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Parent child behavior pattern in single child families: A predictor of mental health of single children in their adulthood

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Abstract---Quantitative descriptive design has been used to describe the mental health of the adult single child. A sample size of 220 adults was studied through snow ball sampling method by using standardized inventory. The self-designed general information questionnaire was used to collect the demographic information of the respondents. The parent child inventory (R.S. Sandhya 2016) and mental health inventory (Dr. Srivastava and Dr. Jagdish, 1996) were used to assess the parent child behavior pattern and the mental health of the respondents in their childhood and adulthood stage respectively. The results of the study showed that there was a significant relationship between parent child behavior pattern and mental health of single children in their adulthood at 0.01 level (Karl Pearson co efficient of correlation).

Keywords---single child family, single child, parent-child relationship, parent child behavior pattern, siblings, adulthood, mental health.

Introduction**Family**

A strong family is better than a perfect family because any one wants perfect family, he/ she may be sorely disappointed. In a strong family the members respect each other, are loyal to one another, love and compassion to each other, the psycho, social, emotional and sexual needs are fulfilled and enjoy being together. Those features are important for healthy as well as perfect family

(Judson Swihart, 1986) Characteristics of Indian families went to parents' siblings influence significantly in all the ways of an parents. Family starts with marriage and continues with child bearing and child rearing practice, parents producing their children and nurture them with socially acceptable behavior and provide proper direction to their life. The family in its common form – a lifelong commitment between a man and woman who feed, shelter, and nurture their children until they reach maturity-arouse ten thousands of years ago among our hunting-and-gathering ancestors. Many other species live in social groups, but rarely do they organize into family-like unit.

Parent child relationship

The parent-child relationship that the parent described sought and continues to work toward is central to children's growth and development—to their social-emotional and cognitive functioning, school success, and mental and physical health. Experiences during early childhood affect children's well-being over the course of their lives. The impact of parents may never be greater than during the earliest years of life, when children's brains are developing rapidly and when nearly all of their experiences are created and shaped by their parents and by the positive or difficult circumstances in which the parents find themselves. Parents play a significant role in helping children build and refine their knowledge and skills, as well as their learning expectations, beliefs, goals, and coping strategies. Parents introduce children to the social world where they develop understandings of themselves and their place and value in society, understandings that influence their choices and experiences over the life course (Bornstein, 1991). In one child family the parent child relationship is more positive relationship. single children receive individual attention from their parents as an infant. In single child families, the children have higher achievement levels because of the undivided attention, and involvement they get from their parents in all their activities. At the same time only child have strong bond with his/her parents, which can soon turn into dependence for everything from homework to entertainment (Adriana Kugler, Santosh Kumar, 2016). The role of mother is important to the development of the child than father in India. Especially Mothers as a parent of a single child they must choose to live a life style that is child oriented not more adult oriented because child with no siblings is always totally dependent on their parents. Mother in the family always thinks to have a sibling for her child to share all sorts of problems with them (Chaudhari, 2015).

In single- child family, parent-child relationship is characterised by heightened anxiety, tension, relatively high expectations and more attention. As a result, single child parents are prone to overindulgence in child rearing practices, resulting in undesirable outcomes. Another problem as sociated with this overpampered treatment is the rising rate of childhood obesity among single-children. These children are growing upon the diet so fast-food culture with negative effects on their health (Sachachter, 1959).

In child rearing practice good parent-child relationship and interaction in this family size, leading to the development of positive personality traits in the child. Even there relatively high expectation placed by parents on their child's behaviour, motivates the child to achieve higher (Xie&Hultgren, 1994).

Parenting style in Indian families

Authoritarian parents have high expectations of their children and have very strict rules that they expect to be followed unconditionally. According to Baumrind, these parents "are obedience and status-oriented, and expect their orders to be obeyed without explanation. (). In this parenting style the children have lower self-esteem, always are afraid and shy around others, lack social competence, and also suffer from depression and anxiety (Sooriya, 2017)

Authoritative parents have high rules, and they use consequences but they also take their children's opinions into account. This style of parenting often results in children who have high self-esteem and are independent, inquisitive, happy, assertive, and interactive.

Permissive parents have little or no control over the behavior of their children. Children of permissive parents may be disrespectful, disobedient, aggressive, irresponsible, and defiant. They are insecure because they lack guidelines to direct their behavior, however, these children are frequently creative and spontaneous. Moreover, they have low level of social responsibility and independence towards their activities.

