

**THE RELATIONSHIP BETWEEN ADOLESCENT
ADJUSTMENT AND PSYCHOSOCIAL FACTORS OF
MOTHER**

A Dissertation Submitted to the Department of Psychology, University of Dhaka, in partial fulfilment of the requirements of the Degree of Masters of Philosophy in Psychology.

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Approval Letter

This is to certify that I have read the thesis entitled "THE RELATIONSHIP BETWEEN ADOLESCENT ADJUSTMENT AND PSYCHOSOCIAL FACTORS OF MOTHER" completed in the partial fulfilment of the requirements for the degree of Masters of Philosophy in Psychology and this thesis was carried by her under my supervision and guidance.

I recommended its submission for examination.

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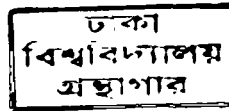
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Abstract

The main objective of the present study was to investigate the relationship between adolescent adjustment and psychosocial factors of mother. The specific objectives of the study were to investigate the gender difference in adolescent adjustment, the difference in adjustment of the adolescent children of development oriented mothers and the adolescent children of achievement oriented mothers, the difference in the adjustment of the adolescent children of two groups of mothers showing different parenting style (accepting and rejecting parenting style) and to find out the differences in psychological wellbeing, marital adjustment and parental orientation of mothers showing different parenting styles. Hundred adolescents (50 boys and 50 girls) and their mothers were taken as a sample of the present study. They were selected purposively from three different Bangla medium schools. The adolescents were 13 and 14 years old and students from class seven to nine. Measures used in this study were the Bangla versions of 1) "Reynolds Adolescents Adjustment Screening Inventory (RAASI)" (2004), 2) "The parental Acceptance / Rejection Questionnaires-Child (PARQ)" by Rohner and Khaleque, (2000), 3) Subjective Wellbeing Questionnaire by Nagpal and Shell, (1986), 4) Spanier's Dyadic Adjustment Scale by Spanier, (1976) and 5) Parental Orientation Inventory by Ravichandra and Parameshwaran, (1972). The Bangla version of the first two scales were administered on the adolescents and the other three scales were administered on the mothers. Scales were administered on the mothers. The obtained data were analyzed by using Pearson product moment correlation and t-test. Co-relational analyses indicated that psychological wellbeing and parenting style of mother were positively related and marital adjustment of mother was negatively related with the adjustment of the adolescents. t-tests indicated that boys are more adjusted than girls, the adolescents whose mothers showed accepting

parenting style and development oriented attitude were more adjusted than the adolescents whose mothers showed rejecting parenting style and achievement oriented attitude. The analyses also indicated that the mothers who had less psychological problem, well adjusted in their marriage and development oriented attitude showed accepting parenting style toward their adolescent children.

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Chapter- One

INTRODUCTION

Children must pass through several stages, or take specific steps, on their road to becoming adults. For most people, there are four or five such stages of growth where they learn certain things: infancy (birth to age two), early childhood (ages 3 to 8 years), later childhood (ages 9 to 12) and adolescence (ages 13 to 18). Persons 18 and over are considered adults in our society.

1.1 Adolescence

Adolescence is a transitional period from immaturity to maturity. This is the period when an individual searches for self-identity that fosters further development and finally to the attainment of adult status with the challenging tasks and responsibilities.

1.1.1 Definition of adolescence

The word 'Adolescence' is Latin in origin, derived from the verb 'adolescence', which means "to grow up" or "the achievement of physical maturity". The adolescent grows up to become the adult. Until recently adolescence was regarded as the period in the life span which begins when individual becomes sexually mature that is usually eleven to twelve years and ends when he reaches legal maturity, at the age of eighteen of years in our culture.

Through analysis of historical documents it can easily be demonstrated that the definition of adolescence changes as society evolves. Many definitions can be found some of which are described here.

1.1.1.1 Physiological Definition

A physiological definition of adolescence has often been proposed by Douvan & Gold, (1966) and Jones, (1949). In such a definition, adolescence begins when the reproduction organs and secondary sex characteristics (body hair, breasts) begins to change in late childhood; the end of adolescence is associated with the full maturation of reproductive system.

As suggested in most physiological definitions, however it is difficult to determine if adolescence actually begins with hormonal" changes that occur at least two years before major body changes are visible or begins when secondary sex characteristics emerge.

1.1.1.2 Cognitive Definition

From this perspective, as children come to develop thinking processes that are independent of concrete and observable objects in the immediate environment to include abstract thoughts and meta cognition (thinking about thinking), they are thought to be qualitatively different and thus emerging into adolescence. Since cognitive development does not occur all at once but happens gradually in a complex manner, a cognitive definition of adolescence may best be seen as limited in its ability to set out precisely the beginning and ending of adolescence.

1.1.1.3 Sociological Definition

This sociological definition of adolescence uses very different standards for the beginning and ending of adolescence. Mixing its criteria, it defines the onset of puberty (or sexual maturity) as the start of adolescence while using social criteria to determine its end. From this perspective adolescence ends when young people have established a

coping style consistent with the demands of their social world and when society recognizes their entry into adulthood.

The sociological approach creates certain ambiguities, too. In particular, the end of adolescence and the beginning of adulthood may be difficult to define in a specific manner because of differences in societal standards.

1.1.1.4 Chronological Definition

The chronological definition of the second decade of life as adolescence is too simple. It defines the start of adolescence is 11 years and the end of adolescence is 18 years of age. This definition has life flexibility.

Period of life from puberty to adolescence (roughly ages 12–18) characterized by marked physiological changes, development of sexual feelings, efforts toward the construction of identity, and a progression from concrete to abstract thought. Adolescence is sometimes viewed as a transitional state, during which youths begin to separate themselves from their parents but still lack a clearly defined role in society. It is generally regarded as an emotionally intense and often stressful period. Although sometimes described as beginning in parallel with fertility or puberty and ending with maturity and independence, adolescence has a very variable and imprecise duration. The onset of adolescence cannot be pinpointed in physiological terms, although it is influenced by the same sex hormones and refers to the same general period as physical sexual development. It represents a complex and sometimes disturbing psychological transition, accompanying the requirement for the accepted social behaviour of the particular adult culture. Adolescents face a range of developmental issues. Havighurst, (1952) suggested that two important areas included work and

relationships. Levinson, (1978) focused on changing relationships and on exploration, while Erikson, (1968) commented on intimacy and commitment to goals. Super, (1963) indicated that exploring and crystallizing vocational choice are important to older adolescents and young adults. What seems evident is that older adolescents and young adults enter transitions with the goal of becoming independently functioning adults, as they strive to meet evolving personal and career related needs. Rapid and escalating changes in labour market and post-secondary educational opportunities mean that adolescents now are confronted with the challenge of meeting their personal and career needs when neither can offer certainty or a sense of personal control.

1.1.2 The Boundaries of Adolescence

Different theories have proposed various markers about when adolescence begins and ends, and what the boundaries of the periods are. But there is little agreement on this issue.

Rather than argue about which boundaries are the correct ones, it probably makes more sense to think of development during adolescence as involving a series of transitions from immaturity into maturity (Arnett and Taber, (1994); Hoffman, (1996). Some of these passages are long and some are short; some are smooth and others are rough and not all of them occur at the same time. The various aspects of adolescence have different beginnings and different endings for every individual.

1.1.3 The Fundamental Changes of Adolescence

According to Hill, (1983) there are three features of adolescence development that give the period its special flavour and significance:

- (1) The onset of puberty,
- (2) The emergence of more advanced thinking abilities and

(3) The transition into new roles in society.

These three features can be referred to these three sets of changes- biological, emotional and social - as the fundamental changes of adolescence. There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Rather, experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and that touch upon many aspects of the individual's behaviour, development, and relationships. These transitions are biological, cognitive, social and emotional. These changes occur universally; virtually without exception all adolescence in every society go through them.

1.1.3.1 Biological Transition

The biological transition of adolescence, or puberty, is perhaps the most observable sign that adolescence has begun. Technically, puberty refers to the period during which an individual becomes capable of sexual reproduction (ability to conceive children). Another important change appears in young person's physical appearance (including breast development in girls, the growth of facial hair in boys). More broadly speaking, however, puberty is used as a collective term to refer to all the physical changes that occur in the growing girl or boy as the individual passes from childhood into adult. The biological changes that occur in early adolescence have impact on the adolescent's psychological development and social relations.

1.1.3.2 Emotional Transition

Adolescence is also a period of emotional transition, marked by changes in the way individuals view themselves and in their capacity to function independently. Psychologically the adolescent may be viewed as

a young person in transition between the typical behaviour of children and adults, between a period of rapid development as an individual and a period in which the individual learn to make adjustment of self, others and the community. The emergence of more sophisticated thinking abilities is one of the most striking changes to take place during adolescence. Adolescents are much better able to think about abstract concepts such as friendship democracy or morality. For the first time, individuals become able to think in logical ways about their future life, about their relationship with friends and family.

1.1.3.3 Social Transitions

All societies distinguish between individuals who are thought of as children and those who are seen as ready to become adults. Society's redefinition of the individual provokes reconsideration of the young person's capabilities and competencies. The treatments of the society toward them change. So do the relationships around home, at school and in the peer group. Changes in social status also permit young people to enter new roles and engage in new activities which dramatically alter their self concept and relationships with others. One of the most noteworthy aspects of the social transition into adolescence is the increase in the amount of time individuals spend with their peers.

1.1.3.4 Cognitive Transition

A second element of the passage through adolescence is a cognitive transition. Compared to children, adolescents think in ways that are more advanced, more efficient, and generally more complex. This is evident in five distinct areas of cognition.

First, during adolescence individuals become better able than children to think about what is possible, instead of limiting their thought

to what is real. Whereas children's thinking is oriented to the here and now (i.e., to things and events that they can observe directly), adolescents are able to consider what they observe against a backdrop of what is possible—they can think hypothetically.

Second, during the passage into adolescence, individuals become better able to think about abstract ideas. For example, adolescents find it easier than children to comprehend the sorts of higher-order, abstract logic inherent in puns, proverbs, metaphors, and analogies. The adolescent's greater facility with abstract thinking also permits the application of advanced reasoning and logical processes to social and ideological matters. This is clearly seen in the adolescent's increased facility and interest in thinking about interpersonal relationships, politics, philosophy, religion, and morality—topics that involve such abstract concepts as friendship, faith, democracy, fairness, and honesty.

Third, during adolescence individuals begin thinking more often about the process of thinking itself, or meta cognition. As a result, adolescents may display increased introspection and self-consciousness. Although improvements in meta cognitive abilities provide important intellectual advantages, one potentially negative by product of these advances is the tendency for adolescents to develop a sort of egocentrism, or intense preoccupation with the self. Acute adolescent egocentrism sometimes leads teenagers to believe that others are constantly watching and evaluating them. Psychologists refer to this as the imaginary audience.

Fourth, change in cognition is that thinking tends to become multidimensional, rather than limited to a single issue. Whereas children tend to think about things one aspect at a time, adolescents describe themselves and others in more differentiated and complicated terms and find it easier to look at problems from multiple perspectives. Being able

to understand that people's personalities are not one-sided, or that social situations can have different interpretations, depending on one's point of view, permits the adolescent to have far more sophisticated and complicated relationships with other people.

Finally, adolescents are more likely than children to see things as relative, rather than absolute. They are more likely to question others' assertions and less likely to accept "facts" as absolute truths. This increase in relativism can be particularly exasperating to parents, who may feel that their adolescent children question everything just for the sake of argument.

1.1.4 Early, Middle and Late Adolescence

Although the span of adolescence period may be ten-year but most social scientists and practitioners recognize that so much psychological and social growth takes place during' this decade it makes more sense to view the adolescent years as composed of a series of phases than as one homogeneous stage. The person of 13 years old whose interests centre around rap music, attachment with friends for example, has little in common with the 18 years old who is worried about college career.

Social scientists who study adolescence usually differentiate among early adolescence, which covers the period from about age 11 through age 14, middle adolescence from about age 15 through age 18 and late adolescence (or youth, as it is sometimes known), from about age 19 through age 21 (Kagan & Coles, 1972; Keniston, 1970; Lipsitz, 1977). These divisions, as we may have guessed correspond to the way in which our society groups of young people in educational institutions; they are the approximate ages that customarily mark attendance at middle or junior high school, and college.

1.1.5 Puberty

Physical changes take place throughout the adolescent years, but the majority comes in early adolescence. This is known as the 'puberty phase'. The word comes from the Latin *pubertas*, which means "age of manhood". It refers to the time when the reproductive organs mature and begin to function. In other words, biological developments that transform individuals from a state of physical immaturity to one in which they are biologically mature and capable of reproduction. The age at which pubescence begins varies widely from one child to another. On average, it begins between 9 to 11 years of age in girls and one or two years later in boys. Genetic, nutritional, and climate variations are associated with the age at which youngsters begin pubescence.

1.1.6 Ecology of Adolescence

Human growth follows the same principle everywhere, but not the psychological development. It is pointed out that the same process of biological maturing that places an adolescent in jeopardy in one culture may offer no special problems in another (Jones, 1968). Many factors emerge at puberty to bedevil and perplex the adolescent during his transition to adult life. Besides, growth discrepancies also occur in the proportionate development of the legs, arms, and trunks and in the deposition of fat. Adolescent's reaction to these apparent anomalies is a psychological matter and not always their sources are inherent into biological growth pattern (Jones, 1968). Adolescent behavior is contingent upon the complex interaction between individual's varieties of internal and external factors. Therefore it may be assumed that three dimensions or types of environment exert their influence to shape the adolescent behavior; they are physical, social, and psychological environments. Each type of these environments is created out of various similar and co-existent factors or environmental forces in a particular

space and time. The physical environment, the first dimension, of an individual represents the sum total of his physiological make up (height, weight, endocrine system, nutrition etc) and habitat, climatic conditions etc. The second dimension of the determinants of behaviour is constituted by his family, culture, education, economy and religion. The third one, psychological environment, the most abstract mental condition, is the representative of his personality, intelligence, feelings, attitudes, motivations etc.

1.1.7 Nature of Adolescence

Adolescence (especially young adolescence) is characterized by heightened emotional tension mainly resulting from surrounding social conditions. Young adolescence emotionality can be attributed mainly to the fact that boys and girls suddenly face social pressures for which they receive little (if any) preparation during childhood. This period of life has been variously looked upon as a time of storm and stress, an age of frustration and suffering, a span of intensified conflict and crises of adjustment, a phase of dreams and reveries of romance and love, and an era of alienation from adult, society and culture.

This is the period when an individual searches for self-conceptions that fosters further development, and finally, to the attainment of adult status with its challenging tasks and responsibilities. Adolescents are eager to approach explore and learn about new objects and increase complexity of needs, interests and desires. Adolescents are eager to learn but not in structured routine. Learning with limits of discipline is not accepted by them, that's why they (especially young adolescents) complain about school, restrictions, homework, teaching etc. Adolescents who have little interest in education become under achievers play truants or withdraw from school before the legal age.

As adolescents develop their abilities and skills enable them to gratify fundamental and needs. The social structure and cultural in which each adolescent finds himself or herself provide some means for satisfying these needs; yet a poorly endowed adolescent at times finds it almost impossible, in spite of all efforts to achieve gratification of needs or to develop successful strategies to compensate for lack of fulfilment. Certain emotion and social needs may affect the adolescent greatly and have far reaching effects on behaviour and personality. An adolescent eagerly takes opportunities for a good time, for pleasure and excitement. He or she craves for peer acceptance but at the same time feels the pressure of social norms. Adolescent behaviour often has a surface appearance of gay and carefree activity but deep inside an adolescent (especially young adolescent) suffers from many anxious thoughts and uncertainties under going a period of decision making and problem solving which is not very easy as there are several changes he or she is expected to adjust with. These who fail adjust are found to have difficulty in making friends, making progress in studies, difficulty in leading a healthy life and maintaining a healthy relation with parents, siblings, peers others members of the family and outside family members. Gradually these adolescents develop various types of maladaptive or problematic behaviour. For identification and management of behavioural and emotional problems a clear understanding of the nature, types and prevalence of them in young adolescents is necessary. Adolescence is a period of physical development as a chronological phenomenon or as a sociological phenomenon. It is a process of achieving the attitudes and beliefs needed for effective participation in society. During the short period, the adolescent girls or boys face some stresses through body changes, value questioning, and sexual awakening, changing status in the family, influence of peers and

influence of school. Obviously these stresses create distress which contributes to social and emotional sufferings or impairment.

Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision, contrary to the preadolescence stage.

1.2 Adjustment

The term adjustment appears in diverse use. A very general meaning of adjustment is the process of living itself, the dynamic equilibrium of total organism or personality. The concept of adjustment was originally a biological one and was a corner stone in Darwin's theory of evolution. In biology the term usually implies adaptation. The biological concept of adaptation has been borrowed by the psychologist and renamed as adjustment (Darwin, 1859).

The psychologist is more concerned with what might be called "Psychological survival". As in the case at the biological concept at adaptation, human behaviour is interrupted as adjustment to demands or pressures. These demands are primarily social on interpersonal and they influence the psychological structure and functioning of the person.

Adjustment is a precious and ever changing balance between the needs and desires of the individual on the one hand and the demands of the environment or the society on the other. Adjustment is a harmonious relationship with the environment in which most individual needs are satisfied in socially acceptable ways, and resulting in forms of behaviour which may range from passive conformity to vigorous action (Srivastava, 1997). Four main classes of criteria evaluating the adequacy of adjustment have been identified by Lazarus (1956). They are –
1) psychological comfort, 2) work efficiency, 3) physical symptoms and

4) social acceptance. Entering the transitional period of adolescence he or she has to adjust with his or her physical and emotional changes and for the acceptance of social group he develops new values, select social groups and modifies social behaviour according to social norm.

Adjustment is a multifaceted term used to characterize healthy psychological functioning Adolescents who are well adjusted are able to function effectively in their environment, whereas adolescents with adjustment problems often exhibit maladaptive behaviours such as externalizing (e.g., aggression, acting out) and internalizing (e.g., anxiety, withdrawal) behaviours. Adolescent adjustment may be influenced by many family subsystems such as the marital relationship, parent-adolescent relationship, parent-sibling relationship, and the sibling relationship.

