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Impact of Broken Families on Adolescent Behavior: A Developmental Psychology Study in Sitamarhi

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Abstract

The study entitled “Impact of Broken Families on Adolescent Behavior: A Developmental Psychology Study in Sitamarhi” investigates the psychological, emotional, and behavioral consequences of family disruption on adolescents. The primary objectives were to assess levels of psychological distress, coping strategies, stigma perception, and social support among adolescents from broken families, and to compare group differences by gender and background. A mixed-method design was adopted, combining quantitative surveys with qualitative interviews. Sixteen adolescents (ages 13–19) from broken families in Sitamarhi district participated, identified through random sampling. Data were collected using a demographic schedule, the Kessler Psychological Distress Scale (K10), Coping Strategies Inventory (CSI), and semi-structured interviews. Descriptive statistics (mean, SD, frequency) were calculated, and independent samples t-tests were conducted to evaluate group differences.

Results showed that adolescents reported moderate distress, with females exhibiting significantly higher distress than males ($t(14) = -2.492, p < .05$). Coping strategies were mixed, with both adaptive and maladaptive responses observed. Stigma perception was prominent, and social support levels varied, with rural adolescents reporting lower access. Qualitative narratives reinforced quantitative findings, revealing themes of loneliness, academic difficulties, and resilience. The findings underscore the importance of gender-sensitive counseling, stigma reduction, and integration of psychosocial support into adolescent and community health programs. The study contributes to developmental psychology by contextualizing adolescent behavior within socio-cultural realities of rural India.

Keywords: Adolescent behavior; Broken families; Psychological distress; Coping strategies; Stigma

Introduction

Adolescence is a critical developmental stage marked by rapid physical, emotional, and cognitive changes. During this period, family stability plays a central role in shaping psychosocial adjustment and resilience. When families are disrupted due to divorce, separation, abandonment, or parental loss, adolescents often face heightened vulnerability to stress, depression, and maladaptive coping. In rural contexts such as Sitamarhi, Bihar, these challenges are compounded by poverty, social stigma, and limited access to mental health resources.

This study examines the impact of broken family structures on adolescent behavior, focusing on distress, coping, stigma, and social support. Using a mixed-method design, it not only quantifies psychological outcomes through standardized tools but also explores lived experiences through interviews. The use of independent samples t-tests allowed statistical evaluation of differences between groups, particularly across gender. By situating the findings within developmental psychology frameworks and the socio-cultural setting of Sitamarhi, the research highlights both the risks and resilience of adolescents from broken families. The study aims to inform both psychological practice and community health interventions in India.

Review of Literature

Adolescents from disrupted families show elevated risks for internalizing problems, externalizing behavior, and poorer academic outcomes, with effects moderated by conflict, parenting quality, and socioeconomic stress (Amato, 2000; Lansford, 2009). Gendered patterns are common: girls report higher depressive symptoms and rumination, whereas boys more often exhibit externalizing responses (Nolen-Hoeksema & Girgus, 1994). Coping and family processes are pivotal, effective problem-focused coping and supportive caregiving buffer distress, while avoidance coping amplifies risk (Compas et al., 2017). Social support operates as a stress buffer, attenuating stigma and its downstream effects on adjustment (Cohen & Wills, 1985; Earnshaw & Chaudoir, 2009). In low-resource settings, constrained mobility for girls and limited mental-health access intensify vulnerabilities (Jejeebhoy & Sathar, 2001). Nonetheless, resilience studies show that competence-building assets and supportive adults promote positive adaptation despite adversity (Masten, 2001).

Methodology

The present research entitled *“Impact of Broken Families on Adolescent Behavior: A Developmental Psychology Study in Sitamarhi”* adopts an empirical design to examine the psychological, emotional, and behavioral dimensions of adolescents belonging to broken families. The methodological framework has

been designed to ensure that the findings are reliable, valid, and representative within the given scope of the study. The methodology is divided into subheadings, Participants, Tools, Procedure, and Data Analysis, each elaborated in detail to provide transparency and replicability.

Participants

The study was conducted on a total of sixteen families from the Sitamarhi district, Bihar. The families selected for the study qualified under the broad category of “broken families,” which included cases of divorce, separation, abandonment, or prolonged absence of one parent due to migration, imprisonment, or death. Adolescents aged between 13 and 19 years from these families were identified as the core participants. The final sample consisted of sixteen adolescents, one from each family, to maintain uniform representation and to avoid overlapping family dynamics that might bias the responses.

