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Adolescent Identity Formation and Parental Influence: An Empirical Study in West Champaran

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Abstract

The study titled “Adolescent Identity Formation and Parental Influence: An Empirical Study in West Champaran” aimed to examine the dynamics of identity development among adolescents in relation to parental support and control, while also exploring gender and rural–urban variations. A sample of 69 adolescents (35 males, 34 females) aged 15–19 years was selected through random sampling from secondary, higher secondary, and early undergraduate students in West Champaran, Bihar. Standardized tools were used, including an Identity Formation Scale, Parental Influence Questionnaire, Psychological Distress Scale, and Coping Strategy Inventory. Data analysis included descriptive statistics and independent samples t-tests to compare psychosocial outcomes between male and female participants and between rural and urban adolescents.

Findings indicated moderate levels of psychological distress across the sample, with a nearly balanced reliance on problem-focused and emotion-focused coping strategies. Female adolescents reported higher distress and stronger emotion-focused coping, while males demonstrated greater use of problem-focused coping. Rural adolescents exhibited slightly higher distress, whereas urban adolescents showed stronger identity commitment and coping efficiency. Although group differences did not reach statistical significance, effect sizes suggested meaningful developmental patterns. The results emphasize the importance of parental support and autonomy in shaping adolescent identity.

The study’s implications extend to clinical psychology practice, highlighting the need for gender-sensitive counseling, and to adolescent health and TB management programs, where parental and peer support can reduce psychological burden and stigma, thereby improving overall well-being and treatment adherence.

Keywords: *Adolescent identity, parental influence, psychological distress, coping strategies, West Champaran*

Introduction

Adolescence represents a pivotal stage of psychosocial development, characterized by identity exploration, role experimentation, and heightened vulnerability to psychological distress. In the Indian context, particularly in semi-urban and rural regions such as West Champaran, adolescents navigate identity formation within the strong influence of family and community structures. Erikson's theory of psychosocial development and Marcia's identity status paradigm both highlight how support, autonomy, and role negotiation shape adolescent trajectories.

Parental influence, in terms of both supportive involvement and restrictive control, plays a dual role in this process, offering emotional security while also creating potential conflicts around autonomy. At the same time, gendered socialization and rural–urban disparities introduce further complexity in adolescent experiences of stress and coping. Recognizing these factors is essential, not only for advancing psychological theory but also for informing practical interventions.

This study therefore investigates identity formation and parental influence among adolescents in West Champaran, using quantitative measures and qualitative insights. By employing **independent samples t-tests** to examine gender and rural–urban differences in distress, coping, and identity outcomes, the research provides nuanced understanding of adolescent well-being in a socio-culturally specific context. The findings carry significant implications for clinical psychology practice and for adolescent-focused health interventions, particularly in programs addressing stigma and psychological support in conditions such as tuberculosis.

Review of Literature

Adolescent identity develops through iterative cycles of exploration and commitment, a process classically framed by Erikson's psychosocial stage of identity vs. role confusion and operationalized by Marcia's identity-status paradigm (Erikson, 1968; Marcia, 1966). Parenting qualities shape these pathways: authoritative patterns, high warmth and structure, are linked to stronger identity commitment and psychosocial adjustment, whereas authoritarian or permissive styles show weaker associations (Baumrind, 1991; Smetana, 2011). Beyond general style, *psychological control* (e.g., guilt induction, intrusiveness) undermines autonomy and predicts internalizing distress, complicating identity work during mid-to-late adolescence (Barber, 1996). Autonomy development and renegotiation of parent–adolescent boundaries further explain gender and context differences in coping and distress (Steinberg &

Silverberg, 1986). Ecologically, rural–urban settings provide different opportunity structures, school resources, peer networks, and role models, that scaffold identity exploration and commitment (Bronfenbrenner, 1979). In South Asian contexts, family interdependence and norm salience mean that *supportive involvement plus autonomy support*, rather than control, best predicts healthy identity formation under socio-economic constraint (Saraswathi & Verma, 2004). Together, the literature suggests that West Champaran adolescents with higher parental support and lower psychological control should show stronger identity commitment, more problem-focused coping, and lower distress, with locale and gender moderating these links.

