: Mathrubhumi, 7.
Muris, P., Meesters, C., Schouten, E., &Hoge, E. (2004). Effects of perceived control on the relationship between perceived parental rearing behaviors and symptoms of anxiety and depression in non-clinical preadolescents. *Journal of Youth and Adolescence, 33(1),*51-58.
NIMHANS (2016). *National mental health survey of India, 2015-16: Summary.* Bengaluru: National Institute of Mental Health and Neuro Sciences.
Schwarzer, R. & Jerusalem, M. (1979). *The general self-efficacy scale.* Retrieved from www.healthpsych.de.com.
Singh, S., &Gururaj, G. (2014). Health behaviours and problems among young people in India: Cause for concern and call for action. *Indian Journal of Medical Research, 140,* 185-208.
Srividhya. V. (2007). Mental health and adjustment problems of students of Navodhaya, Central and State Schools. Unpublished MHS Thesis, University of Agricultural Sciences, Dharwad.
WHO (2002). *Prevention and promotion in mental health.* Geneva: Department of Mental Health and Substance Dependence, World Health Organization.

_____