MODERATING ROLE OF COPING STRATEGIES IN RELATIONSHIP BETWEEN HOUSEHOLD CHAOS, MENTAL HEALTH AND SOCIAL ADAPTIVE FUNCTIONING OF ADOLESCENTS

BY

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THESIS AND DEFENSE APPROVAL FORM

The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance, and recommend the thesis to the Faculty of Social Sciences for acceptance.

Thesis Title: Moderating Role of Coping Strategies in Relationship between Household Chaos, Mental Health and Social Adaptive Functioning of Adolescents

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Candidate of **Master of Philosophy** at the National University of Modern Languages do hereby declare that the thesis **"Moderating Role of Coping Strategies in Relationship between Household Chaos, Mental Health and Social Adaptive Functioning of Adolescents"** submitted by me in partial fulfillment of MPhil degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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Abstract

Title: Moderating Role of Coping Strategies in Relationship between Household Chaos, Mental Health and Social Adaptive Functioning of Adolescents

The study undertaken was designed to determine the impact of household chaos on mental health and social adaptive functioning and to explore the moderating role of coping strategies in relationship with household chaos, mental health and social adaptive functioning among adolescents. A convenient sample of 400 adolescents was administered with Confusion, Hubbub and Order Scale (Matheney, Ludwig, Wachs, & Phillips, 1995; Tus-Sabah, 2011), Mental Health Inventory (Veit & Ware, 1983; Khan, 2015), Child and Adolescent Social Adaptive and Functioning Scale (translated in part (1) of research and Brief Cope Scale (Carver, 1997; Akhtar, 2005). Comprising on three phases, Child and Adolescent Social Adaptive and Functioning Scale was translated at Phase I. Pilot study (N = 100) was conducted to establish the psychometric properties of the scales and to explore the relationship between the study variables. Findings provided support for good validity and reliability coefficients for the study scales. Main study (N = 400) was then conducted at Phase III for hypothesis testing. Results of the main study revealed that household chaos has significant negative relationship with mental health and social adaptive functioning. Confirmatory factor analysis was done with Child and Adolescent Social Adaptive and Functioning Urdu translated scale. The model of confirmatory factor analysis was good fit and values were in acceptable range. Multiple regression analysis results showed that problem-focused coping and emotion-focused coping are significant negative predictor of psychological distress while dysfunctional coping is significant positive predictor of psychological distress. Problem-focused and emotion-focused coping are significant positive predictor of school performance, family relationships and home duties. Moderation analyses showed that in the presence of problem-focused coping and emotion-focused coping, the effect of household chaos on school performance, peer relationship, family relationship, home duties /self-care and on social adaptive functioning decreases. The study holds contribution into the existing literature by translating a scale as well as practical implications by highlighting the need for appropriate prevention and interventions measures to deal with household chaos, mental health issue and dysfunctionalities of troubled youth.

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LIST OF ABBREVIATIONS

CHAOS	Confusion, Hubbub and Order Scale
MHI	Mental Health Inventory
PWB	Psychological wellbeing
PD	Psychological Distress
CASAFS	Child and Adolescent Social Adaptive Functioning Scale
SP	School performance
PR	Peer relationship
FR	Family relationship
HD/SC	Home duties/self-care
BCS	Brief cope scale
PFC	Problem focused coping
EFC	Emotion focused coping
DC	Dysfunctional coping

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Sadia Rehman

DEDICATED TO

MY BELOVED PARENTS

CHAPTER 1

INTRODUCTION

Context of the Study

Management of disturbances around the society and in the life of an individual is getting progressively significant as the devastation due to these disturbances in adult's life is increasing day by day. There are various examples of extensive outcomes of household chaos in an individual's life, which needs to be managed. Social adaptive functioning and mental health occupy an important place in the life of an individual. Household chaos is identified with mental health and social adaptive functioning of young people. Mental health considers the cognitive functioning of individual and social adaptive functioning plays a vital role for the academic performance and personal work of an individual. The immense and persistent effects of these variables can cause psychological and physical disorders among young people. Adapting methodologies such as coping strategies assumes an important mechanism to address the outcomes of household chaos, mental well-being and social dysfunction. According to a report by the World Health Organization (WHO, 2017) about 10 to 20 percent of adolescents worldwide suffer from mental disorders. Estimates of the frequency of mental health disorders indicate that 50% of 14-year-olds and 75% of 18-year-olds suffer from mental health problems (Kessler, 2007; Kim-Cohen, 2003). As per the Lancet Commission on adolescent health and wellbeing (Patton, 2016) age specified for younger adolescents (10–14 years), and for older adolescents (15–19 years) (Sawyer, 2018). Adolescence is a developmental era marked by significant shifts in health-related behaviors, including declines in health-promoting behaviors (Farooq et al., 2018). Most risky behaviours in adolescence develop because of the family and the home environment (Espelage, 2014; Igra & Millstein, 1995). Furthermore, for the healthy development of an adolescent, education is another factor that is considered important (Pittman & Richmond, 2007). Children socialize more by interacting, communicating and involving

themselves in social activities (Catalano, 2004). Individuals are taught to socialize through units such as family, peers, school and community (Pittman & Richmon, 2007). Behavioral problems and the development process arises from the environment (Montague, 2006).

The most distinctive period of change in human development is adolescence, and this is the main focus of the current study. Adolescence is considered a notable period because it connects youth with adulthood. Adolescence is described as a vulnerable period during which a person undergoes physical and psychosocial changes. These developments include major physical, physiological, mental, emotional, social and intellectual changes. Santrock (2014) depicts puberty as a formative period of progress that includes socioemotional, psychological and biological changes in adolescents. The WHO (2014) defines adolescent age as between 10 and 19 years. The period of puberty is divided into three periods which are the start, middle and end of adolescence. The age group for young adolescents is 10 to 13 years, 14 to 17 years for middle adolescents and 18 to 21 years for late adolescents. The overall thought is that adolescent begins with amazing natural changes of pubescence which are internalization of socio-culture systems, future plans, completing schooling, and going into the work setting (Smetana & Metzger, 2006). Adolescence is a sensitive period where an individual appears to be more susceptible to stressors. These stressors create conflicts in an individual's life that affect mental health as well as the academic period (McGee & Williams, 2000). Social support seemed very important to keep psychological distress to a minimum (Mohay & Forbes, 2009). Providing psychological resources for coping with stressors reduces the risk of negative mental health outcomes (Cohen, 2004).

1.1 Rationale of the Study

Examination of best strategies used by an individual to improve wellness and functioning is the main concern of researchers. The present study is carried out to explore the moderating role of coping strategies in the relationship of household chaos with mental health,

and social adaptive functioning of adolescents. Review of literature identified an essential need to develop the understanding about coping strategies to minimize the effect of household chaos on mental health and social adaptive functioning of adolescents. The study is an effort to fill the gap in the literature as there have been very little researches done on the moderating role of coping strategies with household chaos, mental health, and social adaptive functioning.

Mental health issues are rapidly increasing all over the world. Review of literature identified an essential need to develop and enlarge the depth of comprehensive understanding about the possible management and strategies for mental health issues. Only few studies highlighted household chaos into our cultural settings, previous studies provide very limited data related to household chaos's effect on mental health and social adaptive functioning of adolescents. This research filled the gap related to these factors.

The present study attempted to fill the void in three ways; firstly, by focusing on the issues related to mental health and social adaptive functioning, secondly by providing the impact of household chaos on mental health and social adaptive functioning. Thirdly, role of coping strategies as a moderator and its effectiveness for mental health and social adaptive functioning. This study applies aspects of household chaos to a higher risk sample of adolescents and explores the role of chaos in home, mental health issues, social adapting functioning and how these various types of concerns are managed by the coping strategies. Based on the gaps in the literature given above, the present study is an effort to provide an understanding of the concepts and the underlying mechanism of social adaptive functioning and mental health problems.

Adolescents who suffer from household chaos are likely to be experience mental health issues (Klemfuss, 2018). Modes of coping strategies declare which one is most effective coping, and how well problems are resolved with coping strategies, which coping strategy inhibit the upcoming difficulties, or relieve emotional suffering (Felton & Revenson, 1984).

Factors will be explored that may be an intervening step between coping and household chaos, coping and mental health, coping and social adaptive functioning. It is hypothesized that the coping strategies minimize the stress level which is induced by household chaos, psychological distress and social dysfunctioning. The problem-focused coping strategy is used to handle the situation and to come up with a better solution. The emotion-focused coping strategy is used to regulate the emotions in a stressful situation while dysfunctional coping is used to avoid stressful events. In previous studies, it was examined that problem focused coping strategy is most appropriate for better functioning among all (Chen, 2016).

Previous literature has shown that household chaos affects psychological wellbeing (Deater-Deckard et al., 2012). A developing proof proposes that family disorder adds to a youngster's psychological well-being issues. Further exploration is expected to analyze the relationship between chaoses at home with both mental health and social adaptive functioning issues among adolescents. The theory of chaos explains that mental health gets affected by the harmful risk factors of chaos among adolescents (Gonzales et al., 2007). Household chaos is a risk factor for executive functioning and influences the adaptive functioning of adolescents (Brieant et al., 2017). This research will likewise explore the relationship between adolescent's mental health issues and social adaptive functioning during the adolescent period while accounting for coping strategies between household chaos and related issues. Coping strategies are the mechanism used by an individual to cope with stressful events. Adaptive coping strategies used to minimize the negative feelings caused by stressful events (Zaman & Ali, 2014). This study will also investigate the associations between coping strategies and mental health problems, social adapting techniques, psychological issues, family disorder, and emotional well-being issues.

Adolescents with coping skills show an association between household chaos and mental health as more will be the chaos, less will be the level of psychological wellbeing. In a

previous study of coping strategies with reference to mental health, it was concluded that problem focused coping predicts more psychological wellbeing among adolescents (Cai et al., 2020). The dual risk model illustrates that fewer coping skills with household chaos increase mental health problems (Sameroff, 1983). Previous studies with coping strategies as a moderator suggest that use of coping skills are common among individuals against the susceptibility towards stressors (Belsky & Pluess, 2009). Differential susceptibility framework explains that vulnerability of the individual towards the stressors can be dealt with moderation (Kim, 2012). Adolescents with coping skills, when raised in a healthy home environment, show fewer problems. This study is based on the idea that mental health issues are challenging for adolescents and it is very difficult for them to cope with these threatening issues. These stressful factors can weaken the subject's capacity that causes psychological difficulties as a result. Some protective factors such as coping skills, social support, and self-striving used to decrease the intensity of stressful life events and help to maintain psychological wellbeing (Bolognini, 1992).

The present research is adolescents specific and the target population is of students. It has been seen (Costa & McCrae, 1993) that most of the psychotherapeutic intervention goals are set up for adults, and the adolescent's demand to attain the skills to manage the emotional demands of future roles is usually neglected. It is very unfortunate that in Pakistan very negligible work has been done to educate adolescents that how they should manage everyday stressful events, and what are healthy coping strategies. According to Lazarus (1993), an individual's coping behaviour is always influenced by the resources they used to deal with the stressors. It is very important to recognize the coping skills to enhance the efficacies against risk factors. That is why the present study was designed to explore these important aspects of adolescent psychopathology so that these dimensions can be incorporated in the assessment, prevention and intervention processes appropriately. It is very important to determine whether

the coping strategies differ across situations as adolescents face stressors from multiple domains and if yes then what will be the most often used strategies for a particular type of stressors. In the previous literature, this query has been explored, but it has received less attention to this issue with reference to adolescents (Billings & Moos, 1981).

In every culture and society, adolescents are socialized to perform specific gender roles (Gilligan, 1982). Both girls and boys experience different stresses and challenges and they are also expected to cope differently (Frydenberg, 1997). In present research the role of certain demographic factors such as gender, family system, and socioeconomic status in context of household chaos will also be explored. Exposure to major stressors and disturbances caused by household chaos, mental health, and social adaptive functioning develops the risk of psychological, social, physical, behavioural, and emotional difficulties among adults. By enhancing the understanding of coping strategies, the providence of guidelines related to the management of risk factors can reduce dysfunctionalities.

1.2 Problem Statement

Present study intended to examine the relationship between household chaos, mental health and social adaptive functioning of adolescents with the moderating effect of coping strategies.

1.3 Research Objectives

Following were the major objectives for the current research:

- To examine the relationship between study variables.
- To study the impact of household chaos on mental health and social adaptive functioning of adolescents.
- To look into the moderating role of coping strategies for household chaos in predicting mental health, and social adaptive functioning.

- To see the mean differences in study variables (i.e., household chaos, mental health and social adaptive functioning) along gender, family system and socioeconomic status.

1.4 Research Hypotheses

To meet the objectives of main study, following hypotheses were formulated:

1. Household chaos negatively predicts the psychological wellbeing and social adaptive functioning of adolescents.
2. Household chaos positively predicts the psychological distress.
3. Mental health is positively related to social adaptive functioning.
4. Problem-focused coping is positively related to psychological wellbeing, school performance and home duties.
5. Emotion-focused coping is positively related to peer relationship and family relationship.
6. Dysfunctional coping is positively related to psychological distress.
7. Problem-focused coping buffers the effect of household chaos on mental health and social adaptive functioning.
8. Emotion-focused coping buffers the effect of household chaos on mental health and social adaptive functioning.
9. Dysfunctional coping boost the effect of household chaos on psychological wellbeing and social adaptive functioning.
10. Adolescents living in joint family system experience more chaos as compared to adolescents who are living in nuclear family system.

1.5 Null Hypothesis

Following are the null hypotheses of the study

1. Household chaos do not negatively predicts the psychological wellbeing and social adaptive functioning
2. Household chaos do not positively predicts the psychological distress.
3. Mental health do not positively related to social adaptive functioning.
4. Problem focused coping do not positively related to psychological wellbeing, school performance and home duties
5. Emotion focused coping do not positively related to peer relationship and family relationship.
6. Dysfunctional coping do not positively related to psychological distress.
7. Problem focused coping does not buffer the effect of household chaos on mental health and social adaptive functioning.
8. Emotion focused coping does not buffer the effect of household chaos on mental health and social adaptive functioning.
9. Dysfunctional coping does not boost the effect of household chaos on psychological wellbeing and social adaptive functioning.
10. Adolescents living in joint family system do not experience more chaos as compared to adolescents who are living in nuclear family system.

1.6 Conceptual framework

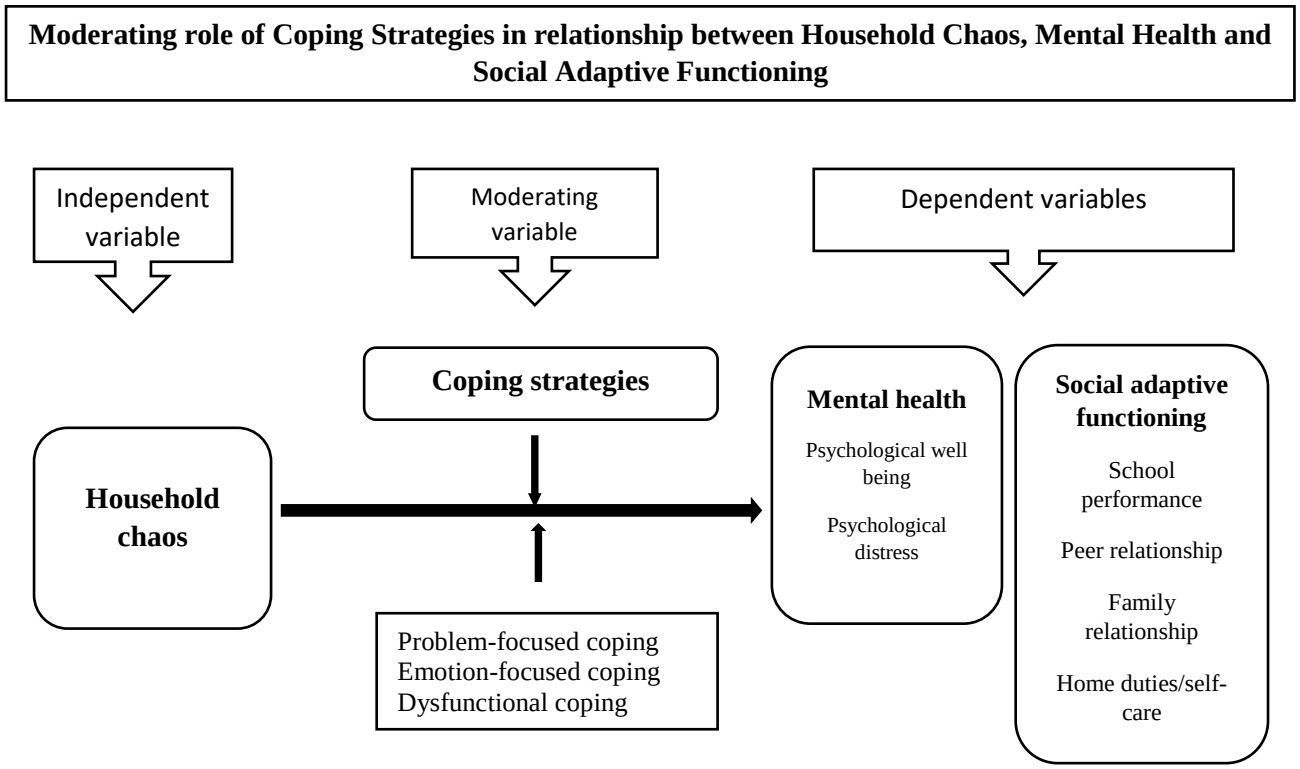
As mentioned earlier, this research aims at studying the relationship between household chaos, mental health and social adaptive functioning of adolescents. This research will

investigate the moderating role of coping strategies associated with household chaos, mental health and social responsiveness. Studies have also explored the fact that adolescents are more susceptible to trauma and health issues. The intensity of adolescents' response to stressful events is dependent upon their mental health and the skills they acquire (Rutter, 1993, 2006, 2007). Adaptive functioning refers to an individual's self-sufficiency in real-life situations (Sparrow 1984). It describes the skills such as social, academic, communicative, and everyday life skills. Social adaptive functioning is based on social skills, social behaviour, and social cognition well (Beauchamp & Anderson, 2010). Social adaptive functioning difficulties are related to different types of mental health issues. In the proposed model, the household chaos affects the mental health of an individual with two dimensions i.e., psychological well-being and psychological distress.

Chaos is a factor which produces poor well-being and higher level of distress. The chaos in the home disrupts the social adapting function of an individual. The poor performance of children in school is related to home chaos (Evans, 2006). Rosario (1988) has defined coping strategy as a psychological mechanism to reduce or control the level of distress and disturbance in the life of an individual. Adolescents who suffer from stress use the best adaptive strategy for dealing with distress. Household chaos affects psychological well-being as well as social functioning in a manner that causes stress in the life of an adolescent, that disturbs the psychological well-being and functioning of an individual. Coping strategies play a significant role in the reduction of stress levels (Yang, 2010). For a balanced life, coping strategies are the key to dealing with the stress caused by chaos.

Figure 1.1

Conceptual Framework of the Research



1.7 Significance of the Study

Household chaos, mental health and social adaptive functioning are considered emerging issues in our society and research has been conducted to highlight negative consequences caused by home chaos on mental health and social adaptive functioning. It has been observed that in our collectivist culture household chaos affects the mental health and social adaptive functioning of adolescents. So the current study aims to investigate the impact of household chaos on mental health and social adaptive functioning. Key purpose of this research thesis is to empirically investigate the moderating role of coping strategies on the relationship between household chaos, mental health and social adaptive functioning. This research can be used to make some interventions at clinical level, as it provided the understanding of coping skills. Research findings of the present thesis would help and assist

various counsellors, therapist in hospital setting, teachers, parents and adolescents to minimize the stress level by adopting coping skills.

1.8 Methodology

The current study was cross-sectional and was planned for examining the impact of household chaos on adolescent's mental health and of social adaptive functioning, and to study the moderating role of coping strategies. To meet the objectives of the study the research was conducted in three parts. The first part was of translation and validation of the Children and Adolescents Social Adaptive Functioning Scale (CASAFS). Part II comprised of pilot testing and part III of research was the main study.

1.9 Delimitations

With the objective in mind, certain limitations and delimitations are defined to set the scope of this thesis. The present research has following limitations with some strengths, like, targeting the sample of adolescents to see the effect of household chaos on mental health and social adaptive functioning. To measure the social adaptive functioning of adolescents, child and adolescents social adaptive functioning scale translated in Urdu. It is essential to point out that this research is delimited only to study the household chaos concept as a reason behind mental health and social adaptive functioning issues. For future research, other factors can be added. Furthermore this study does not investigate the parent's side perspective on household chaos impact due to data access limitations. This is a major limitation to this study. Hence, some results cannot be confirmed before further analysis with the parent's side.

1.10 Operational Definitions

Following are the operational definitions of the variables used in the present study.

Household chaos

It is defined as 'the home environment which is noisy, crowded, disturbed, disorganized and elevated level of surrounding stimulation' (Bronfrenbrenner & Evans, 2002, p.121). In current study, household chaos was measured through a 15 items Confusion, Hubbub and Order Scale (CHOAS; Matheney, Wachs, Ludwig, & Phillips, 1995).

Social adaptive functioning

Social adaptive functioning refers to the behavior modifications by an individual to deal with environmental changes and adjustments (Atchley & Barusch, 2004). In the present research, social adaptive functioning was measured through the Child and Adolescent Social Adaptive and Functioning Scale (CASAFS; Spence et al., 2000).

Mental health

Mental health is defined as a state of well-being in which an individual knows about his/her potential, work productively, deal with stressors, and take part in the welfare of the community (WHO, 2014). Psychological well-being illustrates the level of satisfaction, happiness, and stability in an individual's life. While psychological distress creates hurdles in a person's life (Keyes & Corey, 2002). To assess the mental health of participants Mental Health Inventory (MHI; Veit & Ware, 1983) was employed.

Coping strategies

Lazarus and Folkman (as cited in Newman, Holden, & Delville, 2011) defined coping as the cognitive and behavioral efforts to manage the stressors and to lower the internal and or external demands and conflicts. Coping strategies are the ways that individuals use to deal with a threatening situation. The three main coping strategies are emotion-focused, problem-focused coping, and the dysfunctional coping strategy (Livingston et al., 2008). In the present research, the Brief COPE Scale (COPE; Carver1997) was used for measuring the scoping strategies.

Chapter 2

REVIEW OF THE RELATED LITERATURE

2.1 Household Chaos

Household chaos is defined as "the arrangement of uncontrolled movements, lack of structure, irregular routine and high levels of surrounding stimulation" (Bronfrenbrenner & Evans, 2002, p. 121). Household chaos represents the level of disorganisation or environmental confusion in the family home, and is characterised by high levels of background stimulation, lack of family routines, absence of predictability and structure in daily activities, and an overly fast pace of family life (Waschs, 2010). In 2010, Evans and Waschs conducted research on the Bronfenbrenner bioecological model (Bronfenbrenner & Morris 2006). This research was based on the effect of the domestic environment on childhood development. The research analysed that the condition of the home is considered a natural microsystem that can promote or restrict the healthy development of the child. The functional meaning of household chaos incorporates two key concepts that are insecurity and disturbance Insecurity reflects changes in settings and associations in the home and the anomaly of timetables while disturbance incorporates the crowd, mess, noises, and irregularity at home (Sameroff, 2010).