The psychological demands made upon the person can be classified into external and internal. According to Shratton and Hayes, (1989) "Adjustment is a process by which an individual achieves the best balance feasible between conflicting demands". Adjustment is a harmonious relationship with the environment in which most individual needs are satisfied in socially acceptable ways, and resulting in forms of behaviour which may range from passive conformity to vigorous action (Srivastava, 1994). According to Singh, (1988) adjustment is a precious and ever changing balance between the needs and desires of the individual on the one hand and the demands of the environments or the society on the other. Well adjusted people tend to have a reasonably accurate evaluation of themselves in relation to their world and hence have a fairly realistic level of aspiration. Maladjusted people, on the other hand, tend to be unrealistic to set their aspirations either too high or too low leading to inevitable failure or to wasted opportunities and live with unhappiness.

In psychology, adjustment means the behavioural process of balancing conflicting needs or needs against obstacles in the environment. Adjustment can be classified in many ways. One of renowned classification is as the following:

1. Social adjustment

This means the success with which people adjust to other people in general and to the group with which they are identified in particular. Well adjusted people have learned such social skills as the ability to deal strangers so that others attitude toward them will be favourable.

2. Physical adjustment

It means the success with child's physical problem and become better adjusted to physical life with each passing year and to conform to physical expectation for their ages.

3. Psychological adjustment

This means the success with which people adjust with his owns self, environment and society.

1.3 Adolescent and adjustment

As adolescent develop, their abilities and skills enable them to gratify fundamental and derived needs. In a social structure and culture in which each adolescent find himself or herself provide some means for satisfying these needs. An adolescent eagerly takes opportunities for a good time, for pleasure and excitement, craves for a peer acceptance but at the same time feels the pressure of social norms. Adolescent behaviour often has a surface appearance of carefree activity but deep inside an adolescent suffers from many anxious thoughts and uncertainties

undergoing a period of decision making and problem solving which is not easy as there are several changes he or she is expected to adjust with. Adolescents have to adjust with four main problem areas, physical, social, academic and psychological problems. Important external and internal bodily changes take place during adolescent period, which often give rise to feeling of awkwardness. Physical attractiveness is one of the major concerns of the adolescent girls and boys. Only few are satisfied with their appearance and they are concerned about what they can do to improve it. Concern for physical attractiveness is associated with the realisation of role "One's looks" plays in social relationship leadership. Thus they spend much time and give an effort in improving their looks than most adult consider justified (Adams, 1977; Clifford, 1971).

One of the most difficult tasks of adolescence relates to social adjustment. To achieve the goal of socialization, the adolescent seeks for the acceptance in the peer group develop new values in social acceptance and rejection, selection of social groups and leaders and modify social behaviour according to social norms (Berger, Josselson and Knerr, 1975). A lack of social competency may reveal in immature social behaviour and also in anti- social behaviour. Adolescents who do not find acceptance or belongingness to a group tend to withdraw and engage in solitary activities. Social competencies result in increasing self-confidence or self-esteem, which is expressed in poise ease in social situations (Snyder, 1970).

Adolescence is characterized by heightened emotional tension mainly resulting from surrounding social conditions. Adolescent's emotionality can be attributed mainly to the fact that boys and girls suddenly face social pressures for which they receive little preparation during childhood (Rutter, 1976). Because of the multitude dimensions of adjustments and decision makings and because of adolescents lack of

experiences, are easy prey to emotional disturbance. The tension resulting from psychological changes, lack of confidence, indecision and ambivalence in many areas of their lives lead to experience of intense anxiety, which is perhaps the core of all psychopathology during adolescence.

Adolescents are also eager to learn, are not in favour of structured learning with limits of discipline which is why they (especially young adolescent) complain about school, restrictions, homework teaching, etc. Adolescents who have little interest in education become under-achievers, play truants and withdraw from school before the legal age and turn up as dropouts adolescents who are well adjusted are able to function effectively in their environment, whereas adolescents with adjustment problems often exhibit maladaptive behaviours such as externalizing (e.g., aggression, acting out) and internalizing (e.g., anxiety, withdrawal) behaviours. Adolescent adjustment may be influenced by many family subsystems such as the marital relationship, parent-adolescent relationship, parent-sibling relationship, and the sibling relationship.

Many people believe that their position as the eldest, middle, youngest, or only child in their family affected their personality in some way. Parents often muse whether their children's birth categories have affected their development. Since everyone has a birth category, it is not surprising that many people have developed their own implicit theories regarding birth order and personality. Many have probably been exposed to birth order theory, of either scientifically grounded or mythological origins. It has been well-established that oldest and only children have an academic edge over the other birth categories, with overrepresentation in college, IQ measurements, SAT scores in the US and equivalent tests in the UK being primary indicators of this trend (Eisenman, 1992; Falbo

and Polit, 1986, Parker, 1998, Storfer, 1990, Zajonc and Mullally, 1997). Self-esteem was reported to be lower among middle-born males than among first-born and last-born males, but self-esteem was enhanced if all other siblings were female (Kidwell, 1982). Kidwell concluded that the middle-born male in this situation enjoyed a uniqueness and special treatment in the family.

A variety of adolescent factors have been proposed to account for adolescent adjustment, like gender, number of siblings, birth order, parental specially mothers psycho-social factors, family environment institutional environment etc. One of the most important factors that can influence on adolescent adjustment is gender.

1.3.1 Gender Difference in Adjustment

Gender is one of the most important factors that influence on adolescent adjustment. There is a difference between male and female. Their physical changes, social acceptance, expectation of social role, self identity is different in every culture.

In modern civilization we often claim that there is no gender discrimination. But practically the gender inequality is still exists in every society, especially in developing countries like Bangladesh. Discrimination against women starts at birth and continues until death. Women of Bangladesh are not only less feed but also less educated. Males are stimulated for technical, mathematical, leadership and problem solving activities where as females are encouraged and trained to do house hold affairs because it is thought that female children less productive than male children. All the differential treatment against women may reflect in their family environment, parent-child relation and in their adjustment capability.

Early adolescence is a time of rapid physical changes and new social demands, which in turn have an impact on psychological development. It is also during this transitional period that gender differences in depression, self-esteem, and body image begin to emerge. We live in a society in which male activities, such as sport, science, medicine and business, are accorded higher prestige. Given that masculine roles as well as characteristics of a higher status, one would expect that females have a significantly lower self-esteem. Despite findings indicating either no gender difference or a slight propensity for greater depression in prepubescent males than females, from middle adolescence through adulthood, depression becomes more frequent in females (Katragadda and Tidwell, 1998; Petersen, Sarigiani, and Kennedy, 1991). Numerous cross-cultural studies have reported that there is a substantial gender difference in adult depression, with an average female-to-male ratio of two to one (McGrath, Keita, Strickland and Russo, 1990). In early adolescence females also begin to feel less satisfied with themselves and their bodies.

The term 'parent' is defined in Parental Acceptance and rejection "PART" Theory as any person who has a more or less long term primary care giving responsibility for their children; such persons may be biological and adoptive parents, older siblings, grand parents, other relatives or even non-kinsperson. Parenting means providing care, support and love in a way that leads to a child's total development. Parenting includes being responsible for the child's physical needs. It means creating a nurturing environment of attention, encouragement and love for the child. It also means providing guidance for the children. Thus parenting involves meeting the child's physical, mental, emotional and social needs (Hildebrand, 1994). During adolescent period parent plays an important role for his development. This is the period when an

individual searches for self-identity that fosters further development and finally to the attainment of adult status with the challenging tasks and responsibilities.

The parents especially the mother of adolescents plays a dominant role in providing affection, discipline and other socialized behaviour. She exerts a great influence on the psychological development of the child. It has been claimed that many mothers try to control their adolescents and that much mother- adolescent interaction revolves around her effort to keep her adolescent attempts to break free. Some research (Rutter 1966; Rutter, 1970) has shown that maternal physical and emotional health is important for the psychological development of child. Gelfand and Teti, (1990) reported that maternal depression is related to unresponsiveness, inattentiveness and negative feelings in children. The result of several studies (Gross, 1995) showed that child's behavior was related to maternal health. Various factors including maternal factors have been found to link with psychopathology (Baumeister, 1988) and behavior problem (Begum, 1995) of the non retarded children. Begum,(1995) observed that problem behaviour among the children of Bangladesh was found to be significantly related to parental deprivation and availability. According to these studies mother plays a dominant role in her child's life especially in her adolescent's adjustment capability.

1.4 Psychosocial Factors of Mother

The term psychosocial used to describe the influence of social factors on mental health and behaviour. It is the influence of social factors on an individuals mind and behaviour or the interaction of behavioural and social factors. Various psychosocial factors of mother like, marital status, psychological wellbeing and attitude of mother influence the adolescent adjustment.

1.4.1 Marital Adjustment

Marriage is by far the most important personal relationship for people. The stability and continuity of a marriage is important not just to the member of marital dyad, but to their family and community as a whole. Traditionally husbands and wives expected each other to follow gender based division of labour where the husband is responsible for financial support for the family and the wife is responsible for household work and child rearing. More recently, the rapidly changing social and economic trends have led to changes and expectations of marriage for people.

Of many other adjustment problems marital adjustment is important in mother's life as well as in their children's life. With the of mothers marital adjustment, child copes with changeable environment more properly. Marital interactions shape the home environment. How couples handle disagreements has an impact on children; when children see parents successfully resolve conflicts, their levels of distress decrease (Ehrensaft, 2003). In situations of prolonged negative marital interaction and unresolved conflict, children run the risk of developing troubling personality traits and unhealthy ways of dealing with emotion (Thompson, 2001).

The marital relationship has significant effects on family subsystems such as the parent adolescent relationship. When marital relations are poor, a negative parent-adolescent relationship may develop due to the parent's preoccupation and distress with the marital relationship, and, consequently, the parent's unavailability to meet the needs of the adolescent. Parents who were highly satisfied with their marriages tended to have children who were securely attached, and insecure parent-child attachments were related to poor marital satisfaction.

The research confirm to the family systems perspective of how family subsystems may affect other family relationships. An unavoidable component of the marital relationship is the presence of marital conflict such as disagreements and fighting. In studies of marital discord, whether or not the spouses are happy with their marriage is the question of interest.

It appears that marital conflict may affect an adolescent's sense of security which may, in turn, influence their adjustment outcomes. In addition, interpersonal conflict that concerns the child and is unresolved may be especially harmful to child adjustment (Grych and Fincham, 1990; Cummings, Simpson, and Wilson, 1993). The negative effects of exposure to interpersonal conflict do not end in pre-adolescence, but continue well into late adolescence.

Based on the family systems theory, one can postulate that when a couple has conflict and cannot solve it in a constructive way, they are likely to involve their children in the conflict to release some of the anxiety and tension between them. The child might respond by developing different symptoms, one of which could be depression, which in turn serves the function of releasing the anxiety and energy between the couple and keeping them together. In literature marital conflict was examined basically from four theoretical frameworks. These are;

1. Observational learning theory in which children imitate their parents maladaptive behaviors,
2. Conflict as a family system disruption in which the child is indirectly effected through changes in parent-child relationship,
3. Contextual framework theory that focus on child cognitions, in which children are viewed as actively attempting to understand

and cope with the stress caused by exposure to inter parental conflict, and

4. Emotional-security hypothesis that focus on direct or indirect effects of conflict on child emotions or adjustment rather than cognitions (Synder, 1998).

All these approaches have explained potential contributions of marital conflict on understanding the behavioral problems of children.

1.4.2 Psychological Wellbeing of Mother

Women's psychological well-being is influenced by many factors including mothering performance. Mothers frequently assume the caretaker role in the family, which may increase the likelihood that they are attentive to, and thus possibly receivers of, emotions from other family members. In contrast to fathers' experiences, the emotions mothers experienced at their jobs did not foreshadow their emotional states at home in the evening (Larson and Richards, 1994). This suggests either that mothers are more capable of compartmentalizing work and home (i.e. leaving work behind) than are fathers, or that the urgent tasks they must perform when they come home readily overwhelm what happened that day at work.

Mothers' psychological well-being, however, is more likely to be influenced by the daily routine of childrearing activities. Mothers report greater satisfaction with parenting than fathers, and they are more supportive than fathers of their children (Starrels, 1994). At the same time, however, mothers of infants report higher levels of stress and anxiety when they evaluate their own performance as mothers than do their male counterparts (Arendell, 2000). Compared with fathers, mothers are more involved with the responsibility for daily childcare, which exposes them to a wider range of disagreements and tension with

their children (Hochschild, 1989). A number of children in the household are also important predictors of family tension for mothers. Having more children in the household was associated with more mother-child tension (Almeida, Wethington, and Chandler, 1999). Additionally, the extent of mother's child-care related stress level is frequently affected by the societal expectations for women to be "good mothers" (Villani, 1997).

1.4.3 Parental Attitudes

Parenthood is a process that needs reciprocal relationship with the child. As a developmental process it continues throughout the life but, at childhood and adolescence stages it has enormous impact on children's personality development and their psychologically well-being. In comparison of both parents, mothers have far too much role over their child. Mother-infant relationship begins earlier than fathers. Since they are naturally donated with the ability of carrying and nurturing, supporting and loving their child, the basic attachment and acceptance process to the infant is provided by mother. After the child is born, fathers also have close reciprocal relationship with the child and while the child grows up, grand parents, siblings and others get included into the child's life and makes his/her life broader. However, while the child is shaped by other's influence on him, parents' attitude, especially mother's parenting takes the considerable impact on the children's behavior. Many authors have examined the maternal attitudes on children. For instance, Anthony and Benedek, (1970), have classified the maternal attitudes as;

1. Rejecting mothers,
2. Maternal overprotection and
3. Maternal perplexity. In their edited book rejecting mothers are examined by Freud, (1968). According to Freud, the rejection attitude

can be caused by many reasons like, having physical or mental illness, lack of their own home or of space, financial difficulties, the burden of too many older children, etc. Whatever the reason for the rejection, the mother acts as unwilling and she expresses less loving interest toward the child and less sensitivity to her/his demands. As expected, this results in some inevitable reactions of the child. The child facing the maternal rejection develops a belief that s/he is no good and reacts by naughtiness and aggression. S/he may also develop anxiety, feelings of guilt or other behavioral problems such as regression in behavior or social withdrawal. Maternal overprotection is investigated by Levy, (1943) and Levy defined maternal overprotection as excessive maternal care of children, excessive contact, infantilization, prevention of independent behavior, and excessive maternal control and dependency. According to him, an overprotective mother lives for the child only. She neglects others including her husband and the social and sexual life with him. She feels uncomfortable when she is away from her child; thinks that the child is belonging only to her and most of the time she doesn't let even her husband to train their child. Interestingly, Levy argues that "sometimes overprotection masks strong rejection or is compensatory to it and the most frequent clinical type of maternal overprotection is found in this group". There are many cases in which mothers rejecting their parenting role, show excessive dependency and control over their children. As a result of this attitude, as in rejecting mothers, overprotective mothers may also cause many maladaptive child reactions like insecurity, anxiety or aggression. Anthony and Benedek, (1970) presented maternal perplexity as third category which was defined by Goldfarb, Sibulkin, Behrens and Jahoda, (1958). Maternal perplexity can be defined as exaggerated and confused mother-child relationship. Mother acts out and feels doubtful and indecisive, passive and uncertain

mostly during the relationship with the child. She lacks in organizing activities, spontaneity and immediate natural awareness of the child's needs. The child's reaction to this attitude would be uncontrolled aimless, perseverative, confused, and uncontained.

Baumrind, (1971) also defined three different parenting styles on the basis of parental control. These are 1-permissive, 2-authoritarian and authoritative. According to Rohner,(2002) children need a specific form of positive response as acceptance. If parents does not show acceptance to their children, these children become hostile and aggressive, dependent, emotionally unresponsive, unstable, and negative to the world, and show impairment in self-esteem and self-adequacy. In this respect, they disclose behavior problems and conduct disorders, depressed affect, and drug and alcohol abuse. In Baumrind's (1971) description, the authoritative mother is seen as the most democratic prototype of mothering. She said that authoritative mother encourages verbal conversation with the child, enforces her own perspective but recognizes the child's personal interests and view. She affirms the child's qualities, but also set standards for future conduct. She resolves the conflicts between pleasure and duty, and freedom and responsibility with sharing the reasons of her policy, in other words with authoritative control. The authoritative parenting style produces the most competent children (Rohner, Khaleque, & Cournoyer, in press). In the light of these different researcher's theories about the maternal behavior, maternal attitudes toward children can be classified on the basis of three dimensions such as rejecting versus overprotective, permissive versus authoritarian and perplexive versus authoritative maternal attitudes. It is noted that, the girls who showed withdrawal behavior in adulthood, experienced overprotection when they had been 0 to 3 years of age. Conversely, authoritative parental attitude consists of positive and

emotional supporting parenting toward children. It enforces the parents own perspective but also includes the child's view about the rules. It also includes communication, firm limit-setting, reasoning and responsiveness.

1.4.4 Mother's Parenting Style

According to PART Theory, parental acceptance refers to the warmth, affection, care, comfort, concern, nurturance, support or love that children can experience from their parents and other care givers. Parental rejection refers to the absence or significant withdrawal of these feelings and behaviors by the presence of a variety of physically and psychologically hurtful behaviors and affects. Several cross-cultural research over 45 years reveals that parental rejection may be experienced by any combination of four principles behavioral aspects –(i) warmth/affection (or its opposite, coldness/lack of affection), (ii) hostility/aggression, (iii) indifference/neglect and (iv) undifferentiated rejection. Undifferentiated rejection refers to individual's belief that their parents do not really love, want, appreciate or care about them, without necessarily experiencing any clear behavioural indicators that the parents are neglecting unaffectionate or aggressive toward them.

The research program about parental acceptance-rejection was initiated in response to claims by western social scientist that parental love is essential for healthy social and emotional development of children. As a result, Rohner, (1975, 1986, 2002b) formulated a most clear parental acceptance rejection theory (PART Theory). According to PART Theory, feeling cared about one's attachment figures may have more consistent and universal effects on individuals' psychological well-being than any other single class of experience.(Rohner, Khaleque, and Cournoyer, 2007.)

The important conceptual feature of parental acceptance and rejection is individual's subjective perception of parenting behaviours. The key concepts of perceived acceptance and rejection are defined in terms of the interpretations that children and adults make of major caregivers behaviours. This allows individuals to make interpretations of parenting through their own cultural and personal lenses and thus avoids the possibility of misinterpreting the meaning of care givers behaviour.

Parental acceptance and rejection can be studied as perceived or subjective experience of individual or it can be studied as reported by an outside observer. Sometimes, the two perspectives do not lead to similar conclusions. That is, there is a major problem whether the parents really rejecting or they are perceived to be such. Kagan, (1978) explained that "parental rejection is not a specific set of actions by parents but a belief held by the child".