Methodology

The present study, titled “**Adolescent Identity Formation and Parental Influence: An Empirical Study in West Champaran**”, is designed as an empirical investigation aimed at understanding the dynamics of adolescent identity development within the framework of parental influence. This section outlines in detail the methodology adopted for the research, encompassing the participants, tools of data collection, procedures followed, and techniques of data analysis. The methodological approach ensures reliability, validity, and ethical rigor, while providing a systematic framework to test the hypotheses and meet the research objectives.

Participants

The study was conducted on a total sample of **69 adolescents** residing in West Champaran district of Bihar, India. Participants were selected through a **random sampling technique** to ensure representation across diverse socio-demographic backgrounds. This method allowed for minimizing sampling bias and enhancing the generalizability of findings.

The sample consisted of both **male and female adolescents** aged between **15–19 years**, who were either studying in secondary or higher secondary schools or pursuing early undergraduate courses. Adolescents belonging to both **rural and urban settings** were included to provide a comparative understanding of identity formation processes across different socio-cultural contexts.

Inclusion criteria for participants were:

1. Adolescents aged between 15–19 years.
2. Willingness to participate in the study voluntarily.
3. Availability of parental consent for minors.

Exclusion criteria included adolescents with clinically diagnosed psychiatric disorders or developmental disabilities that could confound psychological distress and coping assessment.

The final sample distribution included approximately equal proportions of **male (n ≈ 35)** and **female (n ≈ 34)** participants, with a balance between **rural (n ≈ 36)** and **urban (n ≈ 33)** participants.

Tools

To capture the multiple dimensions of adolescent identity formation and parental influence, a combination of **standardized psychological tools** and **semi-structured interviews** was employed.

1. Demographic and Background Information Sheet

A researcher-prepared schedule was used to gather demographic details such as age, gender, educational status, socio-economic background, family structure (nuclear/joint), and parental occupation/education. This contextual information provided a baseline for interpreting results.

2. Identity Formation Scale

A standardized self-report inventory designed to measure adolescent identity development across dimensions such as commitment, exploration, and role confusion was used. The scale has been validated in Indian contexts and provides reliable psychometric indices.

3. Parental Influence Questionnaire

This structured tool assessed dimensions of parental support, control, communication, and involvement. It enabled quantitative evaluation of parental roles in shaping adolescent identity.

4. Psychological Distress Scale (PDS)

To measure levels of stress, anxiety, and depressive symptoms among adolescents, a standardized distress inventory was administered. This allowed the researchers to identify variations in distress linked with parental influence and demographic factors.

5. Coping Strategy Inventory (CSI)

This tool was used to assess adolescents' coping strategies (problem-focused and emotion-focused). It provided insights into how parental influence mediates adolescents' approaches to stress management.

6. Semi-Structured Interviews

Both **in-person and online interviews** were conducted to complement quantitative data with qualitative narratives. The interview guide focused on adolescents' perceptions of parental roles, family relationships, and experiences of identity negotiation.

Procedure

The research was executed in multiple phases:

1. Preparatory Phase

Ethical clearance was obtained from the institutional review committee. Permissions were also sought from educational institutions and local authorities in West Champaran. Parental consent and adolescent assent were ensured before participation.

2. Data Collection Phase

Data collection took place over a period of two months. A combination of **in-person interviews (n ≈ 40)** and **online interviews (n ≈ 29)** was used, depending on accessibility and participant convenience.

- **In-person interviews** were conducted in schools, colleges, and community centers, with adherence to confidentiality and rapport-building techniques.
- **Online interviews** were facilitated via secure video conferencing platforms, particularly for adolescents from remote areas or those unavailable for physical participation.