Bronfenbrenner and Evans in 2000 described in a study that, chaos exists in families at all degrees of financial components such as unpleasant educational encounters, moving work routines, single child-rearing, and an absence of resources in lower-class families. These factors contribute to chaos and have an important impact on the family unit (Vernon-Feagans & Mills, 2012). A family unit changes their living environment and adds more members to a house, primarily because of lack of resources and low income. Instability occurs in this kind of family system as more family members live together to compensate for their resources. Chaos found most in the nuclear family system due to routine disturbance in a family unit. Child care

services become less important and overlooked because family members feel dependent on one another (Garrett & Willoughby, 2012).

A study of household chaos analysed that low-income families suffered from the needs of everyday life more. The shortage of resources and lack of basic needs are related to chaos and confusion, including crowds in the family, insecurity in family structure, and changes in rearing by both parents (Tubbs & Burton, 2005). The family environment changes due to parenting, overcrowded housing, instability, and emotional state of partners (Jensen & Lichter, 2002). Moreover, there is chaos among lower-class families compared with middle-class families. Poverty-related chaos is the major obstacle in advancement of socio-economic status of lower-class families (Evans, 2005).

A chaotic home situation is portrayed by Matheny and Wachs (1995) as when there is an elevated degree of disturbances, noise and crowd, instability, and an absence of schedule that may add to levels of stress in a home environment. In another study by Wachs (2000), it is described that the individuals who are brought up in a chaotic situation are generally seen as more difficult, have poor intellectual performance, slow language development, low confidence, and bound to participate in high-risk actions (Wachs, 2000). The chaotic home situation of the child and their social work are associated with each other and this leads to difficulties in their behavior (Evans et al., 1999). In light of the models and findings of many studies, it is concluded that the impact of a chaotic home on an adolescent's behavior is intervened by child-rearing practices and a child's personality traits (Johnson & Petrill, 2008). A noisy, dispersed and noisy family setting depicts a chaotic family system (Evans, 2010).

Household chaos is related to a wide scope of unfriendly results in the development of the child, which continue in youth and adulthood (Martin et al., 2011). Although a lot of research has been done in this area, researches on the outcomes of adult life from childhood

are still under consideration (Deater-Deckard, 2009). A study conducted by Johnson (2008) with children to examine the impact of family chaos on reading ability. It has been noted that the home literacy environment influences children's reading skills and that household chaos significantly disrupts their education. Another research examined the relationship of chaos with verbal and nonverbal cognitive abilities of adolescents. Findings revealed that home environment mediates the association between chaos and cognitive functioning (Petrillet al., 2004). The home environment affects the children and adults equally but the outcomes of household chaos on the emotional and physical development of children continue till adulthood (Kamp & Taylor, 2013).

The home environment is considered a microsystem for a child and its impact on a child's well-being through daily connections and processes is very important (Fiese & Beardslee, 2013). Disturbances and instabilities inside the home are family-level factors that add to the working of children and adolescents (Brient & Kim-Spoon, 2017). Continuity in these disturbances becomes consistent after some time (Matheny, 1995). Cognitive and behavioral adjustment is affected by many risk factors. One of the main risk factors for a child is the home environment (Iervolino & Plomin, 2006) and, as anyone might expect, the number of people in a family unit is connected with chaos (Whitesell, 2015). In another study, it was examined that not only cognitive functioning but social development is also determined by household chaos and is associated with the executive functioning of adolescents (Vernon & Mills, 2012). Household chaos is linked with the risk factors which are sociodemographic, personal distress, and major life events (Whitesell & Kim, 2015).

Household chaos is characterized as a situation wherein expectations become rare and difficult to fulfill (Merriam-Webster, 1993). Applied to the social and mental circumstances of day-to-day life, chaos introduces the degree of confusion and disruption in the home, rush, disorganization, and disorder in a timetable (Corapci & Wachs, 2002). Chaos creates agitation

in an individual and a chaotic environment shows adverse outcomes (Shaw, 1931) which can be developmental, social, and personal (Wohlwill & Heft, 1987). Household chaos (e.g., loud noise, absence of consistency or schedule, crowd) is an important logical factor that has additionally been connected with the high level of callous-unemotional traits among adolescents (Fontaine et al., 2010). The degree of chaos in the house is an important factor to build the home environment and the impact of chaos and environment affects the development of a child and the parenting practices (Deater-Deckard, 2012). Due to the chaotic environment at home, the development of the child gets affected and it becomes very difficult for the parents to manage the home environment as well as their children's behavior. Parents and children feel incapable to synchronize the home situation (Evans et al., 2005).

Household chaos is associated with the control over the situation and poor style of parenting (Bridgett, 2013; Deater-Deckard, 2012; Valiente, 2007) as well as the poor ability of the children to learn and understand the reasoning tasks (Deater-Deckard et al., 2009). Therefore, helpless self-guideline capacities among parents are associated with less versatile child-rearing practices (Bridgett, 2015) and parent reports of cruel and conflicting control and related child's externalizing issues have been associated with the household chaos (Dumas, 2005). Overall evidences suggest that chaotic home situations can adversely affect child-rearing practices and disturb the healthy development of adolescents. The literature and numerous researches have the same findings related to household chaos (Evans, 2006; Wachs & Corapci, 2003). Previous researches have demonstrated the variations in the data taken by parents on chaos despite the socioeconomic factor, and these variations on data taken by parents on the CHAOS scale seem to be valid and reliable (Dumas, 2005).

Evans (2004) and Eckenrode and Marcynyszyn (2010) recognized the household chaos as crowded, loud, confused, and poor settings for the development of a child. It is considered a significant risk factor and plays the role of mediator to the development of a poor child and

poor socioeconomic condition (Gonnella et al., 2005). A disorganized home situation is related to poor child socioemotional results (English & Evans, 2002). The physical well-being of adolescents is connected to the irregularity in the house or schedules in the family unit (Anderson & Whitaker, 2010; Hammons & Fiese, 2011) however, no researches or surveys are available related to the chaotic family system that affects the psychological well-being of an individual.

Families and family systems change broadly in their structure and work. In the course of recent decades, family analysts have started examining the concept of household chaos in the family as a condition of rush, noise, crowd, absence of consistency and family schedules, and their connections with different parts of family working like adolescent's physical, psychological, and social-functioning turn of events. Children grow in the low-income family or low socioeconomic status face multiple risk factors related to intellectual and social mostly and those factors have a negative impact on the development of the child (Dearing & Zaslow, 2006). Specifically in a family system mostly youngsters confronting issues related to money and are bound to encounter disruptive home situations, demarcated by the elevated level of disorder and insecurity (Bradley & Corwyn, 2002). In a study by Bratsch (2012), it was observed that children who belong to rural areas suffered more from chaos due to lack of resources.

Development of Confusion, Hubbub and Order Scale (CHAOS; Matheny et all., 1995) is a milestone to the work with household chaos and gave an establishment to brief and strong parent evaluations of disarray that have been approved utilizing definite perceptions of home conditions. This scale was an illicit addition to the field since it allowed the effective information dependent on guardian's reports that could be applied to concentrate with a big example instead of utilizing common observational techniques. Hubbub and confusion at home are mainly associated with stress level, monthly income in the family, parenting style and

pressure, child-rearing challenges, particularly absence of order, affectability, responsiveness, and youngster's conduct issues, for example, impulsivity, issues with parents, and misconduct (Farrington & Loeber, 1998). There is no doubt that home surrounding affects at the degree to which it encourages or obstructs the development of adolescent's fitness and adaptive functioning thoughtfully (Dumas & Serketich, 1995).

Furthermore, the family condition and child-rearing practices are assumed as significant elements in the improvement of the behavior practices of children. There are several distributed investigations where guardian's kindness or pessimism, control or leniency, style of child-rearing (e.g., definitive versus tyrant), control or family atmosphere are immediate indicators of youngster's compassion, individual pain, social fitness, and behavioral practices (Bornstein, 2002; Coie & Dodge, 1998; Wachs, 2000). Rothbart and Bates's (1998) theory explains that parts of an adolescent's disposition like emotion callous moderate the connection between natural influences and the behavior practices of children. Although the significance of emotional callous temperament to one's social working is observed, still researches are dedicated to examine the effect of individual's temperament of emotional callous on social working of adolescents.

Disorganization, disorder at home, and lack of conducive learning environment through regularities, schedules, organized and rich environment always restrict the healthy development of the adolescent. The same scenario is valid for a family unit having crowds, noise, and instability at home. Moreover, there are just little proofs that home chaos is the factor that affects the adolescent's health and seems to be unfavorable for social or mental conditions, there could be other factors, for example, financial condition, child-rearing practices, and parent's behavior (Evans et al., 1995).

Household chaos has been reliably connected to adolescent's externalizing issues. Subtypes of externalizing issues are also related to chaos, for example, outrage hostility, and restricted attentional centering (Fiese & Winter, 2010). Chaotic home situations need structure and schedules and highlight the elevated levels of sound, disorder, and confusion (Evans & Marcynyszyn, 2010). In disorderly family units, most of the procedures happen in a microenvironment that comes up short on a feeling of consistency and security that highlights the condition that has been appeared to advance youngster improvement (Boyce, 1983). In another study, it was illustrated that in the family system routine patterns are very important for the healthy development of the child (Howe, 2002). Family rituals and routines are mainly associated with the behavior of a child and give them a feeling of security, belongingness, and personal identity (Steinglass et al., 1987).

Disorder inside the house may cause social trouble for adolescents. Numerous examinations have only analyzed the association of behavioral issues (externalizing) with household chaos (Deater-Deckard, 2009) while less focused on internalizing factors. In a study by Evans (2005), it was concluded that externalizing and internalizing issues are associated with the low socioeconomic status of an individual. Numerous researches and studies support the fact that the behavioral problems among adolescents are caused by the environment at home and chaotic situations they face at home most of the time (Kim et al., 2004). Environmental factors and chaotic homes are the major risk factors to the maladjustment of adolescents in their later life. Unexpectedly, numerous youngsters exhibit adaptability to relevant hazards, and these individuals may show no indications of early-rising psychopathology (Lengua, 2002). A developing proof base has analyzed different youngster attributes that help to shape the strength in unfavorable settings. Self-guideline is one of the factors utilized by the individual to meet their objectives (Flouri et al., 2014).

The factor of self-guideline is particularly applicable in natural settings where dissatisfaction and refusal feelings restrict the adolescents to build up their aptitude towards dealing with their consideration and practices (Eisenberg et al., 2004). Self-guideline may direct the connection between family unit confusion and conduct issues by relieving the experience of pain among youngsters living in clamorous home situations, along these lines permitting them to redirect or concentrate and vitality in versatile manners. Self-guideline may likewise serve to temper passion and conduct reactions to stretch, encourage the utilization of progressively successful adapting aptitudes (Lengua et al., 2008).

However, there are many studies and literature present on household chaos and related consequences on adolescents but still, it is not clear that what the conceptual meaning of chaos is. There is always a question that remains about environmental chaos that how, when, and under what conditions they affect the children (Shonkoff, 2010). Following the ecobiodevelopmental model (Shonkoff, 2010; Shonkoff & Garner, 2012) and earlier examination, it was theorized that well-defined territory encounters to chaos (neighborhood issues, housing condition, relationships, and insecurity at living place) had a novel relationship with the development of adolescents, concentrating especially on child's physical, mental and emotional wellness. Chaos related to home and environment during early stages is more emphatically connected with the physical and psychological well-being of adolescents than at later stage. Biological risk factors when combining with the environmental and household chaos predicted the consequences on the development of the child, parental affectability and suffering and will intervene to the direct association between child development and chaos.

In the development of an individual, family setting and home environment play an important role and also affect their behavior, mental health, social functioning, and emotional stability (Nurmi, 1991). In a chaotic home environment, stability becomes part of family quality and teenagers try to learn positive behavior and mastery through the chaotic

environment for their future and adulthood life (Jaffee et al., 2012). Long-term exposure to a chaotic home environment makes them stable and passionate to take the environment as a challenge. This is very important for individuals to learn the potential attitude for their future because without any goals for the future they cannot use any resources for their development in society (Eccles et al., 2003; Nurmi, 1991). At this time, the parents can guide their offsprings for their future directions and give them advice and counseling (Parke et al., 2006).

Dumas and associates (2005) carried out two types of research with tests of pre-schoolers and young teenagers and found in both cases that behavioral problems were raised by the household chaos in the family system. In another study, it was found that youngsters who were raised in conflicting home conditions (lack of organization and routine at home environment) generally show a lower level of social skills and more significant levels of behavioral issues (Dumas & Serketich, 1995). Researchers consider family chaos as a significant factor to recognize mediators in a family system (Ackerman & Brown, 2010; Fiese & Winter, 2010).

According to the previous literature, it has been observed that not only socioeconomic status can be a reason for household chaos but also the self-report on chaos given by parents appeared to be valid and reliable in addition to chaos factors (Dumas, 2005). Another consistent finding reports that chaos at home is associated with parents and individual's cognitive characteristics (Belsky, 1984). One of the findings showed that the report given by parents on CHAOS scale explains that household chaos affects their intellectual function (Asbury & Plomin, 2005) and instigate some behavioral issues such as aggression and delinquency among children (Coldwell et al., 2006). Tus-Sabah (2010) conducted research in Pakistan with school children to examine the household chaos effect on cognitive ability and socioemotional adjustment of children. The results indicated that home chaos increse behavioral problems,

harms study skills, and adjustment factors. The children with a chaotic home environment have low academic achievement.

2.2 Mental Health

Mental health is defined as a state of complete well-being of an individual without any mental disorder. Mental health term has two domains, psychological wellbeing, and psychological distress. Psychological wellbeing is all about the sense of mastery, optimism, interest, and attitude of an individual while psychological distress is referred to the disorder such as anxiety, depression, and stress. For all individuals, mental, physical, and social wellbeing is fundamental and twisted strands of life. As our insight about this relationship develops, it ends up being consistently significant that psychological wellbeing is crucial for the overall welfare of individuals, societies, and countries. Certainly, mental wellbeing can be defined as a state of flourishing enabling individuals to comprehend their abilities, adjust to the normal concerns of life, work benefit, and usefulness, and make a dedication to their organizations. Unfortunately, in most part of the world mental wellbeing and mental issues have been not taken as critically as physical wellbeing. On the other hand, they have been generally disregarded or neglected. Basic cognitive and social skills are the main components of mental health (Artero, 2001). Social skills are used to communicate with people verbally or non-verbally while cognitive skills are related to problem-solving, attention, and deciding everyday life (Gigi, 2014). All these skills are interconnected and used to perform a daily aspect of life. Any impairment or disturbance which affects the mental health functioning may lead towards the severity of mental health issues (Moritz, 1995).

Mental health includes our social, emotional, and psychological well-being. It influences how we think, feel, and act. Mental health and well-being are always characterized as the absence of mental problems. The positive component of mental health is featured in

WHO's definition of wellbeing that is a state of complete physical, mental and social success and not just the exclusion of illness (WHO, 2004). Ideas of mental health fuse dynamic flourishing, self-efficacy, autonomy, wellness, intergenerational dependence, and affirmation of the ability to comprehend one's mental and emotive potential. It has been defined as a state of flourishing where individuals see their abilities, can adjust to the common concerns of life, work beneficially and gainfully, and make a pledge to their organizations. Psychological wellness is all about overhauling the abilities of individuals and networks and engaging them to achieve their self-chose targets. Emotional well-being should be a concern for us rather than only for the people who experience the poor impacts of a mental issue. Another important component of mental health is emotional regulation which is the ability to recognize and express one's own emotions (Gross, 1995).

The mental health issue is a big challenge for everyone at the global level. More or less every individual is facing mental health problems. However, the risk level among poor people, needy, jobless people, people with less education, a victim of cruelty, emigrants and exiles, native populaces, youngsters and youths, mistreated ladies by men and the dismissed old is high. As the concept of mental, physical, and social wellbeing develops, it becomes clearer that mental health is very important for the people, societies, nations, and individuals rely on this directly or indirectly. The idea of psychological well-being has been characterized in a variety of ways. Some have underscored adherence to social standards (i.e., doing what one's way of life recommends "should" be finished). Others have underscored what is generally normal in a given culture. Others still have concentrated on emotional wellness as a self-realization that couple of individuals ever accomplish (Davison & Neale, 1990). Adult psychological well-being is characterized as being capable (a) to work innovatively and beneficially, (b) to identify with others in a commonly satisfying way, and (c) to feel good when alone, generally by building up a rich and satisfying internal life (Gilmore, 1973).

Adolescence is a very sensitive period in which most individuals got affected by psychological, emotional, and social factors. The defined age period of adolescence is 10 to 19 years, in which cultural and environmental factors influence the most. Youth is the phase at which most mental issues, regularly identified for the first time in later life, start. Youngsters have a high pace of self-damage, and self-destruction is a main source of death among adolescents. A solid connection exists between poor psychological well-being and worries for youngsters, outstandingly with instructive accomplishments, substance use and misuse, brutality, and regenerative and sexual wellbeing. The hazard factors for mental issues are entrenched, and considerable advancement has been made in creating effective intercessions for such issues. However, needs for psychological wellness at the administration level are neglected even after wealthier social orders and the pace of neglected need is about 100% in many creative nations. Moreover, there is a shortage of mediations to prevent mental issues and advance psychological well-being (Cocozza, 1992).

The idea of psychological well-being has been characterized in many ways. According to some researchers, cultural norms or social standards are strongly connected with mental health while others have highlighted what is generally normal in a given culture. Many researchers despite everything have concentrated on psychological wellness as an ideal (e.g., self-realization) that couple of individuals ever accomplish (Davison & Neale, 1990). The term mental health is not associated with the absence of mental illness. It is merely related to the normal functioning, emotional states, and well-being of an individual (WHO, 2004). Adolescents who suffer from household chaos pertain to be affected with mental health. These findings are consistent with research conducted by Klemfuss (2018) to examine the effect of household chaos on mental health.

Previous literature has shown that household chaos affects psychological wellbeing (Deater-Deckard et al., 2012). The theory of chaos explains that psychological wellbeing gets

affected by the harmful risk factors of chaos in adolescents (Gonzales et al., 2007). On the other hand, psychological distress showed a significant positive correlation with household chaos. A previous study also revealed that a crowded home environment is correlated with psychological distress (Zvara et al., 2014). Research with identity patterns associated with mental health problems among Pakistani university students was conducted by Naz (2014) which indicates that identity has a relationship with personality factors and those factors affect mental health. Another research conducted by Alvi (2015) on mental health problems of the elderly. This research was conducted in urban and rural areas of central Punjab. Results of this study indicated that mental health problems are associated with discomfort at home, abuse, family behavior, financial issues, gender, age, social support, and undesirable events. These variables are major risk factors for mental health.

2.3 Social Adaptive Functioning

Social adaptive functioning is defined as the behavior and skills that are observable and measurable that develop freedom, social agreeableness, and personal satisfaction (Bellack, 1983; Matson & Hammer, 1996). These skills and behavior used to perform normal functioning in life (Marchetti & Campbell, 1990), and deficits have been firmly connected to psychopathology and other issues (Duncan, 1999; Jacobson, 1982). Social functioning is all about the relationship and communication skills, while adaptive functioning is referred to the skills which we use to perform on daily based duties. Social adaptive functioning having four domains, school performance, peer relationship, family relationship, and home duties or self-care. According to the developmental psychopathology framework, adaptive functioning is the acceptance of challenges even after loss and adjustment in the environment (Luthar, et al., 2000; Masten, 2001).

Adaptive functioning is multi-dimensional in nature. Adaptive functioning is a vital part of the development of an individual because it assesses the behavior, functioning, and potential of human beings in the way in which they perform (Tasse', 2012). Diverse versatile functioning models allocate relative implications to various areas (Thompson et al., 1999). American Association on Intellectual and Developmental Disabilities (AAIDD) extensively characterizes versatile practices as experiential, helpful, reasonable, and social aptitudes that an individual figured out to work satisfactorily in their lives (AAIDD, 2010). AAIDD proposed three center classes of adaptive skills each with a few subcategories. The fundamental groups incorporate essential informative ideas gained by a person after some time; useful abilities, comprising of everyday fundamental abilities that people participate in over a life expectancy; and social aptitudes, including the social correspondences and relational connections, which one creates and encounters over the long time (AAMR, 2002). As indicated by APA (2013), ICD (WHO, 1992), and AAIDD (2010), adaptive functioning is based on the cultural factor and emphasis the cultural behavior and demand concerning the individual's functioning.

Household chaos is associated with school performance and it is a risk factor that influences the adaptive functioning of adolescents (Brieant et al., 2017). Individuals with chaotic home environments exhibit low academic achievement and less adaptive behavior (Evans, 2006). Chaos in a home environment provides a poor condition for learning for a student (Johnson et al., 2008). Household chaos has also been found to be a mediator between parent-child relationships. Household chaos affects parenting and as a result of this worst outcome of child behavior observed (Marsh et al., 2020). For the daily demands and responsibilities as a parent, sibling, guardian, worker, a student, an individual deal with these through an effective means of adaptive functioning. Two essential elements of adaptive functioning are similar to domestic autonomy and social duty. Adaptive functioning can be measured through tests and assessments that focus on an individual's relationships, work,

teaching, substance use, mental health issues and coping skills. Past investigations of patients with concentration and hyperactivity issues suggest that people with indistinguishable IQs may have different degrees of aptitudes in finishing ordinary tasks and requirements and required diverse treatment intends to improve adaptive working (Stavro, 2007).

Social adaptive functioning is defined as the process of cognitive, emotive, and linguistic qualities which represent the skills of a person (Price, 2002; Crowe, 2011), and these processes have a significant influence on the person's social, personal and scholarly life (Gonzálvez, 2019). This is an important concept that concerns the attachment and avoidance of school adolescents and associated issues (Gonzálvez, 2019). Social adaptive functioning is identified with academic transformation abilities and is considered an important defensive variable. It is considered that the relationship between attachment to school, refusal to attend school, absenteeism and so on has not yet been fully clarified in the literature. Indeed, scholars describe the effect of social adaptive functioning on the academic performance of individuals (Vicent & Talwar, 2017), negative companion and family connections (Davies & Kandel, 1982), helpless family connections, and effective variation in class (Fernandez, 2016).

The link between social adaptive functioning and refusal to attend school has been analysed through the different school refusal projects. School refusal profiles define the categories of students rejected at school by physical punishment, school denies by adverse reward, and non-school refusals. Researchers found that children refusing to go school had an elevated level of working in all four structures (school performance, peer relationship, family relationship, home duties/self-care) that comprised social adaptive functioning, while school refuses by reward system have a low level of social adaptive functioning especially in school functioning and relationship with peers and family. The results of these examinations suggest that there may be a close connection between social adaptive functioning and refusal to attend school. Social adaptive work may have a significant defensive capacity for school refusal. The

high level of social adaptive functioning among youth is believed to be an important factor shaping the issue of school attendance and low school participation. It is believed that further exploratory studies will address the relationship system of these factors and will provide the exact idea about the social adaptive functioning and school performances (González et al., 2019).

