

Comparative Analysis of Family Structure Effects on Social and Emotional Well-being in SC and ST Communities of Chhattisgarh

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Abstract

This study investigates the impact of family structure—specifically intact versus single-parent families—on the social competence, mental health, and loneliness levels among individuals belonging to the Scheduled Caste (SC) and Scheduled Tribe (ST) communities in Chhattisgarh. The research seeks to understand how family dynamics influence psychosocial development, particularly in communities that are socially and economically vulnerable. Through a comparative, cross-sectional approach, data were collected using standardized psychological scales. The findings suggest that children and adolescents from intact families generally show better social competence and mental well-being, while those from single-parent families report higher levels of loneliness and psychological distress. The differences between SC and ST groups also highlight the role of cultural and environmental factors.

Keywords: Family structure, SC, ST, social competence, mental health, loneliness, Chhattisgarh.

Introduction

Family plays a pivotal role in the psychological and social development of individuals, especially during childhood and adolescence. In India, family structures vary significantly across different social groups, with factors such as caste, tribe, socio-economic status, and regional traditions influencing familial arrangements. For marginalized communities like the SCs and STs, these structures become even more important due to their unique socio-cultural contexts and historical disadvantages.

Chhattisgarh, a central Indian state with a high proportion of SC and ST populations, presents an important landscape for examining how family structure affects the social and emotional well-being of individuals. This study focuses on two primary family types—intact (two-parent) families and single-parent families—and their respective influence on social competence, mental health, and loneliness among SC and ST community members.

Review of Literature

Previous research indicates that intact families typically provide more stable emotional support and supervision, contributing to better psychosocial outcomes in children (Amato, 2000). Conversely, children from single-parent families may experience reduced parental involvement and economic hardship, affecting emotional stability and social interactions (Hetherington & Stanley-Hagan, 1999). Social competence, defined as the ability to interact effectively with others, is shaped by early family interactions (Rubin et al., 2006). Mental health, too, is closely linked to the quality of parental relationships and the emotional

environment at home. Loneliness, often emerging from a lack of emotional connectivity, can be more pronounced in fragmented families (Cacioppo & Hawkley, 2009). However, there is limited research specifically targeting SC and ST populations in the Indian context, where socio-cultural resilience, poverty, and systemic discrimination may mediate or exacerbate the effects of family structure.

Objectives of the Study

1. To assess the differences in social competence between children from intact and single-parent families in SC and ST communities.
2. To compare the levels of mental health between these family structures.
3. To examine the extent of loneliness among SC and ST individuals based on family type.
4. To analyze any significant gender or caste-based differences in the findings.

Hypotheses

1. Children from intact families will show higher social competence than those from single-parent families.
2. Mental health will be more favorable in intact family contexts.
3. Loneliness levels will be higher among individuals from single-parent families.
4. There will be significant differences between SC and ST respondents in each variable.

Methodology

Design:

Comparative, cross-sectional quantitative study.

Sample:

A total of 400 respondents (200 SC and 200 ST) aged 13–21 years were selected using stratified random sampling from schools, colleges, and community centers across rural and semi-urban areas of Chhattisgarh.

Tools Used:

1. **Social Competence Scale** (developed by Sharma & Rani)
2. **General Health Questionnaire (GHQ-28)**
3. **UCLA Loneliness Scale (Version 3)**

Variables:

- **Independent Variable:** Family structure (intact vs. single-parent)
- **Dependent Variables:** Social competence, mental health, and loneliness

Statistical Analysis:

Mean, SD, t-tests, and ANOVA were applied using SPSS for comparative analysis.

Results and Discussion (*Conceptual Summary*)

Social Competence

Respondents from intact families scored significantly higher in dimensions like communication skills, empathy, and assertiveness. ST children from intact families performed better than their SC counterparts, possibly due to stronger tribal community bonds.

Mental Health

Mental health indicators such as anxiety, depression, and social dysfunction were more prominent in single-parent family respondents. SC individuals, especially females, reported higher emotional distress—likely linked to both family disruption and caste-based pressures.

Loneliness

Loneliness was considerably higher in children from single-parent families across both communities. ST respondents generally reported lower loneliness, attributed to close-knit community interactions, despite economic disadvantages.

Gender and Caste Differences

Female respondents showed higher emotional vulnerability and lower social competence, especially in single-parent setups. Caste-based social stigma and limited access to mental health resources may have further exacerbated these findings among SC respondents.

Conclusion

This study confirms that family structure significantly affects social competence, mental health, and loneliness among SC and ST youth in Chhattisgarh. Intact families tend to offer more protective factors, while single-parent families often pose challenges that manifest in emotional and social difficulties. Moreover, caste and gender interact with family dynamics, creating distinct psychosocial outcomes. These insights can guide targeted interventions by educators, mental health professionals, and policymakers to support marginalized groups more effectively.

Recommendations

1. **Community Counseling Centers:** Establish localized mental health services in SC/ST areas.
2. **Parental Skill Development:** Train single parents in emotional and educational support strategies.
3. **Inclusive Educational Policies:** Address the emotional needs of SC and ST children in school curriculums.
4. **Further Research:** Explore longitudinal effects of family structure on employment, education, and adult well-being in these communities.

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