Among different programs of research on acceptance-rejection, the work of Rohner and Collogues is most highly developed. Among Japanese adults, remembered parental acceptance made an independent and significant contribution to women's adjustment whereas only remembered maternal acceptance made an independent and significant contributions man's adjustment (Rohner, Uddin, Shamsunnaher and Khaleque, 2008).

In addition to issues of psychological adjustment, evidence also strongly implicates at least three other mental health issues of parental acceptance-rejection. These issues are (1) depression and depressed affect, (2) behavior problems including conduct disorders, externalizing behaviors, and delinquency, and (3) substance (drug and alcohol) abuse (Rohner & Britner, 2002).

The quality of the parent-adolescent relationship influences adolescent adjustment. From birth, a positive parent-child relationship has an importance to healthy development. Attachment is a good example of the significance of parent-child relationships.

1.5 Literature review

Several studies have done on the factors those are related to the adolescent adjustment. As a primary caregiver and guardian mother plays an important role in her children's development especially in their adjustment. In the period of adolescence it is very important how the mother treat with her child, the relationship between mother and her adolescent child and the mother's psychosocial factors are also very important to the child's adjustment. Baumrind, (1971) stated that an authoritarian mother shapes, manipulates and controls the child's behavior in direction of absolute parental standards of conduct. She restricts the child's autonomy and expects obedience the rules. She uses forceful and punitive disciplinary practice if any conflicted behavior toward her set of standard occurs. She does not have verbal conversation with the child about the family rules, and believes that the child should accept her word for what is right.

There now exist some substantial literature documenting the effect and relation between adolescent adjustment and mothers' psychological wellbeing. Rice, (1990) Allen, Moore, Kuperminc and Bell, (1998) has found that Adolescents who are securely attached to the primary caregiver tend to have higher self-esteem and lower incidences of internalizing and externalizing behaviours than insecurely attached adolescents. Schuster & Ashburn, (1992) stated that a positive parent-adolescent relationship provides much-needed support during the difficult developmental period of adolescence. Research results of Sim

and Vuchinich's, (1996) suggest that family stressors are most influential during adolescence. Some studies have also done on the relation of adolescent adjustment and maternal psycho-social factors. In the study of Denham, (1989), it was found that maternal happiness is related to the child's happiness and maternal sadness is positively related to the child's sadness and anger. Smith, Perrin, Yule and Rabe- Hesketh, (2001) found that children adjustment was associated significantly with both exposure to war and maternal mental health.

Many research had also shown that marital satisfaction of mother has a close relation with her adolescent child's adjustment. In 1990 Fendrich, Warner and Weissman showed that marital conflict has negative impacts on the family environment and child behavior problems. Cumming and Zahn-Waxler, (1992) narrated that their own interactions with parents, children are also affected through observations of the interactions of their parents. Davies & Cummings, (1994) exposure to negative parental interactions might be accepted as a major risk for maladaptive development of children. Grych and Fincham, (1990) showed in their studies have investigated the marital conflict on child behavior problems revealed that, it is associated with both internalizing and externalizing problems. Grych and Fincham, (1990) showed comparing the dimensions of problems, externalizing problems' (conduct disorders, delinquency and aggression association with marital conflict was found to be higher than internalizing problems' association with marital conflict. But Kelso, Stewart, Bullers, and Eginton, (1984), narrated that marital conflict is a cause, not an effect, of the children's problems. On the other hand Amat, (1986) narrate that marital conflict is related to children's maladjustment behaviours. David, Steele, Forehand, and Armistead, (1996) reported that marital conflict was associated with adolescent externalizing (e.g., aggression, acting out) behaviours.

Goldberg, (1990), O'Leary and Emery, (1984) has shown that parenting practices and parents' perceptions of children are also associated with the marital relationship. Bishop and Ingersoll,(1989) reported that the presence of high marital conflict in the home may also influence the development of negative self-concepts in adolescence.

The association between marital conflict and antisocial behavior remain consistent from childhood to adolescence. It is only when an individual reaches young adulthood that the influences of marital conflict seem to subside (Sim and Vuchinich 1996). On the studies of South Asia Vaidyanathan and Naidoo, (1991) and Wakil, Siddique, & Wakij, (1981) have found that South Asians are rapidly acculturate to Western values in the area of work and school as they are motivated to be economically and professionally successful, however, they tend to maintain traditional expectations regarding family life. While such traditional expectation may have been functional for relationships in previous generations, very little is known about how they influence the interpersonal dynamics of the South Asian marriage. Buehler, (1997); Cummings, Davies, Simpson,(1993); Harold, Fincham, Osborne, & Conger, (1997) and Katz & Gottman, (1993) have found that children whose parents engage in high rates of conflict have been found to be at increased risk for development of both externalizing (e.g, aggression, conduct problems) and internalizing (e.g., anxiety, depression) behaviour problems. Burman, John and Margolin, (1987) found a strong relationship between mother's marital satisfaction and conflict style and own ratings of their boy's adjustment. Cowan, and Cowan, (2002) stated that difficult and in difficult parent- child and marital relationship function as risk factors for children's cognitive, social and emotional problem in adolescence. Ferguson, (1995) in his experiment indicated that maternal depression is associated with depression in adolescent. In study of Japan at this issue

Katsuko Makino, (1988) also found in Japan the unrealistic expectations (on the part of society as a whole and mothers in particular) on what it means to be a good mother, and a mother's social isolation from the support networks are the major cause of maternal stress and anxiety. Gottman and Katz, (1989) reported an inverse relationship between the level of marital satisfaction and amount of time children socialized with playmates. Forehand, Long, Brody, and Fauber, (1986) found that school aged children of parents who reported low levels of marital satisfaction were less sociable in school than children whose parents endorsed greater marital satisfaction. Fincham (1994) reported that most children do not display clinically significant maladjustment as a result of marital conflict. Emery and O'Leary (1984) observed only a modest association between marital satisfaction and child behavior problems in a non clinic sample.

Children with single parent have some problem in their adjustment. Begum, Khanam and Begum, (1988) found that absence of father has a negative impact on children's adjustment.

Gender difference was found in the previous studies. Sribastava, (1997) observed that sex and caste play an important role in adjustment. He found that male students are better adjusted than female students. McGrath, Keita, Strickland & Russo, (1990) have done numerous cross-cultural studies and have reported that there is a substantial gender difference in adult depression, with an average female-to-male ratio of two to one. Tobin-Richards, Boxer and Petersen, (1983) found that body image became increasingly more negative with pubertal maturation for females and more positive for males. Hill and Lynch, (1983) stated that as they enter puberty, boys begin to identify more strongly with masculine stereotypes and girls identify with feminine stereotypes. The

link between the feminine stereotype and the tendency for depression may be a lack of masculine characteristics.

Peterson, (1979) reported that the likeliness of depression in girls may also be due to what they see as being the negative aspect of puberty, such as changes in body shape. Another aspect of the adolescent experience which has been of interest to researchers is the relationship between gender and parent-child conflicts. In the study of Rosenthal, (1984) gender differences in parent-child conflicts have been identified. Siddique & D'Arcy, (1984) stated that during adolescence, there seems to be a significant pressure for girls to adopt traditional roles. Given that during the last two decades there has been a trend in changing sex-stereotyped behaviour, this pressure for girls to conform to traditional roles is likely to provoke conflicts with parents, who tend to be oriented towards sex-role behaviour. Rosenthal & Grieve, (1990) in their study revealed that amongst Italians and in Australia dissatisfaction with being a girl is associated with membership in an ethnic minority culture where gender roles are very much stereotyped. Offer, (1991) and Hogg, (1987) showed that males have a significant higher self-esteem than females. Sarigiani and Peterson, (1989) External resources such as close relationships with parents (especially with fathers) have shown to girls with adjustment. Girls also have a tendency to use "internalizing" defense mechanisms as coping style.

Many researches support that mother child relationship and the mother's child rearing pattern effect the adjustment of adolescents. Schuster and Ashburn, (1992) assert that the availability of the parent when the adolescent needs him or her is vital to healthy adolescent adjustment. Thurner, (1994) asserts that the contemporary "Good Mother" myth in Western society sets standards that are unattainable

and self-denying. In a meta analysis Khaleque and Rohner, (2002) showed that approximately 26% of the variability in children's psychological adjustment and 21% of that is adults are accounted for parental (parental as well as maternal) acceptance-rejection. In 2008 Rohner & Khaleque also showed that among Japanese adults, remembered parental acceptance made an independent and significant contribution to women's adjustment whereas only remembered maternal acceptance made an independent and significant contributions man's adjustment. Jaycox and Repetti, (1993) reported that children from homes characterized by marital conflict were described by their teachers as displaying more behavior problems at school than children from homes not characterized by conflict. Children from martially conflicted families also perceived themselves as less competent than their peers. In a study which is conducted in Turkey by Varan, Rohner & Eryuksel , (2005) and suggest the possibility of the universal relation between individual's mental health status and their perceptions of acceptance-rejection by parents and intimate marital conflict on children adjustment. Baumrind, (1991) and Rohner, (1986) in their studies indicated that across cultures parental warmth and acceptance predict a lower incidence of psychological maladjustment among children and adolescents.

Studies also done in China to find out the relation between parental acceptance or rejection attitude with their children. Chen, Lui & Li, (2000)in their research have predicted that the Chinese emphasis on social order and harmony in interpersonal relationships would facilitate the development of psychological problems related to over-controlled behaviour, specifically depressed mood, anxiety, and somatization. Chen, et.al,(1985) & Kim et al, (2000) studies with Chinese children confirm the relationship between parental warmth and

emotional adjustment. Chen (2000) found youth with warm parents are less likely to develop adjustment problems than those whose parents are unresponsive and rejecting of them. Parental warmth has meaning in Chinese culture that is similar to its meaning in the West. Chen, Lui, & Li, (2000) stated that parental attitudes and behaviours are guided and prescribed by socialization goals in the culture. Socialization goals vary across cultures, according to the specific qualities and outcomes in children that are valued and emphasized. These socialization values affect parenting practices, and these practices. Chen, Rubin & Li, (1995), Cheu Lau, 1985; Kim & Ge, (2000) and Tao, (2000). In the studies with Chinese children confirm the relationship between parental warmth and emotional adjustment. Thus, warm parental affect and acceptance are among the ecological variables that influence child functioning. Chen, Lui, & Li, (2000) found that youth with warm parents are less likely to develop adjustment problems than those whose parents are unresponsive and rejecting of them. Ho, (1986); Lau, Lew, Hau, Cheung, & Bernt, (1990) Warmth is defined in terms of emotional support, caring, concern, affection, kindness and tenderness. Baumrind, (1971) Frank, (1940) cited, the child who faces such an attitude during the early childhood, reacts as insecure and threatened, and in hostile manner. S/he experiences persistent anxiety about adequacy and competency feelings. Maccoby and Martin, (1983) also defined such parenting as "firmly enforced rules and edicts decided by parents without acceptance of children's demands and without bargaining and discussion" The mother's punitive, hostile and self-righteous disciplinary practices produce in child some cognitive and emotional disturbances like; hostile withdrawal, hostile acting out, dependency, personality problems, nervousness, etc. Hoin, (1986) stated that warmth is defined in terms of emotional support, caring, concern, affection, kindness and tenderness.

Baumrind, (1971) reported that the mother who display parenting expects her children to obey firmly enforced rules that she judges for what is right, so, whenever the child gets in conflict with her, she uses forceful and punitive disciplinary practices. Barber, (2001) stated that negative parenting can be disclosed in two ways, as; hostility which includes overt verbal and physical aggression, and psychological control which includes covert aggression through excessive criticism, contingent affection, guilt induction, restrictive communication, and invalidation of feelings. Messer & Beidel, (1994) ;Olsen, Yang, Hart, Robinson, Wu, Nelson, Jin& Jianzhong, (2001) narrate that the children who come across such a harsh parenting in preschool years tend to develop some cognitive and emotional disturbances in the school-aged years.

Baumrind, (1967) stated that preschool children who encounter with this parenting style show less content, less secure, and more hostile or regressive behaviors under stress than other children. Thompson (2003) reported that, children who were disciplined with authoritarian parental attitudes at around age 5 were found to have externalizing problems at about age 10. Rohner and Rapee, (1997) in press, Rejection is also another important parental attitude that affects children's behavioral problems. It is described as; unwilling, less sensitive and less loving interest to child's demands and negative and hostile feelings toward the child. Querido, Warner, and Eyberg, (2002), found that authoritative parenting is negatively associated with children's behavior problems. Hall and Bracken, (1996) in his studies revealed that, adolescents who expressed their mothers as authoritative reported better interpersonal relationship than adolescents who have authoritarian parenting.

1.6 Rationale of the study

In the life span of an individual the period of adolescence is looked upon as an age of frustration and suffering, a span of intensified conflict and crisis of adjustment. Moreover, the physical and emotional changes, social support, expectation, responsibility and acceptance are not the same for adolescent boy and girl. Due to these differences there may be a variation in their adjustment.

Young adolescents may have many problems because of their lack of experience and social and emotional impairment. Moreover they are in substantial risk when body changes are most pronounced and self-concept is least stable. Thus it is essential to be aware and to understand, identify the positive and negative development of adolescence to ensure effective socialization and provide positive foundation for the successful transition to adulthood. Young adolescents have also been found to be under greater stress and typically suffer from confusion, conflict, moodiness and outburst of anger and in some cases reversion to infantile fears (Cohen and Frank, 1975). This may be because of their low ability to cope with stress. This is the time when strong parental guidance is required otherwise they may acquire some emotional instability, habit of some antisocial behaviour. It is thus essential to be aware, understand and identify the problems of adolescent adjustment. We know that family is very important for the development of children. The proper interaction between mother and child is very important for children's proper adjustment. Children always observe and follow various activities of their mother. High marital adjustment, positive attitude and psychological wellbeing of mother have impact on their life. This highly adjusted mother can easily handle any pressure that arises from environment. Children observe and learn this

and this learning helps them in their adjustment capability of their future life.

Adjustment of the adolescents depends on many factors of which parental role especially the role of mother is an important one. The quality of mother's role may again depend on some factors like- age, education, occupation, parenting style, marital adjustment and psychological wellbeing of mother. Thus it is felt that for the proper understanding of the issue of adolescent adjustment, relationship between adolescent adjustment and psychosocial factors of mother should be explored.

Understanding the relation of adolescent adjustment and mothers psychosocial factors has been great concern to the developmental psychologists. However, survey of the literature shows that there are very few studies on young adolescents in Bangladesh and most of them concentrate on their changes and delinquency. There has not been so many direct attempt to assess the relation of their adjustment and mother's psychosocial factors. This concern stimulated the present study. It is expected that the knowledge gained from the present research may be helpful in understanding the adjustment of adolescents and its relation with some psychosocial factors of mother. This research will also carry some applied values and finding of the research may be used to increase the awareness of mothers. Besides this, it may be used in child development programmes run by different government and non-government organizations.

1.7 Objectives of the study

Main objective

The main objective of the present study was to find out the relationship between adolescent adjustment and mother's psychosocial factors.

Specific objectives

The specific objectives of the present study were:

1. To determine whether there is any relationship between adolescent adjustment and psychological wellbeing of mother.
2. To examine if there is any relationship between adolescent adjustment and marital satisfaction of mother.
3. To see whether there is any relationship between parental orientation of mother and adolescent adjustment.
4. To see whether there is any gender difference in adolescent adjustment.
5. To find out whether adolescent children of mothers with different parenting style (acceptance and rejection) differ in adjustment.
6. To determine whether the mothers with different parenting style differ in their psychological wellbeing.
7. To find out the differences in marital adjustment between the mothers showing accepting parenting style and mothers showing rejecting parenting style to their adolescents.
8. To investigate the difference in parental orientation (development/achievement) between the mothers with different parenting style.

9. To see the difference in adjustment between the adolescents of development oriented mothers and the adolescents of achievement oriented mothers.

Chapter- Two

Method

2.1 Sample

A total number of 100 adolescent boys and girls and their mothers (100) were selected as a sample for this study. The age of the adolescents ranged from 13 and 14 years (early adolescence) and they were the students of class seven to nine. Description of the sample is presented in table-1. Though their economic status ranged from lower to upper class, majority of them belonged to middle class. The education level of the mothers ranged from S.S.C to post graduation level. Some of them were engaged in different types of occupation but most of them were housewives.

Table 1:

Distribution of Sample

| | Adolescents | Mother |
|-------|-------------|--------|
| Sex | | |
| Boy | 50 | 50 |
| Girl | 50 | 50 |
| Total | 100 | 100 |

2.1.1 Sampling technique

The adolescent participants were selected randomly from three different schools in Dhaka City. At first the schools were selected randomly from the list of the secondary schools of Dhaka City but because of the non cooperation of the school authority data were only collected from those schools which assured co-operation. Then the

adolescents participants selected randomly from class seven to class nine. The selected adolescent's mothers were taken as participants in this study.

2.2 Instruments used

Following instruments were used to collect data of the present study.

1. The Bangla version of "Reynolds Adolescents Adjustment Screening Inventory (RAASI)" by Reynold (2004),
2. Bangla version of "The parental Acceptance / Rejection Questionnaires - Child (PARQ)" by Rohner and Khaleque (2002)
3. Bangla version of "Subjective wellbeing questionnaire" by Nagpal and Shell (1986),
4. Bangla version of "Spanier's Dyadic Adjustment Scale" by Spanier (1976) and
5. "Parental Orientation Inventory" by Ravichandra and Parameshwaran (1972).

The first two scales were administered on the adolescents and the other three scales were administered on the mothers of the adolescents.

2.2.1 Reynolds Adolescent Adjustment Screening Inventory (RAASI)

Reynold, (2004) developed the Reynolds Adolescent Adjustment Screening Inventory (RAASI). It is a brief screening measure of adolescent psychological adjustment. The RAASI was constructed as screening measure to evaluate broad yet critical areas of adolescents psychopathology and adjustment difficulties. Most adolescents can complete the RAASI in about 5 minutes. The 32 RAASI items provide scores on four scales that include both externalizing and internalizing

problems and focus on contemporary adjustment issues of adolescent's-antisocial behavior, anger control problems, emotional distress, self esteem and social inhibition. An adjustment Total score is also provided and represents the some of all RAASI items scores. The RAASI items use 3 points response format with items scored from never or almost never (1): sometimes (2) : nearly all the time (3) and required respondents to endorse the response that best described how they have been feeling in the past 6 months. The response formats are assessing the frequency of signs and symptoms of adjustment problem. The RAASI includes 6 reverse- scored items. This reverse scores items are worded in a positive manner so that revering the scored represents greater mal-adjustment. The use of reverse score items allows for examining aspects of response validity through item endorsement patterns.