Disengaged parents are neither responsive nor demanding. They may be careless or unaware of the children's needs for affection and discipline. Children whose parents are detached have higher numbers of psychological difficulties and behavior problems than that of other youngsters.

Parenting style result showed that the comparison of mean scores of parenting styles (permissive, authoritative, and authoritarian) in families with 1 child, families with 2 children, and families with 3 and more children. ANOVA test showed that there was a significant association between number of children and parenting styles, Tukey's post-hoc test showed the mean score of permissive style in single child families was significantly more than families that have 2 and 3 children also, the mean score of authoritative style in families with 2 children was significantly more than families that have 1 and 3 children, and the mean score of authoritarian style in families with 3 and more children was significantly more than families that have 1 and 2 children.

Parenting style is one such variable that has a direct impact on the mental health of the children. The literature survey with regard to the totality of interactions and relationships between parent and the child and child-rearing are the most important factors which determine the children mental health. Many studies have concluded that the mental health of the children is affected by the parent-child interactions and relationships and parenting style. Parenting style is nothing but the ways in which parents establish communication with their children. There are studies which support the fact that the authoritative parenting style reduces mental disorders and promotes mental health. It also reduces adolescent behavior problems, alcohol consumption and the runaway tendency from school. In addition to this, it will even minimize the negative impact of stress and improve in their academic performance (Alidosti, et al., 2016). Socialization also places a vital role in parenting style with regard to discipline the children

Socialization

Socialization is a primary unit for child rearing practices by which the child gains self-knowledge, self-confident, self-esteem, self-determination. The family serves as a unit of socialization for the child as the child gains self-knowledge. Through family, the child learns about other people, cultivates interpersonal relationship, experiences pleasure, and exchanges mutual affection. Each movement of a child's life supports in contact with his parents has some impact on both his present behaviours and potential future actions (kalaivani, 2012).

Parenting always has a great influence on the child development process. Socialization is an important task of parenting. Parental expectations and guidance have to change with the development of the child in order to encourage positive outcomes in them. The socially competence can happen only when the child is able to possess independence, social responsibility, vigor, and achievement orientation. This drive seeks intellectual challenge and solve problems efficiently with the help of persistence motivation which is nothing but achievement orientation (Cramer, 2002).

Parenting doesn't start after the birth of the child. In fact, it formally begins during or before pregnancy. This continues throughout the life span which can be simply described as "once a parent, always a parent". Parents try innumerable ways both direct and indirect ways to socialize their children. Direct effects could be of two kinds: genetic and experiential. Biological effects can contribute to the pervasive genetic makeup of the children. Beyond this, experience is the principal stimuli to the development of the children where in parent provide experiences which has a direct influence on the development of the children. This affects the beliefs and behaviours of them. (Bornstein, 2001).

Parents of single-children are putting maximum inputs in to bringing up their kids. Therefore, exceptionally good socialization of the child is taking place in these families. In one child families, parents give their attention towards their children. The child is also center of attraction in their family. Moreover, they receive their parent's love and affection without any interruption. So, the only child has possibilities to use all its resources such as social, economic, physical and emotional in its entirety. On the other hand, only children feel inadequate to share and concern social skills, and also experience loneliness due to the absence of love and affection of siblings. The socialized nature of the parents also affects the children mental health so the child has behavioral problems due to parents over protectiveness, excessive tolerance, and inadequacy of discipline. But single children grow up with a sort of undivided attention which is ever expected by them.

The roles of parents have changed in one-child families. In contemporary world, one-child families, the strict hierarchy does not exist any longer between parents and the children as children can speak whatever they think in their families. They also quarrel with their parents occasionally, which could hardly happen in feudal families, besides taking responsibility of child rearing, parents take the role of "friends" or "siblings" and share the experience of playing games with their children. Contrary to the expectation, many one-child mothers felt great pressure

due to the multiple roles in rearing their only children to cultivate a 'perfect child' rather than liberating them from the burden of raising several children (Xueyuan, 2009).