The sampling method employed was **random sampling** within the identified category of broken families. Lists were obtained with the help of local community organizations, school records, and informal networks, after which randomization was carried out. This method reduced the possibility of researcher bias and provided an equal chance for all eligible adolescents to be included in the sample. Among the sixteen adolescents, both male and female participants were included to capture gender-based variations in psychological outcomes. Further, the participants represented both rural and semi-urban areas of Sitamarhi to capture geographical variation in coping mechanisms and social support structures.

Tools

To collect relevant and valid data, both quantitative and qualitative tools were employed. The choice of tools was guided by developmental psychology literature and adapted to the socio-cultural context of Sitamarhi.

1. Demographic and Family Background Schedule:

A semi-structured schedule was developed to collect basic demographic details of the participants such as age, gender, education level, family composition, and socio-economic status. Family background information included the nature of family disruption, duration of separation, and current living arrangements.

2. Psychological Distress Scale:

The **Kessler Psychological Distress Scale (K10)** was adapted to measure levels of stress, anxiety, and depressive symptoms among adolescents. The K10 is widely used, reliable, and easy to administer, making it suitable for the small sample size of this study.

3. Coping Strategies Inventory (CSI):

To assess how adolescents manage stress resulting from family disruption, the Coping Strategies Inventory was used. This tool provided insights into adaptive strategies (e.g., problem-solving, seeking social support) and maladaptive strategies (e.g., denial, withdrawal, aggression).

4. Semi-structured Interview Guide:

Qualitative interviews were conducted to complement quantitative findings. These interviews explored emotional responses, perceived social support, school performance, peer relations, and aspirations. Open-ended questions encouraged adolescents to share their lived experiences, thereby enriching the dataset with personal narratives.

Both in-person and online modes of administration were used, depending on feasibility. Adolescents who could not attend in person due to distance or scheduling constraints were interviewed online through secure platforms.

Procedure

The research was carried out in multiple stages to ensure ethical rigor, reliability, and consistency in data collection.

1. Preliminary Phase:

In the preliminary phase, permission was sought from schools, community leaders, and local authorities to identify potential families. Ethical clearance was obtained to ensure that the rights and dignity of participants were respected. Informed consent was taken from guardians, and assent was obtained from the adolescents themselves.

2. Rapport Building:

Prior to data collection, the researcher engaged in rapport-building with each family. This was particularly important since adolescents from broken families may experience mistrust, sensitivity, and emotional vulnerability. A warm, empathetic, and non-judgmental approach was adopted.

3. Administration of Tools:

Data collection involved both **in-person** and **online interviews**, depending on convenience. For in-person interviews, adolescents were visited at their homes or community centers. In online cases, interviews were conducted via video calls, ensuring privacy and confidentiality. The demographic schedule was administered first, followed by the K10 distress scale and the Coping Strategies Inventory. After the quantitative assessments, the semi-structured interview was carried out to capture qualitative narratives.

Each session lasted between 45 minutes to 1.5 hours. The interviews were conducted in Hindi to ensure clarity and cultural sensitivity, while scales were translated and back-translated to maintain reliability. Notes were taken with participant consent, and recordings were used only in cases where explicit permission was granted.

4. Ethical Considerations:

The study adhered strictly to ethical guidelines in psychological research. Participants were assured of confidentiality and anonymity. Pseudonyms were assigned in all reports to protect identities. Given the sensitive nature of the study, participants showing high levels of distress were gently guided toward local counseling resources. No monetary incentives were provided, but refreshments and basic materials were offered during in-person sessions as a gesture of goodwill.

Data Analysis

The data collected were analyzed using both quantitative and qualitative techniques to provide a comprehensive picture of adolescent behavior in broken families.

1. Quantitative Analysis:

The responses from the K10 Psychological Distress Scale and the Coping Strategies Inventory were coded and entered into SPSS software. Descriptive statistics such as mean, standard deviation, and frequency distributions were calculated to understand overall patterns of psychological distress and coping strategies.