The RAASI Adjustment Total score provides a global assessment of psychological adjustment across the four adjustment problem domains that construed the RAASI scales. The RAASI Adjustment Total score, as a function of greater number of items and breadth of content, provides the highest level of reliability and validity as a global measure of psychological adjustment.

2.2.1.1 Reliability

The test-retest reliability co-efficient of .89 for the RAASI adjustment total score is high. The test-retest reliability co-efficient ranged from .85 to .86 for the sub-scales and they were similar. The test-retest reliability co-efficient is completed using the Pearson product moment correlation procedure, the correlation co-efficient between time 1 and time 2 is a measure of rank-order stability rather than absolute changes in raw score values. The obtained results are presented in table no-2.

Table- 2

Test-retest reliability (r) of the RAASI

| RAASI Scale | R |
|-----------------------------|-----|
| Antisocial Behavior (AB) | .85 |
| Anger Control Problems (AC) | .83 |
| Emotional Distress (ED) | .85 |
| Positive Self (PS) | .86 |
| Adjustment Total (Adj. T) | .89 |

N=64, Test-retest Interval between 14 days

2.2.1.2 Validity

The validity of the RAASI includes content, criterion-related, constructs discriminate and factorial validity. The inter correlation among the four RAASI scales along with the RAASI adjustment Total score correlation are presented bellow for the standardization and clinical samples, respectively. Although substantial validity was consistent with scale content the correlation coefficients were in the .20 to .65 range, with median Inter correlation coefficients of .41 for the standardization sample and .43 for the clinical sample.

Table-3

Inter correlation among RAASI scale in the Standardization Sample.

| RAASI Scale | AB | AC | ED | PS | Adj. T |
|-----------------------------|----|------|------|------|--------|
| Antisocial Behavior (AB) | | .61* | .43* | .29* | .58* |
| Anger Control Problems (AC) | | | .57* | .36* | .69* |
| Emotional Distress (ED) | | | | .38* | .58* |
| Positive Self (PS) | | | | | .41* |
| Adjustment Total (adj. T) | | | | | |

N=1827, RAASI Scale with Adjustment Total score (Adj. T) correlation are corrected for part whole redundancy. *p <001.

The obtained results are presented in Table-3.

Table- 4

Inter correlation among RAASI scale in the Clinical Sample

| RAASI Scale | AB | AC | ED | PS | Adj. T |
|-----------------------------|----|------|------|------|--------|
| Antisocial Behavior (AB) | | .61* | .28* | .20* | .46* |
| Anger Control Problems (AC) | | | .49* | .37* | .67* |
| Emotional Distress (ED) | | | | .48* | .53* |
| Positive Self (PS) | | | | | .43* |
| Adjustment Total (adj. T) | | | | | |

N=506, RAASI Scale with Adjustment Total score (Adj. T) correlation are corrected for part whole redundancy. *p <01, *p <001.

2.2.1.3. Bangla version of the Reynolds Adolescent Adjustment Screening Inventory (RAASI)

The purpose of the present research was to measure the adjustment of adolescents of, Bangladesh, but the English version of the Reynolds Adolescent Adjustment Screening Inventory (RAASI) was not suitable for the Bangladeshi adolescents. Therefore the Bangla version (Mili and Afrose, 2006) of the Reynolds Adolescent Adjustment Screening Inventory (Appendix-B) was used in the present study.

2.2.1.4 Translation Reliability

The Pearson-product moment correlation(r) was used to determine the test- retest reliability for each RAASI scale and for the Total Adjustment Scale. The correlation range from 0.89to0.83, which was significant at .01 level. The obtained results are presented in table No-5.

Table- 5

Test- Retest reliability (r) of the RAASI

| | |
|-----------------------------|-----|
| RAASI Scale | |
| Antisocial Behavior (AB) | .89 |
| Anger Control Problems (AC) | .73 |
| Emotional Distress (ED) | .82 |
| Positive Self (PS) | .75 |
| Adjustment Total (adj. T) | .83 |

N=30, Test- retest Interval between 14 days.

2.2.1.5 Reliability of the Bangla version:

The Pearson-product moment correlation(r) was used and the correlation ranged from 0.93 to 0.82, which was significant at .01 level. The obtained results are presented in table no-2.5.

Table- 6

Test- Retest reliability (r) of the RAASI

| | |
|-----------------------------|-------|
| RAASI Scale | R |
| Antisocial Behavior (AB) | 0.933 |
| Anger Control Problems (AC) | 0.837 |
| Emotional Distress (ED) | 0.866 |
| Positive Self (PS) | 0.885 |
| Adjustment Total (adj. T) | 0.823 |

N=30, Test- Retest Interval between 14 days.

2.2.1.6 Scoring

The RAASI contains 30 items. The RAASI items were used as 3 point response format with items scored from Never or almost never (1); Sometimes (2); Nearly all the time (3) and require respondents to endorse

the response that best describe how they have been feeling in the past 6 months. The response format assesses the frequency of signs and symptoms of adjustment problem. The RAASI includes six reverse-scored items.

The reverse scored items are calculated with the appropriate converted score. The scores in each scale column were added (AB, AC, ED, and PS) and the total was entered in the space provided at the bottom of each column. Each subscale's raw scores were summed to obtain the Adjustment Total (Adj.-T) score. Then each subscale and total adjustment raw score were transferred into the T score. The higher score indicates higher level of adjustment problem.

2.2.2 The Parental Acceptance/ Rejection Questionnaire-Child (PARQ)

The Parental Acceptance/Rejection Questionnaire-Child (PARQ) is a self-report instrument designed to measure individuals' perceptions of parental acceptance-rejection. Parental acceptance-rejection is a bipolar dimension, with acceptance defining one end of the continuum and parental rejection defining the other.

The PAR questionnaire is an instrument that has been used to identify the parental acceptance and rejection. The PARQ have been developed by Rohner & Khaleque, (2002). Three versions of the PARQ have been developed: The Adult PARQ, assesses adults' perception of their mother's or father's treatment of them when they were about seven through twelve years old; the Parent PARQ asks parents to assess the way they how treat their children; and the Child PARQ asks youth to respond about the way they feel about their parents now treat them. We administered the child PARQ- mother version to determine the mother's attitude (acceptance/ rejection) towards her adolescent child.

All version of the PARQ consist of four scales;

- (1) Warmth/affection,
- (2) hostility/aggression,
- (3) indifference / neglect, and
- (4) undifferentiated rejection.

The PARQ is available in two forms. The long form contains 60 items; the short form contains 24 items. Most of them refer to parental behavior rather than parental attitudes.

Depending on which version is administered, adults are told to either reflect on the way they now treat their children (parent version) or reflect on the way their mother or father treated them when the respondents were about 7 through 12 years old (adult version). The child version is administered to youths for as long as they continue to be under the care and supervision of their parents.

The PARQ should be administered only when it seems likely that the respondent will be able to complete it in a single sitting, without distraction. The child version of the standard PARQ typically takes 15 to 20 minutes to complete. Occasionally, it can take 35 [longer. The adult and parent versions usually require 10 to 15 minutes to complete. The f short form of the PARQ takes about half-as much time.

2.2.2.1 Reliability

The reliability coefficients of PARQ ranged from 0.86 to 0.95, with a median reliability of 0.91 in 1975 validation study. A second study in 1975 revealed a spread of alphas from 0.83 to 0.96, with a median coefficient of 0.91. In a pilot study in 1976, the reliability of the scales ranged from 0.71 to 0.96, with a median reliability of 0.84. Finally, alphas on the Child PARQ in 1975 spread from 0.72 to 0.90, with a

median reliability of 0.82. The obtained results are presented in table no-7.

Table- 7

Internal Consistency- Reliability Coefficients (Alpha) for the PARQ Scales

| Test & Scale | Adult | Child |
|----------------------------|-------|-------|
| PARQ | | |
| Warmth/Affection | .95* | .90* |
| Hostility/Aggression | .93* | .87* |
| Indifference/Neglect | .88* | .77* |
| Undifferentiated Rejection | .86* | .72* |

*p<.001

2.2.2.2 Validity:

Two forms of evidence were used to assess the validity of the Child and Adult PARQ. These were measures of convergent validity and discriminate validity. I measure of the convergent validity of each PARQ scale is presented in the following table-8.

Table 8

Convergent Validity Correlations for PARQ scales

| PARQ Scales | PARQ Version | R |
|----------------------|--------------|------|
| Warmth/Affection | Adult | .90* |
| | Child | .83* |
| Hostility/Aggression | Adult | .43* |
| | Child | .55* |

2.2.2.3 The Bangla version of The Parental Acceptance/ Rejection Questionnaire-Child (PARQ):

The purpose of the present research was to measure parental behavioral effect on adolescent of Bangladesh, but the English version of the parental acceptance and rejection questionnaire- child (PARQ) was not suitable for the Bangladeshi adolescent. Therefore the Bangla version (Kaniz and Afrose-2008) of the parental acceptance and rejection questionnaire- child (PARQ) was used in the present study. The Bangla version of the parental acceptance and rejection questionnaire- child (PARQ) is given in the Appendix-B.)

2.2.2.4 Translation Reliability

The Pearson-Product moment correlation(r) was used to determine the test retest reliability for each PARQ scale and for the total PARQ scale. The correlation ranged from .93 to .82, which was significant at .01 level. The obtained results are presented in table-9

Table-9

Test-Retest reliability (r) of the PARQ

| | |
|----------------------------|-----|
| PARQ Scale | |
| Warmth/Affection | .93 |
| Hostility/Aggression | .83 |
| Indifference/neglect | .86 |
| Undifferentiated Rejection | .88 |
| Total PARQ | .82 |

2.2.2.5 Reliability of the Bangla version

The Pearson- product moent correlation (r) was used and the correlation ranged from .90 to .88, which was significant at .01 level. The

obtained results are presented in table no-10

Table- 10

Test- Retest reliability (r) of the PARQ

| PARQ Scale | R |
|----------------------------|-----|
| Warmth/Affection | .90 |
| Hostility/ Aggression | .73 |
| Indifference/neglect | .76 |
| Undifferentiated Rejection | .88 |
| Total PARQ | .88 |

N=30, Test- Retest Interval between 14 days.

2.2.2.6 Scoring

Step 1- Numerical Scoring- Recording the numerical score for each response as- (1)Almost never true; (2) Rarely true; (3) Sometimes true; (4) Almost always true.

Step 2- Reverse scoring- Item no 13 was scored as reverse scoring.

Step 3- making a sum of each column and recording the number at the foot of each column.

Step 4- subtracting the sum of the Warmth/Affection score from 40 (for short form).

Step 5- the total scores on the sort forms must fall between 24 & 96. 39

2.2.3 Spanier's Dyadic Adjustment Scale

The original scale was developed by Spanier,G.B. (1976). The adopted Bangla version of SPDAS (Illyas, 1986) was used to measure marital adjustment. The scale is chosen because it is consistent with the definition of marital adjustment used in the present study. The adopted

scale has 29 items that ask about frequency of kissing, differences for being too tired for sex and for not being showing love have being dropped from the scale. These items are omitted because it was thought that these items would offend the respondents and reduce the response rate. The remaining 29 items were translated to Bangla.

2.2.3.1 Reliability

Then both English and Bangla have significant correlation ($r = .78$, $p < .001$) and indicate that they measured the same things.

2.2.3.2 Scoring

In marital adjustment scale scores of the respondents responses were calculated as follows for one to fifteen questions. All of the time similar opinion = 5, most of the time similar opinion = 4, vary rarely similar opinion = 3 sometimes different opinion = 2, most of the time = 1 and all of the time different opinion = 0 and from sixteen to twenty two questions, the scores were as follows, all of the times = 0, many times = 1, most of the times = 2, sometimes = 3, vary rarely = 4 and none of the time = 5. Again for twenty three, the scoring procedure was, all of the function = 4, most of the function = 3, some of the function = 2 vary rare number = 1 and none of the time = 0. Again for twenty four to twenty seven, the scoring procedure were none of the day = 0, less one time in a month = 1, one or two times in a month = 2, One or two times in a week = 3, one times in a day = 4 and more than one — 5. And for the twenty eight questions, the scoring procedure "Were, extreme unhappy = 0, fine unhappy = 1, a little bit unhappy = 2, happy = 3, fine happy = 4, enough happy = 5, completely happy = 6. And for the twenty nine questions, the scoring procedure were, desperately I want that our marital relation become successful — 5, extremely I want that our marital relation

become successful = 4, extremely I want that our marital relation become successful, for this reason, I can sacrifice all things - 3, I will be happy if our marital relationship become meaningful = 2, I will be happy if our marital relationship become meaningful for this reason, I do not agree to do something more than now=1, never our marital relation can succeed=0.

2.2.4 Parental Orientation Inventory

Parental attitude was measured through the Bangla version of Parental Orientation Inventory by Ravichandra and Parameshwaran, (1972). The scale comprised 20 pairs of statements.

In each pair of statement one indicated achievement and the other development oriented attitude. The ratio of development orientation score to achievement orientation score was taken as a measuring index. All those who obtained a score of more than one were identified as development oriented and those who obtained less than one as achievement oriented. Achievement orientation refers to parents' stress on rapid development, achieving excellence, specialization, competition and productivity. Development orientation refers to parents' stress on spontaneity of behavior, all round development, happiness rather than acquisition, cooperation, creativity and originality among children.

Reliability: Test-retest reliability was found .80.

Validity: Validity coefficient was found .85.

2.2.5 Subjective Well-Being Questionnaire

The authors of the subjective well-being questionnaire are Nagpal and Shell, (1986). The questionnaire was used to measure the psychological well-being of the respondents participating in the present study.

By using factor analysis nine dimensions of subjective well-being were identified by Nagpal and Shell. Originally 130 items structured questionnaire was designed to cover the areas of concern. Later on a short version of the questionnaire consisting of 82 items was developed. The questionnaire framed in such a manner that positive effect could be elicited by asking whether one feels happy or good or satisfied about the particular life concern. The aim of their questions was to evoke pattern of emotional evolution. In contrast, the questionnaires relating to negative affect of the respondents unhappiness or worry or regret about a particular life concern. In general the questions were structured in a manner to permit three response categories, sometimes four. The scale represents very positive affirmation (very happy), positive feeling (quite happy), Neutral or negative feelings (not so happy) and in some cases not applicable. Similarly the response categories on the negative questions like worry or over something, very much, to some extent, not so much were meant to cover a very bad feelings up to neutral or positive feelings. Thus the response scales were drafted to discriminate between the moments of positive or of negative feelings about the concerned in question, the end point in each case being a state without special feelings.

The questionnaire was developed on the basis of item analysis and factor analysis, which provides sufficient evidence of reliability and validity. The factor analysis with variant rotation indicated moderate and high factor loading (.30 and above). High degree of internal consistency of the factor also indicates higher degree of reliability.

The reported comparison of the three socio-economic groups on different factors measured by the questionnaire confirms the constitute that perceived wellbeing differ with socio-economic level this provide evidence for construct validity of the questionnaire

It should be mentioned here that the short version of the questionnaire consisting of 82 items were used in this study. In this version the ninth dimension was not used for the present study as it was related to medical services. However, the eight dimensions which were used in the present study are as follows –

1. Subjective wellbeing positive effect

Here, items on specific life concerns such as health, work, education, standard of living, family and friends as well as some items reflecting the perception of wellbeing in an over all perspective are included. The dimension is consisted of 15 items. These item numbers are: 1, 2, 4, 5, 6, 7, 8, 22, 23, 24, 26, 27, 28, 29 and 30.

2. Subjective wellbeing negative effect

Here, most of the items are inverse of the questions relating to positive effect. Some items reflected the most frequently reported complains in psychological cases. These elicited respondents' general unhappiness and his or her worries are regrets about particular life concern. Such as worry over family life over family life etc. 19 items measured this dimension, they are : 40, 41, 42, 45, 51, 52, 53, 54, 55, 56, 64, 67, 69, 71, 72, 73, 74 and 75.

3. Mental mastery over self and environment

Here are respondents' feeling of his performance in matters requiring the exercise of mental mastery is an important area such ability to concentrate etc. There are 14 items under this dimension. These items are : 9, 10, 11, 20, 21, 25, 57, 58, 59, 60, 61, 62, 63 and 66.

4. Rootedness and belongingness

It has been hypothesized that perception of sharing values, beliefs and qualities of inner life form a special dimension of well-being, such as moments of intense happiness. This dimension is consisted of 7 items. These items are 14, 15, 16, 17, 18, 19 and 48.

5. Structural and cohesive aspects of the family:

The structural aspects of family life and democratic functioning in the family is related to each other and have a substantial impact on wellbeing such as both spouses earning. This dimension is consisted of 7 items. These items are 31, 32, 33, 34, 35, 36 and 70.

6. Density of social network:

These items were meant to elicit information on perceived wellbeing from the social networks other than family group such as having someone to take freely. Here is also 7 items. They are:12, 13, 43, 44, 46, 47 and 49.

7. Security in crisis (socio economic and related to health)

The questions on this were meant to cover the respondent's feeling of security in the case of various crisis situations such as help in financial crisis etc. Only 5 items measure this dimension. Item no- 3,37,38,39 and 50 measure this dimension.

8. Expectation and Achievement Harmony

It was meant explore an area of well-being the extent to which long term expectation in life had been met by actual achievement of life such as fulfilment of material needs etc. 8 items included in this dimension. These are- 68, 76, 77, 78, 79, 80, 81 and 82.

2.2.5.1 Adaptation of Subjective Well-being questionnaire

The subjective wellbeing questionnaire was originally developed in English and Hindi. The questionnaire was adopted in Bangla by Begum (1990). In developing the Bangla version of the questionnaire, each item of the subjective wellbeing scale was judged independently by three psychologist by Dhaka University and English Language expert of the same University.

2.2.5.2 Reliability

To determine the reliability of the Bangla version of psychological wellbeing questionnaire the correlation coefficient was calculated. The test- retest reliability was found .80 this was also statistically significant.

2.2.5.3 Validity

The author measured the validity of the Bangla version of psychological wellbeing questionnaire. One way ANOVA was done to find out the difference of three socio-economic groups. The obtained F value was 3.74 (df=74) which was significant at the level of .05. This finding indicated that the questionnaire is able to differentiate between different socio-economic groups. Thus the criterion related validity was determined.

2.2.5.4 Scoring

The different categories of responses were scored according to the following manner-

Table-11

Scoring of Subjective Wellbeing Questionnaire

| Response categories | Score |
|---|-------|
| 1) very good, very happy, very much, most of the times, quite deeply, quite often yes | 1 |
| 2) quite good, quite happy, to some extent, some times, no | 2 |
| 3) not so good, not so much, not so happy, hardly ever, rarely/never | 3 |
| 4) not applicable | 4 |

High total scores indicate poor psychological wellbeing and low total scores indicate better psychological wellbeing. For 76 items in this questionnaire the response categories were 1-3 and for 6 items the response categories were 1 to 4. The maximum possible score for individual is 252 and minimum score is 82.