Significance of having siblings in the families

Sibling relationships create healthy development among children, teenagers and adult's stage. Siblings play a unique role in one another's lives that stimulates the companionship of parents as well as the influence and assistance of friends (Furman, et al., 1985). Siblings generally spend more time with each other during their childhood period apart from parents and other members of their family. During this childhood period elder siblings are taking care of their younger one. So, it develops their responsibility skills in their early age. Siblings' rivalry is common and continues up to adolescent age. During sibling's rivalry each one proves his/her individuality in a different way to create attention of his/her parents. It is the long-lasting relationship in every individual life (Ciccarelli, 1995). Sibling rivalry is particularly intense when children are very close in age and of the same gender, or where one child is intellectually gifted (Sylvia, 2021). The nature of sibling's relationship changes from childhood to adolescence sometimes they maintain warmth and support relationship but, in this stage, more conflict increased among them. Research on adolescents suggested that positive sibling influences can promote healthy and adaptive functioning (stocker, 1994). Siblings' rivalry can continue up to adulthood and siblings' relationship can change dramatically over the years. After marriage, it is reduced to the level of sharing only important moment in their individual life. Adult and elder siblings' conversations mostly concentrate on family happenings and reflections of the past (Ciccarelli, 1985). So, adulthood experience and attitude depend upon their childhood experience.

Reason for single child family in India

Over the past few decades, large families have been mutated into single child families, which is a new demographic trend seen world widely especially in India. It is due to the advancement in science and technology rapid industrialization and modernization through males and females getting higher level of education, handsome job, late marriages, delayed parenting, more effective methods of contraception, fertility problems, cost of child rearing, learning foreign language, no gender discrimination, parental support, the impact of technological (identifying the gender of the child before birth) advancement, parental commitment, emotional imbalances as well as economic pressure. Now the parenthood is more planned and intentional rather than being accidental, inevitable or forced. This fact is justified through several research studies. Both woman's age and woman's age at the time of first birth are significant predictors for progressing to second birth and reason for smaller family (Parr, 2007).

"Indian women with a single child are no more likely to engage in paid work than those with more children," Couples with a single child do not work longer, or have more free time either. Instead, educated couples preferred to make a greater commitment to one child than split the family's time and resources among two or more siblings. Thus, they believe, that giving one child a better education, a

monopoly on the family's attention or eventually the greater advantages in the job market (Basu, 2020). At the non-profit, Population Foundation of India (PFI), executive director, finds strong links between a woman's education levels and employment status and preferred small family size. "Women with less education and less wealth tend to choose to have more than two children. Women with longer years of education and more wealth often want to have fewer than two," (Muttreja, 2020). That incorporation into global culture through English language skills and less traditional gender roles seem to be associated with a movement towards one child family in India (Basu et al., 2010) Indian state of Odisha found that women who worked outside the home reported as having relatively smaller families than women who were not working or who worked from home (Nanda et al., 1997).

Indian parents now invest greater effort and financial resources to educate their children. As government schools are perceived to be of lower quality, many parents send or aspire to send their children to privately run schools. Young parents from middle and upper-class felt that the cost of children's education has risen disproportionately compared to their own income, and they reported that this increasing cost has deterred them from having more children (ASSOCHAM 2008). Besides cost, the type and nature of support available also influences the decision on number of children (McDonald, 2001)

Fertility decline in India has been characterized by intensification of gender preference aided by technological changes that has allowed parents to determine the sex of children. Male and female infertility could contribute to involuntary childlessness or fewer children. Primary infertility of women refers to women who have never conceived and secondary infertility refers to women who have conceived at least once before. Stopping at one child might not necessarily be a voluntary decision. Secondary sterility might contribute to stopping at one child (Das Gupta & Bhat, 1997; Sekher & Hatti, 2010). In India, about 2 per cent of women had secondary infertility and among them, 75 per cent went for treatment (IIPS, 2010). As they already have one child, couples with secondary infertility might be less interested in seeking treatment than those with primary infertility (Singh et al., 1996) Women who married at a later age and had their first child after 27 years, couples with higher levels of education and with media exposure were more likely to have single-child families (NFHS,2005-2006).When faced with hard choices between work and motherhood, women may well choose to have a single child to satisfy their desire for children while limiting familial demands on their time (Gerson 1986).

"Having a single child comes with its set of advantages and disadvantages. There is no conclusive answer to whether it is easier or more difficult to groom a single child as it depends on a range of factors i.e., parental preference, economic condition of the family, extended family support, other parental commitments and so on and so forth. "Single child or one with siblings, it all depends on how you bring up the child."(Dr Shilpa Aggarwal, Child and Adolescent Psychiatrist).

Fertility decline in India

In India 10 per cent of the households are having only one child, and nearly a quarter of college-educated women say they would prefer to have a singleton. The trend is most noticeable among middle class educated people in metropolitan areas. This trend reflects the gradual emergence of single-child families in India (National Council of Applied Economic Research, 2013)

Advent of a single child family in India. The single-child family is of concern to countries like China and America with very low fertility. But for countries like India, where fertility has been high until recently, there is little interest in families that could emulate the very low fertility behaviour of China and Eastern Europe (Basu et al., 2016).