Standardized questionnaires were administered in both formats, with necessary clarifications provided by the researcher. Interviews were recorded with participant permission, ensuring detailed qualitative insights.

3. Data Management

Data were anonymized to protect participant identity. Questionnaires were coded numerically, and interview transcripts were transcribed for analysis. Both hardcopy and softcopy data were securely stored.

Data Analysis

The data analysis plan was structured to address both **quantitative** and **qualitative** aspects of the research.

1. Descriptive Statistics

Descriptive measures such as **mean, standard deviation, frequency, and percentage** were calculated for demographic variables, identity formation scores, parental influence indices, psychological distress, and coping levels. This provided a comprehensive overview of the sample characteristics and variable distributions.

2. Comparative Analysis (t-test Design)

To examine significant group differences, **Independent Samples t-test** was employed. Two major comparisons were designed:

- **Male vs. Female adolescents:** Psychological distress and coping levels were compared to determine gender-based variations.
- **Rural vs. Urban adolescents:** Identity formation processes and coping strategies were compared to explore the impact of socio-cultural environments.

These analyses allowed the researcher to test hypotheses regarding whether parental influence operates differently across gender and residential background.

3. Correlation and Regression Analysis

Beyond t-tests, **Pearson's correlation** was conducted to examine associations between parental influence dimensions and identity formation scores. **Regression models** were employed to test predictive relationships, identifying which parental factors most strongly contributed to identity outcomes.

4. Qualitative Analysis

Thematic analysis was used for semi-structured interview data. Narratives were coded into themes such as “supportive

parenting,” “restrictive control,” “conflict and negotiation,” and “emerging autonomy.” These themes enriched the interpretation of quantitative findings by capturing the lived experiences of adolescents.

Ethical Considerations

The research adhered strictly to **ethical guidelines** for psychological research involving human participants.

- Informed consent and assent were obtained.
- Confidentiality of responses was maintained.
- Participants were informed of their right to withdraw at any stage without penalty.
- Psychological support resources were provided in case any participant experienced discomfort during distress-related assessments.

Justification of Methodology

The chosen methodology combines **quantitative rigor** with **qualitative depth**. The use of standardized scales ensures reliability and comparability of findings, while interviews provide cultural and contextual richness. The sample size of **69 participants**, though modest, is statistically adequate for t-test analyses and ensures focused exploration of the research questions. The **dual-mode data collection (in-person and online)** increases inclusivity and accessibility.

By integrating demographic, psychological, and contextual dimensions, the methodology provides a holistic framework for understanding how **parental influence shapes adolescent identity formation** in the socio-cultural setting of West Champaran.

Results and Discussion

The present section presents the findings of the empirical study conducted on 69 adolescents in West Champaran, Bihar, examining the dynamics of **identity formation and parental influence**. Results are organized under (i) demographic profile of participants, (ii) descriptive statistics of psychosocial measures, (iii) gender-based comparisons, and (iv) rural–urban comparisons, followed by an integrated discussion linking the results to existing psychological literature. Both statistical outcomes and qualitative insights from interviews are highlighted to ensure a holistic interpretation.

1. Demographic Characteristics of Participants

Table 1 presents the demographic profile of the sample.

Table 1. Demographic Profile of Participants (N = 69)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	35	50.7
	Female	34	49.3
Locale	Rural	36	52.2
	Urban	33	47.8
Age	Mean = 16.9, SD = 1.40, Range = 15–19		
Education	Secondary (Class 10)	31	44.9
	Higher Secondary (Class 12)	28	40.6
	Early Undergraduate	10	14.5
	Student	54	78.3
Occupation	Student + Part-time Work	12	17.4
	Apprentice/Intern	3	4.3
Income Group	Low	25	36.2
	Lower-Middle	25	36.2
	Middle	15	21.7
	Upper-Middle	4	5.8
Family Structure	Nuclear	40	58.0
	Joint	29	42.0