According to the researchers, three main areas which affect the adolescents significantly and give direction to them towards their self-determination are chaos, their mental health, and social adaptive functioning in the teenage period (Rasmussen et al., 2008). Among these important factors, a mental health problem is most sensitive to adolescents as it has a high rate of comorbidity with problems of melancholy, anxiety and nervousness. In addition, these psychological issues have all the labels of being long-lasting spreading over from youth (O'Connor et al., 2002) to youthfulness and adulthood (Barr et al., 2006). Social adaptive functioning skills comprise of aptitudes that individuals use to work in everyday life to satisfy the day-by-day needs of their condition, including environmental demands, home consideration, personal care, and collaborating with others (Spohr & Steinhausen, 1998). The shortfalls in emotional well-being, mental health, social abilities, and adaptive functioning significantly affect how young people with household chaos manage their change to adulthood, and keep on affecting them well into adulthood. In a study of Kamphaus (1987) and Harrison (1987), they found that adaptive functional correlates with the measure of non-academic criteria in which salary, organization work, performed at home, rating in school adjustment are included.

Previous research was conducted with youth and the results suggest that social and adaptive functioning is associated with academic performance, behavior, mental health, social competence, and wellbeing of an individual (Buckner et al., 2009). Social adaptive functioning is understood to be a variety of assessments that include social understanding, social skills,

practices and communications (Beauchamp & Anderson, 2010). Along these lines, social adaptive functioning mentions the wide development incorporating psychological, passionate, and semantic abilities (Crowe et al., 2011). Social working troubles are connected with various kinds of mental issues, both disguising issues such as gloom or uneasiness, and externalizing issues such as conduct issues (Renouf et al., 1997). Subsequently, it is important to be able to use social work measures to recognize social gaps and adapt work to the early stages of human transformation of events. Despite this, the progress of measures evaluating social adaptive functioning using precise markers received limited consideration. Child and Adolescent Social and Adaptive Functioning Scale (CASAFS; Spence et al., 2000) is an explicitly created self-assessment measure to analyze the social adaptive functioning of youth in the areas of school performance, peer relationships, family relationships, and home care obligations/self-care.

2.4 Coping

Coping is defined as the behavioral and cognitive strategies that are used by individuals to manage and handle environmental stressors. Coping is a mechanism used to address behavior issues that cause stress. A multi-dimensional way of dealing with adaptation is expected to take three steps. It is a social response to harmful circumstances that instigate physiological pressure responses such as in the fight and flight model of Cannon (1929) response with an initiation of the thoughtful—adrenomedullary framework, response in trouble reaction with the trigger of the pituitary—adrenocortical process (Selye, 1950) and activation of other neuroendocrine networks (Henry & Stephens, 2020).

Many researchers characterise coping as having an impact on physiology with tension, stress or anxiety. It is stated that if a stressor triggers a physiological response and if an individual is occupied with a particular social reaction, then the physiological response showed by an individual with a social reaction is always greater than the original response. By

definition, then, the subject's reaction is a coping reaction (Dantzer, 1989). Coping is the individual response to a stress factor that reduces the usually hazardous physiological effects of this stress factor (Schouten & Wiepkema, 1991). As indicated by the above explanations, coping can be relegated both to aversive circumstances that can be expelled by the adapting reaction and to circumstances in which the destructive physiological changes can be lessened by the adapting reaction as the stressor cannot be evacuated. A number of researchers use the term coping just for the second type of circumstance. Responses to behavioural problems are twofold: active coping and passive coping (Von-Holst, 1988).

The term 'cope' is characterized as follows: "Control of the stability of bodily reactions and state of mind. This control may be brief or prolonged. The inability to control mental and bodily reactions has adversely affected well-being" (Fraser & Broom, 1990) (p. 386). Their definition highlights the effective results of functioning of coping and compares the idea of coping not just the idea of stress, however more broadly to the idea of social adjustment. Furthermore, Wiepkema (1982) emphasises the connection between coping and social adjustment. In the study of the human brain, Lazarus and Folkman (1984, p. 141) characterize coping as a "continually changing psychological and physiological struggle to control external behavior as well as inner commands that are assessed as burdening or surpassing the capabilities of the individual".

Coping can be described as a principle of work, acceptance or reduction of internal or external stressors that an individual considers to be beyond existing capabilities (Folkman & Lazarus, 1980, 1991). Most current measures of coping formed upon the issues and emotional feelings are recommended by Folkman and Lazarus (1980). Two coping mechanisms or strategies, emotion and problem-focused are described by Folkman and Lazarus. An individual will utilize the emotion-focused method of coping if the circumstance is assessed as unmanageable or difficult to change. Problem-focused coping modes are utilized when an

individual assesses an alarming circumstance as being able to overcome through activity. Problem-focused coping modes are used to solve and minimize stressful situations while emotion-focused coping mechanisms are used to manage self-esteem, imagination, and other activities related to self-regulation (Parker & Endler, 1996). Levine (1978, p. 6) states that "there is a difference between coping and habituation, as an individual response toward the stimuli till it remains alarming and aversive, however, the living being no longer reacts to them" and Ödberg (1989, p. 229) characterizes coping as decrease or reduce the harmful effect of the stress even though the discrepancy is equitably still present.

2.5 Coping Strategies

Coping strategies are the mechanism used by an individual to cope with stressful events. The process or activity of coping strategies to cope with stress and stressful events becoming drastically more interesting for people from many years (Moos, 1986). The beginning stage for this exploration is the reasonable investigation of stress and coping offered by Lazarus in 1966. Lazarus (1996) postulates that stress comprises three cycles. Primary appraisal, secondary appraisal, and coping are the processes to manage stress. In primary appraisal, an individual perceives the stress as a threat or challenge for him or her. Secondary appraisal involves the response and evolution toward the stressors which an individual feels are harmful to him or her. Coping is the way toward executing that reaction. Even though these cycles are most effectively depicted as a fixed pattern of dispositions, Lazarus has highlighted that they do not happen in a whole series. Alternatively, maybe, a result of one cycle may invoke a previous cycle. For example, understanding that a sufficient coping reaction is instantly accessible may cause you to reappraise a risk as less unsafe. As another model, if an adapting response is less serviceable than expected, you might reappraise the level of risk or reappraise what fits as a response to handle

Lazarus and his associates built up a measure “Ways of Coping” to examine the action of coping (Lazarus & Folkman, 1980). It is a general observation that, in a stressful situation an individual response, according to his or her thought about coping strategy. This measure includes the content in a sequence that declares the thought of an individual related to coping mechanisms. Ways of coping scale consisted of yes or no response categories and has two domains, problem-focused coping and emotion-focused coping. The respondents were demonstrated that they can give responses about the coping they used either on yes or no categories or by giving ratings on multiple scales. Problem-focused coping is a primary coping mechanism that focuses on problem-solving and critical thinking or planning to adjust the causes of stress. Emotion-focused coping is the second coping mechanism that is planned for diminishing or dealing with the continuous level of emotional stress that is related to (or prompted by) the circumstance. Both categories, problem-focused and emotion-focused coping is significant, according to the mechanism used by an individual. Stressors evoke problem-focused coping when an individual feels that a problem can be solved by finding a solution while emotion-focused coping works when an individual feels that stressor can be managed by minimizing the negative consequences (Lazarus & Folkman, 1980).

According to the researches it has proven that the measure of coping (Ways of Coping) is too simple and ordinary measures those reactions which are rated on multiple factors instead of only two (yes or no) (Aldwin & Revenson, 1987). Commonly it is observed by the researchers that among the factors, emotion-based coping has more variations than problem-focused coping. Variations among these factors need further exploration. For example, emotion-focused coping includes refusal, others include a good re-evaluation of occasions, and the searching out of social help. These reactions are altogether different from one another, and they may have altogether different results on the dealing with an individual with stress. Appropriate assessment of problem-focused coping mode is also needed (Scheier et al., 1986).

Problem-focused coping, for the first time the process possibly includes a few particular exercises: looking for help, making a direct move, arranging, screening out different exercises, and here and there driving oneself to hold up before acting. To understand the activities of problem-focused coping, one needs to study and measure each activity separately. Different ways to measure each activity can be used to find out the diversity among them.

The most intensive and thorough definition of coping given by Folkman is, "a connection between the individual and the condition that is assessed by the individual as surpassing their capabilities for the well-being which is threatening (Folkman, 1984). About this explanation, she defines coping as an intellectual functioning and behavioral act that gives the direction to reduce, tolerate stressful situations, and manage internal and external pressure (Folkman, operation cit).. One major goal of coping is to minimize the stress level and find out the ways to solve the problem. Coping skills are a mixture of coping strategies and coping styles which are practicable to reduce the stressors. Coping style is a blend of attributional style (locus of control, pessimistic or optimistic point of view toward finding an answer, and how to perceive stressors) and character qualities, for example, hazard resistance, feeling of self-adequacy, and observation or extroversion. Coping techniques use the collection of reactions to the pressure that the individual has access to and can utilize effectively. Coping is a way to manage the stressors and reduce the level of threat. The coping mechanism tries to resolve the discrepancies between the demands and the available recourses to manage the stressors. This cycle can be a reaction to an unpleasant occasion evaluated as a danger, challenge, or threat (Lazarus, 1993)

To measure the coping strategies, cognitive, behavioral, and effective coping strategies are used to assess the level of stress, and many techniques like interviews, observation, and other standardized instruments are used to measure the stress (Brown & Harris, 1978). The coping strategies are different from other inventories like personality measurements and

behavioral techniques (Murphy & Moriarty, 1976). Other inventories only measure the overall factors, while coping strategies measure the stress according to the specific strategies (Byrne, 1964; Millon, 1969). Though the development of both the inventories, coping and personality based on the two main concerns which are empirical and theoretical (Pearlin & Schooler, 1978). The development of personality inventories is based on theoretical consideration while the development of coping strategies, inventory is based on empirical consideration. Researchers on the methodologies of coping and on the concept of coping have little agreement. In this research, the concept of coping depends on a pattern proposed by Lazarus in which coping is seen as a reaction to see the pressure and characterized as behavioral and cognitive methods used by an individual to manage the internal and external demands created by stressors (Lazarus & Folkman, 1984).

Lazarus and his colleagues classified four fundamental methods of coping which are inhibition of action, instrumental strategies, information seeking and intrapsychic strategies (Lazarus & Launier, 1978). Instrumental techniques are coordinated towards dealing with the danger or stressor itself while intrapsychic methodologies are used to minimize the enthusiastic pain. Inhibition of action refers to the capacity for an action to improve the probability of mischief, threat, or conflict with moral restrictions. Information seeking strategy includes the instrumental action of increasing a reason for activity and is a type of help activation to maintain the continuous emotional stress. Even though this definition without a doubt does exclude the whole universe of potential adapting techniques and explicitly avoids the defensive strategies, these models might be sufficiently wide to reflect the character contrasts yet explicit enough to be delicate to situational contrasts. More extensive studies, both problem focused coping and emotion focused coping strategy deals with stress and emotional consequences with cognitive and behavioral mechanisms (Lazarus & Folkman, 1984).

Coping Orientation to Problem Experience (COPE) inventory built up by Carver, Scheier, and Weintraub (1989), which includes the factors like nature and control of an individual and how they cope with stress and manage the pressure caused by stressors. The COPE inventory consists of 15 strategies which are groups of problem-focused and emotion-focused coping and their subfactors. Problem-focused coping includes (arranging, functioning coping, prevention of challenging activities, restriction, and looking for social help for instrumental reasons), the emotion-focused coping strategy includes (looking for social help for enthusiastic reasons, good re-evaluation, humor, acknowledgment, and religion) while maladaptive emotion-focused coping includes (refusal, separation, conduct withdrawal, releasing of emotional of feelings, and utilization of medications and alcohol use) (Carver, 1989). COPE inventory has factor examination which is commonly reliable with the fundamental scale structure and COPE inventory has discriminant and divergent validity which are acceptable (Deisinger et al., 1996).

Research related to coping strategies was conducted by Saeed (2010) with the Pakistani population to find out the most useful coping strategy in relationship with daily stressors and adjustment of adolescents. According to the results, a problem-focused coping strategy is more important and dominant than compared to emotion-focused coping strategy. Results indicated that each category of coping is used for specific stressors. Another research with coping strategies was the engagement coping and perceived availability of social support among chronically ill patients and the moderating role of positive religious coping (Siddique, 2011). Results found for this research indicate that positive religious coping and social support have a significant moderating role in poor physical wellbeing and depression. Research has been done on the comparison of male and female faculty members with positive thinking, coping with daily stressors, and health (Naseem, 2012). According to the results obtained from this study, positive thinking and problem-focused coping have a significant relationship with

stressors and health. Another research was conducted with parenting practices and behavioral problems among adolescents having parents with psychopathology and the role of effortful control and adolescent's coping as moderators (Sabih, 2018). According to the research findings, the effortful control and coping techniques used by adolescents have a significant association with behavioral problems.

Coping strategies like problem-focused coping with effortful control, mitigate the negative impact of parenting practices. The results also indicate that religious coping, problem-focused coping, denial, and effortful control play an important and moderating role in externalizing behavior and positive parenting. Although the avoidant coping strategy does not indicate the impact on parenting and behavior problems. Males and females both are living under an enormous number of stressors in Pakistan. Environmental stressors along with social stressors are affecting the mental health of individuals. The social, moral, and academic learning of adolescents is also affected by these stressors. Adolescents are struggling for better survival in society. Individuals are getting workaholics in their professions to excel the healthy survival and maintain healthy interpersonal relationships (Alveson & Billing, 1997).

2.6 Coping and Mental Health

Coping strategies used to minimize the negative feelings caused by stressful events (Zaman & Ali, 2014). Modes of coping strategies declare which one is most effective coping, and how well problems are resolved with coping strategy, which coping strategy inhibit the upcoming difficulties, or relieve emotional suffering (Felton & Revenson, 1984). Inconsistent results were produced because of some studies that have observed the relation of coping with mental health issues. For example, one research with coping strategies reveals that problem-focused coping declines the emotional suffering of the individual whereas emotion-focused coping increases it (Mitchell et al., 1983). However, other authors have described the opposite

outline for coping (Baum et al., 1983) such as control-oriented coping style is also effective to reduce distress (Marrero, 1982). Other research also reveals that problem-focused coping had a slight effect on emotional suffering, but it decreases upcoming issues (Menaghan, 1982). Therefore, one most important coping strategy is important to describe is the magic bullet coping strategy through which problems can be solved quickly and can maintain the equilibrium state. Several factors can affect the relationship between mental healths and cope such as the category of the problem confronted and the degree of stress experience (Pearlin & Schooler, 1978). Dealing with emotional distress is frequently used to assess the efficiency of coping. One factor which is distress may disturb the cope and the effectiveness of the strategy (Felton & Revenson, 1984). Possibly the significant facilitating factor is rarely examined the consequence of the coping effects on the problem. The usefulness and effectiveness of coping strategies for mental health and well-being depends on the situation in which how effectively coping strategy works to reduce the psychological symptoms.

At early young age an individual moves toward adulthood without suffering from any major problems, while during childhood to adolescence period, many stressful changes occur (Bolognini et al., 1993). Insight of this fact, one might inquire whether fitness professionals and concerned parents have overstated the distressing character of this period of evolution. As stated by Bush and Simmons (1987) that many people between age 12 and 18 years around the world are coping very well with the psychological, physiological, and social variations they encounter. Thus, a curiosity has appeared in these coping policies which are particularly used for early adolescents. Coping is a set of cognitions and actions that permits individuals to bear avoid or lessen the effects of stress. On the basis of Billings and Moos's classification (1982), coping strategies can be distributed into three main groups. Researchers have identified the presence of three elementary functions of coping: (1) direct action to remove or reduce demand and enhance the resources to succeed demands in problem-focused coping (2) redefining

demands to make them more controllable in appraisal-focused coping (3) managing the pressure which is felt as a consequence of facing demands in emotion-focused coping (Pearlin & Schooler, 1978; Kessler et al., 1985).

The division of coping strategies is often limited to three categories which are problem-focused, emotion-focused, and dysfunctional coping. The first category with reference to mental health includes the actions such as solving the issues, focus on positivity, and no worries about the situation. The second emotion-focused category helps to regulate the emotions by seeking information and social support (Tolor & Fehon, 1987), and the third is dysfunctional coping trying to act in another way such as avoiding stressful situations (Compas, 1988; Glyshaw, 1989). Although it is not clear that whether one coping tactic is better than another. However, it has been revealed that the relationship between problem-oriented coping style and mental well-being is more dominant than the emotion-oriented coping style (Seiffge-Krenke, 1990).

Previous literature has shown that higher use of problem-focused coping predicts psychological wellbeing (Cai et al., 2020). An adaptive coping strategy highlights the problem-solving technique through which the stress level and adverse outcomes of stress can reduce and enhance mental well-being. For example, in previous studies with teenagers and adults, support seeking (Gould et al., 2004), programming (Aldridge & Roesch, 2008), and understanding confidently (Stewart et al., 1997), as well as interpretation of problems (Khurana & Romer, 2012) were each related to the reduction of mental health issues and increase the capabilities to deal with mental health issues. Emotion-focused coping decreases the stress level and contributes to enhancing the psychological wellbeing (Jang et al., 2019). Avoidance coping or dysfunctional coping strategy is related to depressive symptoms and poor adaptation or maladjustment (Griffith et al., 2000).

2.7 Coping with household chaos

Individuals used coping strategies to avoid the pain or suffering caused by stressors (Pearlin & Schooler, 1978). Coping strategies are used to deal with tension created by household chaos. Many of the researches have been done with the strategies which people used to deal with chaos and most researchers focus on the coping strategies which an individual used to manage the stressors (Bird & Schnurman-Crook, 2005). Coping strategies used by an individual are an obvious concept concerning the response towards the stressors. Individual coping is a clear concept while family interference is more complex as it includes the resources, family system, and behaviors. This is particularly obvious on account of aggravations in males and females, who frequently face difficulties at home (Middleton, 2004).

However, there are varieties of coping strategies used by an individual to cope with stressors. By concerning the household chaos stressors two broad categories were identified as problem-focused coping and emotion-focused coping. It is a common perception that household chaos disturbs the cognition of an individual and the problem-focused coping strategy works to deal with the disturbing thought patterns and resolve the tension. A problem-focused coping strategy is a technique used to change the cognition which affects the person and environment setting (Middleton, 2004). Problem-focused coping in the context of family coping includes the family structure changes, work with the role of family members and family demands (Elman & Gilbert, 1984) employ outside help to family members (Skinner & McCubbin, 1987). However, emotion-focused coping regulate the emotions of an individual which boost up by the stressful situation (Kahn, 1964). With reference to the family coping while using the dysfunctional coping techniques, it includes the escape from a stressful situation and avoids the problem (Havlovic & Keenan, 1991), positive thinking, sacrifice for the family, and management of psychological well-being (Skinner & McCubbin, 1987; Hall, 1972). Both strategies of coping are important for the management of household chaos, but

problem-focused coping is worthy because of the focus on the well-being of individuals by their selves (Thoits, 1994).

2.8 Coping and social adaptive functioning

Compas and associates present a model that describes coping as a mechanism to deal with stress and coping as a set of strategies to respond to stressors (Compas et al., 1997 & Welch, 1997). The authors suggest a framework in a hierarchy that at the first and most elevated level makes a differentiation between reactions to stress that are effortful versus automatic. Voluntary or effortful control is a response towards the stressor and according to their observation it become increase after so many encounters with the stressor in an involuntary control condition. On the other hand, involuntary or automatic reactions are both psychological and behavioral responses to stressors that are experienced by the person as unexpected or not under the control of an individual. These reactions to stress are not predefined as effortful or automatic and through frequent practice, these effortful cycles can be experienced as automatic. Automatic reactions to stress can sometimes be brought under close to personal and subsequently effortful control. In talking about this differentiation, researchers claim that the development of coping ought to be restricted to those reactions to stress that are effortful. In this perspective, they disagree with Skinner and Wellborn's (1994) choice to conceptualize coping as a nonvolitional or noneffortful response.

At the second degree of the hierarchal order, the reactions to stressors deal by the two mechanisms such as engagement versus withdrawal from the stressors. Another way to deal with the stressor is commitment versus separation from the stressor. Engagement reactions or committal responses are arranged towards either the difficult relationship with the environment or one's emotional reactions towards stressors. Withdrawal or separation reactions are coordinated away from the unpleasant relationship with the environment or one's emotional

reactions (Compas, 1997). In the literature, these refinements were made for both effortful and automatic reactions and are related to the essential measurement of approach-avoidance theory (Billings & Moos, 1981). Authors hypothesized that both effortful and automatic reactions with engagement and disengagement mechanisms are related with more prominent signs such as effortful engagement reactions are anticipated to be related with lower indications of stressors (Ebata & Moos, 1991).

Researchers are trying to find out the ways which can be helpful to deal with risky situations. The authors believed that the measurements to deal with chaos should be empirically determined. The points to noticeable refinements are highlighted in the literature: (1) those that are concerned with the objectives of the person (primary control vs. secondary control coping) (Rothbaum et al., 1982) (2) responses that can be self-versus external focused (Nolen-Hoeksema & Morrow, 1993) on rumination (self-focused) and diversion (external focused) (Pyszczynski & Greenberg, 1987) investigate on depressive self-focusing styles taking after disappointments (Hamilton, & Nix, 1991) (3) the differentiation between responses related to cognitive and behavioral reactions (Ebata & Moos, 1991) and (4) in coping the use of personal versus social resources differentiation. It ought to be famous that numerous of these distinctions as problem-focused vs. emotion-focused coping and primary control vs. secondary control, coping would apply to the coping response that is effortful reactions to stress.

Problem-focused coping has a significant positive correlation with school performance and self-efficacy (Taiwo, 2015). Emotion-focused coping buffer the student's stress level and prepare them for adverse events and its outcomes (Riolli et al., 2012). In another study findings suggest that, emotion-focused coping help the students to regulate their negative emotions that were affected by the failure in the study (Tuazon, 2014). Previous literature findings conclude that inadequate use of coping strategies produced a range of problems among adolescents. The

dysfunctional coping mechanism used by a student leads to failure in exams, anxiety, violence, and poor academic performance (Kovacs, 1997).

2.9 Socioeconomic status

Demographic factors also contribute in perception of household chaos, mental health, and social adaptive functioning. A study was conducted to see the effect of household chaos and SES on the executive functioning of individuals (Micalizzi et al., 2019). Adolescents who have a high level of household chaos and SES factor seems to be poor in their executive functioning and school readiness (Blair & Raver, 2015). Chaos at home and SES has a direct effect on children's school readiness issues (Sarsour et al., 2011). It was revealed that children who belong to families with low SES show slow development as compared to peers with higher- SES (Browne et al., 2018). Socioeconomic status is a key factor for academic achievement. Individuals with the poverty line appeared to be poor in academic achievement (Sirin, 2005). Evidence showed that SES indirectly affects the social adaptive functioning of adolescents (Dilworth-Barth, 2012). Poor executive functioning is related to the vulnerable environments such as SES (Blair, 2010). It was examined in one study that higher SES is related to better social adaptive functioning and academic achievement (Fitzpatrick et al., 2014).

In a study with SES and mental health issues, it was observed that SES is associated with mental health illness among different populations or cultures (Cockerham, 1990). A survey was conducted by UNICEF in 2005 to see the effect of SES on mental health issues. It was examined that the status of poverty is related to the well-being of adolescents. Socioeconomic disparities are the main reason for mental health issues among children and adolescents (Currie et al, 2008). Individuals with low SES are more prone to mental health issues due to a lack of medical care providence (Newacheck et al., 1996). A review-based study

conducted by Kessler et al., (2005) revealed that children with low SES reported mental health problems and are associated with deprivation of health and economic position in adulthood.