Procedure

Data were collected from three different schools of Dhaka city. For collecting data the heads of the institutions were approached. They were also given an official letter from the researcher in order to explain the importance of the research. The author made an appointment with the head of the institutions and made a convenient date and time to meet the adolescent students.

After getting prior permission from the authority I met the students of class seven, eight and nine on the scheduled date and explained the

purpose of the present research work. They were assured about the confidentiality of the collected data by the researcher. After having their voluntary consent to participate in the study as a respondent they were given “The Reynold’s Adjustment” and “The Parental Acceptance and rejection” questionnaire were administered on them. When it is felt that each of the students had understood the instructions, they were requested to record the demographic information of the spaces provided in the questionnaire. In order to collect data from their mother the scales- “Parental orientation inventory”, “Spanier’s Dyadic Adjustment scale” and Psychological wellbeing questionnaires were given to the adolescent’s in a sealed envelop to take it to their mothers. A letter was also along given with the questionnaire explaining the importance of the study and to giving the assurance of the confidentiality of the collected data.

Chapter-Three

Result

The objectives of the present study were to investigate the relationship between adolescent adjustment and the psychosocial factors of mother. Other objectives of the study were to find out the gender difference in adolescent adjustment, differences in the adjustment between the adolescent children of two groups of mothers showing different parenting style and between the adolescent children of development oriented mothers and achievement oriented mothers. Moreover, the objectives of the present study were to find out if there are any differences in psychological wellbeing, marital satisfaction and parental orientation of the mother between the two groups of mothers. Two hundred participants, among them 100 adolescents (50 boys and 50 girls) and their mothers were taken as a sample to investigate the study. The Bangla version of “Reynolds Adolescents Adjustment Screening Inventory (RAASI)” by Reynold (2004), “The Parental Acceptance/Rejection Questionnaires-Child (PARQ)” by Rohner and Khaleque, (2002) were administered on the Adolescents. The Bangla version of Subjective Wellbeing Questionnaire by Nagpal and Shell (1986), “Spanier’s Dyadic Adjustment Scale by Spanier, (1976) and “Parental Orientation Inventory” by Ravichandra and Parameshwaran, (1972) were administered on their mother. The obtained data were analysed and presented in two sections.

3.1 Correlations of coefficients

To find out the relationship between adolescent adjustment and mother’s psychosocial factors Pearson Product Moment Correlation was used. Correlation between adolescent adjustment and psychological wellbeing of mother is presented in table-12, between marital satisfaction

and adolescent adjustment in table-13 and between parental orientation of mother is presented in table-14.

3.2 t-test

Mean, standard deviation and t-tests were used to investigate the gender differences in adolescent adjustment (Table-15) and in parental orientation (development/achievement) of mother (Table-16). t-tests were also used to find out the differences in psychological wellbeing (Table-18), marital satisfaction and parental orientation (Table-20) of the mothers showing accepting and rejecting parenting style. Moreover, t- tests were used to investigate the differences in adjustment between the adolescent children of two groups of mothers showing different parenting style (Table-17) and differences between the adolescent children of development oriented mothers and achievement oriented mothers (Table-21).

3.1 Correlations between adolescent adjustment and psychosocial factors of mother:

Table:12

Correlation between Psychological Wellbeing of Mother and adolescent adjustment

| Variables | Psychological wellbeing |
|-----------------------------|-------------------------|
| Antisocial | .40** |
| Aggression control | .48** |
| Emotional distress | .30** |
| Positive self | .02 |
| Adolescent adjustment total | .40** |

** p<0.01

Results in Table-12 reveal that positive correlation exist between psychological well being of mother and antisocial behaviour ($r=.40$), aggression control problems ($r=.48$) and emotional distress($r=.30$) of the adolescents. But there is no significant correlation between psychological wellbeing of mother and positive self of the adolescents. However, table-12 shows a positive correlation between the full scale score of adolescent adjustment and psychological wellbeing of mother ($r=.40$). All of these correlations are significant at .01level.

Table: 13

Correlation between Marital adjustment of Mother and Adolescent Adjustment

| Variables | Marital satisfaction |
|-----------------------------|----------------------|
| Antisocial | -.44** |
| Aggression control | -.32** |
| Emotional distress | -.50** |
| Positive self | -.18 |
| Adolescent adjustment total | -.53** |

** $p < 0.01$

Table-13, reveals that there is significant negative correlation between marital adjustment of mother and antisocial behaviour ($r=-.44$), aggression control problem ($r=-.32$) and emotional distress ($r=-.50$) of adolescents. All of which are significant at .01 level. No significant correlation is found between positive self and mother's marital adjustment. The table also reveals that the correlation between the full scale score of adolescent adjustment and marital adjustment of mother ($r=-.53$) is significant at .01 level.

Table:14

Correlation between Adolescent Adjustment and parenting style of Mother

| Variables | Parental acceptance/rejection |
|-----------------------------|-------------------------------|
| Antisocial | .52** |
| Aggression control | .50** |
| Emotional distress | .31** |
| Positive self | .21* |
| Adolescent adjustment total | .50 ** |

** p<0.01 and *p<.05

Moreover, significant positive correlations are found between parenting style (parental acceptance/ rejection) of mother and adolescent's antisocial behaviour ($r=.52$), aggression control problem ($r=.50$) and emotional distress($r=.31$). All of these are significant at 0.01 level and the positive self ($r=.205^*$) has also significant positive correlation at 0.05 level. It is evident from table-14 that the significant positive correlation($r=.50$) has found between parenting style of mothers and the full scale score of adolescent adjustment at .01 level.

3.2 t-tests

Table: 15

Mean, SD and t-value for Total Adolescent Adjustment scores of Boys and Girls.

| Groups | N | M | SD | t |
|--------|----|-------|------|----------|
| Boy | 50 | 45.40 | 5.40 | -3.39*** |
| Girl | 50 | 49.40 | 6.37 | |

N=100 ***p<.001

Table-15, shows that the gender difference in adolescent adjustment ($t=3.39$, $df=98$) is significant at .001 level. The result also reveals that the mean value total adjustment scores of girls are higher ($\bar{x} =49.40$) than those of boys ($\bar{x} =45.40$).

Table 16

Mean, SD and t-value for Antisocial, Aggression Control, Emotional Distress and Positive Self of Boys and Girls.

| Variable | Gender | N | M | SD | T |
|--------------------|--------|----|-------|------|----------|
| Antisocial | Boy | 50 | 47.26 | 6.06 | -.36 |
| | Girl | 50 | 47.68 | 5.60 | |
| Aggression Control | Boy | 50 | 46.02 | 5.76 | -3.76 |
| | Girl | 50 | 51.04 | 7.47 | |
| Emotional Distress | Boy | 50 | 45.46 | 7.23 | -1.96*** |
| | Girl | 50 | 48.14 | 6.43 | |
| Positive Self | Boy | 50 | 51.16 | 8.12 | 3.34** |
| | Girl | 50 | 45.76 | 8.05 | |

*** $P < .001$ ** $p < .01$

Table-16, shows that the differences between boys and girls are not significant in adolescent's antisocial behaviour ($t=-.37$) and aggression control problem ($t=1.96$). The result also indicates that the gender difference of adolescents is significant in emotional distress ($t=-3.76$) at .001 and in positive self ($t=-3.34$) at .01 level. The mean score of boys and girls in emotional distress are respectively 45.46 and 48.14 and in positive self are 51.16 and 45.76 respectively.

Table: 17

Mean, SD and t-value for the Adolescent Adjustments of two Groups of Mothers showing Different Parenting style.

| Groups | N | M | SD | t |
|------------|----|-------|------|----------|
| Acceptance | 53 | 44.92 | 6.19 | -4.65*** |
| Rejection | 47 | 50.19 | 4.97 | |

N=100 ***P<.001

Table-17, shows there is a significant difference in adjustment between two groups of mother ($t=-4.65$, $df=98$, $p<.001$) showing different parenting style. The mean adjustment scores of the adolescents of the mothers showing rejecting parenting style scored higher ($\bar{x}=50.20$) than those of adolescent child of the mothers showing accepting parenting style ($\bar{x}=44.92$).

Table: 18

Mean, SD and t-value for the Psychological Wellbeing of two Groups of Mothers showing Different Parenting style.

| . Variable | N | M | SD | t |
|------------|----|--------|-------|--------|
| Accepted | 53 | 161.16 | 11.01 | -2.19* |
| rejected | 47 | 165.65 | 9.28 | |

N=100 *p<.05

Result in table 18 reveals that the psychological wellbeing of the mothers between showing different parenting style is significant ($t=-2.19$) at .05 level. The mean value of the adolescents of the mothers showing rejecting parenting style is higher ($x=165.65$) than those of the mothers showing accepting parenting style ($x=161.16$).

Table-19

Mean, SD and t-value for the Marital adjustment of two Groups of Mothers showing Different Parenting style.

| Groups | N | M | SD | t |
|----------|----|-----------|------|---------|
| Accepted | 53 | 110.73 | 7.74 | 3.48*** |
| rejected | 47 | 105.12 | 8.27 | |
| N=100 | | ***p<.001 | | |

In table-19 the result indicates that the difference is significant in marital adjustment ($t=3.48$, $df=98$) at .001 level between two groups of mothers showing different parenting style. The mean value of the mothers showing accepting parenting style is higher ($\bar{x} = 110.73$) than the mean value of the mothers showing rejecting parenting style ($\bar{x} = 105.12$).

Table:20

Mean, SD and t- value for Adjustment of the Adolescents of Development and Achievement Oriented Mothers.

| Groups | N | M | SD | t |
|-------------|----|-----------|------|----------|
| Development | 71 | 45.84 | 5.69 | -4.19*** |
| Achievement | 29 | 51.20 | 5.85 | |
| N=100 | | ***p<.001 | | |

The result in table-20 indicates that there is a significant difference in adjustment between the adolescent children of development oriented and the children of achievement oriented mother ($t=-4.19$). The mean

value of the scores of the adolescents of development oriented mothers (\bar{x} =45.84) is lower than that of the adolescents of achievement oriented mothers (\bar{x} =51.20).

Table: 21

Mean, SD and t-value for Parenting Style of Development Oriented and Achievement Oriented Mothers.

| Groups | N | M | SD | t |
|-------------|----|-------|-------|--------|
| Development | 72 | 50.16 | 12.87 | -2.32* |
| Achievement | 28 | 56.53 | 10.76 | |

N=100 *p<.05

Table-21 shows that there is a significant difference in parenting style between development and achievement oriented mother is significant in parenting style at .05 level. The mean value of the adolescent children of development oriented mother (\bar{x} =50.16) is lower than that of the adolescents (\bar{x} =56.53) with achievement oriented mother.

Chapter- Four

Discussion

The aim of the present study was to investigate the relationship between adolescent adjustment and the psychosocial factors of mother and to explore whether there is any gender difference in adolescent adjustment. Attempts were also made to find out whether the adolescent child of mothers showing different parenting style (accepting or rejecting parenting style) differ in adjustment. The other objectives were to investigate the difference in psychological wellbeing, marital adjustment and parental orientation between two groups of mothers (showing accepting or rejecting parenting style toward their adolescents). 100 adolescents (50 boys and 50 girls) and their mothers were taken as a sample of the study. Data were collected from the adolescents and as well as from their mothers.

4.1 Relation between adolescent adjustment and the psychological wellbeing of mother

Antisocial behaviour, aggression control and emotional distress of the adolescents are related with the psychological wellbeing of mother. Attitudes of the children may be influenced by mother's emotional status and psychological wellbeing. If the mother is psychologically well she shows warmth, affection and positive attitude towards her child. These positive attitudes help the child's social and emotional development, the child feels to be an important and expected person in the family. If the mother is not psychologically well, she may show hostility, aggressiveness and rejection toward her child. This type of negative attitude may cause the adolescents antisocial behaviour and emotional distress. These adolescents are not able to control their aggression, and show some negative attitudes to others. Though the psychological

wellbeing of mother can influence their child's adjustment, antisocial behaviour, aggression control and emotional distress but the result does not show any relation between positive self and the psychological wellbeing of mother. This inconsistency in result is very difficult to explain as there is scarcity of research findings supporting or explaining this finding of the present study. However, it may be possible that there are some unseen factors behind this inconsistent result which were not investigated.

A significant relationship was found between the total scores of adolescent adjustment and psychological wellbeing of mother. The reason behind this relationship may be the mother's attachment with their child. Mother plays an important role in the life of her child as a caregiver as well as a role model of life and she is the closest person to influence the child through her nature, nurture, love, affection, attitude and values. Mother's psychological wellbeing has a close relation with the treatment toward their adolescent child and on their relationship. It can be assumed that if the mother has less psychological problem or she is psychologically well then the relationship between mother and adolescent and her attitude might be positive. On the other hand if the mother has more psychological problem then it can affect the treatment toward her child and the relationship between them.

4.2 Relation between adolescent adjustment and marital adjustment of mother

Adolescent adjustment, antisocial behaviour, aggression control and emotional distress are significantly related with the marital adjustment of mother. Marital relationship of parents has an impact not only on their family life but also on the entire family structure. Parental conflict may be the cause of their child's emotional and social impairment.

Satisfaction of the mother's married life is important to their child's development specially social and emotional development. Moreover, marital adjustment of mother is closely related with the mother's mental status. If the mother is well adjusted in her married life, psychologically she can be well adjusted. She can rear up her children properly and can adapt with any crisis of the family. On the other hand, if the mother is not well adjusted in her married life, her dissatisfaction can be the cause of her psychological problem. For this reason she may deprive her adolescent children from her love and affection. These types of deprivation may drag the adolescents in anxiety and depressed mood and encourage them to do some antisocial and other delinquent behaviour. Marital adjustment of the mothers is one of the most important factors that influence parent-child relationship and her attitude towards the child. Forehand, Long, Fauber, (1986) found that school aged children of parents who reported low levels of marital satisfaction were less sociable than whose parents endorsed greater marital satisfaction. Fauber, Forehand, Thomas and Wierson, (1990) emphasized that most of the relation between marital conflict and adolescent's adjustment was attributable to differences in parenting behaviour in their analyses. Erel and Burman, (1995) reported that when distress occurs between parents, it may well carry over into a parent-child relationship and detrimentally affect children's psychological wellbeing. Fincham, Grychs and Osborne, (1994) also reported that marital satisfaction may have a direct relation with child outcomes. Fincham, (1994) also reported that the chain possible mediators may also include other variables, such as parental depression, which has been related to marital satisfaction, parenting skills and child outcome.

4.3 Relationship between adolescent adjustment and parenting style of mothers

Adolescent adjustment is related to the parenting style of the mothers. Adolescence is a most critical period for both male and female child and they face many problems. During the short period, the adolescent girls or boys face stresses through body changes, value questioning, need for independence and sexual awakening, changing status in the family, influence of peers and influence of school. The relationship with their parent is important for them to develop and prove themselves. In this period parental specially maternal accepted attitude helps to expose their good qualities, helps to develop belief in themselves, make them confident and these qualities can help them to develop their adjustment capability. On the contrary, the rejection attitude of mother may cause confusion about their capability and thus they become less confident, more aggressive and suffer from increased adjustment problem.

4.5 Adjustment of the adolescent boys and girls

The findings indicate that the adjustment of the adolescent boys differ from the adjustment of girls. Girls have more problems in their adjustment than boys. So it can be said that boys are well adjusted than girls, Girls are emotionally distressed and they are less positive than boys. But there are no significant difference in adolescent antisocial behaviour and aggression control problem. There are several reasons which might have caused this difference, such as boys are usually outgoing, expressive, confident and girls are more emotional, less confident, introvert etc. most of these behaviours are usually learned from the society, social group or community in which people are conditioned to perceive activities, tasks and responsibilities as boy and

girl. These perceptions are affected by age, class, culture and religion or other ideologies and by the geographic and economical condition. In Bangladeshi culture it is seen that boy and girl in every age group experience differential treatments. Generally boys get preferential treatment than girls in every sphere of life. Perhaps this is one of the most important reasons of the difference in their adjustment. Dasen, (1988) narrated that sex roles play a very important part in this discrepancy in self-esteem. Fumham and Shiek, (1993); Salgado de Snyder, (1990) found gender differences in various types of stress have also been found. Siddique, D'Arcy & Salgado de Snyder, Cervantes, Padilla, (1984) found that females had higher scores in levels of stress related to cultural/family conflicts, as well as higher scores on the measure of generalized distress than their counterparts. In the study of Alvarez, (1989) Mexican females reported greater self-esteem than did males in third through fifth grades, and then in sixth grade the self-esteem of females plummeted below that of males, who simultaneously had a surge in self-esteem. Keel, Fulkerson and Leon, (1997) have found all three-depression, body image, and self-esteem-to be worse in early adolescent females than males. There is a close relation between person's self esteem and his adjustment capability.

4.6 Maternal parenting style and the adjustment of the adolescents

The differences in adjustment between the adolescents whose mothers show accepting or the rejecting parenting style is significant. The adolescent whose mothers show accepting parenting style are more adjusted than the adolescents whose mothers are showing rejecting parenting style. Mother's with rejected attitude and who are too strict and rigid in thinking produce children full of fear, less social and more likely to be shy and have low self-esteem and that lead to develop some

adjustment problem. On the other hand, the parent with accepted attitude and the way-too-lenient parents raise children who are more outgoing and friendly, inhibited, but are also less likely to follow the rules. A parent with encouraging attitude who truly believes children should be nurtured and given every opportunity to experience life, their adolescent child will be well adjusted. A combination of the two attitudes along with a good balance of discipline and love, acceptance is the best attitude to adopt. Khaleque and Rohner, (2002) showed in a meta analysis that approximately 26% of the variability in children's psychological adjustment and 21% of that is adults are accounted for parental (parental as well as maternal) acceptance-rejection. Kim and Rohner, (2002 and 2003) reported that children everywhere who come from loving (accepting) families are more likely than children who come from unloving (rejecting) families to feel good about themselves, feel competent, have less problems with the management of hostility and aggression, have adequate emotional responsiveness and emotional stability, have less dependence and have a positive worldview. Rohner, (2002) reported longitudinal evidence confirming that parental rejection tends everywhere to precede the development of availability of mental health problems. Such type of mental condition may affect, conduct problems and behaviour disorders and substance abuse. According to the meta-analysis, about 26% of the variability in children's psychological adjustment is accounted for by parental acceptance Rohner, (2004). Barling, (1993) and MacEwen, (1991) in their studies on preschool children suggested that, parental rejection is typically associated with internalizing behavior and even more strongly associated with conduct and externalizing behavior. Overprotective attitudes should also be accepted as negative parenting because of its infantilization of the child. Mothers with this parenting style, control, care and protect

their children excessively. Rapee, (1997) reported that this parenting have the effect of directing the child and reducing individuality.