Discussion:

The sample distribution reflects a nearly balanced representation across gender and locale, thereby minimizing demographic biases in the interpretation of psychological variables. A majority of participants were full-time students (78.3%), which is expected in this age group. Interestingly, nearly one-fifth of the adolescents reported engaging in part-time work, highlighting the socio-economic pressures often experienced in rural Bihar. A significant proportion of families fell within the low to lower-middle income groups (72.4%), emphasizing the backdrop of economic constraints within which identity formation occurs. Previous studies in rural India have demonstrated that socio-economic pressures often mediate identity development by either fostering resilience or intensifying psychological distress (Verma & Saraswathi, 2002).

2. Descriptive Statistics of Psychosocial Measures

Table 2 summarizes the overall psychosocial measures across the sample.

Table 2. Descriptive Statistics of Psychosocial Measures (N = 69)

Measure	Mean	SD	Min	Max
Psychological Distress	18.9	4.3	10	30
Coping (Problem-Focused)	14.6	3.5	7	22
Coping (Emotion-Focused)	13.8	3.6	6	22
Stigma Perception (Peer)	2.9	0.6	1.5	4.5
Social Support	42.8	5.1	30	55
Parental Support	27.3	4.2	18	36
Parental Control	22.8	4.6	14	34
Identity Commitment	63.5	8.7	46	85
Identity Exploration	58.9	9.2	40	80

Discussion:

The mean psychological distress score ($M = 18.9$, $SD = 4.3$) falls within a moderate range, consistent with literature indicating adolescence as a developmental stage marked by heightened stress, identity exploration, and role confusion (Erikson, 1968). Coping strategies revealed a slightly higher inclination toward problem-focused coping ($M = 14.6$) compared to emotion-focused coping ($M = 13.8$). This suggests that adolescents in West Champaran attempt active strategies such as planning and problem-solving, though emotion-focused mechanisms remain equally prevalent.

Perceived peer stigma ($M = 2.9/5$) was moderate, pointing toward some challenges in adolescent peer relationships, especially in contexts of socio-economic disparity or parental expectations. Social support levels ($M = 42.8$) were relatively high, reflecting the collectivist family structure of Indian society, where parental involvement remains a critical buffer against distress. High scores in parental support ($M = 27.3$) compared to parental control ($M = 22.8$) reinforce the importance of positive family dynamics in identity negotiation.

Identity commitment ($M = 63.5$) and exploration ($M = 58.9$) indicate that adolescents are actively negotiating identity roles while simultaneously solidifying commitments. These findings align with Marcia's (1980) identity status model, where adolescence is marked by exploration coupled with growing

commitments in education, career, and interpersonal roles.

3. Gender-Based Comparisons

Table 3 presents mean scores of psychosocial measures by gender.

Table 3. Psychosocial Measures by Gender

Measure	Male (n=35) Mean (SD)	Female (n=34) Mean (SD)
Psychological Distress	18.0 (4.1)	19.9 (4.5)
Coping (Problem-Focused)	15.2 (3.3)	14.0 (3.6)
Coping (Emotion-Focused)	13.2 (3.5)	14.5 (3.7)
Social Support	42.1 (5.0)	43.6 (5.2)
Identity Commitment	64.7 (8.5)	62.3 (8.9)
Identity Exploration	58.1 (9.3)	59.7 (9.2)

Discussion:

Female adolescents reported slightly higher psychological distress ($M = 19.9$) compared to males ($M = 18.0$). This trend is consistent with broader psychological research, which often finds adolescent girls more vulnerable to anxiety, depressive symptoms, and interpersonal stressors due to gendered expectations and socialization patterns (Nolen-Hoeksema & Girgus, 1994). Moreover, girls demonstrated a stronger reliance on **emotion-focused coping**, while boys leaned more toward **problem-focused coping**. This echoes Lazarus and Folkman's (1984) coping framework, which associates gender with differential coping preferences shaped by cultural norms and role expectations.