Indian population that seems to have stopped childbearing after one child. Data from the 2004-2005 India Human Development Survey showed that about 16 per cent of women with college degrees seem to have stopped after one child, and 13 per cent of those living in the four metro cities are doing the same. The relatively high socio-economic status of these single-child families does not lead one to believe that, in the same way that has been suggested for European countries that have seen major economic slowdowns, negative systemic constraints inhibit fertility (Basu et al., 2016).

In the Indian context that the introduction of English-language skills and less conventional gender roles into global culture seems to be related to the trend towards a single child family in India (Basu and Desai, 2010). The size of families in India has been on the decline for decades, shrinking from 7.2 to 4.3 as of 2016. Which essentially means, women are having fewer children — from an average of 5.2 children per family in 1971, to 2.3 in 2016 whereas, Tamil Nadu has decreased from 1.7 in 2005-2014 to 1.6 in 2015-2018 (sample registration system, 2018)

Review of literature

Symonds (1939) to Dombusch et al (1987) have argued that the values parents hold and the goals towards which they socialize their children are a result of their past experiences and are critical determinants of present parenting behavior. Becker (1964) Socialization has a direct child's acquisition of specific skills and behaviours example with appropriate manners, social skills and academic ability. Although these goals have a direct effect on parenting behaviour, it is only through parenting behaviour that these goals can influence the developing child.

According to Basu and Desai 2010, a small segment of population has already started the movement towards very small family or single child family in India. Their study proposed that, out of the three major constraints on fertility such as incompatibility between women's employment and fertility, rising consumption aspirations and greater desire for personal fulfilment, none of them were found to be significantly contributing to fertility decline. Instead, the increased possibility of heavy investment for the raising of highly qualified children in the case of limited number of children among the middle classes was revealed to be the

reason. These children are expected to take over the task of fulfilling the ever more ambitious dreams of social and economic mobility. The study found that the single children are beneficiaries of 'concerted cultivation' (it is middle class style of parenting they use on a child to improve their children's talents).

Cramer, 2002 since parents could invest heavily in these children in terms of quality schooling, private tutoring etc. resulting in excellence and high achievement with the consequence of increased social stratification over time. The study found that the parents of single children do not discriminate between boys and girls. One child family is found to be more among urban and educated women who were incorporated into global culture through English skills and less traditional gender roles.

Basu and Desai 2010 pointed out that dreams of middle-class success inspire parents to stop at one child and invest heavily in these children in India. Christine et al., 2006 Emergence of single-child family has also resulted in the lack of social safety network for elders; it has been termed as the 4:2:1 problem. In this family size, every child faces the problem of caring for two parents and four grandparents with no sibling support.

Pradhan and Sekher 2014 in Calcutta city found that the important determinants of the substantial number of single child families (13%) in the city are low household income and high cost of living (42%), proper care of the child and health problems and the cost of education for the children. Senthil et al., 2014 A cross sectional study on the prevalence of single child in Puducherry revealed parental education, especially females' education and mothers working status as the significant factors. Other factors like type of family and area of residence (rural and urban) were not found to be significantly associated with this trend

John, 2010 A study on the child rearing practices in urban families of Kerala revealed that there was no significant difference in child rearing practices among the families having only one child with families having more than one child. According to Mishra, 2011 revealed single child faces more psycho-social problems stated that only children in the age group of 17-19 years showed signs of psycho-social problems and psychological disorders like aggressiveness, loneliness, depression. Due to less interaction, these children face problems in expressing themselves and have an introvert nature. Single child faced social behavioral problems because they are growing up without siblings. As they missed out their daily interaction, suddenly they feel lonely. As per the study around 30 % of only children were found to be suffering from psycho-social problems like anxiety, depression, conduct disorder, eating disorder while 54% had psycho-somatic problems like depression, recurrent bouts of abdominal pain, body dysmorphic disorder, indigestion and hysterical fits.

Senthil, Selvam, bethiun et al., 2014 Mental health of single children in the age group of 17 to 18 years used DASS questionnaire used for assessing the negative emotional states like depression, anxiety and stress. This study revealed the mean and standard deviation of depression, anxiety among only and non-only children. The result showed that non-single children have more negative emotional states than single children.

Khawaja and Lalani, et al., 2010 The mental health wellbeing of young people depends on large part of the quality of relationship that exists in their family. The bonds between parents and children and between siblings are important factors that determine the mental health of young people. The number of people with anxiety is about 5 to 6 times more than that of people with depression which is in accordance with other studies.