To examine group differences, **independent samples t-tests** were employed. The design specifically compared:

- **Male vs. Female adolescents:** to investigate gender differences in distress and coping.
- **Rural vs. Semi-urban adolescents:** to assess the impact of geographical location and social support.
- **Treatment vs. Non-treatment groups:** adolescents who had accessed professional counseling or school-based support were compared with those who had not, to evaluate the role of intervention.

The t-test was selected because it is a robust statistical tool for comparing the means of two independent groups. For each test, significance was set at $p < .05$. Effect sizes (Cohen's d) were also calculated to provide information about the magnitude of group differences beyond statistical significance.

2. Qualitative Analysis:

The semi-structured interviews were transcribed and subjected to thematic analysis. Key themes such as emotional loneliness, peer influence, academic struggles, aggression, resilience, and aspirations emerged from the narratives. Coding was carried out in iterative cycles, and representative quotes were identified to support the findings. The qualitative data served not only to validate the quantitative results but also to contextualize them in the lived experiences of adolescents.

3. Integration of Findings:

The mixed-method approach allowed for triangulation of data. For instance, higher distress scores in females were corroborated with qualitative accounts of greater emotional burden and social restrictions. Similarly, rural adolescents reporting lower coping skills were contextualized with narratives of limited access to counseling services. This integrative strategy enhanced the depth and validity of the study.

Limitations of the Methodology

While the methodology was carefully designed, certain limitations are acknowledged. The small sample size of sixteen families limits the generalizability of results. Random sampling within a specific district may not represent all adolescents in broken families across India. Online interviews, though convenient, sometimes faced technical issues that could affect rapport. Nevertheless, the triangulated approach of combining quantitative scales with qualitative interviews significantly reduced the risk of bias and enriched the findings.

The methodology of this study combines empirical rigor with cultural sensitivity. By employing a mixed-method design, using validated psychological tools, and incorporating both in-person and online interviews, the research provides a robust framework for exploring the developmental challenges faced by adolescents in broken families. The use of t-test analysis for group comparisons ensures that the study goes beyond descriptive accounts to statistically validate the differences in psychological distress and coping patterns. This methodological framework is thus well-suited to achieve the research objectives and contribute meaningfully to developmental psychology literature.

Results and Discussion

The present section reports the findings of the study *"Impact of Broken Families on Adolescent Behavior: A Developmental Psychology Study in Sitamarhi"*. Data were analyzed using descriptive statistics and independent samples t-tests, supplemented with qualitative narratives from semi-structured interviews. The discussion situates these findings in existing psychological literature, highlighting similarities, divergences, and implications.

Demographic Profile of Participants

Gender Distribution

Table 1: Gender Distribution of Participants

Gender	Count	Percentage
Male	11	68.8%
Female	5	31.2%

The sample consisted of 68.8% male and 31.2% female adolescents. This gender imbalance reflects, to some degree, cultural realities in Sitamarhi where male children are more often available or encouraged to participate in such studies.

Discussion:

The predominance of male participants requires cautious interpretation of gender comparisons. However, the female subgroup, though smaller, yielded important insights. Prior research (Compas et al., 2017) shows that females tend to report higher psychological distress in adolescence, partly due to gendered expectations and restrictions. This pattern, as later results confirm, is echoed here. Importantly, the smaller female sample aligns with broader challenges in fieldwork in rural India where adolescent girls are often restricted from engaging in external interactions without parental supervision (Jejeebhoy & Sathar, 2001).

Background Distribution

Table 2: Background Distribution

Background	Count	Percentage
Rural	11	68.8%
Semi-Urban	5	31.2%

The majority of adolescents (68.8%) hailed from rural areas, while 31.2% belonged to semi-urban Sitamarhi.

Discussion:

This distribution mirrors the rural character of Sitamarhi, where migration, abandonment, and economic vulnerabilities disproportionately contribute to broken family situations. Rural adolescents often face limited access to psychological resources, counseling, or structured social support compared to semi-urban counterparts. Existing literature (Patel et al., 2007) highlights the urban-rural divide in mental health infrastructure in India, which contextualizes the coping difficulties reported by rural participants in this study.

Education Level of Adolescents

Table 3: Education Level of Adolescents

Education	Count	Percentage
Class 8	1	6.2%

Education	Count	Percentage
Class 9	7	43.8%
Class 10	1	6.2%
Class 11	6	37.5%
Class 12	1	6.2%

Most adolescents were in Classes 9 (43.8%) and 11 (37.5%), with smaller representation in Classes 8, 10, and 12.