2.10 Family System

It is a common perception that the home environment is a key element for children's mental health, emotional stability, healthy growth, social functioning, and behavioral health. Families that provide a healthy environment and opportunities to their children result in acquire behavior and maintenance of their wellbeing (Mental Health Council, 1996). A chaotic home environment is when there is a crowd, noise, irregularity, and disturbance present. Family members in a home and noises affect the academic performance of an individual (Quaid et al., 2001). In a study conducted by Shamama-Tus-Sabah (2010), it was examined that the extended family system is associated with an elevated level of household chaos. Results revealed that adolescents with joint family systems pertain to be affected by household chaos. In a family system where a lack of communication occurs between parents and children, mental health issues arise. Lack of interaction is a factor in a nuclear and joint family system (Vincent, 1967). Mental health crises are linked with the family system. In Pakistani society children experience both family system: nuclear and joint. Family system impacts on their behavior, mental health, physical health, academic performance, and personality as well (Bilal et al., 2013).

2.11 Theoretical Framework

Regarding the concept of coping, most of the researchers put forth their arguments and say that certain attempts that are related to cognitive and behavioral aspects to decrease the number of threats that are caused by the harsh circumstances are known as coping (Gruen & DeLongis, 1986; Chang & Strunk, 1999; Monat, 2007). Coping is further defined as a source through which people make use of their brain, feel the circumstances and then act accordingly just for the sake of the cause (Lazarus, 1999). The phenomenon of coping further plays a major

role in controlling certain situations and it is figured out by dynamics and certain changes that are the major function of the continued assessments and the evaluation of the relationship of people in an environment (Folkman et al., 1986). To check the effectiveness of coping, it is revealed that coping is based upon the similarity between certain styles of coping and other different variables in the process of stress coping. It also includes the customs, beliefs, and values of a person (Folkman et al., 1979).

Lazarus (1966) has defined the three processes of stress that include the primary appraisal, secondary appraisal, and then coping. To perceive stress is, considered as a primary appraisal. The forming of the response of individuals against stress is, considered secondary appraisal and when individuals start applying certain responses against threats then it is, considered as coping. The oscillation occurs frequently in these processes. This concept of coping portrays that effort is required to cope up with stress that occurs continuously with time.

Two types of coping styles are proposed by Folkman and Lazarus (1980) and these include problem-focused coping and emotion-focused coping. The solutions of the problems are considered under the aspect of problem-focused, whereas the emotion-focused style is considered as a way to manage emotional distress. Both types of given coping are elicited by the stressors. It is dependent upon the situation and nature of stress to decide about the type of coping style to decrease aftereffects of stress. Furthermore, the first type of coping style is problem-focused comes under consideration when people are motivated to change the current circumstances and control the situation whereas the second type that is emotion-focused is considered when people feel demotivation and suppose that situation is not in their control. Problem-focused coping has certain positive interpretations such as growth, instrumental support, self-believing, and planning whereas emotional focused consists of emotion venting and emotional support usage.

There are four other perspectives to understand the concept of coping. These four perspectives include evolutionary theory and behavioral adaptation, life cycle theories related to the development of humans, psychoanalytic concepts about personal growth, and case studies related to the management of the different crises in life.

Evolutionary theory and behavioral adaptations

The theory of evolution proposed by Darwin evaluated the adaptation process concerning the environment. Two specific central elements are included in the theory of Darwin and these two elements are the natural selection and variations of different living organisms. The internal variable factor is considered as creative and a positive one and it is believed that diversity is produced from it that is required for the progress. The factor of the natural selection that is external in nature removes the variations, whether they are more harmful or less harmful. It has benefits for those who can develop and then reproduce.

Psychoanalytic concepts and personal growth

The Psychoanalytic perspective of Freud (1920) has explained this concept of coping concerning the cognitive and intrapsychic aspects. He has explained further that the processes of ego play a major role in resolving the conflicts existing between the impulses of individuals and the aspects of external reality. The processes of the ego are based upon the cognitive mechanism. The major functions of this mechanism include emotion-focused and defensive.

Development of life cycle theories

An aspect is taken in contrast with the psychoanalytic theories that portray that in infancy to the events and mechanisms of life have a strong relationship with the personality formation of the adults, whereas the contradictory aspect, such as developmental approaches believe the slow and gradual acquisition of certain resources in the overall lifespan. Erikson (1963) has described the eight stages of life and every stage has its challenges that should be faced courageously to cope up with the issues and move towards the next stage. The stage of

personal coping occurred during the period of adolescence and adulthood. Youngsters develop self-concept and builds up coping processes for adulthood period and for the old age. The viewpoint of the developmentalists portrays that decision or plan for a particular issue at one specific stage leaves a certain impact that is helpful in the resolution of a matter.

Coping with life crises and transitions

The detailed study of adaptation processes of crisis and issues of life and transitions has made people aware and raised interest in human competence and coping mechanism. The most attractive aspects include harrowing conditions and these conditions include death threat, malnutrition, forced labour, etc. of the war prisoners and concentration camps. Furthermore, the tale of endurance and resistance is explained well by the demanding and degrading experience of camping. Some other works in this specific field are more towards the stressors that include flood, kidnapping, rape victims, terrorism, death of a near and dear one, etc. (Moos, 1986). Some other studies have kept an eye on the fact that how individuals fall seriously ill with some life-threatening diseases or have some serious injury or go through some critical medical surgery (Moos, 1984). The results of these studies portray that many people can cope up with the dreadful crisis of life.

CHAPTER 3
METHODOLOGY

3.1 Introduction

The present study focused on examining the relationship between household chaos, mental health, and social adaptive functioning among adolescents. Moreover, it aimed at exploring the moderating role of coping strategies in the relation between household chaos, mental health, and social adaptive functioning. This section consists of research design used in the study, objectives, hypothesis testing, instruments, and statistical analyses.

3.2 Research Design

The current study was cross sectional and was planned for examining the impact of household chaos on adolescent's mental health and of social adaptive functioning, and to study the moderating role of coping strategies. To meet the objectives of the study the research was conducted in three parts. The first part was of translation and validation of the Children and Adolescents Social Adaptive Functioning Scale (CASAFS). Part II comprised of pilot testing and part III of research was the main study.

Part 1: Translation and Determination of Psychometric Properties of CASAF Scale

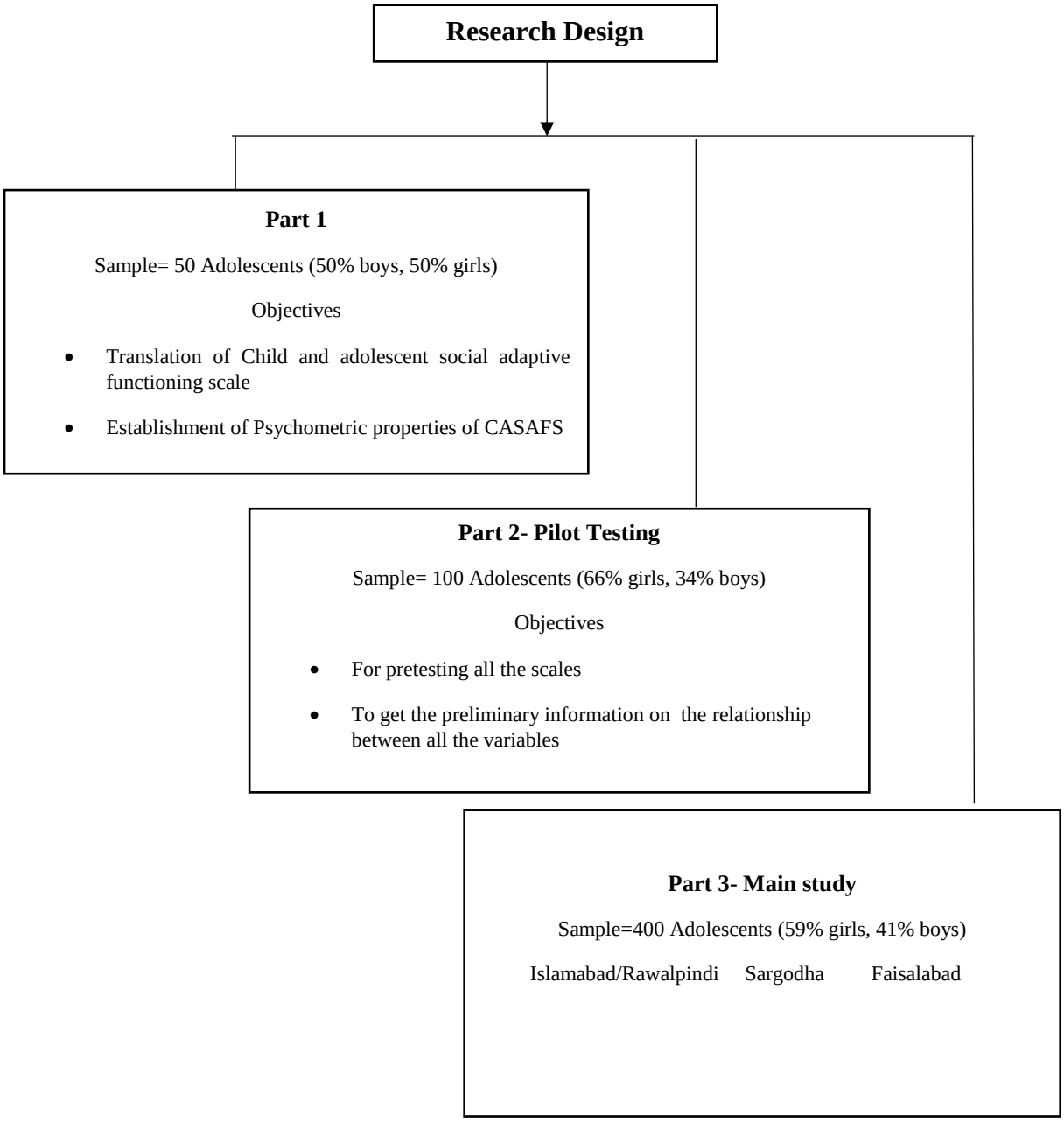
Child and Adolescent Social Adaptive Functioning Scale (CASAFS) was translated in Urdu in this part. Part I was carried out in three Phases; try out, translation, and determination of psychometric properties of the scale. This part of the present research was conducted to find out the applicability of the CASAFS (Spence, 2000) in Pakistani context.

The main objectives of the Part I were:

1. Translation of Child and Adolescent Social Adaptive Functioning Scale (CASAFS).
2. Determining the psychometric properties of CASAF scale.

Figure 2.1

Research Design of the Study



Phase I: Try out of CASAF Scale (N=10)

Try out phase was done on small sample to find out any difficulty in the items and understanding the content of the scale. The purpose of try out phase was to examine the face validly and to get comments of respondents about the scale items. A sample comprising 10 adolescents, age ranged between 10 to 19 years ($M_{age=}$ 17.20) was taken from Islamabad/Rawalpindi, Faisalabad and Sargodha as per convenient. The participation of all the participants was volunteer because it was a non-funded research. The sample included five girls and five boys. Participants less than 16 years of age were approached by considering ethical protocols regarding guardian/parents permission. After giving the questionnaire to the participants, they were briefly instructed about the scale and were asked to highlight any difficulty in comprehending the content of the scale. The participants were informed about the significance of their feedback. It was assured to the participants that their information and data will be kept confidential. They were also asked to point out any item that seems to them culturally inappropriate. They were also instructed to be precise in mentioning the words or statement that has some ambiguity.

From the comments of participants, it was observed that many of them faced difficulty in understanding the language. After taking the feedback it was decided that one item from the scale, item no 10 (I go to parties and school dances) found to be inappropriate according to our culture. With the permission of original author of the CASAFS (Spence, 2000) (See Appendix H), this item was modified in to new one (I go to school parties). It was decided on the basis of respondent's comments to translate the scale in Urdu and determine its psychometric properties. For this purpose, translation and adaptation of scale in to Urdu was carried out in phase II.

Phase II: Translation of Child and Adolescent Social Adaptive Functioning Scale

Translation of any instrument is not for obtaining data only, but for the similarity of items and scale with each other (Van de Vijver & Leung, 1997). On the basis of feedback received from the participants, it was decided to translate the scale so that participants can better understand the content and feel at ease while responding to the measure. Moreover, translation was done to keep uniformity of language among all the measures, as rest of the measures were already available in Urdu language and were also used by many investigators. Permission to translate the scale was taken from the original author of the scale (Spence, 2000) (See Appendix H). The procedure of translation of CASAFS was completed in two steps.

Following steps are involved in the back translation.

Step I: Forward Translation

Step II: Backward Translation

Step III: Cross Language Validation

Step I: Forward Translation

In this step, Urdu translation of Child and adolescent social adaptive functioning scale (CASAF) was executed. Forward translation refers to translating the scale from source to target language.

Bilingual Experts. For the translation of scale in Urdu, five bilingual experts were individually approached. The criteria for the bilingual experts was the command and understanding of both languages (English and Urdu). The experts chosen for the translation were professionals and had Masters and M. Phil degrees in the respective subjects. They were explained about objectives of the study and provided with required information for the translation. Experts were asked to translate the scale by keeping in view the statements and wording and to produce the translation which respondents can understand easily. They were

also requested to maintain the original content and meaning of item while translating the statement.

Committee Approach. After the translation procedure, a team of four members was called for committee approach. The committee consisted of three research scholars and one subject expert. The purpose of this committee approach was to select the best suitable and appropriate statement from the translated one. All the members had good command in both target and source language. They were requested to identify the best translated statement and evaluate the translated item. They analyzed all the translated items critically which are provided by the respondents and selected the final one for inclusion in the scale. The more closest and appropriate statement for translation was selected by keeping in view the context, grammar, meaning and wording. After selecting the closest statement to the original version, the translation was finalized (see Appendix D).

Step II: Backward Translation

The main purpose of back translation is to check the meaning, loss of words and difference in the target and source text (McGorry, 2000). The process of back translation involved translating the target language test back to the source language translated. The aim of back translation is to check the quality of translation from source language to target language (Brislin, 1976).

Bilingual Experts. To translate the Urdu version of scale back to English once again, three other bilingual experts were approached. They were proficient in both English and Urdu languages with minimum qualification: Masters and M. Phil in psychology, Urdu and English. They were totally unfamiliar with the original English version of Child and Adolescent Social Adaptive Functioning Scale (CASAF). They were requested to read the Urdu statements carefully and translate them in to English by keeping in view the meaning,

wording and context. After completion of the back translation, committee approach was carried out to evaluate the best translation.

Committee Approach. After the back translation of CASAFS, a committee consisted of four members were formed to choose and evaluate the best statement. Committee experts were research scholars and subject experts who evaluated the translated statements. They had to select the most appropriate statement from the source text to the target one. Expert evaluators scrutinized the translation and selected the best one that conveyed the meaning in real sense. After finalization of Urdu version of the scale, it was sent to the original author. Back translation was checked by the author and was used with his permission.

Step III: Cross Language Validation

In order to strengthen the effectiveness, ensuring the equivalence and to see whether original and translated versions convey the same meaning in both languages, cross language validity was established.

Sample. To meet the objectives of cross language validity, a target sample of 40 adolescents selected through convenience sampling was approached (50% boys and 50% girls). These adolescents had good command and sound comprehension of both languages (i.e., English and Urdu).

Procedure. The sample was divided into four equal groups. After division, two groups comprising of ten adolescents in each group were given original Child and Adolescents Social Adaptive Functioning Scale. On the other hand remaining two groups of ten adolescents in each group were given the translated Urdu version of CASAF scale. They were informed about the purpose of the research in general and specifically about this part of the study. They were given the instructions regarding how to attempt the questionnaires.

After ten days lapse same respondents were contacted again and were requested to respond on the questionnaires again. Adolescents in the first group were given the original

questionnaire again while those in second group were given the Urdu translated scale. Similarly those in the third group were given the same Urdu version of scales whereas adolescents of fourth group received the original questionnaire (i.e., English version). The underlying purpose of this activity was to mark the equivalence and discrepancies of both text languages (i.e., English and Urdu) in questionnaires.

Results. To establish the test-retest reliability of the Child and Adolescents Social Adaptive Functioning Scale was analysed by computing the correlation-coefficients of the respondents' scores across three different administrations.

Table 3.1

Retest-Reliabilities of English and Urdu version of Child and Adolescent Social and Adaptive Functioning Scale (CASAFS) (N=80)

Scale	1st Administration	2nd Administration	*n*	*r*
CASAFS	English	English	10	.72**
CASAFS	English	Urdu	10	.79**
CASAFS	Urdu	Urdu	10	.81**
CASAFS	Urdu	English	10	.73**

Note. CASAFS= Child and Adolescent Social and adaptive Functioning Scale
*p < .05.

Table 3.1 shows the alpha reliability coefficient of three versions of CASAFS which range from .72** to .81**. The highest reliability coefficient (.81) was found in the two Urdu translated version of original scale. This indicates the familiarity and good understanding of the local language by the respondents. The minimum correlation (.72) was found in back translated (English) and original version of the scale. This may be clarified as though respondents showed good command on English language but still they had better understanding

on their local language (Urdu). Overall results shown about in Table indicate that the translated version of CASAF scale is empirically equivalent to the original CASAF scale.

Phase III: Determination of the psychometric properties of CASAFS (Urdu Version)

It was essential to determine the psychometric properties of CASAFS before conducting the pilot study with Urdu translated scale. Scale should have sound internal consistency for reliable measure of a construct (Chen et al., 2004). Internal consistency is very important for any score, as reliability said to be the property of score not of measure (Thompson, 2003; Vacha-Haase, 1998). Reliability and item total correlation of CASAFS Urdu version was determined for this purpose. The acceptable alpha reliability for the present research was decided minimum .60, as below this range alpha is unacceptable for research (Kline, 2000).

The main objectives of this phase were:

1. To find out the alpha reliabilities of CASAFS and its subscales.
2. To find out the item total correlation of CASAFS.

Sample

Sample of 50 adolescent boys and girls (23 boys and 27girls) who were approached through convenience sampling. Age range of adolescents was between 10 to 19 years (*M*= 16.86, *SD*= 1.87). This age range for adolescence period has been given by World Health Organization (WHO, 2014).Inclusion criteria was being an adolescent student, as it was the requirement of scale. Respondents were contracted from three different cities Rawalpindi/Islamabad, Faisalabad and Sargodha. Demographics information of the sample included the education, socioeconomic status, and family system.

Instrument

Urdu version of Child and Adolescent Social and Adaptive Functioning Scale (CASAFS) translated in part I (phase II) of the study (See *Appendix D*).

Procedure

For the purpose of data collection, 50 participants were approached through convenience sampling. All the participants approached by the researcher personally who were enrolled in different institutions. They were briefed about the aim of study and basic instructions regarding how to respond on certain items. Participants were assured about the confidentiality and privacy of their information. They were requested to read each statement carefully and chose the appropriate answer which represent them accurately. Each individual took almost 50 minutes to complete the questionnaire.

Results

Given below statistical analysis were used to assess the Urdu version of CASAFS reliability.

1. Cronbach's Alpha Coefficient (α)
2. Item Total Correlation

Cronbach's Alpha Coefficient. Cronbach's alpha coefficient was calculated to find out the internal consistency of the scale.

Table 3.2 shows the descriptive statistics, with standard deviation and mean of subscales of CASAFS. Alpha reliability coefficient of CASAFS is .71 which is considerably average reliability of a scale. Alpha reliability of four subscales ranges between .62 and .70 which indicates a reliable measure to assess the social adaptive functioning in Pakistani sample. Values of skewness and kurtosis were within the acceptable range, thereby indicating the normality distribution of data.

Table 3.2

Descriptive Statistics and Alpha Reliability Coefficients of CASAFS (*N*=50)

Scale	Items	*M*	*SD*	α	Range		Skewness	Kurtosis
					Potential	Actual		
CASAFS	24	72.3	10.9	.71	24-96	50-80	.81	.37
School Performance	6	18.1	2.91	.68	6-24	13-24	.82	.04
Peer Relationships	6	16.6	2.65	.62	6-24	10-24	.66	.47
Family Relationships	6	19.4	3.21	.70	6-24	13-24	.24	.55
Home Duties/self-care	6	20.3	6.65	.66	6-24	12-24	.20	.97

Note: CASAFS= Child and Adolescent Social and Adaptive Functioning Scale

Item-Total Correlation of Scales. Item total correlation was find out to check the significant measure of respective construct.

Table 3.3

Item-Total Correlation of Child and Adolescent Social and Adaptive Functioning Scale (N=50)

Item No.	*r*	Item No.	*r*
1	.60**	13	.58**
2	.60**	14	.58**
3	.59**	15	.59**
4	.58**	16	.58**
5	.57**	17	.62**
6	.61**	18	.62**
7	.59**	19	.60**
8	.57**	20	.60**
9	.58**	21	.58**
11	.58**	2	.59**
10	.58**	22	.61**
12	.82**	24	.58**

***p < .01.*

Table 3.3 indicate the sum total correlation of Child and Adolescent Social Adaptive Functioning Scale. The values given in the table revealed that the inter item correlations value ranges from .57 to .82 ($p < .05$) and ($p < .01$).

Discussion. Part I of the research was carried out to come up with a measure that can be used to assess the social adaptive functioning of adolescents in indigenous context. Translation of the scale was done to achieve the comprehensibility of the scale and to make it more applicable in local context. Try out phase was carried out to check the suitability of scale in local setting. Moreover, psychometric properties of CASAFS was also determined by using descriptive statistics, alpha reliability coefficient and item total correlation. Sample for this part were adolescents with inclusion criteria of student as it was the requirement of the scale. CASAFS have one subscale "School performance" and response was taken by the students. Findings of the study indicated that translated scale has good reliability (.71) with subscales ranged from .62 to .70 which indicates the good understanding of respondents on local language. The result of item total correlation clearly indicates that scale has good internal consistency for the measurement of social adaptive functioning. Construct validity can be measured in order to see the cross language validity of Urdu version of CASAFS, as it was measured in the original version of scale. One potential limitation of Part I is small sample size, which can be improved by taking large sample for future research. In conclusion, findings shows that Urdu translated version of CASAFS is a reliable measure for assessment of social adaptive functioning in Pakistani context.

Part II: Pilot Study

Pilot testing is a preliminary research conducted on small scale to evaluate the feasibility for full scale performance. It included the pre-testing of all the instruments on representative sample to ensure the scales comprehensibility. In a previous part CASAFS was translated in

Urdu and it was found that scale has good reliability and can be administered on target population. This part of research deals with objectives, procedure and findings of the pilot testing.

Objectives

Pilot testing was carried out to determine the relationship between all the predictors and outcome variables. The main purpose of pilot study was to achieve precursory information about all the instruments of study.

The objectives of pilot study were:

- To determine the psychometrics properties of all the measures likely to be used in main study.
- To identify the relationship between all the study variables.
- To check the item total correlation of all the measures.

Sample

The study was carried out on 100 adolescents (64% girls, 36% boys; M_{age}= 16 years old, *SD*= 2.41; age range= 10-19 years) from different cities of Pakistan (Rawalpindi/Islamabad, Sargodha and Faisalabad). This age range for adolescence period has been given by World Health Organization (WHO, 2014).The participants were approached through convenient sampling technique. Each participant was approached individually and no time limit was imposed to complete the questionnaires. Demographic information included age, gender, education, socioeconomic classes, and total members in family and family system (nuclear/joint).