Nasirul Hasnain and Paul Adlakha, 2012 stated, One of the Indian studies revealed about Single child self-esteem, social maturity and well-being between adolescent with and without siblings. Purposive sampling technique has been used to collect information. In order to collect the data self-esteem inventory by cooper smith, social maturity scale by Rao and well-being scale by Verma and Verma were administered on the participants. The result showed non-significant differences was found adolescents with and without siblings on self-esteem and well-being. However, significant difference was found between adolescents with and without siblings on social maturity showing that only children had higher mean social maturity score than with siblings.

Desai 2010 agrees, "We are placing a huge psychological burden on the one child, to care for the elders in the absence of formal pension, health insurance or social security plans."

Method

Research design

A descriptive research design was adopted to describe the parent-child behavior pattern in single child families and its influence on the mental health of the single children in their adulthood.

Objectives

- To describe the socio-demographic factors of the respondents
- To find out the parent-child behavior pattern of the respondents in their childhood period
- To find out the influence of socio demographic variables on parent child behavior pattern
- To find out influence of socio demography variables on mental health of the respondents.
- To find out the relationship between the key variables – parent child behavior patterns and mental health of the respondents.

Hypotheses

Based on the objectives a few hypotheses have been formulated

- There is a significant difference between gender and parent child behavior pattern
- There is a significant difference between religion and parent-child behavior pattern
- There is a significant difference between gender and mental health of the respondents

- There is a significant relationship between age and mental health of the respondents
- There is a significant relationship between various dimensions of parent-child behavior pattern and mental health of the respondents.

Inclusion criteria

- ❖ Married persons who were born as single children who are residing at the time of data collection in Tiruchirappalli, Tamil Nadu.

Exclusion criteria

- ❖ Married persons who were born as single children and were raised along with their cousins were excluded in the study.

Ethical Responsibility

The respondents were well informed about the aim of the respective study and got their consent to participate in the research study.

Measures

A self-prepared structured questionnaire has been used to collect socio-demographic data of the respondents.

Parent-child behavior pattern inventory

Parent child behavior pattern inventory developed by R.S. Sandhya, (2016) was used for this study. The researcher has slightly modified and found out the reliability of the tool to be .751. It was a 4-point scale with 65 questions which were further grouped into 3 dimensions namely interaction with parents, single child disposition, nature of friendships.

Parent Child behavior Pattern Inventory Scoring Level

Dimensions	Low level	High level
Interaction with parents	Up to 105	106 & above
Single child disposition	Up to 63	64 & above
Nature of friendships	Up to 29	30 & above
Over all parent child behaviour pattern	Up to 197	198 & above

Dimensions

Interaction with parents

Interaction with parents measures the child's dependency and their perception of parent-child behavior pattern in their childhood.

Single-child disposition

Thoughts of the single child are taken into account for evaluating the mindset of the single child.

Nature of friendship

Nature of friendship measures whether the single child able to build relationship with outside the family.

Mental health inventory

The mental health was assessed with the mental health scale (1996) by Dr. Jagdish and Dr. A. K. Srivastava comprises of 56 items, each item rated on a 4-point scale (1-4). The scale has 6 dimensions like positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitude, environmental competence. The Cronbach's alpha reliability coefficient for this scale was computed to be .757.

Mental Health Inventory Scoring Level

Dimensions	Low level	High level
Positive self-evaluation	Up to 30	31 & above
Perception of reality	Up to 22	23 & above
Integration of personality	Up to 32	33 & above
Autonomy	Up to 17	8 & above
Group oriented attitude	Up to 30	31 & above
Environmental competence	Up to 29	30 & above
Overall mental health	Up to 162	163 & above

Dimensions

Positive self- evaluation

It includes self-confidence, self-acceptance, self-identity, feeling of worthiness, realization of one's potentialities.

Perception of reality

It is related to perception free need distortion, absence of excessive fantasy and a broad outlook on the world.

Autonomy

It includes stable set of internal standards of one's own potentialities rather than dependence of other people.

Integration of personality

It indicates psychological balance of an individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.

Group-oriented attitude

It is associated with the ability to get along with others, work with others, and ability to mingle with others in all group-oriented activities like recreation, going to outside and involve social activities etc...

Environmental mastery

It includes efficiency in meeting with other in any critical situation, the ability to work and play with unfamiliar conditions, the ability to take responsibilities without any hesitation, have capacity for adjustment.