4.7 Psychological wellbeing of the mothers and parenting style

The difference in the psychological wellbeing of mother between the mothers showing accepting and the mothers showing rejecting parenting style was found significant. The mothers who show accepting parenting style have less psychological problem than the mothers who show rejection. Mothers who are psychologically well their mental status are better than the mothers who have psychological problems and therefore, their attitudes toward their adolescents are more positive.

4.8 Marital adjustment of the mothers and their parenting style

The significant difference was found in marital adjustment between the mothers who show accepting or rejecting parenting style. The mothers those who are well adjusted in their marriage show accepting parenting style and the mothers who are not well adjusted in their marriage show rejecting parenting style. Marital dissatisfaction makes her rough and rude and her mental status is not well. Dissatisfaction and stress in marital relationship makes her depressed, aggressive and may be that is the reason of showing rejecting parenting style. Varan, Rohner and Eryuksel, (2005) suggest the possibility of the universal relation between individual's mental health status and their perceptions of acceptance- rejection by parents and intimate marital conflict on children adjustment.

4.9 Adjustment of the adolescents of development oriented and achievement oriented mothers

The adolescents of development oriented mother have less adjustment problem than the adolescents of the achievement oriented mother. The achievement orientated mothers always take more interest in her children's success, achievement in life than their development and expectation. To make their children successful these mothers show protective attitude to their children. Over protectiveness and the mental pressure to achieve their goal increase their adjustment problem. On the other hand, the adolescents of the development oriented mothers are well adjusted, more confident because of their mothers' support. Crandall, Katkovsky and Prestorn, (1960) report that mothers who encourage achievement and independent behaviours in their children, they are well adjusted. D'Heurle, Mellinger and Haggard (1959) also found that high achievement orientation in children is associated with parental over protectiveness, if that protectiveness is coupled with pressure for achievement. Drews and Teahan (1965) suggest that the association between parent child interaction patterns and achievement behaviours in children may not be simple linear relationship.

4.10 Adolescent adjustment and parental orientation of the mothers

The adolescents whose mothers show attitude encouraging development differ in adjustment from those adolescents whose mothers encourage achievement. The adolescents who have the mothers with development orientation are better adjusted than the adolescent's of the mothers with achievement orientation. Every mother has dreams and expectations about her child. Sometimes these expectations may cause mental pressure in the adolescents and may create adjustment problem in them. May be that's why adolescents whose mothers gave more

importance on the achievement of their child face problem in their adjustment. But adolescents whose mothers focus more on their child's development than achievement, felt comparatively less pressure and problem in their adjustment.

The result showed stronger association between adolescent adjustment and mothers' orientation. This is expected as most of the mothers engage in more parenting and spend more time in day- to- day interaction with their adolescents than do father.

Limitations of the study:

The study has focused on some important factors that affect the adjustment of adolescents but it has some limitations too which are described below-

- The sample is not representative and for this the scope of the study has narrowed in terms of generalizing the findings.
- The data were collected from the adolescents who are in the period of early adolescence. For better understanding the relationship between adolescent adjustment and mother's psychosocial factors, particularly in Bangladeshi culture we need to investigate the factors that influence the adjustment of different age groups of adolescents because they are different in terms of their physical, emotional and social development.
- Another limitation of the study was that some of the extraneous variables like- family size, parent's occupation, education, socio

economic status of family, number of siblings, birth order etc. which could have affected the results of the study were not controlled. However, if the study is to be replicated in future, it would be worthwhile to have more rigorous control over the variables.

- The questionnaire used in the present study are mostly translated in Bangla version and were not culture appropriate.

It is not possible to include all the variables in a single study. Therefore, further research is needed to have a better understanding of the relations between mothers' psychosocial factors and adolescent adjustment.

Need for further research

Moreover, the study yielded some contradictory findings which need to be investigated either for confirmation or refutation. For example, in the present study it has been found that the positive self of the adolescents do not have any relation with psychological wellbeing and marital adjustment of mother, though antisocial behaviour, aggression control problem and emotional distress of the adolescent have relation with psychological wellbeing of mother.

Conclusion

From the findings of this study it is evident that Adolescence is the most important and crucial period of life as adjustment capability takes a final shape. During this period the adolescent faces some problems in their adjustment. The adolescents suffer from many anxious thoughts and uncertainties, stress of decision making and problem solving which is not easy as there are several changes he or she is expected to adjust with. The readiness for the changes, parental especially mother's support and the relationship between them are very important factors in making effective adjustment at this period and to handle the problems skilfully. Any wrong step may lead an adolescent choose a wrong path and land in a dark hole. This is a very sensitive age too, when guidance and control must be together with affection, support, freedom and changes to explore, in equal proportions and for this reason the caregiver's psychosocial factors are most important for the adolescents.

A friendly relationship should occur between mother and child so that adolescents can share their problems with their mother. Mothers acceptance attitude make the adolescents more confident and well adjusted. Every mother has some expectations about her child and those are mostly related with their achievement in different area. These expectations and attitudes may create some pressure on the adolescent's mental status and that may cause problems in their adjustment. So, the expectations and attitude of mother should be focused on their development rather than on their achievement. Moreover, both father and mother should work on the relationship between them selves, try to reduce the conflict and grow a respective relation between them. As the relationship between parents affect the family environment so, the emotional development of children is also affected.

Despite all these limitations, this study has an unique contribution in the understanding of the relationship between adolescent adjustment and maternal psychosocial factors. The findings of the study give a general picture as well as give a rise to many research questions which may invite further investigation.

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APPENDIX

- a. Bangla version of Reynolds Adolescents Adjustment Screening Inventory (RAASI)
- b. Bangla version of The parental Acceptance / Rejection Questionnaires - Child (PARQ)
- c. Bangla version of Subjective wellbeing questionnaire
- d. Bangla version of Spanier's Dyadic Adjustment Scale and
- e. Bangla version of Parental Orientation Inventory.

ব্যক্তিগত তথ্য

১. নাম (ঐচ্ছিক) :
- লিঙ্গ : ছেলে ----- / মেয়ে ----- ।
- শ্রেণী :
- স্কুলের নাম :
- বয়স :
- ভাইবোনের সংখ্যা :
- জন্মক্রম :
- বসবাসের স্থান :
- আর্থসামাজিক অবস্থা :

Appendix – a

নির্দেশনা

এই প্রশ্নমালাটি বিভিন্ন ধরনের সমস্যা বের করতে তৈরী করা হয়েছে যা মানুষের মাঝে মাঝে বা প্রায় সবসময় হয়। এই নির্দেশিকার বিবৃতিগুলো মানুষ নিজের সম্বন্ধে, অন্যদের সম্বন্ধে এবং তার চারপাশের বিশ্ব সম্পর্কে কি অনুভব করে তা বর্ণনা করে। এই বিবৃতিগুলো গত ৬ মাসে তুমি কেমন অনুভব করেছিলে তা জিজ্ঞেস করে। যখন বিবৃতিগুলোর উত্তর দিবে, দয়া করে গত ৬ মাসের কথা মনে রাখবে। প্রতিটি বিবৃতিতে, যেটা তোমার উত্তর নির্দেশ করে সেটাতে গোল করবে। যেমন-যদি তুমি টিভি দেখা উপভোগ করেছা গত ৬ মাসে প্রায় সব সময় তাহলে তুমি নিম্নের পদ্ধতিতে উত্তরকে (O) গোল করবে।

উদাহরন স্বরূপ -

“গত ৬ মাসে

কখনোই না, মাঝে মাঝে, প্রায় সবসময়।

আমি টিভি দেখা অনুভব করেছি

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এই প্রশ্নমালায় কোন শুদ্ধ বা ভুল উত্তর নেই। শুধুমাত্র কি অনুভব করছো তার উত্তর দিতে হবে। প্রতিটা বিবৃতির উত্তর সংভাবে দিবে। যদি তুমি কোন বিবৃতি সম্পর্কে নিশ্চিত না হও তাহলে তুমি কি অনুভব করছো যা তোমাকে ভালভাবে বর্ণনা করে তা তুমি নির্বাচন করবে। দয়া করে সতর্কভাবে প্রশ্নের উত্তর দিবে। কোন প্রশ্ন বাদ দিবে না।

যদি তোমার কোন উত্তর পরিবর্তনের প্রয়োজন হয় মুছবে না। ভুল উত্তরে x দিবে শুদ্ধ উত্তরে গোল (O) করবে।

“গত ৬ মাসে”

কখনোই না, মাঝে মাঝে, প্রায় সবসময়।

আমি টিভি দেখা অনুভব করেছি।

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গত ৬ মাসে

| | | কখনোই না | মাঝে মাঝে | প্রায় সবসময় |
|----|--|-------------|--------------|------------------|
| ১ | আমার মনে হয় আমার জীবনে সব কিছু ঠিক ছিল। | ১ | ২ | ৩ |
| ২ | আমি আমার শিক্ষক অথবা বাবা মার সাথে যুক্তিতর্ক করেছি। | ১ | ২ | ৩ |
| ৩ | আমি নেশার ব্রব্য ব্যবহার করেছি বা মদ সেবন করেছি। | ১ | ২ | ৩ |
| ৪ | আমি আমার বন্ধুদের বা পরিবারের সাথে একত্রিত হতে আনন্দ পাই। | ১ | ২ | ৩ |
| ৫ | আমি আমার মেজাজ ঠিক রাখতে পারিনি। | ১ | ২ | ৩ |
| ৬ | আমি নিজের সম্বন্ধে ভাল অনুভব করেছি। | ১ | ২ | ৩ |
| ৭ | আমি বড়দের সাথে যুক্তি তর্ক করেছি। | ১ | ২ | ৩ |
| ৮ | বড়রা আমাকে যা করতে বলেছে আমি তাই করেছি। | ১ | ২ | ৩ |
| ৯ | আমি এমন কাজ করেছি যা মানুষকে বিরক্ত করেছে। | ১ | ২ | ৩ |
| ১০ | কেই আমাকে কিছু করতে বললে আমি তার বিপরীত করেছি। | ১ | ২ | ৩ |
| ১১ | আমি খুব রাগান্বিত বোধ করছি। | ১ | ২ | ৩ |
| ১২ | আমার অন্যদের উপর প্রতিশোধ নিতে ইচ্ছে করত। | ১ | ২ | ৩ |
| ১৩ | আমি স্কুল অথবা বাড়িতে নিয়ম ভেঙেছি। | ১ | ২ | ৩ |
| ১৪ | রাতে যে সময়ের মধ্যে আমার ঘরে ফেরার কথা তার পরেও বাইরে থেকেছি। | ১ | ২ | ৩ |
| ১৫ | আমি এতই ক্ষিপ্ত হয়েছিলাম যে বাড়িতে অথবা স্কুলে জিনিসপত্র ছুড়ে ফেলেছি। | ১ | ২ | ৩ |
| ১৬ | আমি নতুন নতুন মানুষের সাথে মিশতে বাচ্ছন্দবোধ করেছি। | ১ | ২ | ৩ |
| ১৭ | আমি আইন বিরোধী কাজ করেছি | ১ | ২ | ৩ |
| ১৮ | আমি খুব নিঃসঙ্গ ছিলাম | ১ | ২ | ৩ |
| ১৯ | আমি বন্ধুদের সাথে মজা করেছি। | ১ | ২ | ৩ |
| ২০ | আমি খুব মানসিক চাপ অনুভব করেছি। | ১ | ২ | ৩ |
| ২১ | আমি স্কুলে অথবা কাজে ঝামেলায় পড়েছি। | ১ | ২ | ৩ |
| ২২ | আমি বিচলিত অনুভব করেছি। | ১ | ২ | ৩ |
| ২৩ | আমি বিষন্নতা অথবা দুঃখিত অনুভব করেছি। | ১ | ২ | ৩ |
| ২৪ | আমি কোথায় ছিলাম তা বাবা মাকে না বলে বাড়ির বাইরে থেকেছি। | ১ | ২ | ৩ |
| ২৫ | আমি পড়াশুনা করিনি ও বাড়ির কাজ জমা দেইনি। | ১ | ২ | ৩ |
| ২৬ | আমি অনেকগুলো বিষয়ে দৃষ্টিস্তা করেছি। | ১ | ২ | ৩ |
| ২৭ | আমি ভবিষ্যৎ নিয়ে অনেক দৃষ্টিস্তা করেছি। | ১ | ২ | ৩ |
| ২৮ | আমার ঘুমতে সমস্যা হতো। | ১ | ২ | ৩ |
| ২৯ | আমি বিচলিত বোধ করছি। | ১ | ২ | ৩ |
| ৩০ | আমার মনোনিবেশ করতে সমস্যা হতো। | ১ | ২ | ৩ |
| ৩১ | কোন কারণ ছাড়াই আমার কাঁদতে ইচ্ছা করেছে। | ১ | ২ | ৩ |
| ৩২ | আমি এমন কিছু করেছি যা আমি জানতাম যে খারাপ। | ১ | ২ | ৩ |

Appendix – b

নির্দেশনা

এই বিবৃতিগুলো বাবা এবং মারা মাঝে মধ্যে তাদের সন্তানদের সাথে কি ধরনের ব্যবহার করে তা ব্যাখ্যা করে। আমি চাই তোমার মা তোমার সাথে কি ধরনের ব্যবহার করে তা এই বিবৃতিগুলো হতে চিন্তা করে বল। প্রতিটি ব্যাকের পর চারটি ছক আঁকা আছে তোমার বাবা/মা তোমার সাথে যেমন ব্যবহার করে সে প্রেক্ষিতে যদি উক্তিগুলো সত্য হয় তবে তুমি নিজেকে প্রশ্ন কর, “উক্তিটি কি সর্বদা পুরোপুরি সত্য” অথবা “উক্তিটি কি শুধুমাত্র মাঝে মাঝে সত্য” যদি তুমি মনে করো তোমার মা প্রায় সব সময় তোমার সাথে ঐভাবে করে তবে সর্বদা পুরোপুরি সত্য সম্বলিত ছকটিতে ✓ চিহ্ন দাও। যদি উক্তিটি তোমার সাথে তোমার মার ব্যবহার সম্পর্কে মাঝে মাঝে সত্য হয় তবে উক্তিটি মাঝে মাঝে সত্য সম্বলিত ছকটি চিহ্নিত কর। যদি তুমি মনে কর তোমার সাথে তোমার মায়ের ব্যবহার সম্পর্কে উক্তিটি মূলত অসত্য, তবে তোমার নিজেকে প্রশ্ন কর এটা কি খুব কম ক্ষেত্রে সত্য অথবা এটা কি কখনোই পুরোপুরি সত্য নয়। যদি এটা তোমার সাথে তোমার মায়ের ব্যবহার সম্পর্কে শুধু কমক্ষেত্রে সত্য হয়, তবে খুব কমক্ষেত্রে সত্য সম্বলিত ছকে চিহ্ন দাও, যদি তুমি মনে কর উক্তিটি কখনই পুরোপুরি সত্য নয়, তবে কখনই পুরোপুরি সত্য নয় সম্বলিত ছকটিকে চিহ্নিত কর। মনে রাখবে, কোন উক্তির ক্ষেত্রে সঠিক বা ভুল উত্তর বলে কিছু নেই। সুতরাং যতটা পার সত্যবাদী হবে। উত্তরগুলো এমনভাবে দিয়ে যেন তোমার মা সম্পর্কে তোমার সত্যিকার অনুভূতির প্রতিফলন ঘটে। তুমি তোমার মাঝে যেমন হতে পছন্দ কর সে ধরনের অনুভূতির প্রতিফলন যেন না ঘটে, উদাহরণস্বরূপ।

| | | | | |
|---|---------------------------|----------------|------------------------------|----------------|
| আমি যখন ভাল তখন আমার মা আমাকে আলিঙ্গন করেন এবং চুমো দেন | আমার মায়ের ক্ষেত্রে সত্য | | আমার মায়ের ক্ষেত্রে সত্য না | |
| | প্রায় সব সময় সত্য | মাঝে মাঝে সত্য | খুব কম সত্য | একদমই সত্য নয় |

| | আমার মা | আমার মায়ের ক্ষেত্রে সত্য | | আমার মায়ের ক্ষেত্রে সত্য নয় | |
|----|--|---------------------------|----------------|-------------------------------|----------------|
| | | প্রায় সব সময় সত্য | মাঝে মাঝে সত্য | খুব কম সত্য | একদমই সত্য নয় |
| ১ | আমার সম্পর্কে ভাল ভাল কথা বলেন | | | | |
| ২ | আমার প্রতি কখনোই মনোযোগ দেন না | | | | |
| ৩ | তার কাছে আমার গুরুত্বপূর্ণ বিষয়গুলো সহজে বলা যায় | | | | |
| ৪ | আমার প্রাপ্য না হলেও আমাকে আঘাত করেন | | | | |
| ৫ | আমাকে একটা বড় ঝামেলা হিসাবে দেখেন | | | | |
| ৬ | রাগ হলে আমাকে কঠোর শাস্তি দেন | | | | |
| ৭ | এত ব্যস্ত থাকেন যে আমার প্রশ্নের উত্তর দেন না | | | | |
| ৮ | আমাকে অপছন্দ করেন বলে মনে হয় | | | | |
| ৯ | আমি যা বলি তাতে সত্যিকারভাবেই আগ্রহ বোধ করে | | | | |
| ১০ | আমাকে অনেক নির্দয় কথা বলেন | | | | |
| ১১ | আমি সাহায্য চাইলে সেদিকে খেয়াল করেন না | | | | |
| ১২ | আমায় নিজেকে কাঙ্ক্ষিত ও প্রয়োজনীয় ভাবে সাহায্য করেন | | | | |
| ১৩ | আমার প্রতি অত্যন্ত মনোযোগী | | | | |
| ১৪ | যে কোন উপায়ে আমার অনুভূতিকে আঘাত করতে চান | | | | |
| ১৫ | যে সব গুরুত্বপূর্ণ বিষয় তার মনে রাখা উচিত বলে আমি মনে করি তা ভুলে যান | | | | |
| ১৬ | আমি খারাপ ব্যবহার করলে আমাকে বুঝিয়ে দেন যে আমাকে ভালবাসেন না | | | | |
| ১৭ | আমাকে উপলব্ধি করতে দেন যে আমি যা করি তা গুরুত্বপূর্ণ | | | | |
| ১৮ | যখন আমি কোন ভুল করি তখন আমাকে ভয় দেখান বা হুমকি দেন | | | | |
| ১৯ | আমি যা ভাবি তাতে আগ্রহ দেখান এবং চান যে আমি তা নিয়ে কথা বলি | | | | |
| ২০ | আমি যাই করি না কেন, অন্য শিশুদের আমার চাইতে ভাল মনে করেন | | | | |
| ২১ | আমাকে বুঝতে দেন যে আমি কাঙ্ক্ষিত নই | | | | |
| ২২ | আমাকে বুঝতে দেন যে তিনি আমাকে ভালবাসেন | | | | |
| ২৩ | আমি যতক্ষণ না তাকে বিরক্ত করার মত কিছু করি ততক্ষণ পর্যন্ত আমার প্রতি মনোযোগ দেন না | | | | |
| ২৪ | আমার সাথে নম্র ও দয়াশীল ব্যবহার করেন | | | | |