Procedure

To carry out pilot testing, first formal permission was obtained from the parents and teachers. Sample of the pilot study consisted of 100 adolescents and age range between 10 to 19 years. After seeking the permission and with the consent of participants, they were told

about the research plan and were assured that their information would be kept confidential. The primary criterion for inclusion in the study was that the participants should be a student and in age range of adolescents as it was the requirement of one scale (CASAFS having subscale of school performance). Participants were handed over set of questionnaires and no time limit was set to complete the questionnaire. Each individual took almost 50 minutes to complete the questionnaire on each day of the data collection. Participants were given instructions in Urdu as all the questionnaires were transcribed in Urdu language.They were handed over the set of questionnaires comprising of above mentioned scales along with a demographic information sheet and consent form in Urdu. They were asked to be honest in their responses.

Results

Pilot testing was carried out to determine the psychometric properties of all the instruments of study and check the discrepancies among items or in any scale. The results of pilot testing are given below:

Table 3.4

Demographic Details of the Pilot Testing Data (N= 100)

Variables	Categories	*f*	(%)
Gender	Male	36	36.0
	Female	64	64.0
Age (in years)	10-14	17	17.0
	15-19	83	83.0
Monthly income	≤50000	34	34.0
	50000-100000	43	43.0
	≥100000	23	23.0
Family system	Nuclear	48	48.0
	Joint	52	52.0
Total family members	4-10	87	87.0
	11-18	13	13.0

Note. f= Frequency, %= Percentage

Table 3.4 shows descriptive statistics of all the demographic variables. In the given table frequencies and percentages of all the demographic variables of the study as presented.

Table 3.5

Psychometric Properties of the Study Variables (N=100)

Scales & Subscales	No. of Items	*M*	*SD*	*α*	Range		Skewness	Kurtosis
					Potential	*Actual*		
CHAOS	15	4.15	3.56	.82	1-15	1-13	.81	.29
MHI	38	138.0	14.8	.71	38-228	103-174	.19	.39
PWB	16	49.50	12.6	.88	16-96	25-80	.54	.32
PD	22	88.51	20.5	.94	22-132	31-128	.59	.09
CASAFS	24	69.20	10.1	.69	24-96	24-92	.24	.47
SP	6	16.99	2.80	.68	6-24	6-22	.56	.12
PR	6	14.86	2.57	.66	6-24	6-20	.49	.97
FR	6	17.78	2.83	.60	6-24	6-22	.12	.23
HD/SC	6	19.57	5.63	.61	6-24	6-16	.37	.89
Brief COPE	28	75.29	8.58	.74	28-112	52-99	.30	.42
PFC	6	18.13	3.10	.64	6-24	9-24	.69	.10
EFC	10	29.29	3.87	.77	10-40	18-36	.68	.32
DC	12	27.87	4.86	.63	12-48	17-41	.03	.01

Note. CHOAS= Confusion, Hubbub and Order Scale; MHI= Mental Health Inventory; PWB= Psychological Well Being; PD= Psychological Distress; CASAFS= Child and Adolescent Social Adaptive Functioning Scale; SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD/SC= Home duties/ Self-care; PFC= Problem Focused Coping; EFC= Emotion Focused Coping DC= Dysfunctional Coping

Table 3.5 depicts psychometric properties of all the study variables. Alpha reliability coefficient of all given scales and their subscales given in the above table. Alpha reliability of all the measures was found to be satisfactory and ranging from .61 to .94. The values of skewness and kurtosis shows normality of data.

Table 3.6

Item-Total Correlation of Chaos Hubbub and Order Scale (N=100)

Item No.	*r*	Item No.	*r*
1	.82**	9	.82**
2	.81**	10	.80**
3	.81**	11	.82**
4	.81**	12	.81**
5	.83**	13	.83**
6	.81**	14	.80**
7	.82**	15	.82**
8	.79****		

p < .01.

Table 3.6 indicate the item total correlation of Confusion, Hubbub and Order Scale. The values given in the table revealed that the inter item correlations value ranges from .79 to .83 ($p < .01$). Item total correlation of Confusion, Hubbub and Order Scale indicates that all the items are clearly positively correlated with sum total score of the scale. Construct validity of the scale is high due to highly significant correlation among all the items of scale which are measuring only one construct.

Table 3.7

Item-Total Correlation of Mental Health Inventory (N=100)

Item No.	*r*	Item No.	*r*
1	.73**	20	.70**
2	.69**	21	.69**
3	.71**	22	.73**
4	.73**	23	.73**
5	.73**	24	.70**
6	.73**	25	.69**
7	.72**	26	.72**
8	.69**	27	.69**
9	.68**	28	.68**
10	.72**	29	.69**
11	.69**	30	.68**
12	.73**	31	.73**
13	.69**	32	.69**
14	.74**	33	.68**
15	.69**	34	.72**
16	.68**	35	.69**
17	.73**	36	.69**
18	.72**	37	.73**
19	.68**	38	.69**

***p < .01.*

Item total correlation of Mental Health Inventory in table 3.7 revealed that values given in the table range from .68** to .73 ($p < .01$) which shows that all items are significantly and positively correlated and scale has high internal consistency. It indicates that all the items are quantifying same construct.

Table 3.8

Item-Total Correlation of Child and Adolescent Social and Adaptive Functioning Scale (N=100)

Item No.	*r*	Item No.	*r*
1	.69**	13	.68**
2	.69**	14	.67**
3	.68**	15	.68**
4	.67**	16	.67**
5	.67**	17	.69**
6	.70**	18	.69**
7	.68**	19	.70**
8	.67**	20	.69**
9	.68**	21	.67**
10	.68**	22	.70**
11	.68**	23	.69**
12	.79**	24	.67**

**p < .05. **p < .01*.

Table 3.8 shows the sum total correlation of Child and adolescent Social Adaptive Functioning Scale. The values given in the table ranges from .67** to .79** ($p < .01$) which indicates the internal consistency of scale. Item total correlation of all the items demonstrated the significant and positive correlation with total score of the scale.

Table 3.9

Item-Total Correlation of Brief Cope Scale (N=100)

Item No.	*r*	Item No.	*r*
1	.72**	15	.73**
2	.71**	16	.74**
3	.73**	17	.73**
4	.74**	18	.72**
5	.73**	19	.72**
6	.75**	20	.73**
7	.73**	21	.73**
8	.73**	22	.73**
9	.72**	23	.73**
10	.73**	24	.61**
11	.74**	25	.72**
12	.73**	26	.72**
13	.73**	27	.73**
14	.73**	28	.74**

**p < .05. **p < .01.*

Item total correlation of brief cope scale as shown in table 3.9. The values given in the table ranges from .61** to .74** ($p < .01$) which is indicative of good internal consistency of scale. Item total correlation values shows that all the items are significantly positively correlated and each item have share in assessing the coping strategies of adolescents.

Relationship between Study Variable. In order to see the nature of relationship among variables of household chaos, mental health, social adaptive functioning and coping strategies, In CHAOS scale, items were rated on a true/false scale and then averaged with the appropriate items reversed so as to create a total score, with a higher score being indicated as more household chaos. Item no 17, 18, 19, and 22 of CASAFS require reverse scoring before the

calculation of the total and subscale scores. Negative scoring was done for the Psychological Distress subscale, so high scores on total MHI reflected better mental health. Pearson's product moment correlation coefficient was computed. The results of Table 3.10 indicates that household chaos has significant negative correlation with mental health and social adaptive functioning. Moreover, household chaos has significant negative correlation with subscales named as, psychological wellbeing, school performance, peer relationship and family relationship while significant positive correlation with psychological distress. Coping strategies had significant positive relationship with mental health and social adaptive functioning while had negative correlation with household chaos. These findings give direction to test the objectives and hypotheses for main study.

Table 3.10

Correlation Coefficient among all the Study Variables (*N* = 100)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1.MHI	-	-	-	-	-	-	-	-	-	-	-	-	-
2.PWB	.93**	-	-	-	-	-	-	-	-	-	-	-	-
3.PD	.82**	-.57**	-	-	-	-	-	-	-	-	-	-	-
4.CASAF	.25*	.22*	.23*	-	-	-	-	-	-	-	-	-	-
5.SP	.22*	.17	.24*	.66**		-	-	-	-	-	-	-	-
6.PR	.09	.05	.13	.48**	.10	-	-	-	-	-	-	-	-
7.FR	.28**	.29**	.19	.76**	.35**	.18		-	-	-	-	-	-
8.HD/SC	.08	.07	.07	.74**	.34**	.07	.48**	-	-	-	-	-	-
9.CHAOS	-.39**	-.34**	.37**	-.34**	-.30**	-.19*	-.34**	.09	-	-	-	-	-
10.COPE	.24*	.22*	.20	.24*	.07	.08	.21*	.26**	-.14	-	-	-	-
11.PFC	.19**	.17*	.11	.32**	.17	.21*	.23*	.25*	.02	-.68**	-	-	-
12.EFC	.09	.08	.07	.29**	.06	.14	.25**	.30**	.01	.77**	.58**	-	-
13.DC	-.31**	.30**	.25**	-.08**	-.09**	-.10**	-.06**	.01**	.27**	.58**	.02**	.10**	-

Note. MHI= Mental Health Inventory; PWB= Psychological Well Being; PD= Psychological Distress; CASAFS= Child and Adolescent Social Adaptive Functioning Scale; SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD= Home duties/ Self-care; CHOAS= Confusion, Hubbub and Order Scale; PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.

***p < .05, *p < .01*

Discussion

The objective of the pilot study was to determine the psychometric properties of all instruments. Pretesting of all the measures give direction for the main study to avoid any kind of irritancies. Pilot testing was conducted on a small sample to find out the psychometric properties of translated scales used in that study. The pattern of relationship among variables was found out through a pilot study. To check the workability of all the instruments to be used in the main study, pilot testing was carried out. One scale, the Child and Adolescent Social Adaptive Functioning Scale (CASAFS) was translated in Urdu in Part I of the current study, and the rest of the measures were already available in Urdu translation.

The first objective of the pilot study was to determine the psychometric traits of all the instruments. To compute the reliability of all the instruments Cronbach's Alpha coefficient was used. High alpha reliability reflects the internal consistency and provide the clear picture of items to the researchers for scoring and interpretation (Henson, 2001). Item total correlation was calculated for the internal consistency check of all the items on the scale. Findings revealed that the reliability of all the instruments was significant ranging from .61 to .92, which indicates the sound reliability of all the measures. Alpha coefficient values above .70 are considered to be acceptable while above .80 are more preferable values for a good reliability (Serbetar & Sadler, 2016).

To find out a clear picture of the relationship among variables, the correlation coefficient was calculated. According to the study objective, household chaos affects the mental health and social adaptive functioning of adolescents. It was observed that adolescents who suffer from household chaos pertain to be affected with mental health. These findings are consistent with research conducted by Klemfuss (2018) to examine the effect of household chaos on mental health. The results of correlation indicate that household chaos had a

significant negative correlation with mental health and social adaptive function. Psychological well-being significantly negatively correlated with household chaos which showed that individuals with chaos scored low on psychological wellbeing. In line with the previous study, stress of household chaos is inversely related to psychological wellbeing (Cooper & Marshall, 1976). Among the subscales, chaos has significant negative correlation with school performance and family relationships. It was suggested from the result that household chaos is a risk factor for executive functioning and influences the adaptive functioning of adolescents (Brieant et al., 2017). Household chaos is associated with school performance. Individuals with chaotic home environments exhibit low academic achievement and less adaptive behavior (Evans, 2006). Household chaos has negative correlation with peer relationships and home duties/self-care. These findings suggested that those who have more chaos at home have more mental health issues and less social and adaptive functioning. In sum, findings from the reliability and correlation demonstrate that four instruments, Confusion, Hubbub, and Order Scale (Matheny et at., 1995), Mental Health Inventory (Veit & Ware, 1983), Child and Adolescent Social Adaptive Functioning Scale (CASAFS; Spence 2000), and Brief COPE (Carver, 1997) are valid and reliable for the current study.

Another main concern of the study was to find out the role of coping strategies in the relationship between household chaos, social adaptive function, and mental health. The correlation indicates that coping has a positive and significant relationship with the variables such as PWB, SP, PR, FR, and HD/SC, which shows the effectiveness of coping strategies used by adolescents. Coping strategies have three main categories named as emotion-focused coping, problem-focused coping, and dysfunctional coping. It has been observed that problem-focused coping has a positive as well as a significant relationship with social adaptive function and mental health while being negatively correlated with chaos. These findings are in line with a study predicting the role of coping for mental health. It was concluded that higher use of

problem-focused coping predicts psychological wellbeing (Cai et al., 2020). Emotion-focused coping has a positive and significant relationship with all the variables. Emotion-focused coping decreases the stress level and contributes to enhancing the psychological wellbeing (Jang et al., 2019). Dysfunctional coping has a positive and significant relationship with household chaos, while the negative but significant relationship with mental health and social adaptive functioning. Avoidance coping or dysfunctional coping strategy is related to depressive symptoms and poor adaptation or maladjustment (Griffith et al., 2000).

Through preliminary analyses of all the measures, it was suggested that all the scales are reliable and valid that leads us in the right direction for the main study. With certain limitations such as small sample size and limited analysis of data, pilot testing provided sufficient information about all the study variables and illuminated the direction of the relationship among them. Pilot study found the way for main study which will be carried out with a large sample and more intricate analysis.

Main Study

3.3 Research Instruments

Following measures were used along with demographic information sheet and informed consent:

Informed Consent Form and Demographic Sheet

A demographic sheet, informed consent form along with questionnaires was used to get willingness and the basic information about the respondent and family. Such as age, gender, education, family system, total family member, income, mother's education, and occupation, father's education, and occupation (See Appendix A).

Household Chaos Scale

To assess the perception of chaos by the participants Hubbub, Confusion, Order Scale (CHAOS; Matheny et at., 1995) was used. Permission was taken from the author to use this scale (See Appendix F). In the present research, the Urdu translated version of the CHAOS scale was used (Shamama-tus-Sabah et al., 2011) (See Appendix B). The CHAOS consists of 15 items (e.g., "You can't hear yourself think in our home," and "No matter how hard we try, we always seem to be running late"). The CHAOS includes dichotomously-scored items intended to measure two facets of home chaos. The first encompassed routines and organization. The second reflected disorganization, confusion, and noise. Items were rated on a true/false scale and then averaged with the appropriate items reversed so as to create a total score, with a higher score being indicated as more household chaos. If a condition was present in the home environment, a score of 1 was assigned, otherwise 0. For this scale, Cronbach's alpha was .83.

Child and Adolescents Social Adaptive Functioning Scale

This scale is a self-report measure that was being used to appraise social functioning in children and in adolescents (CASAFS; Spence et al., 2000). Permission was taken from the author to translate this scale in Urdu language (See Appendix G). It basically does the assessment of the degree to which an individual fulfills several roles in his or her life. This scale comprises of 24 items that are distributed in four subscales further: 1- School Performance (SP; e.g., "I get good marks in social science and/or history"), 2- Peer Relationships (PR; e.g., "I have at least one or two special friends"), 3- Family Relationships (FR; e.g., "I get on well with my relatives"), and lastly Home Duties and or Self-care (HD; e.g., "I help with the cleaning up after meals"). Each of the four dimensions of social functioning is reflected by six items. These items were randomly allotted into the questionnaire. A 4-point scale was used for participant's responses, 1 (never), 2 (sometimes), 3 (often), 4 (always) in response to each social functioning item. Fifth scoring categorizes

Family relationship items included a statement, “Does not apply to me.” This category was only implemented for the students for whom the questions were inapplicable (for example students without siblings and parents). Item no 17, 18, 19, and 22 require reverse scoring before the calculation of the total and subscale scores. The CASAFS offers 1 to 4 ratings that can be summed for the 24 items to provide a complete score of social functioning that is (ranging from 24 to 96), with high scores reflected as a higher level of social functioning. Likewise, subscale scores can be calculated with the scores lying in the range from 6 to 24. The instrument shows adequate levels of internal consistency from 0.67-0.81. To assess the social adaptive functioning Urdu translation of CASAFS was translated by the present researcher (See Appendix D).

Mental Health Inventory

To assess mental health, the present study used 38 items scale known as MHI (Ware & Veit, 1983). This inventory has already been translated and adapted for Pakistani culture and used in different Pakistani research projects. Permission was taken from the author to use this scale (See Appendix H). In present research, Urdu translation of Mental Health Inventory was used (Khan et al., 2015) (See Appendix C). It consisted of two subscales: Psychological Distress comprised of 22 items and Psychological Well-being consisting of 16 items. MHI was rated on 6-point rating scale ranging from 1 = *all of the time* to 6 = *none of the time*. Total scores for Psychological Distress subscale ranged from 22 to 132 while for Psychological Well-being subscale these ranges from 16 to 96. Reverse scoring was done for the Psychological Distress subscale, so high scores on total MHI reflected better mental health. On the other hand, it has two major subscales i.e. psychological distress and psychological well-being that tells about the level of distress and wellbeing of individuals. For Mental Health scale, the estimates of internal consistency were high, alpha reliability being .95. Cronbach’s coefficient alpha for the Distress scale was .94 and for the Well-being scale .92.

Brief COPE Scale

It was used to measure the adolescents' coping style while dealing with daily stressors. Permission was taken from the author to use brief cope scale (See Appendix I). The Brief COPE (Carver, 1997) is a coping inventory having 28 items, with 14 subscales. Each subscale further comprises of two items. The items measure 14 coping approaches that responders use, answered on a four-point Likert-type scale ranging from 'not at all' to 'very much'. Carver reported validity and sound reliability of the scale with Cronbach alphas ranging from .50 to .90. Three types of coping measured by the scale; problem-focused, emotion-focused and dysfunctional/avoidant coping. Problem-focused coping: measured via active coping, positive reframing, instrumental support and planning includes the items no. 2, 7, 10, 12, 14, 17, 23, 25 of the scale. Emotional coping was measured using items related with self-blame, religion, venting, emotional support, humor and acceptance, with item numbers 5, 9, 13, 15, 18, 20, 21, 22, 24, 26, 27, and 28. Dysfunctional/Avoidance coping include denial, behavioral, substance abuse, disengagement, and self-destruction. Item numbers included in it are 1, 3, 4, 6, 8, 11, 16, and 19 of scale. The Brief COPE is specifically applicable to minimize time demands on participants. It is modified from the COPE consisting of sixty items, (Scheier et al., 1989), analyzing several responses that are known to be relevant to effective and ineffective coping. In current research, Urdu translated version of Brief Cope Scale (Qadeer & Jamal, 2012) was used to assess the coping strategies employed by respondents. Lastly, the factor structure of Owens et al (2008) was used for the scoring purpose (See Appendix E).

3.4 Sample

The sample of main study consisted of 400 adolescents (boys = 165; girls = 235) age ranges between 10 to 19 years (M = 15.9, SD = 2.47). Data was collected from different cities of Pakistan i.e. Faisalabad, Rawalpindi, and Sargodha. Among all the adolescents 49% were living in joint family system and 51% were nuclear family system.

3.5 Sampling Technique

Participants were approached through convenience sampling technique. Each participant was approached individually and time limit was not set to complete the questionnaire. Demographic information included age, gender, education, socioeconomic classes, and total members in family. Demographic detail of the sample of main study given in the Table 3.11.

Table 3.11

Demographic details of the main study data (N= 400)

Variables	Categories	*f*	(%)
Gender	Boys	165	41.3
	Girls	235	58.8
Age (in years)	10-14	121	30.8
	15-19	277	69.5
Monthly income	≤50000	152	38.0
	50000-100000	177	44.3
	≥100000	71	17.8
Family system	Nuclear	201	50.2
	Joint	197	49.3
Total members	3-8	212	53.2
	9-14	143	35.7
	15-20	45	11.6

Note. f= Frequency, %= Percentage

3.6 Data Collection

Convenient sampling technique was used to collect the data from participants. After taking the permission and with the consent of participants, questionnaires were provided to them. The primary criterion for inclusion in the study was that the participants should have been a student as it was the requirement of one scale (CASAFS having subscale of school

performance). They were given a set of questionnaires along with a demographic sheet and consent form in Urdu. Participants were briefed about the nature, purpose, and scope of this study. Some of the participants expressed that they never talked about and given data on such issues and these things should be studied and discussed frequently in Pakistan. However, in order to avoid any sort of subjectivity and biasness, these participants were further briefed about the true and natural response to fill out the questionnaires. These positive attitudes of respondents have made the data collection process more motivational for the researcher. All the data was collected through voluntary participation of the respondents. No compensation was given to any participant. The average time taken to complete the questionnaires booklet by an individual participant was between 20 to 30 minutes.

3.7 Statistical Analyses

To meet the objectives of the study and for hypothesis testing some major and advance analyses were carried out. A correlation matrix was produced to check the relationship among study variables. Confirmatory Factor Analysis was used to confirm the four-factor structure of CASAFS as this scale was translated into Urdu in part-I of this research. The regression analyses were used to traverse the predictor variables of the study. Process macro model was used to check out the moderating effect of coping strategies (problem-focused coping, emotion-focused coping, dysfunctional coping) with household chaos, mental health, social adaptive functioning. To see the differences between an independent variable and a dependent variable one way ANOVA was computed. Moreover, to compare the means of two groups on demographic factor *t*-test analysis was used.

3.8 Research Ethics

All the participants were briefed about the nature and purpose of the research plan. They were assured about confidentiality of information provided by them.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF THE DATA

4.1 Descriptive Analysis of Study Variables

This section consists on the main study results based on the objectives and hypotheses of the present research.

Table 4.1

Psychometric properties of all the study variables (N=400)

Scales and Subscales	No of items	*M*	*SD*	α	Range		Skewness	Kurtosis
					Potential	*Actual*		
CHAOS	15	4.45	3.54	.82	1-15	1-13	*.64*	-.47
MHI	38	138.1	14.4	.95	38-228	91-174	-.34	-.23
PWB	16	50.7	11.9	.88	16-96	23-80	.35	-.48
PD	22	87.4	18.8	.93	22-132	29-129	-.42	-.01
CASAFS	24	69.1	7.80	.77	24-96	24-92	-.30	.12
SP	6	16.9	2.53	.61	6-24	6-22	-.21	.04
PR	6	19.8	3.83	.60	6-24	12-23	.36	-.29
FR	6	17.9	2.74	.60	6-24	6-24	-.69	.81
HD/SC	6	19.0	3.91	.65	6-24	6-16	.08	.09
COPE	28	75.0	9.68	.76	28-112	28-108	-.38	.42
PFC	6	18.1	4.11	.65	6-24	6-22	.30	.40
EFC	10	28.9	4.28	.66	10-40	10-37	-.87	.93
DC	12	27.9	5.01	.65	12-48	12-43	-.05	.23

**p < .05, **p < .01.*

Table 4.2 shows the psychometric properties and descriptive statistics of the study variables. The mean and standard deviation of all the scales and subscales was presented in the table. Alpha coefficient values range between .61 and .95, which lie in a satisfactory range and shows good reliability and internally consistent instruments. Skewness and kurtosis values also lie in an acceptable range and indicate that data is normally distributed.