Sample size and sample design

Snow ball sampling was used to identify the respondents. The first respondent was identified in Annamalai Nagar, Tiruchirappalli, Tamil Nadu, which was the source of identifying further respondents. The next respondents were identified with help of the information collected from first respondent. Thus, the research data were collected from 220 respondents. The researcher stopped collecting data when the last respondent referred the first respondent.

Statistical analysis

SPSS (IBM) version 22 was used for data analysis and for generating the results of this study. The analysis involved the Z-test, one way ANOVA, and Karl Pearson's correlation of coefficient.

Results

The gender more than half of the respondents (57%) were females and nearly half of the respondents (43%) were males. The age of the respondents ranged from 23 to 44 years, and more than half of the respondents (56.8%) come under the age group of 30 -39. Vast majority of the respondents (88.1%) belonged to Hindu religion and were living in a nuclear family (57.2%). More than half of the respondents have finished their post-graduation (58.6%). The majority of the respondents had been working (78.6%), in that nearly one fourth and one fifth of respondents are working under non-government and government sectors (26.3%,20.4%). The majority of the respondents were married to the spouses who have siblings (71.8%) and the remaining respondents (28.1%) were married to the spouses who were also single children. More than half of the respondents have single children (52.7%). In this study most of the respondents are females in which more than one third of the respondents (30%) were working. The female respondents prefer to have single children because of their working conditions as well as economic crisis due to the opinion they wanted to prove standard of living for their children rather than giving birth to more children.

Gender with parent-child behavior pattern

Table-1 showed that the results of gender and parent child behavior pattern in single child families. Based on the result gender have significant difference with single child disposition ($Z=4.761$, $P<0.05$), and overall parent child behavior pattern ($Z=.855$, $P<0.05$). However, remaining variables such as interaction with parents and nature of friendship do not have significant difference with gender. Nevertheless, the mean score revealed that males have low level of parent child behavior pattern.

Religion with parent child behavior pattern

Table-2 showed that the results have significant difference between religion and parent child behavior pattern. In that, all the four variables have significant difference with religion and parent child behavior pattern. First, interaction with parents ($F=5.315$, $P<0.05$), then single child disposition ($F=3.193$, $P<0.05$), nature of friendship ($F=1.456$, $P<0.05$) and overall parent child behavior pattern ($F=4.767$, $P<0.05$) have significant difference with each other.

Age and mental health

Table-3 revealed that the relationship between age and mental health of the respondents. KARL PEARSON'S co-efficient of correlation reveals that there is a significant relationship between age and integration of personality (0.137,

$p < 0.05$), autonomy (0.182, $p < 0.05$), group-oriented attitude (0.199, $p < 0.05$) and overall mental health (0.176, $p < 0.05$).

Gender based comparison on mental health

Table- 4 Analysis revealed that the significant difference exists based on their gender on the basis of variables like perception of reality ($Z = .760$, $P < 0.05$), Integration of personality ($Z = 1.126$, $P < 0.05$), Environmental competence ($Z = 3.200$, $P < 0.05$), indicating that the females have low level of mental health than the male respondents in the above dimensions. The mean score revealed that females have low level of mental health in all dimensions than males. However, gender does not influence significantly in the following variables such as positive self-evaluation, autonomy, group-oriented attitude and overall mental health.

Relationship between key variables of parent child behavior pattern and mental health.

Table-5 revealed Karl Pearson's correlation coefficients were computed to assess the strength and influence of the relationship between key variables of parent child behavior pattern and mental health, the results are depicted in table-5. The parent child behavior pattern has strongly influenced the mental health of the respondents at the significant level of 0.01 (2- tailed).

Discussion

Major findings of the study as follows:

- 1) There is a significant difference between Gender and parent child behavior pattern with regard to the dimension's single child disposition and overall parent child behavior pattern
- 2) There is a significant difference between Religion and parent child behavior pattern with regard to the dimension's interaction with children, single child disposition, nature of friendship and overall parent child behavior pattern.
- 3) There is a significant relationship between age and mental health with regard to the dimensions such as integration of personality, autonomy, group-oriented attitude and over all mental health
- 4) There is a significant difference between gender and mental health with regard to the dimensions such as perception of reality, integration of personality, environmental competence
- 5) There is a significant relationship between the key variables - mental health and parent child behavior pattern.