Discussion:

The clustering around Classes 9 and 11 is noteworthy. These academic years coincide with developmental stages where adolescents experience heightened academic pressure, identity exploration, and peer influence (Erikson, 1968). Family disruption during these years may exacerbate vulnerability, explaining elevated distress levels observed later. Previous studies (Steinberg, 2014) emphasize that academic stress interacts with family instability to heighten risks of anxiety and depression.

Income Group of Families

Table 4: Income Group of Families

Income Group	Count	Percentage
Low	7	43.8%
Lower-Middle	7	43.8%
Middle	2	12.5%

Most families were clustered in the low (43.8%) and lower-middle (43.8%) income groups.

Discussion:

The economic backdrop highlights the intersection of poverty and family disruption. Financial stress often exacerbates emotional strain on adolescents, limiting opportunities for counseling, extracurricular activities, or private education. Evans & Cassells (2014) argue that cumulative risk, poverty, broken family, and rural isolation, produces heightened vulnerability for psychological distress. This study's adolescents, situated in economically precarious environments, confirm that broader socio-economic structures mediate the psychological outcomes of family breakdown.

Descriptive Findings of Psychological Measures

Table 5: Descriptive Statistics of Psychological Measures

Variable	Mean	SD	Min	Max
K10 Distress	19.00	4.98	11	29
Adaptive Coping	22.88	5.58	9	34
Maladaptive Coping	19.44	6.82	3	31
Stigma Perception	15.38	3.32	8	21

Variable	Mean	SD	Min	Max
Social Support	37.00	4.50	29	47
Treatment Adherence	2.38	3.46	0	9
School Performance	6.84	0.69	5.88	8.71

Discussion:

- Psychological Distress (M = 19.00, SD = 4.98):**
- Distress levels fell in the mild-to-moderate range but with substantial variation (Min = 11, Max = 29). The wide spread suggests heterogeneous experiences. Consistent with adolescent stress literature (Kessler et al., 2002), broken family contexts likely amplify stress through disrupted attachment bonds, economic insecurity, and social stigma.
- Coping Strategies:**
- Adaptive coping (M = 22.88) was somewhat higher than maladaptive coping (M = 19.44), but the gap was small. This indicates many adolescents vacillated between positive and negative strategies. Qualitative accounts supported this, with adolescents describing reliance on friends for support while simultaneously resorting to withdrawal or aggression. Such duality mirrors findings in South Asian adolescent psychology studies (Ravindran et al., 2009).
- Stigma Perception (M = 15.38):**
- Stigma was a salient theme. Adolescents reported being labeled as "from broken homes" in school, echoing literature on family-related stigma (Corrigan & Watson, 2002). Perceptions of stigma correlated with feelings of inferiority and isolation, as voiced in interviews.
- Social Support (M = 37.00):**
- Average levels of perceived support were moderate but varied widely. Those in semi-urban backgrounds often cited peer groups or school counselors as sources of comfort, whereas rural adolescents reported limited external resources. This resonates with Cohen & Wills' (1985) buffering hypothesis, which holds that social support mitigates distress.
- Treatment Adherence (M = 2.38):**
- Very low adherence highlights a structural gap: only a minority accessed or consistently engaged with counseling or professional support. The qualitative data suggested stigma and cost as barriers, a pattern consistent with Indian adolescent mental health research (Srinivasan et al., 2010).

11. School Performance ($M = 6.84$):

12. On a 10-point scale, school performance was slightly below average, suggesting that psychological strain translates into academic difficulties. Studies (McLanahan & Sandefur, 1994) show that children of disrupted families often struggle academically, partly due to reduced parental monitoring.

Gender Differences in Psychological Distress

Table 6: Independent Samples t-test (Male vs Female Psychological Distress)

Group	N	Mean Distress	SD
Male	11	17.09	3.88
Female	5	23.20	4.82

$t(14) = -2.492, p = 0.044$ (significant at $p < .05$)

Discussion:

The independent samples t-test revealed a **statistically significant difference** between males and females, with females reporting substantially higher distress ($M = 23.20$) than males ($M = 17.09$).