প্রিয় অভিভাবক,

বিকাশ মনোবিজ্ঞানের খিসিস এর অংশ হিসাবে বর্তমান যে স্টাডিটি পরিচালিত হচ্ছে। তাতে আপনার সহযোগিতা একান্ত প্রয়োজন। বর্তমান স্টাডিটিতে মায়ের মানসিক অবস্থার মূল্যায়ন নয় বরং শিশুর আবেগ ও সামাজিক অভিযোজন প্রক্রিয়ার উপর মায়ের প্রভাব বিশেষতঃ মায়ের বয়স, আর্থসামাজিক অবস্থা, পারিবারিক সম্পর্ক, শিশুর সাথে মায়ের সম্পর্ক ইত্যাদির প্রভাব দেখা হবে। স্টাডির প্রশ্নপত্রের ২টি অংশ- একটি শিশু এবং অপরটি মা পূরণ করবেন। যেহেতু প্রশ্নপত্রে বেশ কিছু প্রশ্ন অুনতুভ রয়েছে যার প্রতিটি বেশ গুরুত্বপূর্ণ; সেহেতু এটি বেশ সময়সাপেক্ষ ব্যাপার হবে। তবুও আমি আশা করব আপনি ধৈর্য্যসহকারে প্রশ্নপত্রটি পূরণ করে আমাকে সহায়তা করবেন। উল্লেখ্য যে, বর্তমান স্টাডিটি শিশুর সামাজিক ও আবেগীয় অভিযোজন প্রক্রিয়া যা তার সুস্থ বিকাশের গুরুত্বপূর্ণ অংশ, তাতে মায়ের কার্যকর ভূমি নির্ধারণে বিশেষ সহায়তা করবে। আপনার অবগতির জন্য জানানো যাচ্ছে যে, মনোবিজ্ঞানের আন্তর্জাতিক নীতি অনুযায়ী স্টাডির সকল তথ্যের গোপনীয়তা রক্ষা করা হবে।

বিনীত নিবেদন এই, আমার প্রচেষ্টাটি সার্থক করার জন্য আপনার পূর্ণ সহযোগিতা দিয়ে বাধিত করবেন।

জীবন বৃত্তান্ত

১. শিশুর নাম :
লিঙ্গ : ছেলে ----- / মেয়ে ----- ।
শ্রেণী :
জন্মক্রম :
বয়স :
২. মায়ের নাম (ঐচ্ছিক) :
বয়স :
শিক্ষাগত যোগ্যতা :
পেশা :
৩. পারিবারিক মাসিক আয় :
৪. সন্তানের সংখ্যা : ----- ছেলে, ----- মেয়ে ।
৫. পরিবারের ধরন : যৌথ -----, একক ----- ।
৬. বৈবাহিক অবস্থা : বিবাহিত -----, বিধবা -----, ডিভোর্সড ----- ।

জীবনযাতার বিভিন্ন দিক সম্পর্কিত মনোভাব প্রশ্নমালা

নির্দেশনা

মানুষ বিভিন্ন পরিবেশে বাস করে। তাছাড়া তাদের মধ্যে বিস্তর পার্থক্য রয়েছে। তাই জীবন ও আপন জগৎ সম্বন্ধে সবগলের অনুভূতি এক রকম হয় না। স্বাস্থ্য, পরিবার, কাজ-কর্ম ইত্যাদি প্রাত্যহিত বিষয়গুলো নিয়ে তারা কি ভাবেন সে সম্বন্ধে জানা প্রয়োজন। জনগণের জীবনযাত্রার মান উন্নয়নের জন্য এ বিষয়ে জ্ঞানলাভের প্রয়োজনীয়তা অনস্বীকার্য।

জীবনের বিশেষ বিশেষ দিক এবং সার্বিক জীবন সম্বন্ধে আপনি কি মনে করেন যেস সম্বন্ধে জানার জন্যেই এই প্রশ্নমালাটি প্রণয়ন করা হয়েছে। এতে বেশ অনেকগুলো প্রশ্ন রয়েছে। প্রতিটি প্রশ্ন মনোবোগ সহকারে পড়ুন এবং যে উত্তরটি আপনার নিজের বলে বিবেচনা করেন সেটিকে বৃত্ত দিয়ে চিহ্নিত করুন। অনেক সময় মনে হতে পারে কোন উত্তরই আপনার অনুভূতির সাথে খাপে খাপে মিলছে না। সে ক্ষেত্রে যেটি আপনার উত্তরের সবচেয়ে কাছাকাছি মনে হয় সেটিকে চিহ্নিত করুন।

আপনার দেওয়া তথ্যের গোপনীয়তা সম্পূর্ণভাবে রক্ষা করা হবে এবং তা কেবলমাত্র গবেষণার কাজে ব্যবহার করা হবে। কাজেই সম্পূর্ণ খোলা মনে উত্তর দিয়ে আমাদের প্রচেষ্টাকে সাফল্য মণ্ডিত করে তুলুন।

ধন্যবাদ।

Appendix – c

প্রশ্নমালা

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| ১। | আপনার নিজের সাধারণ স্বাস্থ্য এবং শারীরিক যোগ্যতা সম্পর্কে আপনার অভিমত কি ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়। |
| ২। | আপনার শিক্ষাপ্রাপ্ত যোগ্যতা নিয়ে আপনি কতটুকু সুখী ? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নই (ঘ) প্রযোজ্য নয়। |
| ৩। | আপনার চাকুরী বা সম্পর্কিত যদি খোঁজা যায় তবে কি আপনি অপরের পর্যাপ্ত সাহায্যে পাবেন বলে বিশ্বাস করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৪। | আপনার পারিবারিক জীবন কেমন মনে করেন ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়। |
| ৫। | আপনার সাথে আপনার স্বামী/ স্ত্রীর সম্পর্ক সম্বন্ধে আপনি কি মনে করেন ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় (ঘ) প্রযোজ্য নয়। |
| ৬। | আপনার সাথে আপনার সন্তানের সম্পর্ক কেমন ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় (ঘ) প্রযোজ্য নয়। |
| ৭। | আপনার সাথে আপনার বন্ধু- বান্ধবদের সম্পর্ক কেমন ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় |
| ৮। | চারি পার্শ্বের লোকজন আপনাকে পছন্দ করে বলে কি আপনি মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ৯। | আপনার কাজ কর্মে আপনি মনোযোগী হতে পারেন কি ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ১০। | সংকটময় পরিস্থিতিতেও আপনি কি নিজেকে নিয়ন্ত্রণে রাখতে পারেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ১১। | কোন পরিস্থিতি আশানুরূপ না হলেও সে পরিস্থিতিতে মোকাবেলা করতে পারেন বলে আপনার মনে হয় কি? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়। |
| ১২। | পরিবার সদস্য, বন্ধু-বান্ধব অথবা প্রতিবেশীর মধ্যে কেউ আছে কি যার সাথে আপনি প্রয়োজনে খোলাখুলি আলাপ করতে পারেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ১৩। | জরুরী অবস্থায়, যেমন, আপনার সব কিছু যদি পুড়ে যায় অথবা চুরি যায় তখন আপনার আত্মীয় স্বজন অথবা বন্ধু-বান্ধব আপনাকে সাহায্য করবে বলে আপনি বিশ্বাস করেন কি ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ১৪। | অনেকটা স্বর্ণীয় সুখের মত প্রচন্ড সুখের অনুভূতি কি আপনার কখনো হয়েছে? (ক) বেশ প্রায়ই (খ) মাঝে মাঝে (গ) কখনই নয়। |
| ১৫। | আপনার কি মাঝে মাঝে মনে হয় যে আপনার চার পার্শ্বের পরিবেশ এবং আপনি নিজে একই শক্তির একটি অংশ ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয় (ঘ) প্রযোজ্য নয়। |
| ১৬। | আপনার লক্ষ্যে আপনি একা নন, এই বিশ্বাস কি আপাকে আত্মবিশ্বাস ও শক্তি যোগায় ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ১৭। | বৃহত্তম দলের (নিজ পরিবার ছাড়া) মূল্যবোধ, অগ্রহ অথবা বিশ্বাসের অংশীদার হতে পারা কি আপনি অভ্যন্তরীণ শক্তির উৎস বলে, মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ১৮। | আপনিও বিশ্বাসনব পরিবারের একজন একথা ভেবে মাঝে মাঝে কি আপনি সুখ অনুভব করেন ? (ক) প্রায়ই (খ) মাঝে মাঝে (গ) তেমন বেশি নয়। |
| ১৯। | আপনি কি আপনার জীবনে ধর্মীয় স্বার্থকতা বুঝে পান ? (ক) গভীরভাবে (খ) কিছুটা (গ) তেমন বেশি নয়। |
| ২০। | আপনি কি মনে করেন আপনার জীবনকে আপনি যেভাবে পরিচালিত করতে চান সেভাবে চালিত করার ক্ষমতা আপনার আছে। (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) তেমন বেশি নয়। |
| ২১। | সংকটের সময় (যা আপনার স্বাভাবিক জীবনযাত্রা ব্যাহত করতে পারে) আপনি পরিস্থিতির যথার্থ মোকাবেলা করতে পারবেন বলে কতখানি আত্মবিশ্বাসী ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বেশি নয়। |

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| ২২। | আপনি আপনার জীবনে যা কিছু অর্জন করেছেন সে সম্পর্কে আপনি কি মনে করে ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় |
| ২৩। | সাম্প্রতিক কালে আপনি যা করেছেন তাতে সামগ্রিকভাবে আপনি কতটা সুখী ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয়। |
| ২৪। | সব কিছু মিলে আকাজাল দিনকাল কেমন যাচ্ছে বলে মনে করেন ? (ক) খুব ভাল (খ) মোটামুটি ভাল (গ) তেমন ভাল নয় |
| ২৫। | এখন যেভাবে সবকিছু চলছে তাতে ভবিষ্যতে খাপ খাওয়ানোর ব্যাপারে আপনি কতটুকু আত্মবিশ্বাস অনুভব করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ২৬। | অতীতের তুলনায় আপনার বর্তমান জীবনকে কেমন মনে হয় ? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নয়। |
| ২৭। | অন্যের তুলনায় আপনার জীবনকে কেমন মনে করেন ? (ক) খুব সুখী (খ) মোটামুটি সুখী (গ) তেমন সুখী নয়। |
| ২৮। | আপনি আপনার জীবনকে কি চিত্তাকর্ষক বলে মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ২৯। | আপনি কি আপনার জীবন ধারাকে উপভোগ্য বলে মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩০। | আপনি আপনার জীবনকে কি মূল্যবান মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩১। | আপনার পরিবার স্বামী/স্ত্রী উভয়েই কি উপার্জনক্ষম সদস্য ? (ক) হ্যাঁ (খ) না (গ) প্রযোজ্য নয়। |
| ৩২। | আপনার পরিবারে পারিবারিক আয় কিভাবে খরচ করা হয়ে সে সম্পর্কে সদস্যদের মধ্যে ভাল সমঝোতা আছে কি ? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়। |
| ৩৩। | আপনি কি মনে করেন আপনার পরিবারের অধিকাংশ সদস্য একে অন্যের সাথে ঘনিষ্ঠভাবে জড়িত ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩৪। | যখন আপনার পরিবারে বিয়ের পাত্র/পাত্রী নির্বাচন, শিক্ষা, ব্যবসা, প্রভৃতি কোন গুরুত্বপূর্ণ বিষয়ে সিদ্ধান্ত নেয়ার প্রয়োজন হয় তখন পরিবারের অন্যান্য সদস্যরা, পরিবার প্রধান পরিবারের সদস্যদের সাথে আলাপ আলোচনা করে কি ? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়। |
| ৩৫। | আপনি কি মনে করেন আপনি যা করছেন তার জন্য আপনার পরিবার আপনাকে মনে জোর যোগাচ্ছে ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩৬। | অধিকাংশ সমস্যা সমাধানে আপনার পরিবারকে বিশেষ সহায়ক বলে বিবেচনা করেন কি ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩৭। | গুরুতর অসুস্থ অবস্থায় আপনার পরিবার আপনাকে যথাযথ বা উপযুক্ত দেখাশুনা করবেন বলে কি আপনি মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩৮। | কোন সদস্যের সংকটাপন্ন অবস্থায় যেমন কেউ যদি বয়সের কারণে অকর্মণ্য হয়ে পড়ে, তাহলে আপনার পারিবার পুরাপুরি তার উন্নয়নশীল করতে বলে আপনি মনে করেন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয়। |
| ৩৯। | আপনি যদি মারা যান বা কখনো অক্ষম হয়ে পড়েন তখন আপনার ছেলেমেয়েদেরকে যথার্থ সাহায্য করতে তেমন কেউ থাকবে না একথা ভেবে আপনি মাঝে মাঝে পুঁচিগ্রন্থ হন কি ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয় (ঘ) প্রযোজ্য নয়। |
| ৪০। | আপনি কি আপনার পারিবারিক জীবন নিয়ে উদ্বিগ্ন হন ? (ক) বেশীর ভাগ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ। |
| ৪১। | আপনাদের স্বামী/স্ত্রীর সম্পর্ক নিয়ে আপনি কি মাঝে মাঝে উদ্বিগ্ন হন ? (ক) খুবই (খ) কিছুটা (গ) খুব কম (ঘ) প্রযোজ্য নয়। |
| ৪২। | আপনি কি মাঝে মাঝে আপনার সাথে আপনার সন্তানদের সম্পর্ক নিয়ে উদ্বিগ্ন হন ? (ক) খুব বেশি (খ) কিছুটা (গ) তেমন বিশ নয় (ঘ) প্রযোজ্য নয়। |
| ৪৩। | প্রকৃত পক্ষে আপনার যত বন্ধু আছে আপনি তার চেয়ে অধিক সংখ্যক বন্ধু পেতে চান কি (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৪৪। | আপনি কি মাঝে মাঝে একজন প্রকৃত ও অন্তরঙ্গ বন্ধুর অভাব অনুভব করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৪৫। | আপনার চার পার্শ্ব মানুষ আপনাকে পছন্দ করছে না এটা কি আপনার সার্বজনিক চিন্তার বিষয় ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |

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| ৪৬। | আপনি কি মনে করেন আপনার বন্ধ-বান্ধব/ আত্মীয় স্বজন আপনার বিপদে সাহায্যে করতে এগিয়ে আসবে। (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৪৭। | যার উপর আপনার সম্পূর্ণ আস্থা রয়েছে এবং যার সাথে আপনি আপনার ব্যক্তিগত বিষয় ও সমস্যাবলী নিয়ে খোলাখুলি আলাপ করতে পারেন এমন কোন ব্যক্তির অভাব অনুভব করেন কি ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৪৮। | যে জনগোষ্ঠী পারস্পরিকভাবে বন্ধু ভাবাপন্ন এবং সাহায্যকারী আপনি কি নিজেকে তাদের অংশ বলে মনে করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৪৯। | যদি আপনার পরিবারের কিছু ঘটে তবে আপনি আপনার প্রতিবেশীদের সাহায্য পাবেন বলে মনে করেন কি ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৫০। | গুরুতর অসুস্থতায় বা দুর্ঘটনার সময় আপনার আত্মীয় স্বজন কিংবা বন্ধু- বান্ধব আপনাকে দেখা শুনা করবে বলে কতখানি বিশ্বাস রাখেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৫১। | আপনি কি আপনার শরীরের বিভিন্ন অংশের ব্যথার কষ্ট পান? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৫২। | আপনি কি হৃদপিণ্ডের ধড়ফড়ানীতে অস্বস্তিবোধ করেন ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৫৩। | মাথা ঝিম ঝিম করার অনুভূতি আপনার বিরক্তি ঘটায় কি ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয় |
| ৫৪। | আপনি কি মনে করেন যে আপনি খুব অল্পতেই ক্লান্ত হয়ে পড়েন? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৫৫। | অল ঘুম না হওয়ার কারণে কি আপনি অসুবিধা বোধ করেন ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৫৬। | আপনি কি মাঝে মাঝে আপনার স্বাস্থ্য সম্পর্কে উদ্বেগ হন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৫৭। | আপনি আপনার ইচ্ছামুত্থায়ী বিশ্রাম নেওয়ার ব্যাপারে কি অসুবিধা বোধ করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৫৮। | আপনি যখন কিছু চিন্তা করেন বা কিছু করতে চান তখন মনোনিবেশ না করতে পেলে অস্বস্তিবোধ করেন কি ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৫৯। | কোন কিছু আপনি যেভাবে মনে করেন যদি সেভাবে না ঘটে তবে কি আপনি সহজে ভেঙে পড়েন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬০। | আপনি কি সহজেই উত্তেজিত বা সংবেদনশীল হয়ে পড়েন (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬১। | আপনি কি ছোট খাটো বিষয়ে প্রয়োজনাত্মিক ভেঙে পড়েন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬২। | ছোট খাটো বিষয়ে আপনি মাঝে মাঝে আপনার মেজাজ ঠিক রাখতে পারেন না, এটাকে কি আপনি সমস্যা বলে মনে করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬৩। | সমালোচনা করলে আপনি সহজেই ভেঙে পড়েন কি ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬৪। | উদ্বেগ এবং মানসিক চাপের কারণে আপনি কি বিরক্তি বোধ করেন ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৬৫। | আপনি যা করেছেন তাতে আপনার আত্মবিশ্বাসের অভাব আছে বলে কি আপনি উদ্বেগ ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৬৬। | আপনার জীবনের বাস্তব অবস্থা আপনার নিয়ন্ত্রণের বাইরে বলে মনে হয় কি? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ |
| ৬৭। | আপনি যা সম্পন্ন করতে চেয়েছেন তা সামান্য পরিমাণে সম্পাদিত হওয়ায় আপনি কি মাঝে মাঝে উদ্বেগ হন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬৮। | আপনি যা পাওয়ার যোগ্য বলে মনে করেন তার চেয়ে কম সাফল্য অর্জন করেছেন বলে কি উদ্বেগ ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৬৯। | ধীনা কারণে আপনি কি মাঝে মাঝে দুঃখ অনুভব করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭০। | আপনার পবিধারে সদস্যদের মাঝে মনোমালিন্য ও ঝড়ের কারণে কি আপনি মাঝেমাঝে উদ্বেগ হন ? |