In Part I of current study Social Adaptive Functioning Scale was translated in Urdu as rest of the measures were already available in Urdu. As Urdu version of CASAFS was first time used in indigenous context, so it was essential to determine its factor structure through Confirmatory Factor Analysis.

4.2 Confirmatory Factor Analysis

For verification of the factor structures of CASAFS, Confirmatory Factor Analysis (CFA) was conducted on a sample of 400 adolescents. Statistical package Analysis of Movement Structure (AMOS 20) was used to test the factor model of the Child, and Adolescent Social Adaptive Functioning Scale. AMOS created a covariance matrix and estimates were calculated. Different criterion indices: normed fit index (NFI), goodness-of-fit index (GFI), chi-square test (χ^2), comparative fit index (CFI), and root mean square error of approximation (RMSEA) were selected. In the present study, a diagram with a four-factor model was drawn for CFA. In the diagram, observed variables are represented by rectangles, unobserved variables are represented by ellipses, and circles represented the measurement errors. The double-headed arrows represent the correlation among unobserved variables and the single arrow represents the regression path between observed and unobserved variables. Measurement error is represented by the arrow between a small circle and observed variables.

Table 4.2 indicates the standardized factor loadings of a four-structure model of an adaptive version of the Child and Adolescent Social and Adaptive Functioning Scale. The factor loading values of translated scale ranges between .40 and .95 (for item 9, 10, 23 = .40

and for item 7=.95 respectively). Factor loading values indicate that all the items have moderate levels of loadings with their corresponding factors.

Table 4.2

Factor loading and standardized error of four factor model of Child and Adolescents Social and Adaptive Functioning Scale (N=400)

Items	Standardized factor loading	Items	Standardized factor loading
	SP		PR
1	.43	2	.64
5	.68	6	.88
9	.40	10	.40
13	.51	14	.54
17	.58	18	.48
21	.49	22	.52
	FR		HD/SC
3	.70	4	.70
7	.95	8	.81
11	.56	12	.69
15	.50	16	.43
19	.43	20	.53
23	.40	24	.69

Note. SP= school performance; PR=peer relationship; FR=family relationship; HD=home duties

According to Byrne (2013), CFAs used the traditional chi-square value, the goodness-of-fit index (GFI) and the root mean square error of approximation (RMSEA). As a rule of thumb, a GFI ≥ .90 and RMSEA ≤ .06 indicate a reasonable fit of the model to the data (Pearl, 2012). In the light of the criteria set by researchers (Dattalo, 2013; Duncan, Duncan, & Strycker, 2013; Hoyle & Isherwood, 2013) for the appropriate model fit indices in social sciences include the values of RMSEA which are usually categorized and interpreted as close fit (.00 – .05), fair fit (.05 – .08), mediocre fit (.08 – .10), and poor fit (over .10); while the

incremental indices such as non-normed fit index (NNFI), the incremental fit index (IFI), and the comparative fit index (CFI) should have values of .90 or higher.

Table 4.3 shows the goodness-of-fit indices for a four-factor model of CASAFS. The value of RMSEA with 24 items is .079 which is falling in an acceptable range and almost equal to the desired value (.08) that indicates a good fit model. Values of CFI is .90 and NFI .90 are greater than .90 which lie in an acceptable range. Significant value in the model summary table of AMOS analysis shows that model is a good fit.

Table 4.3

Goodness of Fit Indicators for four Factor Model of Child and Adolescent Social Adaptive Functioning Scale (N=400)

Model	χ^2	*Df*	χ^2/df	CFI	NFI	RMSEA
CASAFS	1052.5	246	4.27	.90	.92	.079

Note. CASAFS= Child and Adolescent Social Adaptive Functioning Scale, CFI= Comparative Fit Index, NFI= Normative Fit Index, RMSEA= Root Mean Square Error of Approximation.

Second-order confirmatory analysis was run to improve the value of RMSEA. In the first-order confirmatory factor analysis of CASAFS, the value of RMSEA was .079 which was greater than the desired value of .80. So it was decided to run the second-order confirmatory analysis with the four-factor model of CASAFS. As a result of second-order analysis, the value of RMSEA was obtained .079 which lies in an acceptable range, as mentioned in above paragraph.

4.3 Relationship between study variables

In an attempt to find out the nature of the relationship among study variables correlation coefficient was computed. Pearson Product Moment Correlation Coefficient was carried out to examine the relationship between all the study variables. Results of the correlation matrix revealed that there is a notable relationship between household chaos, and mental health as well as social adaptive functioning. A significant negative correlation was observed between

household chaos and mental health which indicates that adolescents who experience household chaos suffer from mental health issues. Household chaos is significantly negatively correlated with social adaptive functioning which represents that a high level of chaos at home leads toward a low level of social adaptive functioning among adolescents. Moreover, mental health and social adaptive functioning had a significant positive correlation which indicates that adolescents with good mental health perform normal social functioning. Coping strategies had a significant positive correlation with mental health and social adaptive functioning while negative relationship with household chaos.

In addition, the relationship among subscales of major study variables is also shown in the correlation matrix. Mental Health Inventory having two subscales, psychological well-being, and psychological distress. Child and Adolescent Social Adaptive Functioning Scale have four subscales, family relationship, school performance, peer relationship, and home duties/ self-care. Brief Cope Scale has three types of coping strategies, dysfunctional coping, problem-focused coping, and emotion-focused coping. Findings indicate that psychological well-being, problem-focused and emotion-focused coping had a remarkable positive correlation with school performance, family relationship, peer relationship, and home duties, self-care, while the significant negative correlation with psychological distress and dysfunctional coping.

The only significant correlation between household chaos and coping strategy was observed is of dysfunctional coping. The significant positive correlation between household chaos and dysfunctional coping indicates that those who experience chaos at home more frequently engage in dysfunctional coping strategy.

Table 4.4

Inter-item correlation of all the study variables (N=400)

Variables	MHI	PWB	PD	CASAFS	SP	PR	FR	HD/SC	CHAOS	COPE	PFC	EFC	DC
MHI	-	-	-	-	-	-	-	-	-	-	-	-	-
PWB	.107*	-	-	-	-	-	-	-	-	-	-	-	-
PD	-.771**	-.638**	-	-	-	-	-	-	-	-	-	-	-
CASAFS	.271**	.279**	-.198**	-	-	-	-	-	-	-	-	-	-
SP	.102	.273**	-.175**	.689**	-	-	-	-	-	-	-	-	-
PR	.141**	.772**	-.383**	.222**	.211**	-	-	-	-	-	-	-	-
FR	.182**	.318**	-.342**	.655**	.287**	.162**	-	-	-	-	-	-	-
HD/SC	.030	.105*	-.090	.768**	.343**	.145**	.314**	-	-	-	-	-	-
CHAOS	-.206**	-.344**	.377**	-.335**	-.308**	.202**	-.302**	-.161**	-	-	-	-	-
COPE	.183**	.135**	-.188**	.112*	.020	.083	.013	.136**	.088	-	-	-	-
PFC	.134*	.163**	.113	.181**	.187**	.122*	.109*	.180**	-.037	.739**	-	-	-
EFC	.114*	.123**	.025	.199**	.195*	.188**	.125*	.199**	-.025	.782**	.563**	-	-
DC	-.259**	-.309**	.396**	-.102*	-.155*	.185**	-.170**	-.055	.221**	.058	-.126	-.195**	-

Note. MHI= Mental Health Inventory; PWB= Psychological Well Being; PD= Psychological Distress; CASAFS= Child and Adolescent Social Adaptive Functioning Scale; SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD= Home duties/ Self-care; CHOAS= Confusion, Hubbub and Order Scale; PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
**p < .01, **p < .05*

4.4 Predictive Role of Study Variables

To investigate the predictive role of an independent variable on dependent variables regression analyses was used. To see the effect of household chaos and coping strategies on mental health and social adaptive functioning, multiple regression analysis was used. Multiple regression analysis was performed with household chaos and coping strategies as an independent variable and psychological wellbeing, peer relationship, psychological distress, school performance, family relationship, and home duties/self-care as dependent variables. Multiple regression analysis was used to explore the impact of moderating variables along with predictor variables on outcome variables. CHAOS and moderating variables are the predictors while mental health and social adaptive functioning are the outcome variables.

Table 4.5

Multiple Regression Analysis on Psychological Wellbeing by Household Chaos and Coping Strategies (N=400)

Predictors	Psychological wellbeing					
	B	*SE B*	*β*	*t*	95% CL	
					LL	*UP*
Constant	34.6	4.4	-	7.80	25.9	43.4
CHAOS	.59	.15	-.28**	6.05	.647	1.27
PFC	.09	.16	.28**	.565	-.407	.225
EFC	.13	.15	.24**	.874	-.444	.171
DC	-.26	.11	-.03	-5.44	.397	.845
R^2				.42		
F				21.7		
ΔR^2				.41		

Note. CHAOS= Confusion, Hubbub and Order Scale, PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
***p < .01.*

Multiple regression analysis was performed to see the effect of household chaos and coping strategies (emotion-focused coping, problem-focused coping, dysfunctional coping) on psychological wellbeing. Results presented in Table 4.5 explain the 42% variance in

psychological wellbeing jointly explained by household chaos and coping strategies with F ratio (*F* = 21.7). Household chaos appeared to be a significant negative predictor of psychological wellbeing. Problem-focused coping and emotion focused coping appeared to be the positive predictor of psychological wellbeing while dysfunctional coping appeared to be a nonsignificant predictor of psychological wellbeing.

Table 4.6

Multiple Regression Analysis on Psychological Distress by Household Chaos and Coping Strategies (N=400)

Predictors	Psychological distress					
	B	*SE B*	*β*	*t*	95% CL	
					LL	*UP*
Constant	12.5	6.6	-	18.0	106.9	133.1
CHAOS	-.15	.23	.29**	-6.65	-2.05	-1.11
PFC	-.01	.24	-.20**	-.058	-.489	.461
EFC	-.38	.23	-.28**	1.66	-.078	.844
DC	.13	.17	.34**	-7.60	-1.63	-.965
R^2				.50		
F				33.2		
ΔR^2				.49		

Note. CHAOS= Confusion, Hubbub and Order Scale, PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
***p < .01.*

Multiple regression analysis was performed to see the effect of household chaos and coping strategies (emotion focused coping, problem focused coping, dysfunctional coping) on psychological distress. Findings explain that household chaos and coping strategies jointly explain the 50% of total variance with a significant F ratio (*F* = 33.2). Household chaos appeared to be a significant positive predictor of psychological distress. Problem-focused coping and emotion focused coping appeared to be a significant negative predictor of psychological distress while dysfunctional coping appeared to be a significant positive predictor of psychological distress.

Table 4.7

Multiple Regression Analysis by Household Chaos and Coping Strategies on School Performance (N=400)

Predictors	School performance					
	B	*SE B*	*β*	*t*	95% CL	
					LL	*UP*
Constant	17.3	.98	-	17.3	15.1	18.9
CHAOS	-.21	.03	-.28**	-5.91	-.275	-.138
PFC	.02	.03	.34**	.717	-.044	.095
EFC	.04	.03	.27**	1.35	-.031	.115
DC	-.03	.25	-.07	-1.43	-.086	.013
R^2				.40		
F				8.71		
ΔR^2				.40		

Note. CHAOS= Confusion, Hubbub and Order Scale, PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
***p < .01.*

Table 4.7 shows the results of multiple regression analysis which was performed to see the impact of household chaos and coping strategies (problem focused coping, emotion focused coping, dysfunctional coping) on school performance. Results explain the 40% variance of household chaos and coping strategies with a significant F ratio (F = 21.7). Household chaos appeared to be significant negative predictor of school performance Problem focused coping and emotion focused coping appeared to be a significant positive predictor of school performance. Dysfunctional coping appeared to be a negative predictor of school performance.

Results in Table 4.8 showed the multiple regression analysis with household chaos and coping strategies (problem focused coping, emotion focused coping, dysfunctional coping) predicting the effect on peer relationship. Findings explain the 32% variance of household chaos and coping strategies jointly with a significant F ratio (F = 12.0). Household chaos appeared to be significant negative predictor of peer relationship. Problem focused coping and emotion focused coping appeared to be a positive predictor while dysfunctional coping appeared to be a negative predictor of peer relationship.

Table 4.8

Multiple Regression Analysis Relationship by Household Chaos and Coping Strategies on Peer (N=400)

Predictors	Peer relationship					
	B	*SE B*	*β*	*t*	95% CL	
					LL	*UP*
Constant	16.6	1.5	-	10.9	13.6	19.6
CHAOS	.18	.05	-.16**	3.31	.073	.286
PFC	-.023	.05	.02	-.424	-.132	.085
EFC	.01	.05	.32**	.328	.123	.088
DC	.12	.03	-.15	3.05	.042	.196
R^2				.32		
F				12.0		
ΔR^2				.31		

Note. CHAOS= Confusion, Hubbub and Order Scale, PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
***p < .01.*

Table 4.9

Multiple Regression Analysis on Family Relationship by household chaos, and coping strategies (N=400)

Predictors	Family relationship					
	B	*SE B*	*β*	*t*	95% CL	
					LL	*UP*
Constant	18.2	1.4	-	17.3	16.1	20.2
CHAOS	-.21	.04	-.26**	-5.50	-.280	-.132
PFC	.03	.03	.05	.902	-.040	.109
EFC	.07	.04	.12**	2.02	.002	.147
DC	-.07	.02	-.14	-2.85	-.130	-.024
R^2				.25		
F				6.64		
ΔR^2				.24		

Note. CHAOS= Confusion, Hubbub and Order Scale, PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
p < .01, **p<.005 p<.001**

Multiple regression analysis was performed to see the impact of household chaos and coping strategies (emotion focused coping, problem focused coping, dysfunctional coping) on

family relationship. Results presented in Table 4.9 explain the 25% variance of household chaos and coping strategies with significant F ratio (F = 6.64). Household chaos appeared to be significant negative predictor of family relationship. Problem focused coping and emotion focused coping appeared to be a positive predictor of family relationship while dysfunctional coping appeared to be a negative predictor of the family relationship.

Table 4.10

Multiple Regression Analysis by Household Chaos and Coping Strategies on Home Duties/Self-Care (N=400)

Predictors	Home duties/self-care					
	B	*SE B*	*β*	*t*	95% CL	
					LL	*UP*
Constant	15.4	1.5	-	10.2	12.4	18.4
CHAOS	-.15	.05	-.14**	-2.78	-.261	-.045
PFC	.09	.05	.09**	1.64	-.018	.202
EFC	.14	.05	.15**	2.59	.034	.248
DC	-.05	.04	-.06	-.317	-.130	.026
R^2				.35		
F				14.1		
ΔR^2				.34		

Note. CHAOS= Confusion, Hubbub and Order Scale, PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
***p < .01.*

Results in Table 4.10 showed the multiple regression analysis with household chaos and coping strategies (emotion focused coping, problem focused coping, dysfunctional coping) predicting the effect on home duties/self-care. Findings explain the 35% variance of household chaos and coping strategies jointly with significant F ratio (F = 14.1). Household chaos appeared to be significant negative predictor of home duties/self-care. Problem focused coping and emotion focused coping appeared to be a significant positive predictor of home duties/self-care while dysfunctional coping appeared to be a negative predictor of home duties/self-care.

4.5 Moderation Analyses

Another important objective of the present research was to investigate the moderating role of coping strategies in the relationship between household chaos, mental health, and social adaptive functioning. In order to explicit the relationship between household chaos, mental health (psychological wellbeing and psychological distress), and social adaptive functioning (school performance, family relationship, peer relationship, and home duties/self-care), moderating role of coping strategies (problem-focused coping, emotion-focused coping, and dysfunctional coping) was investigated. Moderation analysis was carried out through Macro Process suggested by Hayes (2013). Macro Process is a computational method basically which provides conditional effect through moderation and tests the path models (Preacher & Hayes, 2004).

Table 4.11

Moderating effect of problem focused coping with household chaos on psychological wellbeing (N=400)

Variable	Psychological wellbeing					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	48.5	5.2	9.24	.000	38.2	58.8
PFC	.16	.27	-.58	.001	-.712	.387
CHAOS	-.86	.77	1.11	.008	-.656	2.39
PFC×CHAOS	.003	.04	.383	.001	-.064	.096
R^2			.34			
F			17.82			
ΔR^2			.33			

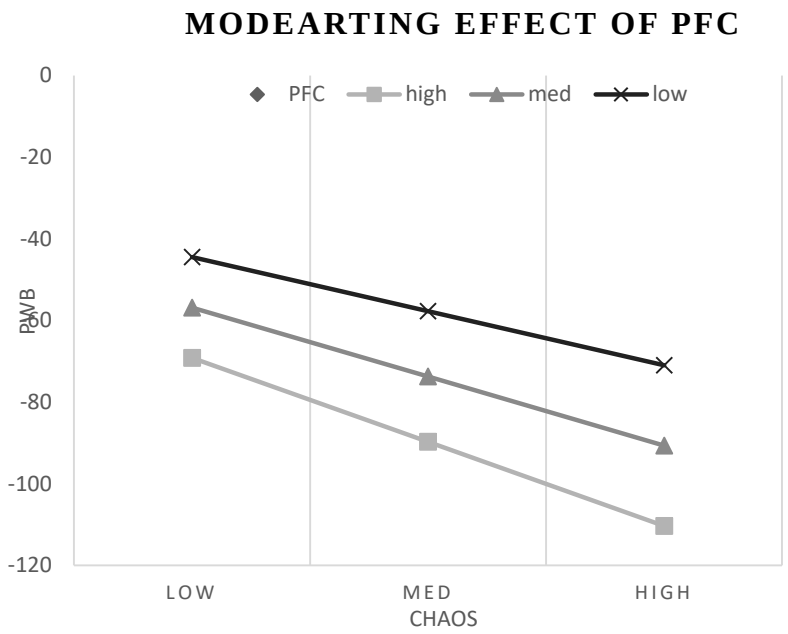
*Note. PFC= Problem Focused Coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05*

Table 22 demonstrates the moderating role of problem focused coping in relationship with chaos and psychological wellbeing. Findings suggest that problem focused coping

significantly moderated the psychological wellbeing ($B = .003$, $R^2 = .34$, $F = 17.82$, $p < .05$) explaining the total variance of 34% in psychological wellbeing.

Figure 4.1

Moderating Effect of Problem Focused Coping in Predicting Psychological Wellbeing among Adolescents



The findings of the moderation table are further described through the mod graph which depicts that problem focused coping significantly moderated the relationship of household chaos with psychological wellbeing among adolescents. The graph shows that moderator problem focused coping (i.e. high, medium, low levels) weakened the effect of household chaos on psychological wellbeing. Chaos negatively effects PWB and PFC strengthens the negative relationship at more than 95% significance level. In other words, PFC will moderate the relationship between CHAOS and PWB. High PFC has high declining trend as compare to low and medium level PFC at high chaos point.

Table 4.12

Moderating effect of emotion focused coping with household chaos on psychological wellbeing (N=400)

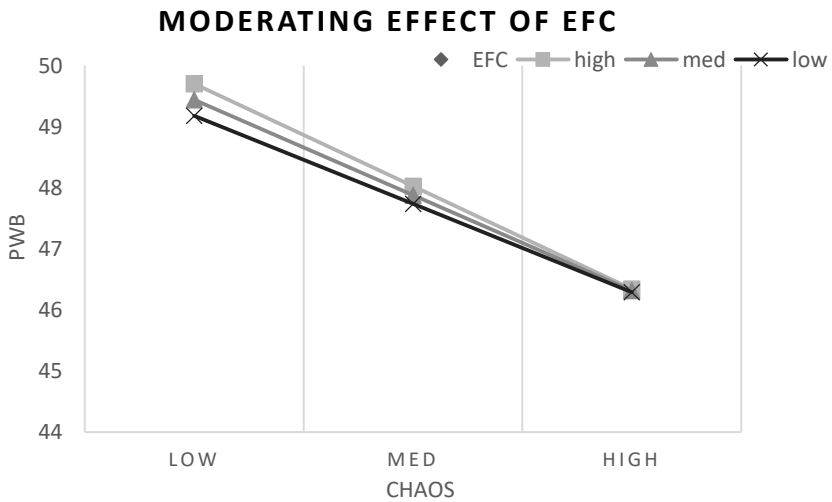
Variable	Psychological wellbeing					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	47.8	6.5	7.26	.000	34.8	60.7
EFC	.07	.22	-.353	.012	-.515	.358
CHAOS	-.21	1.1	.801	.002	-1.33	3.16
EFC×CHAOS	.004	.04	.217	.032	-.063	.083
R^2			.34			
F			17.72			
ΔR^2			.33			

*Note. EFC= Emotion Focused Coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.12 explains the moderating role of emotion-focused coping in relationship with chaos and psychological wellbeing. The significant interaction term (*B = .004*, R^2 *= .34*, *F = 17.72*, *p < .05*) reveals that emotion focused coping significantly moderated the psychological wellbeing explaining the total variance of 34% in psychological wellbeing.

Figure 4.2

Moderating Effect of Emotion Focused Coping in Predicting Psychological Wellbeing among Adolescents



Results of moderation elaborated through the mod graph which reveals that emotion-focused coping (i.e. high, medium, low levels) buffered the effect of household chaos on psychological wellbeing. We can infer from this model that EFC will moderate the relationship between CHAOS and PWB such that the relationship between CHAOS and PWB will be negative for Low level of EFC and this negative relationship is reinforced at High level of EFC. The association between household chaos and psychological wellbeing is negative, when the emotion focused coping strategies are increasingly used by the adolescents. It indicates that in case if the adolescents are using the emotion focused coping strategies the psychological wellbeing increases and household chaos decreases.

Table 4.13

Moderating effect of dysfunctional coping with household chaos on psychological wellbeing (N=400)

Variable	Psychological Wellbeing					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	31.8	4.5	7.02	.000	22.9	40.8
DC	-.51	.16	3.17	.001	.197	.837
CHAOS	.41	.97	.429	.068	-1.50	2.34
DC×CHAOS	.002	.03	.577	.563	-.046	.085
R^2			.41			
F			28.19			
ΔR^2			.40			

*Note. DC= Dysfunctional Coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.13 demonstrates the moderating role of dysfunctional coping in relationships with chaos and psychological wellbeing. Interaction values suggest that dysfunctional coping did not accounted for a significant moderation effect ($B = .002$, $R^2 = .41$, $F = 28.19$, $p = .56$) in the relationship between household chaos and psychological wellbeing among adolescents.