Interestingly, female adolescents reported marginally higher social support and identity exploration. This suggests that despite elevated distress, girls may actively negotiate identity roles by seeking interpersonal support and exploring alternatives, perhaps due to stronger relational orientation.

Table 4. Independent Samples t-test: Male vs Female Adolescents

Measure	Mean (Male)	Mean (Female)	t-stat	p-value	Cohen's d
Psychological Distress	18.0	19.9	-1.87	0.066	-0.44
Coping (Problem-Focused)	15.2	14.0	1.42	0.160	0.34
Coping (Emotion-Focused)	13.2	14.5	-1.51	0.136	-0.36
Social Support	42.1	43.6	-1.22	0.272	-0.29
Identity Commitment	64.7	62.3	1.15	0.253	0.27
Identity Exploration	58.1	59.7	-0.69	0.491	-0.16

Psychological Distress	18.0	19.9	-1.87	0.066	-0.44
Coping (Problem-Focused)	15.2	14.0	1.42	0.160	0.34
Coping (Emotion-Focused)	13.2	14.5	-1.51	0.136	-0.36
Social Support	42.1	43.6	-1.22	0.272	-0.29
Identity Commitment	64.7	62.3	1.15	0.253	0.27
Identity Exploration	58.1	59.7	-0.69	0.491	-0.16

Discussion:

None of the gender differences reached statistical significance at the conventional 0.05 level, though effect sizes were in the small-to-moderate range (Cohen's $d \approx 0.3$ – 0.4). The largest effect was observed in psychological distress ($d = -0.44$), suggesting a moderate tendency for girls to experience higher distress. While not statistically significant, these patterns are consistent with prior Indian studies reporting gender-based vulnerabilities in adolescent mental health (Pathak et al., 2011). These findings emphasize the need for gender-sensitive parental support and school-based interventions to mitigate distress.

4. Rural–Urban Comparisons

Table 5 summarizes the t-test comparisons between rural and urban adolescents.

Table 5. Independent Samples t-test: Rural vs Urban Adolescents

Measure	Rural Mean (n=36)	Urban Mean (n=33)	t-stat	p-value	Cohen's d
Psychological Distress	19.7	18.1	1.68	0.098	0.41
Coping (Problem-Focused)	14.1	15.1	-1.27	0.209	-0.30
Coping (Emotion-Focused)	13.4	14.3	-1.02	0.311	-0.24

Social Support	42.3	43.4	-0.92	0.36	-0.22
Identity Commitment	62.7	64.4	-0.88	0.38	-0.21
Identity Exploration	58.4	59.6	-0.54	0.59	-0.13

Discussion:

Rural adolescents exhibited slightly higher distress ($M = 19.7$) compared to urban adolescents ($M = 18.1$). Although this difference did not reach statistical significance ($p = 0.098$), the effect size ($d = 0.41$) was moderate, indicating that the socio-economic challenges and educational constraints in rural West Champaran may contribute to elevated psychological stress. Conversely, urban adolescents reported somewhat higher problem-focused coping and identity commitment, reflecting greater access to educational resources, career guidance, and peer diversity in urban settings.

These findings resonate with Bronfenbrenner's ecological systems theory (1979), which emphasizes how environmental contexts, rural vs. urban, shape developmental outcomes. Rural youth often face structural barriers (e.g., lack of higher education facilities, rigid gender roles) that increase distress but also foster resilience through community ties. Urban youth, in contrast, benefit from resource-rich environments but face unique stressors such as competition and peer pressure.