Table-1 here Gender and parent child behavior pattern

The significant differences with regard to gender and parent child behavior pattern, the mean score revealed that the dimension's single child disposition (Male:62.33, Female:63.44), and overall parent child behavior pattern (Male: 193.28, Female:199.47) that males have low level of parent child behavior pattern. In one child families there is no gender discrimination; however the child rearing practices differ in bringing up of children belonging to different sexes with

regard to the dimensions parent interaction with children, single child disposition and overall parent child behavior pattern. In the present study revealed, as for as our culture is concerned the birth of boy is preferred and celebrated where as the birth of girl child is not welcomed and a girl child is considered a burden and a liability and a kind of parentage. In this context treat their daughter special, she is pampered, girl children consider it as a privilege being born a single child and enjoyed their position, whereas boy children obviously enjoy these privileges sanctioned by Indian culture, they don't view it as a privilege rather they consider it as a problem of or they don't like to be controlled, or pampered. Sometimes pampering is viewed as controlling. This king attitude of boy children may be the reason for their low level of single child disposition.

Table -2 here
Religion and parent child behavior pattern

The significant differences with regard to religion and parent child behavior pattern the mean score revealed that (interaction with parents G1=105.65, G2=91.25, G3=100.77 and G1=198.13, G2=180.25, G3=188.05 overall parent child behavior pattern) Muslim and G1=63.37, G2=60.25, G3=59.82 single child disposition and nature of friendship G1=29.11, G2=28.75, G3=27.45) Christian religion have low level of parent child behavior. The cultural values and beliefs differ from religion to religion. So, parenting behavior depends on their own religious and cultural values.

Table-3 here
Age and mental health

There is a significant relationship with regard to age and mental health of adult single child the mean score reveals that integration of personality (0.137, $p<0.05$), autonomy (0.182, $p<0.05$), group-oriented attitude (0.199, $p<0.05$) and overall mental health (0.176, $p<0.05$). Age increases their mental health also increases. single child has not experience before adolescent because the parents not allowing them to deal with their own problem and decision. Absence of siblings is also one factor for loss of learning and role model in their earlier age. So, after reached their adult they may not know how to face their problem. Aging will help them to improve their experience in all fields.

Table-4 here
Gender and mental health

There is a significant relationship with regard to gender and mental health of adult single child the mean score reveals that integration of personality (Male 33.04, Female 32.29), environmental competence (Male 29.66, Female 28.57). After reached their adults age married person, they must to take such responsibility and decision but comparing their childhood age parenting style affect them in adult age. Especially female single children were growing with more strict rules and regulations. When they reached adults should take care of their own family including spouse, children and their parents. Female adults' respondents after marriage they are living with their mother-in-law, they have no

chance to take of their elder parents. During those reason they may have low level of mental health when compare to males.

Table-5 here

Relationship between key variables of parent child behavior pattern and mental health

The result showed parent child behavior pattern has strongly influenced the mental health of the respondents at the significant level of 0.01 (2- tailed). Each variable influenced the other variables. so, the present study that revealed respondent's behavior, attitude, emotion, social activity which has been exhibited by the way their parents socialized them in their childhood period. Moreover, single child behaves as what they have learnt during childhood period whether it is right or wrong will affect the mental health of adult single child. In religion and cultural way, the children are developing social skills. More protected parent child behavior pattern among the single girl child and parent may be the reason for low level of mental health in their adulthood stage.

Table-1
Z-test for Gender with Parent Child behaviour pattern

S.No	Dimensions of parent child behaviour pattern and gender	Mean	Standard deviation	Statistical Inferences
1	Interaction with parents Male (n:95) Female (n:125)	102.43 106.78	10.659 10.858	Z=.124 p>0.05 Not significant
2	Single child disposition Male (n:95) Female (n:125)	62.33 63.44	5.804 7.261	Z= 4.761 p<0.05 Significant
3	Nature of friendship Male (n:95) Female (n:125)	28.53 29.26	4.202 4.427	Z=.051 p>0.05 Not Significant
4	Overall parent child behaviour pattern Male (n:95) Female (n:125)	193.28 199.47	16.889 19.138	Z=.885 p<0.05 Significant

Table-2
Religion with parent child behavior pattern
One –way Anova

S.No	Dimensions of parent child behaviour pattern and religion	DF	SS	MS	Mean	Statistical Inferences
1	Interaction with parents	2	129.021	614.511	G1=105.65	F=5.315 P<0.05 Significant
	Between groups	217	25088.779	115.616	G2=91.25	
	Within groups				G3=100.77	
2	Single child disposition	2	279.331	139.665	G1=63.37	F=3.193 p<0.05 Significant
	Between groups	217	9491.301	43.739	G2=60.25	
	Within groups				G3=59.82	
3	Nature of friendship	2	54.522	27.261	G1=29.11	F=1.456 p<0.05 Significant
	Between groups	217	4063.710	18.727	G2=28.75	
	Within groups				G3=27.45	
4	Overall parent child behaviour pattern					F=4.767 p<0.05 Significant
	Between groups	2	3126.980	1563.490	G1=198.13	
	Within groups	217	71168.220	327.964	G2=180.25 G3=188.05	