Table 4.14

Moderating effect of problem focused coping with household chaos on psychological distress (N=400)

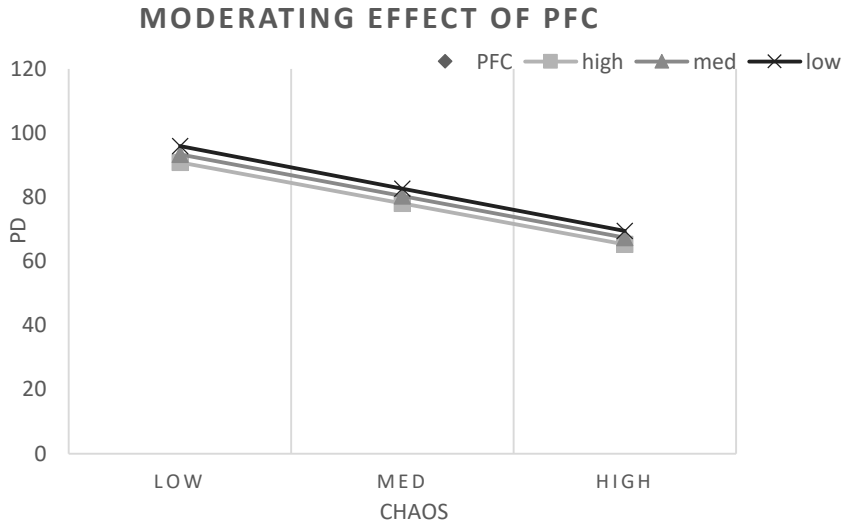
Variable	Psychological Distress					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	108.1	8.1	13.32	.000	92.1	124
PFC	.62	.42	-1.45	.045	-1.47	.219
CHAOS	.39	1.1	-3.30	.001	-6.31	-1.60
PFC×CHAOS	.001	.06	1.66	.006	-.018	.229
R^2			.38			
F			22.93			
ΔR^2			.37			

*Note. PFC=Problem focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.14 demonstrates the moderating role of problem focused coping in relationship with chaos and psychological distress. Findings suggest that problem focused coping significantly moderated the psychological distress ($B = .001$, $R^2 = .38$, $F = 22.93$, $p < .05$) explaining the total variance of 38% in psychological distress.

Figure 4.3

Moderating Effect of Problem Focused Coping in Predicting Psychological Distress among Adolescents



The findings of the moderation table are further described through the mod graph (Figure 4.3) which depicts that problem focused coping significantly moderate the relationship between household chaos and psychological distress among adolescents. The graph shows that moderator problem focused coping (i.e. high, medium, low levels) weakened the effect of household chaos on psychological distress. When the adolescents are using the problem focused coping strategies the psychological distress decreases.

Table 4.15

Moderating effect of emotion focused coping with household chaos on psychological distress (N=400)

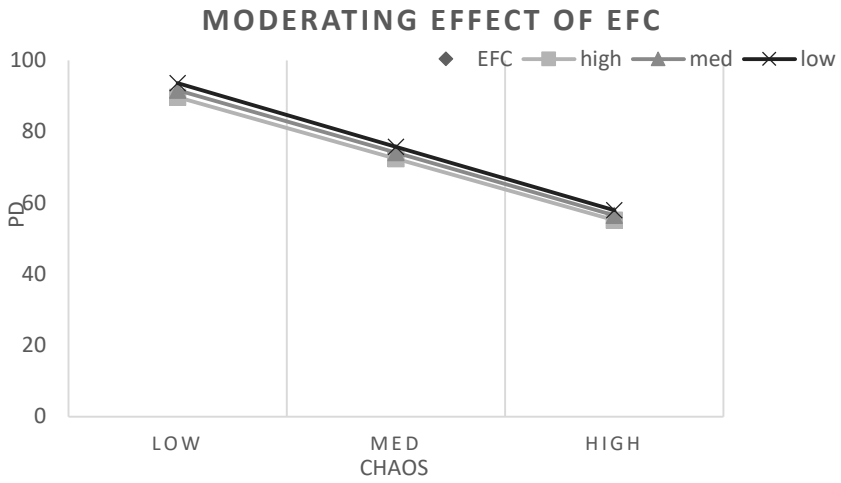
Variable	Psychological Distress					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	110	10.1	10.8	.000	90.6	130
EFC	-.48	.34	-1.40	.161	-1.15	.193
CHAOS	.54	.76	-3.11	.002	-8.94	-2.01
EFC×CHAOS	.002	.05	1.99	.046	.001	.235
R^2			.38			
F			23.45			
ΔR^2			.38			

*Note. EFC= Emotion focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Results shown in Table 4.15 explain the moderating role of emotion-focused coping in relationship with chaos and psychological distress. The significant interaction term ($B = .002$, $R^2 = .38$, $F = 23.45$, $p < .05$) reveals that emotion focused coping significantly moderated the psychological distress explaining the total variance of 38% in psychological distress

Figure 4.4

Moderating Effect of Emotion Focused Coping in Predicting Psychological Distress among Adolescents



Results of moderation elaborated through the mod graph which reveals that emotion-focused coping (i.e. high, medium, low levels) buffered the effect of household chaos on psychological distress. By using emotion focused coping the effect of household chaos on psychological distress decreases.

Table 4.16

Moderating effect of dysfunctional coping with household chaos on psychological distress (N=400)

Variable	Psychological Distress					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	127.8	6.8	18.7	.000	114	141
DC	.18	.24	-4.84	.000	-1.66	-.705
CHAOS	.23	.47	-.839	.041	-4.13	1.65
DC×CHAOS	.003	.05	-.260	.004	-.112	.085
R^2			.49			
F			42.84			
ΔR^2			.48			

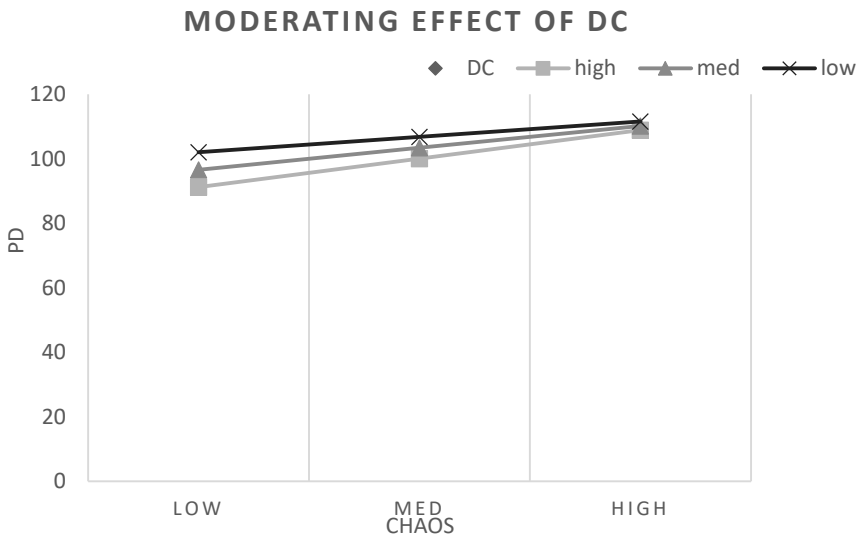
*Note. DC=Dysfunctional coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.16 demonstrates the moderating role of dysfunctional coping in relationships with chaos and psychological distress. A significant interaction effect suggest that dysfunctional coping significantly moderated ($B = .003$, $R^2 = .49$, $F = 42.84$, $p < .01$) the

impact of household chaos on psychological distress while explaining the total variance of 49% in psychological distress.

Figure 4.5

Moderating Effect of Dysfunctional Coping in Predicting Psychological Distress among Adolescents



The pattern of lines of mod graph show that at all the levels (low, medium, high) of dysfunctional coping boosted the effect of household chaos on psychological distress. Graph lines show that low DC increases the effect of chaos on PD at high level. Unlike the previous models there exists a positive relationship between the dependent variable PD and independent variable CHAOS while DC negatively moderates this relationship. This relationship stays strongly positive at low levels of moderation of DC and start diminishing at high levels of DC. When the dysfunctional coping strategies are increasingly used by the adolescents, the association between household chaos and psychological distress is positive, which means that in case if the adolescents are using the dysfunctional coping strategies the psychological distress increases and household chaos also increases.

Table 4.17

Moderating effect of problem focused coping with household chaos on school performance (N=400)

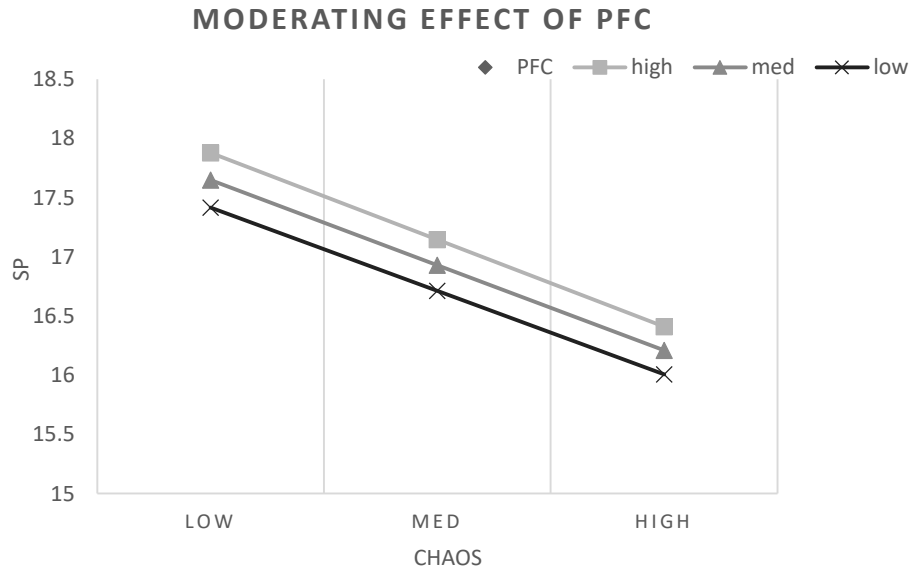
Variable	School Performance					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	16.8	1.1	15.0	.000	14.6	19.0
PFC	.05	.05	.963	.005	-.059	.175
CHAOS	-.18	.16	-1.11	.064	-.511	.140
PFC×CHAOS	-.001	.08	-.204	.003	-.019	.015
R^2			.31			
F			14.80			
ΔR^2			.30			

*Note. PFC= Problem focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.17 explains the moderating role of problem-focused coping in relationship with chaos and school performance. Findings suggest that problem focused coping significantly moderated the school performance (*B = -.001, R^2 = .31, F = 14.80, p < .05*) explaining the total variance of 31% in school performance.

Figure 4.6

Moderating Effect of Problem Focused Coping in Predicting School Performance among Adolescents



The graph shows that moderator problem focused coping (i.e. high, medium, low levels) weakened the effect of household chaos on school performance. High PFC showed high decline line with the interaction of chaos on SP. When the problem focused coping strategies are increasingly used by the adolescents, the association between household chaos and school performance is negative, which means that in case if the adolescents are using the problem focused coping strategies the school performance increases and household chaos decreases.

Table 4.18

Moderating effect of emotion focused coping with household chaos on school performance (N=400)

Variable	School Performance					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	16.1	1.4	11.5	.000	13.4	18.9
EFC	.05	.24	1.25	.210	-.033	.152
CHAOS	-.17	.04	-.704	.481	-.650	.307
EFC×CHAOS	-.010	.08	-.195	.084	-.017	.015
R^2			.32			
F			15.11			
ΔR^2			.31			

*Note. EFC= Emotion focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

In Table 4.18 the moderating role of emotion-focused coping in relationship with chaos and school performance. Findings suggest that emotion-focused coping did not accounted for a significant effect ($B = -.010$, $R^2 = .32$, $F = 15.11$, $p = .08$) in relationship between household chaos and school performance. The interaction effect of household chaos and emotion-focused coping on school performance is nonsignificant.

Table 4.19

Moderating effect of dysfunctional coping with household chaos on school performance (N=400)

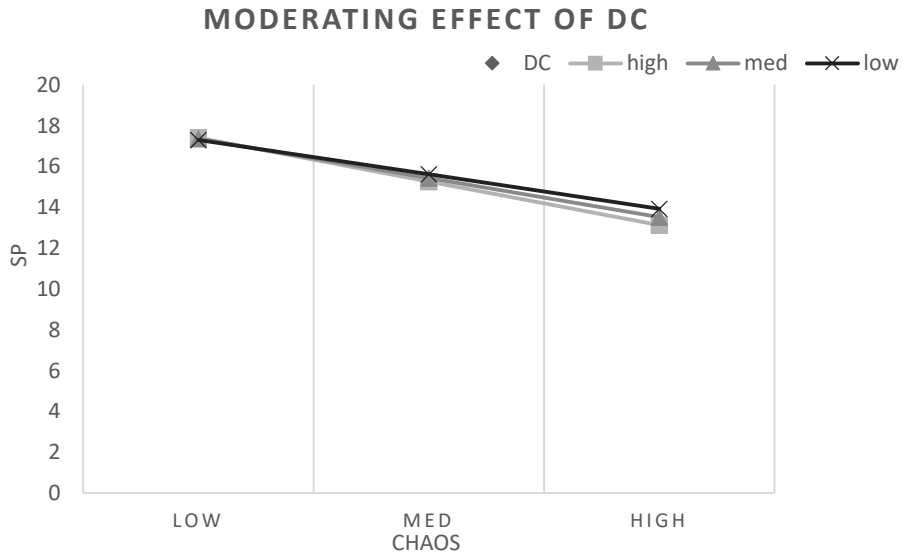
Variable	School Performance					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	17.2	1.0	17.1	.000	15.2	19.1
DC	-.02	.03	.648	.517	-.047	.094
CHAOS	-.17	.21	.828	.408	-.245	.603
DC×CHAOS	-.001	.07	-1.83	.016	-.028	.000
R^2			.32			
F			15.4			
ΔR^2			.32			

*Note. DC= Dysfunctional coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.19 explains the moderating role of dysfunctional coping in relationship with chaos and school performance. A significant interaction effect suggest that dysfunctional coping significantly moderated (*B = -.001, R^2 = .32, F = 15.4, p < .05*) the impact of household chaos on school performance while explaining the total variance of 32% in school performance.

Figure 4.7

Moderating Effect of Dysfunctional Coping in Predicting School Performance among Adolescents



Results of the moderation table are further described through the mod graph which depicts that dysfunctional coping (high, medium, low levels) significantly moderate the relationship between household chaos and school performance among adolescents. The graph shows that dysfunctional coping buffered the effect of household chaos on school performance.

Table 4.20

Moderating effect of problem focused coping with household chaos on peer relationship (N=400)

Variable	Peer Relationship					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	20.4	1.7	11.6	.000	17.2	23.9
PFC	.08	.09	-.944	.345	-.271	.095
CHAOS	-.01	.25	-.049	.960	-.521	.495
PFC×CHAOS	.002	.01	.911	.091	-.014	.039
R^2			.20			
F			5.92			
ΔR^2			.19			

*Note. PFC= Problem focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.20 explains the moderating role of problem-focused coping in relationships with chaos and peer relationship. Findings suggest that problem-focused coping did not accounted for predicting the peer relationship with chaos (*B = .002, R^2 = .20, F = 5.92, p = .09*). The interaction effect of household chaos and problem-focused coping on school performance is nonsignificant.

Table 4.21

Moderating effect of emotion focused coping with household chaos on peer relationship (N=400)

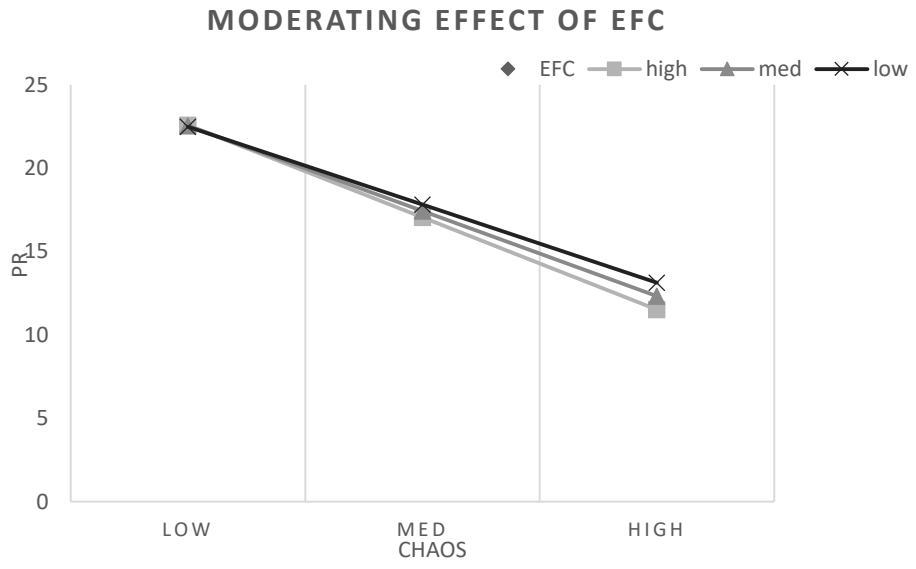
Variable	Peer Relationship					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	22.8	2.1	10.4	.000	18.5	27.1
EFC	.13	.07	-1.85	.014	-.281	.008
CHAOS	-.63	.37	-1.85	.005	-1.37	.112
EFC×CHAOS	-.003	.01	2.26	.023	.003	.054
R^2				.23		
F				7.39		
ΔR^2				.22		

*Note. EFC= Emotion focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.21 explains the moderating role of emotion-focused coping in relationship with chaos and peer relationship. The significant interaction term (*B = -.003, R^2 = .23, F = 7.39, p < .05*) reveals that emotion focused coping significantly moderated the peer relationship explaining the total variance of 23% in peer relationship.

Figure 4.8

Moderating Effect of Emotion Focused Coping in Predicting Peer Relationship among Adolescents



Results of moderation elaborated through the mod graph which reveals that emotion-focused coping (i.e. high, medium, low levels) buffered the effect of household chaos on peer relationship. When the emotion focused coping strategies are increasingly used by the adolescents, the association between household chaos and peer relationship is negative, which means that in case if the adolescents are using the emotion focused coping strategies the peer relationship get strengthen and household chaos effect decreases.

Table 4.22

Moderating effect of dysfunctional coping with household chaos on peer relationship (N=400)

Variable	Peer Relationship					
	B	*SE B*	*t*	*P*	95% CL	
					UL	*LL*
Constant	19.1	1.5	12.3	.000	15.9	22.0
DC	-.05	.05	-.009	.992	-.108	.107
CHAOS	-.74	.33	-2.24	.025	-1.39	-.091
DC×CHAOS	.003	.01	2.83	.421	.009	.054
R^2			.28			
F			11.50			
ΔR^2			.27			

*Note. DC= Dysfunctional coping, CHAOS= Confusion, Hubbub and Order Scale *p<.01, **p<.05. ***p < .001*

Table 4.22 explain the moderating role of dysfunctional coping in relationship with chaos and peer relationship. Findings suggest that dysfunctional coping did not accounted for a significant moderation in relationship between household chaos and peer relationship (*B= .003, R^2=.28, F=11.50, p= .42*). The interaction effect of household chaos and dysfunctional coping on peer relationships is nonsignificant.

Table 4.23

Moderating effect of problem focused coping with household chaos on family relationship (N=400)

Variable	Family Relationship					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	19.4	1.2	16.1	.000	17.4	21.7
PFC	.02	.06	-.344	.004	-.148	.104
CHAOS	-.50	.17	-2.82	.730	-.855	-.153
PFC×CHAOS	.001	.09	1.56	.110	-.003	.033
R^2			.32			
F			15.76			
ΔR^2			.31			

*Note. PFC= Problem focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.23 explain the moderating role of problem-focused coping in relationship with chaos and family relationship. Findings suggest that problem-focused coping did not moderate (*B = .001, R^2 = .32, F = 15.76, p = .11*) the relationship between household chaos and family relationship. The interaction effect of household chaos and problem-focused coping on family relationships is nonsignificant.

Table 4.24

Moderating effect of emotion focused coping with household chaos on family relationship (N=400)

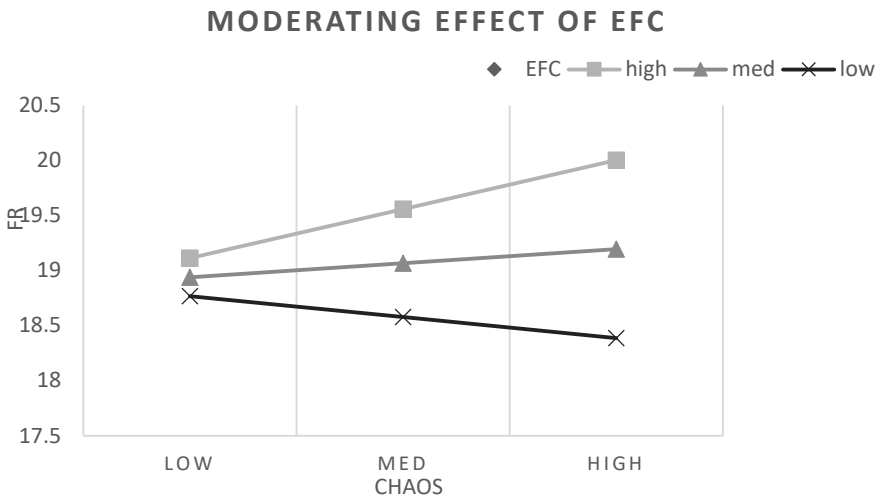
Variable	Family Relationship					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	18.3	1.5	12.15	.000	15.4	21.3
EFC	.02	.05	.422	.073	-.078	.122
CHAOS	-.51	.26	-2.17	.029	-1.08	-.055
EFC×CHAOS	.002	.08	1.30	.019	-.005	.028
R^2			.33			
F			16.17			
ΔR^2			.32			

*Note. EFC=Emotion focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Findings in table 4.24 suggest that emotion-focused coping significantly moderated (B = .02, R^2 = .33, F = 16.17, p < .05) the effect of household chaos on family relationship with explaining 33% variance in family relationship.

Figure 4.9

Moderating Effect of Emotion Focused Coping in Predicting Family Relationship among Adolescents



Mod graph further illustrates these findings and suggests that emotion focused coping weakened the relationship between household chaos and family relationship at low level while buffered at high and medium levels. When the emotion focused coping strategies are increasingly used by the adolescents at low level the association between household chaos and family relationship is negative, which means that in case if the adolescents are using the emotion focused coping strategies the family relationship get strengthen and household chaos effect decreases.

Table 4.25

Moderating effect of dysfunctional coping with household chaos on family relationship (N=400)

Variable	Family Relationship					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	19.8	1.8	18.3	.000	17.7	22.5
DC	-.34	.03	-.891	.373	-.111	.041
CHAOS	-.01	.23	-.059	.953	-.472	.444
DC×CHAOS	-.007	.08	-.874	.382	-.022	.008
R^2			.32			
F			15.39			
ΔR^2			.31			

*Note. DC= Dysfunctional coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05*

Table 4.25 explain the moderating role of dysfunctional coping in relationship with chaos and family relationship. Interaction values reveals that dysfunctional coping did not accounted for a significant relationship between household chaos and family relationship (*B = -.007, R^2 = .32, F = 15.39, p = .38*) explaining the total variance of 32% in family relationship. The interaction effect of household chaos and dysfunctional coping on family relationships is nonsignificant.