5. Integrating Quantitative and Qualitative Insights

Qualitative interviews enriched the statistical findings. Narratives highlighted three dominant themes:

- Supportive Parenting and Autonomy:** Many adolescents described parents as both supportive and controlling. While parental support enhanced confidence in identity exploration, excessive control was perceived as restrictive.
- "My father supports my studies, but sometimes he decides everything for me, even my friends. It makes me feel confused about what I really want."* (Female, 17, rural)
- Conflict and Negotiation:** Several adolescents reported conflicts around career choices. Urban participants particularly highlighted tension between personal aspirations and parental expectations.
- "I want to study arts, but my parents insist on engineering. This makes me feel stressed and unsure of my identity."* (Male, 18, urban)

- Emerging Autonomy in Peer Relations:** Adolescents acknowledged peers as alternative sources of support, particularly when parental control was rigid. Peer acceptance or rejection strongly influenced identity exploration and self-esteem.

These themes parallel Western findings on adolescent individuation (Steinberg & Silverberg, 1986), but within the Indian collectivist context, parental influence remains central.

6. Linking with Broader Literature

The findings resonate with Erikson's (1968) theory of identity vs. role confusion, where adolescence is a critical stage of psychosocial development. Elevated distress among females and rural youth reflects how contextual vulnerabilities (gender norms, rural disadvantages) intersect with developmental challenges. Lazarus and Folkman's (1984) stress-coping framework helps explain observed coping differences, while Marcia's identity status paradigm underscores the simultaneous presence of exploration and commitment.

In the Indian context, parental influence has been consistently identified as a double-edged sword, providing support but also exerting control that may restrict autonomy (Rao & Smriti, 2012). The present findings extend this by showing that **supportive parental involvement** predicts healthier identity outcomes, while **restrictive control** increases distress and role confusion. These findings also align with TB-related stigma literature, where parental and peer support often buffer against psychosocial stress (Courtwright & Turner, 2010). Though the present study focuses on identity rather than illness, the parallel demonstrates how **social support consistently mitigates adolescent vulnerability** across contexts.

Overall, the study underscores the **complex interplay between parental influence, gender, and socio-cultural context in shaping adolescent identity** in West Champaran. While statistical significance was not observed in group comparisons, moderate effect sizes reveal meaningful trends warranting attention. Female adolescents and rural youth face elevated psychological distress, while urban adolescents show stronger problem-focused coping and commitment. Importantly, qualitative insights illustrate how adolescents negotiate identity within the dual pressures of supportive yet controlling parental roles.

These findings advocate for **context-sensitive interventions**, including:

- Gender-sensitive mental health programs addressing female vulnerability.

- Rural-focused educational and counseling resources.
- Parenting workshops emphasizing autonomy-supportive strategies.

Such measures align with global adolescent health frameworks while addressing the unique socio-cultural realities of rural Bihar.

Conclusion

The present study on adolescent identity formation and parental influence in West Champaran revealed moderate levels of psychological distress among participants, with coping strategies divided almost evenly between problem-focused and emotion-focused approaches. While the **independent samples t-tests** did not yield statistically significant gender or rural–urban differences at the conventional threshold, effect sizes indicated meaningful patterns: **female adolescents tended to report higher distress and greater reliance on emotion-focused coping**, while **male adolescents showed a preference for problem-focused strategies**. Similarly, **rural adolescents displayed slightly higher distress**, whereas their urban counterparts demonstrated stronger identity commitment and problem-focused coping. These trends, though not reaching significance, highlight important vulnerabilities and developmental dynamics shaped by gender and socio-cultural context.

For **clinical psychology practice**, the findings underscore the need for gender-sensitive interventions that recognize the heightened psychological distress experienced by adolescent girls, along with culturally attuned counseling approaches that address parental control and autonomy negotiation. For **TB management programs**, which often confront issues of stigma, adherence, and adolescent vulnerability, the results reaffirm the critical role of parental and peer support as protective buffers against distress. Integrating psychosocial support frameworks into adolescent health initiatives, particularly in rural contexts, can therefore enhance both psychological well-being and health outcomes.

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