| | |
|-----|---|
| | (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭১। | আপনি কি আপনার ভবিষ্যৎ নিয়ে উদ্বিগ্ন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭২। | আপনি কি মাঝে মাঝে আপনার মানসিক সুস্থতা নিয়ে উদ্বিগ্ন হন? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭৩। | আপনার জীবন নিরানন্দময় বা একেঘেয়েমীপূর্ণ বলে কি আপনি মনে করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭৪। | আপনি কি মনে করেন আপনার জীবন দুঃস্বপ্নময় ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) প্রায় কখনই নয়। |
| ৭৫। | আপনার জীবনে কি অপ্রয়োজনীয় বস্তু মনে করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭৬। | আপনি কি মনে করেন আপনার যে সব জিনিস প্রয়োজন তার অধিকাংশই আপনার আছে ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭৭। | আপনি কি মনে করেন আপনার প্রত্যাশিত সামাজিক মর্যাদা ও জীবন যাত্রার মান অর্জন করতে পেরেছেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৭৮। | আপনি যা করতে চান কি সাধারণ ঃ সম্পাদন করতে পারেন ? (ক) অধিকাংশ সময় (খ) মাঝে মাঝে (গ) কদাচিৎ। |
| ৭৯। | আপনি কি মনে করেন নিজের ইচ্ছেমতো কাজ করার জন্য যতখানি স্বাধীনতা অর্জন করেছেন ? (ক) বেশ অনেকটা (খ) কিছুটা (গ) তেমন নয়। |
| ৮০। | আপনি যতটুকু সাফল্য লাভ করেছেন এবং এগিয়ে যাচ্ছেন সে সম্পর্কে আপনি কি মনে করেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৮১। | আপনার সার্বিক জীবনযাত্রাকে বিবেচনা করে আপনি কি মনে করেন যে এটাই সে জীবন যেভাবে আপনি চলেতে চেয়েছিলেন ? (ক) খুবই (খ) কিছুটা (গ) তেমন নয়। |
| ৮২। | কর্মজীবন প্রচেষ্টার পর এখন আপনি কি মনে করেন যে আপনি জীবনের যথেষ্ট কৃতকার্য হয়েছেন ? (ক) খুবই (খ) কিছু মাত্রায় (গ) তেমন নয়। |

Appendix - d

বৈবাহিক জীবনের স্বামী-স্ত্রী বিভিন্ন বিষয়ে একমত বা দ্বিমত পোষণ করে থাকেন। নিম্নে বর্ণিত বিষয়ে গুলিতে আপনি আপনার স্বামীর সাথে কি পরিমাণ একমত বা দ্বিমত পোষণ করেন তা উপযুক্ত স্থানে (✓) চিহ্ন দিয়ে নির্দেশ করুন।

| | | সব সময়ই একমত পোষণ করি। | প্রায় সব সময়ই একমত পোষণ করি। | খুব কম সময়ই একমত পোষণ করি। | মাঝে মাঝে দ্বিমত পোষণ করি। | প্রায়ই দ্বিমত পোষণ করি। | সব সময়ই দ্বিমত পোষণ করি। |
|-------|---|-------------------------|--------------------------------|-----------------------------|----------------------------|--------------------------|---------------------------|
| ১২.১ | পারিবারিক আয় ব্যয় বা অর্থনৈতিক ব্যাপারে | | | | | | |
| ১২.২ | চিন্তা রিনোদনের ব্যাপারে | | | | | | |
| ১২.৩ | ধর্মীয় ব্যাপারে | | | | | | |
| ১২.৪ | স্নেহ প্রদর্শনের ব্যাপারে | | | | | | |
| ১২.৫ | বন্ধু-বান্ধব নির্বাচন ও তাহাদের সাথে সম্পর্ক বজায় রাখার ব্যাপারে | | | | | | |
| ১২.৬ | যৌন সম্পর্কের ব্যাপারে | | | | | | |
| ১২.৭ | ভাল বা উপযুক্ত আচরণ ব্যাপারে | | | | | | |
| ১২.৮ | জীবন দর্শন সম্পর্কে | | | | | | |
| ১২.৯ | পিতামাতা বা স্বতন্ত্র স্বতন্ত্র ব্যাপারে | | | | | | |
| ১২.১০ | জীবনের উদ্দেশ্য, লক্ষ্য এবং গুরুত্বপূর্ণ বিষয় | | | | | | |
| ১২.১১ | স্বামী এবং স্ত্রী কি পরিমাণ সময় একত্রে কাটানো উচিত সে বিষয়ে | | | | | | |
| ১২.১২ | গুরুত্বপূর্ণ সিদ্ধান্ত সম্পর্কে | | | | | | |
| ১২.১৩ | বাড়ীর কাজের ব্যাপারে | | | | | | |
| ১২.১৪ | অবসর সময়ের কাজের ব্যাপারে | | | | | | |
| ১২.১৫ | বুন্দি বা পেশা নির্বাচনের ব্যাপারে | | | | | | |

| | | সব সময় | বেশীর ভাগ সময় | প্রায় সময় | মাঝে মাঝে | খুব কম সময় | কখনও না |
|-------|---|---------|----------------|-------------|-----------|-------------|---------|
| ১২.১৬ | আপনি কতবার বিবাহ বিচ্ছেদ, পৃথকভাবে থাকার অথবা বিবাহিত সম্পর্কের অবসান করার বিষয় আলাপ করেছেন বা চিন্তা করেছেন ? | | | | | | |
| ১২.১৭ | ঝগড়া বিবাদ করে আপনি বা আপনার (স্বামী) কতবার কাঁদী ছেড়ে থেকেছেন। | | | | | | |
| ১২.১৮ | (সাধারণভাবে বলতে গেলে) আপনি কতবার বা কত সময় ভেবেছেন যে আপনাদের সম্পর্কে ভাল যাচ্ছে ? | | | | | | |
| ১২.১৯ | আপনি কি আপনার স্বামীকে সম্পূর্ণভাবে বিশ্বাস করেন ? | | | | | | |
| ১২.২০ | আপনি এ বিষয়ে করেছেন বলে আপনার অনুশোচনা হয় কি ? | | | | | | |
| ১২.২১ | আপনি কি আপনার স্ত্রী/ স্বামীর সাথে ঝগড়া করেন | | | | | | |
| ১২.২২ | আপনার স্বামী/স্ত্রী কি একে অন্যের উপর মানসিক চাপ সৃষ্টি করেন ? | | | | | | |

| | | সব গুলো অনুষ্ঠানে | বেশীর ভাগ অনুষ্ঠানে | কোন কোন অনুষ্ঠানে | খুব কম অনুষ্ঠানে | একে বাড়েই না |
|-------|--|----------------------|------------------------|----------------------|---------------------|---------------|
| ১২.২৩ | আপনি ও আপনার (স্বামী/স্ত্রী)- বাহিরের কোন অনুষ্ঠানে একত্রে যোগদানে কি ? | | | | | |

নিম্নলিখিত ঘটনাগুলো আপনাদের জীবনে কি পরিমাণে ঘটে তা আমাদের বলুন ?

| | | কোন দিন না | মাসে একবারের ও কম | মাসে দুইবার | মাসে তিনবার | দিনে একবার | আরো বেশি |
|-------|---|---------------|-------------------------|----------------|----------------|---------------|-------------|
| ১২.২৪ | ভ্রূতের আদান প্রাদান করা | | | | | | |
| ১২.২৫ | দুজনে গল্প ও হাসা হাসি করা | | | | | | |
| ১২.২৬ | দুজনে শান্ত ও নিবিষ্ট মনে কোন বিষয়ে বিবেচনা করা | | | | | | |
| ১২.২৭ | পারিবারিক কোন পরিকল্পনা বাস্তবায়নে একত্রে কাজ করা | | | | | | |
| | | | | | | | |

| | | চরম অসুখী | বেশ অসুখী | কিছুটা অসুখী | সুখী | বেশ সুখী | যথেষ্ট সুখী | সম্পূর্ণ ভাবে সুখী |
|-------|--|--------------|--------------|-----------------|------|-------------|----------------|-----------------------|
| ১২.২৮ | আপনার বিবাহিত জীবনের সবকিছু বিবেচনা করে আপনাদের বিবাহিত জীবনে কতটুকু সুখী বলে আপনার কাছে মনে হয় ? | | | | | | | |

১২.২৯ আপনার দাম্পত্য জীবনের সম্পর্কের ভবিষ্যৎ সম্বন্ধে আপনার অনুভূতি নিম্নের বিবৃতিগুলির কোনটি সবচেয়ে ভালো
বর্ণনা করে তার পাশে টিকে (✓) চিহ্ন দিন।

| | | |
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| ক) | আমি ভীষণভাবে চাই যে আমাদের দাম্পত্য সার্থক হোক; এরূপ সার্থকতার জন্য আমি যেকোন মূল্য দিতে তৈরি। | |
| খ) | আমি খুব চাই যে আমাদের দাম্পত্য সম্পর্ক সার্থক হোক, এরূপ সার্থকতার জন্য আমার পক্ষে যা করার দরকার তা করতে তৈরি। | |
| গ) | আমি খুব চাই যে আমাদের দাম্পত্য সম্পর্ক সার্থক হোক, এরূপ সার্থকতার জন্য যেকোন কাজ করতে তৈরি। | |
| ঘ) | আমাদের দাম্পত্য সম্পর্ক সার্থক হলে খুবই ভাল হয়, তবে এরূপ সার্থকতার জন্য এখন আমি যা করছি তার চেয়ে বেশি কিছু করতে রাজি নই। | |
| ঙ) | আমাদের দাম্পত্য সম্পর্ক হলে খুবই ভাল হয়, তবে এরূপ সার্থকতার জন্য আমি এখন যা করছি তারচেয়ে বেশি কিছু করতে আমি রাজি নই। | |
| চ) | আমাদের দাম্পত্য সম্পর্ক কখনও সার্থক হতে পারে না এবং এরূপ সম্পর্ক টিকিয়ে রাখার জন্য আমি আর কিছুই করতে চাই না। | |

Appendix – e

Parental Orientation Scale

শিশুর জীবন বৃত্তান্ত

শিশুর নাম :
 লিঙ্গ : ছেলে / মেয়ে
 বয়স :
 শ্রেণী :
 জন্মকাল :
 তাইবোনের সংখ্যা :
 আর্থসামাজিক অবস্থা :
 নির্দেশনাঃ

এই প্রশ্নমালাটি মাতা কিভাবে একটি শিশুকে প্রতিপালন করেন। এই ব্যাপারে আপনার সহযোগিতা বিশেষ করে আপনার সন্তান প্রতিপালন সম্পর্কিত মন্তব্য প্রদান করলে বার্ধিত হবে।

এখানে ২০টি বক্তব্য আছে যার প্রত্যেকটিতে দুটি করে বক্তব্য আছে। (যেমন ক ও খ) অনুগ্রহ করে প্রত্যেক জোড়া বক্তব্য পড়ুন এবং যে টিকে আপনি সমর্থন করেন সেটিতে টিক (✓) চিহ্ন দিন। ক এবং খ দুটিতে একসাথে টিক চিহ্ন দেবেন না।

- ১। (ক) আমি খুব উদ্বিগ্ন বোধ করি যখন আমার শিশু লেখাপড়ায় অন্য শিশুর চেয়ে সফল না হয়।
 (খ) আমি আশা করি না আমার শিশু পরীক্ষায় উচ্চ নম্বর পাওয়ার জন্য পুস্তক কীটে পরিণত হোক।
- ২। (ক) একটি শিশুর জীবনের সাফল্য নির্ভর করে পুরোপুরি বিদ্যালয়ের ফলাফলের/ অগ্রগতির উপর।
 (খ) শিশুর সাফল্য নির্ভর করে তার পড়াশুনা, খেলাধুলা ইত্যাদি সার্বিক সুস্থ বিকাশের উপর। শুধুমাত্র স্কুল নম্বরের উপর নয়।
- ৩। (ক) আমার শিশু যদি কোন খেলা ভাল খেলে তবেই আমি সন্তুষ্ট থাকি।
 (খ) না জিততে পারলে খেলার কোন অর্থ হয় না।
- ৪। (ক) আমি চাই আমার শিশু স্কুলের শ্রেষ্ঠত্ব অর্জিত হোক।
 (খ) আমার শিশু স্কুলের সাংস্কৃতিক অনুষ্ঠানে অংশ গ্রহণ করলেই আমি খুশী।
- ৫। (ক) কোন বিষয় বস্তু আমার শিশুর পুরোপুরি আয়ত্বে না আসে ততক্ষণ পর্যন্ত তাকে তা পুনরাবৃত্তি করতে জোর করি।
 (খ) আমি আমার শিশুকে নতুন নতুন কাজ নিজে করতে উৎসাহ যোগাই।
- ৬। (ক) আমি একমত পোষণ করি যে, ব্যর্থ তাই সাফল্যের চাবিকাঠি।
 (খ) আমার শিশু পরীক্ষায় অকৃতকার্য হলে আমি খুবই উদ্বিগ্ন হই।
- ৭। (ক) পড়াশুনা ছাড়া অন্যান্য কার্যাবলী বস্তুত পক্ষে সুদূর ভবিষ্যতে কোন কাজে আসে না।
 (খ) পড়াশুনার পাশাপাশি শিশুর কলা, সংগীত এবং অন্যান্য সহ পাঠ মূলক কাজে অগ্রহণ থাকা উচিত।
- ৮। (ক) আমি কখনো আমার শিশুকে অনেক বস্তু স্থাপনে উৎসাহিত করি না পড়াশুনার ক্ষতি হতে পারে বলে।
 (খ) একটি শিশুর অনেক বস্তু থাকা উচিত কারণ তার দৃষ্টি ভংগি প্রসারে সাহায্য করে থাকে।
- ৯। (ক) বিশেষ বিশেষ শখ পরিচর্যা করার জন্য শিশুদের উৎসাহিত করা উচিত, কেননা এর দ্বারা শিশু শিক্ষালাভ করে থাকে।
 (খ) আমি মনে করি শখকে পরিচর্যা করা মানে সময় নষ্ট করা তার বদলে শিশু তার পড়াশুনায় মনোযোগী হতে পারে।
- ১০। (ক) খেলাধুলায় অংশ গ্রহণই বিশেষ উপকারী। খেলায় শিশুর কোন কৃতিত্ব থাক বা না থাক।
 (খ) খেলাধুলায় সতত্ব কৃতিত্ব অর্জন করতে না পারলে কোন শিশুরই তাতে সময় নষ্ট করা উচিত নয়।
- ১১। (ক) আমার শিশু যদি স্কুলের কাজ করতে অনিচ্ছা প্রকাশ করে তবে তাকে। আমি বাধ্য করি না।
 (খ) আমি সচরাচর আমার শিশুর অনুভূতিকে অগ্রাহ্য করি যদি তা তার কৃতিত্ব অর্জনের পথে অন্তরায় হয়।
- ১২। (ক) আমার শিশু তার স্কুলের দলের সদস্য হলে আমি খুশী হই।
 (খ) আমি খেলাধুলার ব্যাপারে শিশুর কাছ থেকে পরম কৃতিত্ব কিছুই আশা করি না।

- ১৩। (ক) আমি চাই আমার শিশু ক্লাসের কার্যাবলী পরিচালনা ককক।
(খ) আমার শিশু যদি ক্লাসের কার্যাবলীতে সন্তোষ জনক ভাবে অংশ গ্রহণ করে তবেই আমি খুশী।
- ১৪। (ক) পড়াশুনায় ভাল করে এই শর্তে যদি আমার শিশু অন্যদের সংশ্লিষ্ট সমস্যা রাখতে পারে তবে আমি দুঃখিত করি না।
(খ) শিশু যদি লেখাপড়ায় ভাল না হয় এমনকি যদি সে অন্যদের সাথে ভাল ভাবে মিশতে না পারে তবে আমি দুঃখিত করি।
- ১৫। (ক) শিশুর উৎকর্ষ সাধনের জন্য প্রতিযোগিতাই সর্বোত্তম উপায়।
(খ) সমবয়সীদের সাথে উন্নত আদান-প্রদান শিশুর নিজেদের কাজে অধিক কৃতিত্ব অর্জনে সাহায্য করে।
- ১৬। (ক) আমার শিশু যদি বন্ধুদের মাঝে জনপ্রিয় হয় তবেই আমি সন্তুষ্ট।
(খ) আমি চাই আমার শিশু ক্লাসের প্রতিনিধি হোক।
- ১৭। (ক) শিশুকে ছোট খাট কাজ করতে দেওয়া উচিত যা তাকে দায়িত্ব শীল ব্যক্তি হিসাবে গঠন করবে।
(খ) শিশুকে এমন কোন দায়িত্ব দেয়া উচিত না যা তার পড়াশুনাকে ক্ষতি সাধন করতে পারে।
- ১৮। (ক) আমি সব সময়ই আমার শিশুকে বলি যে, শুধুমাত্র পড়াশুনা করাই যথেষ্ট নয়।
(খ) আমি সব সময়ই আমার শিশুকে পড়াশুনার প্রয়োজনীয়তা সম্পর্কে ধীরে ধীরে সজ্ঞানিত করে থাকি।
- ১৯। (ক) আমি শুধুমাত্র প্রথম শ্রেণী আশা করি। আমার শিশুরই কাছ থেকে।
(খ) আমি সন্তুষ্ট থাকি যদি আমার শিশু পড়াশুনার সাধারনের উপরে থাকে।
- ২০। (ক) শুধুমাত্র পরম প্রাতিষ্ঠানিক কৃতিত্বের চেয়ে আমার শিশু নিয়মানুবর্তী ও সদাচরণ গুণের অধিকারী হউক তা অধিক পছন্দ করি/ গুরুত্ব দেই।
(খ) শিশুর জন্য পড়াশুনায় ভাল করাটাই একমাত্র গুরুত্ব পূর্ণ বিষয়।