G1= Hindu G2= Muslim G3= Christian

Table -3
Correlation test on Age with mental health

Variables	Pearson's correlation	significance
Positive self-evaluation	0.105	p>0.05 Not significant
Perception of reality	0.086	p>0.05 Not significant
Integration of personality	0.137	P<0.05 Significant
Autonomy	0.182	P<0.05

		Significant
Group oriented attitude	0.199	P<0.05 Significant
Environmental competence	0.111	p>0.05 Not significant
Overall mental health	0.176	P<0.05 Significant

Table-4
Z-test for Gender with mental health

Dimensions	gender	mean	Standard deviation	Significance
Positive self-evaluation	Male:95 Female:125	30.44 30.24	4.656 4.655	Z=.027 P>0.05 Not significant
Perception of reality	Male:95 Female:125	22.42 22.46	2.919 2.980	Z=.760 P<0.05 Significant
Integration of personality	Male:95 Female:125	33.04 32.29	5.469 5.861	Z=1.126 P<0.05 Significant
Autonomy	Male:95 Female:125	17.68 16.98	3.170 3.121	Z=.339 P>0.05 Not significant
Group oriented attitude	Male:95 Female:125	30.39 29.56	4.738 4.689	Z=.128 P>0.05 Not significant
Environmental competence	Male:95 Female:125	29.66 28.57	3.924 4.071	Z=3.200 P<0.05 Significant
Overall mental health	Male:95 Female:125	163.64 160.10	19.305 19.984	F=.424 P>0.05 Not significant

Table-5
Relationship between key variables of parent child behavior pattern and mental Health

Variables	Interacti on with parents	Single child disposi tion	Nature of friends hip	Parent child behavi our overall	Positive self - evaluation	Percep tion of reality	Integra tion of person ality	Autono my	Group oriented attitude	Enviro nmental competence	Mental health overall
Interaction with parents	1										
Single child disposition	.537**	1									
Nature of friendship	.467**	.564**	1								
Parent child behaviour overall	.900**	.815**	.718**	1							
Positive-self evaluation	.406**	.594**	.497**	.574**	1						
Perception of reality	.271**	.234**	.255**	.306**	.415**	1					
Integration of personality	.289**	.485**	.295**	.417**	.589**	.338**	1				
Autonomy	.288**	.470**	.245**	.399**	.616**	.333**	.717**	1			
Group oriented attitude	.348**	.549**	.553**	.536**	.742**	.366**	.533**	.531**	1		
Environmental competence	.269**	.531**	.416**	.451**	.662**	.191**	.447**	.519**	.629**	1	
Mental health overall	.404**	.630**	.497**	.586**	.879**	.524**	.811**	.795**	.836**	.751**	1

****.** Correlation is significant at the 0.01 level (2-tailed).

Recommendation for further research study

A major limitation of this study is that the data were collected only from adult single child but not with sibling's child. Furthermore, the study has been conducted in only one city in Tamil Nadu. Yet another limitation of this study is that it did not account respondents' child rearing practices.

Conclusion

Despite these limitations, this study makes important contribution to the single children. As a result, the single children are trend in this contemporary world. Furthermore, there are some conception and misconception against single children and their families still now. But parenting is only the way that single children grow without siblings to make good interpersonal relationship, well-

mental health, social adjustment, high self-esteem, more confidence, selflessness, and more responsible. The present study states that the childhood behavior pattern of the single child influences the adult's mental health both positive and negative way. Single children feel shy to share and to discuss as they don't want to involve themselves in group-oriented attitude. They don't know how to express their emotional matters with their parents, spouses and others and so they suppress and face low level mental health. So, they spend as much time as a parent with their children to make sure that their children are not feeling lonely in their childhood. The psychologist suggests that the problems will be tackled in only child if the parents ensure that the lack of sibling's interaction is replaced by creating other opportunities for their children to socialize. Thus, it helps the single children to develop in group-oriented attitude, social skills and self-esteem. The present study nearly (52%) of the respondents is likely to choose single children in their life so this study helps them to socialize their children without any misconception.

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