- Interpretation of Statistical Significance:**
- The p-value (0.044) falls below 0.05, confirming the robustness of the gender effect. The magnitude (Cohen's $d \approx 1.35$) suggests a large effect size, meaning the difference is not only statistically but also practically significant.
- Implications for Adolescent Behavior:**
- The higher distress in females aligns with well-documented gender patterns: adolescent girls tend to internalize stress, manifesting in anxiety and depressive symptoms, while boys may externalize through aggression (Nolen-Hoeksema, 2001). Broken family contexts appear to intensify these tendencies.
- Supporting Literature:**
- Studies in India (Verma & Saraswathi, 2002) indicate that girls experience greater social restrictions and familial burdens, particularly in single-parent households. In Sitamarhi, qualitative interviews with female participants highlighted pressures to assume caregiving roles for younger siblings, contributing to heightened distress.
- Broader Health Psychology Frameworks:**
- The stress-vulnerability model (Zubin & Spring, 1977) provides a useful lens: adolescent girls, already socially constrained, may be more vulnerable to stressors of family

disruption. Meanwhile, boys may benefit from greater external mobility and peer support, buffering distress.

Integration with Qualitative Narratives

The thematic analysis enriched quantitative findings:

- Loneliness and Rejection:** Many adolescents reported feeling "different" in school due to broken family status. Female participants especially described social isolation.
- Coping Ambivalence:** Narratives confirmed reliance on both adaptive strategies (seeking peers, engaging in study) and maladaptive ones (withdrawal, aggression).
- Academic Struggles:** Several adolescents acknowledged difficulty concentrating, linking family problems with declining school performance.
- Resilience and Hope:** Despite distress, some described long-term aspirations (e.g., becoming teachers, engineers), echoing resilience frameworks (Masten, 2001).

Comparison with Broader Literature

- Broken Families and Adolescent Behavior:**
- International studies (Amato, 2000) consistently show that adolescents from broken families experience poorer emotional outcomes. This Sitamarhi study confirms similar patterns in the Indian context, but with added layers of rural poverty and stigma.
- Stigma Literature:**
- Stigma associated with family breakdown parallels health stigma research (e.g., TB stigma). Both operate through labeling, stereotyping, and discrimination, producing psychological distress (Earnshaw & Chaudoir, 2009). This study extends such insights to family-related stigma in rural India.
- Health Psychology Frameworks:**
- The findings resonate with the biopsychosocial model (Engel, 1977), showing how biological (stress symptoms), psychological (coping, distress), and social (stigma, poverty) factors interact.

Summary of Results and Implications

- Demographics:** Most adolescents came from low-income, rural backgrounds, heightening vulnerability.

- **Descriptive Findings:** Distress levels were moderate, coping strategies ambivalent, stigma perception salient, and treatment adherence low.
- **Gender Differences:** Females displayed significantly higher psychological distress, consistent with developmental psychology and cultural gender norms.
- **Qualitative Insights:** Narratives emphasized loneliness, stigma, and academic struggles but also highlighted resilience and aspirations.

These findings underscore the urgent need for **school-based counseling services, community sensitization to reduce stigma, and targeted interventions for adolescent girls** in broken families.

Conclusion

The present study on adolescents from broken families in Sitamarhi highlights the complex interplay between demographic, psychological, and social factors shaping their behavior. Descriptive findings showed that participants generally experienced moderate psychological distress, fluctuating between adaptive and maladaptive coping strategies, and reported significant stigma alongside only modest levels of social support. Importantly, the independent samples t-test revealed a statistically significant difference in distress levels between male and female adolescents, with females experiencing markedly higher distress. This gender disparity underscores the disproportionate emotional burden carried by adolescent girls in contexts of family disruption, reflecting both developmental vulnerabilities and cultural expectations.

From a clinical psychology perspective, the results emphasize the need for gender-sensitive interventions tailored to adolescents from broken families, particularly girls, who may be at heightened risk for anxiety and depression. For TB management programs and related public health initiatives, the findings illustrate how stigma and psychological distress can affect treatment adherence, social functioning, and school performance. Integrating psychological counseling, peer-support groups, and community awareness campaigns into TB and adolescent health programs could mitigate the emotional impact of family breakdown, reduce stigma, and promote resilience in this vulnerable population.

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