Table 4.26

Moderating effect of problem focused coping with household chaos on home duties/self-care (N=400)

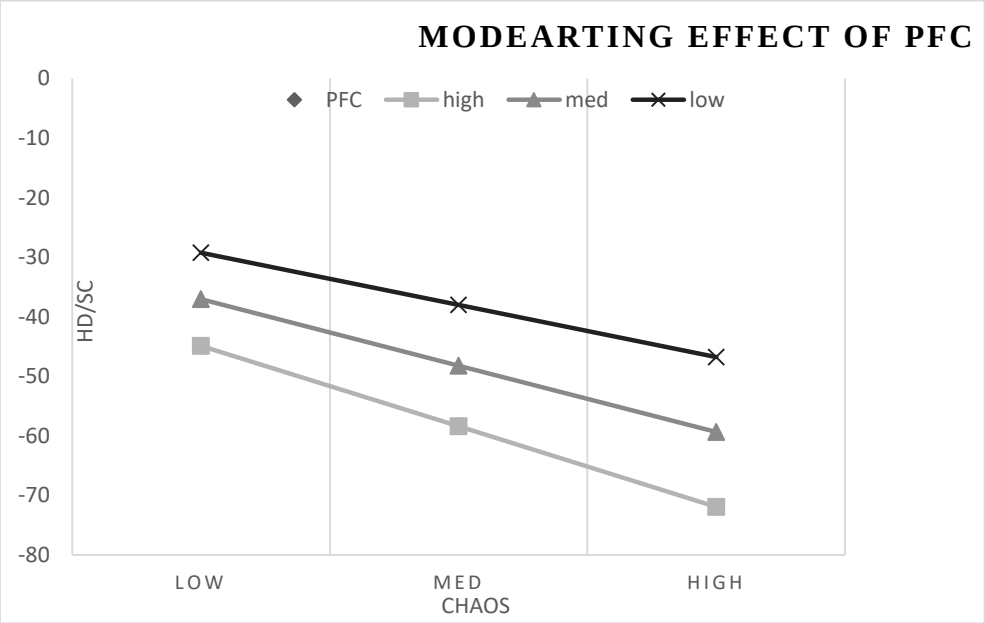
Variable	Home Duties/ Self-care					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	16.9	1.7	9.55	.000	13.4	20.4
PFC	.15	.09	1.67	.015	-.027	.344
CHAOS	-.19	.26	-.742	.058	-.710	.320
PFC×CHAOS	.001	.01	.094	.032	-.025	.028
R^2			.23			
F			7.85			
ΔR^2			.22			

*Note. PFC=Problem focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.26 explain the moderating role of problem focused coping in relationship with chaos and home duties/self-care. Interaction term suggest that problem focused coping significantly moderated ($B = .001$, $R^2 = .23$, $F = 7.85$, $p < .01$) the effect of household chaos on home duties/self-care explaining the total variance 23% in home duties/self-care.

Figure 4.10

Moderating Effect of Problem Focused Coping in Predicting Home Duties/Self-Care among Adolescents



The findings of the moderation table are further described through the mod graph (Figure 12) which depicts that problem-focused coping buffered the effect of household chaos on home duties/self-care. Problem focused coping strategies are increasingly used by the adolescents and the association between household chaos and home duties/self-care is negative, which means that in case if the adolescents are using the problem focused coping strategies the home duties/self-care increases and household chaos effect decreases.

Table 4.27

Moderating effect of emotion focused coping with household chaos on home duties/ self-care (N=400)

Variable	Home Duties/ Self-care					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	16.1	2.2	7.30	.000	11.8	20.5
EFC	.12	.07	1.70	.089	-.019	.274
CHAOS	-.49	.38	-1.28	.198	-1.25	.259
EFC×CHAOS	.001	.01	.849	.396	-.014	.036
R^2				.25		
F				9.25		
ΔR^2				.24		

*Note. EFC=Emotion focused coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

In Table 4.27 the moderating role of emotion-focused coping in relationship with chaos and home duties/self-care. Findings suggest that emotion-focused coping did not moderate the significant interaction between household chaos and home duties/self-care (*B= .001, R^2= .25, F=9.25, p=.39*) explaining the total variance of 25% in home duties/self-care. Interaction effect of household chaos and emotion-focused coping on home duties/self-care is nonsignificant.

Table 4.28

Moderating effect of dysfunctional coping with household chaos on home duties/ self-care (N=400)

Variable	Home Duties/ Self-care					
	B	*SE B*	*t*	*p*	95% CL	
					LL	*UL*
Constant	19.3	1.6	11.98	.000	16.1	22.4
DC	-.08	.05	.316	.755	-.095	.132
CHAOS	.10	.34	.312	.751	-.574	.791
DC×CHAOS	-.009	.01	-.819	.413	-.033	.013
R^2				.26		
F				5.78		
ΔR^2				.25		

*Note. DC= Dysfunctional coping, CHAOS= Confusion, Hubbub and Order Scale *p<.05.*

Table 4.28 explains the moderating role of dysfunctional coping in relationship with chaos and home duties/self-care. Interaction effect Findings suggest that dysfunctional coping did not accounted for a significant relationship between household chaos and home duties/self-care (*B= -.009, R^2=.26, F=5.78, p=.41*) explaining the total variance of 26% in home duties/self-care. Interaction effect of household chaos and dysfunctional coping on home duties/self-care is nonsignificant.

Demographic differences on study variables.

Gender wise differences presented in Table 4.29 on household chaos, mental health, social adaptive functioning, and coping strategies. To compare the means of two groups, t-test analysis is used (Yim, 2010). T-test display the parametric method and it is used when the sample show normality, independence, and variance. Independent t-test used for the current study data, to compare the means of two independent groups.

Table 4.29

Gender wise differences in household chaos, mental health, social adaptive functioning and coping strategies (N=400)

Variables	Boys (n= 163)		Girls (n=237)		*t*	*p*	95% CL		Cohen's d
	M	SD	M	SD			*LL*	*UP*	
CHAOS	4.03	3.31	4.74	3.67	-1.99	.047	-1.42	-.00	0.29
MHI	141.0	15.2	136.1	13.6	3.37	.001	2.05	7.78	0.33
PWB	49.6	11.7	51.4	12.0	-1.41	.158	-4.11	.670	0.41
PD	91.4	19.3	84.7	18.0	3.51	.000	2.92	10.36	0.15
CASAFS	69.7	7.87	68.7	7.73	1.36	.715	-.480	2.63	0.19
SP	17.0	2.35	16.8	2.65	1.00	.316	-.247	.766	0.22
PR	19.7	3.86	19.8	3.82	-.372	.710	-.913	.623	0.30
FR	18.1	2.50	17.8	2.88	1.17	.239	-.219	.876	0.21
HD/SC	19.3	4.42	18.8	3.51	1.24	.215	-.287	1.27	0.15
BCS	76.1	9.66	74.2	9.64	1.91	.056	-.048	3.81	0.33
PFC	18.8	4.77	17.5	3.50	3.14	.002	.487	2.11	0.31
EFC	29.7	3.64	28.4	4.60	3.02	.003	.456	2.15	0.21
DC	27.5	5.34	28.2	4.76	-1.41	.158	-1.72	.281	0.11

Note. CHOAS= Confusion, Hubbub and Order Scale; MHI= Mental Health Inventory; PWB= Psychological Well Being; PD= Psychological Distress; CASAFS= Child and Adolescent Social Adaptive Functioning Scale; SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD= Home duties/ Self-care; BCS= Brief Cope Scale; PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
*$p < .01$, **$p < .05$.

Table 4.29 shows the mean difference between girls and boys on study variables. Results indicate that there are significant differences in mean scores of girls and boys on different scales and subscales of study variables. Significant differences were observed on mean scores and it shows that boys experience high on mental health, psychological distress, school performance, family relationships, home duties, problem-focused and emotion-focused coping strategies. Girls scored high on chaos, psychological wellbeing, peer relationships, and on dysfunctional coping strategies. However, on all other variables, non-significant differences were observed. Overall results indicate that Effect size on matrices represent that some variables SP and EFC have medium effect size while all other have small effect size.

Table 4.30

Mean differences with family system in household chaos, mental health, social adaptive functioning and coping strategies (N=400)

Variables	Nuclear (n= 202)		Joint (n=198)		*t*	*p*	95% CL		Cohen's d
	M	SD	M	SD			*LL*	*UP*	
CHAOS	4.31	3.42	4.69	3.66	.792	.042	-.416	.978	0.32
MHI	139.7	14.2	137.2	14.9	1.26	.206	-1.01	4.68	0.35
PWB	50.9	12.1	50.4	11.8	.342	.732	-1.94	2.77	0.29
PD	88.1	19.1	88.7	18.5	.757	.450	-2.27	5.13	0.42
CASAFS	68.5	7.11	69.7	8.41	-1.60	.010	-2.77	.282	0.48
SP	17.5	2.67	16.7	2.37	1.11	.267	-.216	.780	0.25
PR	19.6	3.74	19.9	3.92	.843	.040	-.431	1.07	0.40
FR	17.6	2.67	18.2	2.77	-2.36	.019	-1.17	.108	0.41
HD/SC	18.6	3.05	19.4	4.63	-2.06	.039	-1.57	.039	0.53
BCS	74.9	10.9	76.8	9.15	-2.15	.032	-3.97	.180	0.33
PFC	17.5	3.68	18.6	4.42	-2.77	.006	-1.93	.331	0.52
EFC	28.6	4.38	29.2	4.16	-1.22	.221	-1.36	.317	0.50
DC	27.7	5.09	28.1	4.94	-.835	.404	-1.40	.568	0.49

Note. CHOAS= Confusion, Hubbub and Order Scale; MHI= Mental Health Inventory; PWB= Psychological Well Being; PD= Psychological Distress; CASAFS= Child and Adolescent Social Adaptive Functioning Scale; SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD= Home duties/ Self-care; PFC= Problem Focused Coping; EFC= Emotion Focused Coping; DC= Dysfunctional Coping.
**p < .01, **p < .05.*

In Table 4.30 mean differences related to the family system were presented. Results indicate that there are significant differences in means of the nuclear and joint family systems on different scales and subscales of study variables. Significant differences were observed on chaos, social adaptive functioning, peer relationship, family relationship, home duties/self-care, coping strategies, and problem-focused coping strategies. However, on all other variables, non-significant differences were observed. Overall results indicate that Effect size on matrices represent that some variables PFC and EFC have medium effect size while all other have small effect size.

Table 4.31

Socioeconomic level wise differences among Adolescents across major constructs of the study (N=400)

Variables	Lower SES (n=152)		Middle SES (n=177)		Upper SES (n=71)		*F*	*p*	η^2
	M	*SD*	*M*	*SD*	*M*	*SD*			
CHAOS	4.57	3.49	3.50	2.65	4.07	3.39	1.20	.049	.00
PWB	49.3	12.2	52.4	11.9	49.1	11.1	3.50	.031	.01
PD	86.5	19.8	87.1	17.6	90.2	19.5	.964	.382	.00
SP	16.6	2.52	16.9	2.49	17.4	2.60	2.66	.050	.01
PR	19.2	3.72	20.1	4.04	20.0	3.45	2.29	.039	.01
FR	17.0	2.80	19.0	2.78	17.6	2.50	2.18	.040	.00
HD/SC	19.1	4.63	18.9	3.52	19.1	3.10	.114	.229	.00

Note. CHAOS= Confusion, Hubbub and Order Scale, PWB= Psychological Well Being; PD= Psychological Distress; CASAFS= Child and Adolescent Social Adaptive Functioning Scale; SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD= Home duties/ Self-care**p < .01, **p < .05.*

Table 4.31 shows the differences among adolescents on study variables with reference to the socioeconomic status on the basis of the family monthly income. It was determined that there are very few mean differences found on study variables across different socio-economic

groups. In the case of CHAOS, PWB, SP, PR and FR mean differences have been observed at a significant level. Post hoc analysis was computed to see the mean differences across different groups. Post hoc analysis showed significant differences in relation to the three groups of income. Bonferroni post-hoc test used for a set of planned comparisons between different income groups.

Table 4.32

Post Hoc Analysis for Mean Differences in CHAOS and Mental Health across different Income Groups (N=400)

Variables	(I) Income Group	(J) Income Group	Mean Difference	S.E.	*p*	95% CI	
						LL	UL
CHAOS	Lower class	Middle class	1.62**	.392	.049	-.707	.835
		Upper class	.501	.510	.326	-.501	1.50
PWB	Lower class	Middle class	3.08*	1.31	.020	-5.67	-.491
		Upper class	.275	1.71	.872	-3.09	3.64
	Upper class	Lower class	-.275	1.71	.872	-3.64	3.09
		Middle class	3.35*	1.67	.046	-6.64	-.066
PD	Lower class	Middle class	-.582	2.08	.780	-4.67	3.51
		Upper class	-3.66	2.70	.177	-8.98	1.65
	Upper class	Lower class	3.66	2.70	.177	-1.65	8.98
		Middle class	3.08	2.64	.245	-2.11	8.28

Note. CHAOS= Confusion, Hubbub and Order Scale, PWB= Psychological Well Being; PD= Psychological Distress. *$p < .01$, **$p < .05$.

Following the one-way ANOVA, Post Hoc analysis was run and is tabulated to determine the differences along with varying income groups across both mental health domains. Table 4.32 shows the finding of Post Hoc analysis for mean differences in CHAOS between lower and middle-class income groups. Results explain that on CHAOS significant differences were found between lower and middle class (p <.05) whereas no significant differences were observed between lower and upper class.

Primarily, based on the individual distribution of monthly income, three groups are identified which include the lower class, middle class, and upper class. Results indicate the significant differences in psychological wellbeing between the lower and middle class ($p < .05$). Whereas no significant differences were observed across various income groups in psychological wellbeing.

Table 4.33

Post Hoc Analysis for Mean Differences in Social Adaptive Functioning across different Income Groups (N=400)

Variables	(I) Income Group	(J) Income Group	Mean Difference	S.E.	*p*	95% CI	
						LL	UL
SP	Lower class	Middle class	-.365	.279	.191	-.91	.18
		Upper class	.824**	.362	.024	-1.53	-.11
	Middle class	Lower class	.365	.279	.191	-.18	.91
		Upper class	-.459	.354	.196	-1.15	.23
PR	Lower class	Middle class	.874**	.423	.039	-1.70	-.04
		Upper class	-.752	.549	.172	-1.83	.32
	Middle class	Lower class	.874**	.423	.039	.04	1.70
		Upper class	.121	.537	.821	-.93	1.17
FR	Lower class	Middle class	.181**	.303	.050	-.77	.41
		Upper class	.238	.394	.546	-.53	1.01
	Upper class	Lower class	-.238	.394	.546	-1.01	.53
		Middle class	-.419	.385	.276	-1.17	.33
HD/SC	Lower class	Middle class	-.204	.434	.209	-.64	1.05
		Upper class	.065	.564	.907	-1.04	1.17
	Upper class	Lower class	-.065	.564	.907	-1.17	1.04
		Middle class	.138	.551	.802	-.945	1.22

Note. SP= School Performance; PR= Peer Relationship; FR= Family Relationship; HD= Home duties/ Self-care*$p < .01$, **$p < .05$.

Table 4.33 presenting the results of Post Hoc analysis related to mean differences among different socioeconomic groups with subscales of Child and Adolescents Social Adaptive Functioning Scale (CASAFS). Mean differences were computed across four subscales of CASAFS named as, school performance, peer relationship, family relationship,

and home duties/self-care. Results explain that on school performance significant differences were found between lower and upper class ($p < .05$) whereas no significant differences were observed between lower and middle class, while on family relationship and peer relationship significant differences were found between lower and middle class ($p < .05$) whereas no significant differences were observed between any income group on home duties/self-care.

CHAPTER 5

DISCUSSION

5.1 Summary

The objective of the main study was to look into the effect of household chaos on mental health as well as social adaptive functioning of adolescents. Moreover, the study was purported to examine the part of coping strategies in relationship with household chaos, mental health, and social adaptive functioning between adolescents. This chapter is focused on the discussion of findings as per the previous literature, hypotheses, and the model proposed for the study (chapter 1). Furthermore, limitations, conclusions, implications, and suggestions for future research are also discussed in this chapter.

Numerous techniques have been implemented to analyze the data of the main study concerned with various objectives and hypotheses of the main study. The sequence is as follows: initially, psychometric indices and measurement models of the main study are discussed followed by direct effects in terms of correlation matrices. Afterward, regression models are conferred at multiple levels leading up to the discussion of interaction effects (moderation) of coping strategies that are justified in the regard of relevant literature. Eventually, demographic differences are discussed along with the test and analysis of variance.

The main study (Part III) consisted of 400 sample to fulfill the study objectives, testing of hypotheses, and analyses. All the participants were recruited through convenient sampling technique who were meeting the inclusion criteria of being an adolescent student as it was the requirement of one scale (school performance on CASAFS). The main concerns related to demographics were the family system and total family members in a home. Findings of all the instruments highlighted the sound reliability and validity of scales.

Research specifically designed for adolescents, as adolescence is a marked transitional period in human development in which an individual involves in the physical and psychosocial changes. This progress includes significant physical, physiological, mental, emotional, social, and intellectual changes (Santrock, 2005). Adolescence is a sensitive period in which an individual seems to be more vulnerable to stressors. Those stressors create conflicts in an individual's life that affect the mental health as well as academic period (Morgan & Todd, 2009; McGee & Williams, 2000; Mohay & Forbes, 2009; Schumacher & Kurtz, 2000).

5.2 Psychometric Properties

Initially, psychometric characteristics of all the scales were attained. Alpha coefficient of all scales and subscales were calculated. To reconfirm the reliabilities of all the scales and subscales psychometric properties were obtained with a large sample (n = 400) in the main study. According to the main study results, Table 4.1 presents the alpha coefficient values ranges between .61 to .95 which lie in a satisfactory range and shows good reliability and internally consistent instrument. Skewness and kurtosis values also lie in an acceptable range and indicate that data is normally distributed. Alpha coefficient values above .70 are considered to be acceptable while above .80 are more preferable values for a good reliability (Serbetar & Sadler, 2016).

5.3 Factor Structure of CASAFS

To determine the factor structures of the Child and Adolescent Social Adaptive Functioning Scale, Confirmatory Factor Analysis (CFA) was carried out. CASAFS was originally developed by Spence et al (2000) and Price (2002) examined its psychometric traits. CFA analysis was done by using AMOS (version 20). Results of the CFA approved the four-factor structures of CASAFS. Factor-loading values of four items were almost equal to .40, which is acceptable. Values of CFI are .90 and NFI .92 are greater than .90 which also lie in an

acceptable range. Findings with a 24-item scale revealed that the RMSEA value .089 which did not lie in the desirable range which is .08. It was decided to run the second-order confirmatory analysis to improve the value of RMSEA. As a result of second-order analysis with CASAFS, the value obtained was .079 which lies in the acceptable range (.08) that indicates a good fit model. Significant value in the model summary table of AMOS analysis shows that model is a good fit. The values of confirmatory analysis of CASAFS are consistent with the original version of scale in which CFA was run to confirm the four-factor model of CASAFS (Price et al., 2002). The model fit of Urdu translated version of CASAFS with the original scale reinforce the use of CASAFS among adolescents in Pakistani culture.

5.4 Intercorrelation among all the study variables

The first eight hypotheses of the main study were formulated to predict the relationship between household chaos, mental health, social adaptive functioning, and coping strategies. Inter correlation matrix (Table 4.4) showed the relationship between household chaos, mental health, social adaptive functioning, and coping strategies. According to the results, first hypothesis support that household chaos had a significant negative correlation with mental health which indicates that more chaos at home predicts a low level of mental health. Adolescents who suffer from household chaos pertain to be affected with mental health. These findings are consistent with research conducted by Klemfuss (2018) to examine the effect of household chaos on mental health. Psychological well-being significantly negatively correlated with household chaos which showed that individuals with chaos scored low on psychological wellbeing. In line with the previous study, stress of household chaos is related to psychological wellbeing (Cooper & Marshall, 1976). Previous literature has shown that household chaos affects psychological wellbeing (Deater-Deckard et al., 2012). The theory of chaos explains that psychological wellbeing gets affected by the harmful risk factors of home chaos among adolescents (Gonzales et al., 2007). On the other hand, psychological distress showed a

significant positive correlation with household chaos, which is in support of second hypothesis. A previous study also revealed that a crowded home environment is correlated with psychological distress (Zvara et al., 2014).

Household chaos showed a significant negative correlation with social adaptive functioning and with all its subscales. More chaos at home predicts social dysfunction among adolescents. These findings are consistent with a previous study on household chaos and executive functioning. It was suggested from the result that household chaos is a risk factor for executive functioning and influences the adaptive functioning of adolescents (Brieant et al., 2017). Household chaos is associated with school performance. Individuals with chaotic home environments exhibit low academic achievement and less adaptive behavior (Evans, 2006). Chaos in a home environment provides a poor condition for learning for a student (Johnson et al., 2008). Household chaos has also been found to be a mediator between parent-child relationships. Household chaos affects parenting and as a result of this worst outcome of child behavior observed (Marsh et al., 2020). One hypothesis was formulated based on assumption that mental health and social adaptive functioning have a relationship. A significant positive correlation was observed between mental health and social adaptive functioning of adolescents (Table 15). These findings explain that an individual with good mental health had performed better functioning on different domains of CASAFS which were school performance, home duties/self-care, peer relationship, family relationship. In the favor of these findings, previous research was conducted with youth and the results suggest that social and adaptive functioning is associated with academic performance, behavior, mental health, social competence, and wellbeing of an individual (Buckner et al., 2009).

5.5 Predictive Role of Study Variables for Mental Health and Social Adaptive Functioning

For all study variables, regression analysis was run to find out the cause and effect relationship. For this purpose, multiple regression analysis was carried out. Multiple regression analysis was also executed with predicting variables such as coping strategies and chaos, (emotion-focused coping, problem-focused coping, and dysfunctional coping) with outcome variables that were mental health (psychological wellbeing and psychological distress) and social adaptive functioning (family relationship, school performance, peer relationship, and home duties/self-care). Coping is defined as the behavioral and cognitive strategies that are used by individuals to manage and handle environmental stressors. Coping strategies are the mechanism used by an individual to cope with stressful events. Coping strategies used to minimize the negative feelings caused by stressful events (Zaman & Ali, 2014). Results presented in tables (4.5-4.10) explains the multiple regression analyses which were performed to see the effect of household chaos and coping strategies (emotion-focused coping, problem-focused coping, dysfunctional coping) on mental health (psychological wellbeing and psychological distress) and social adaptive functioning (family relationship, school performance, peer relationship, and home duties/self-care).

Multiple regression analysis was performed to see the effect of household chaos and coping strategies (emotion-focused coping, problem-focused coping, dysfunctional coping) on psychological wellbeing. Psychological wellbeing refers to the efficacy in working, hopefulness, complete emotional state, self-acceptance, autonomy, personal growth, and positive functioning (Keyes et al., 2002). Results presented in table 4.5 explain the 42% variance of household chaos and coping strategies jointly with the F ratio ($F = 21.7$). Household chaos appeared to be a significant negative predictor of psychological wellbeing and the beta value explained .59 units decrease in psychological wellbeing. Previous literature has shown that household chaos affects psychological wellbeing and minimizes optimal functioning (Deater-Deckard et al., 2012). Problem focused coping appeared to be the strongest positive

predictor of psychological wellbeing and the beta value of problem focused coping explains the .09 units increase in psychological wellbeing. This finding is in line with a study predicting the role of coping for psychological wellbeing. It was concluded that higher use of problem focused coping predicts psychological wellbeing (Cai et al., 2020). Emotion focused coping appeared to be a significant positive predictor of PWB and the beta value of emotion focused coping showed .13 units increase in psychological wellbeing. Emotion focused coping decreases the stress level and contributes to enhancing the psychological wellbeing (Jang et al., 2019). Dysfunctional coping appeared to be a negative predictor of psychological wellbeing and beta value explained -.26 units decrease in psychological wellbeing. Avoidance coping or dysfunctional coping strategy is related to depressive symptoms and poor adaptation or maladjustment (Griffith et al., 2000).

Multiple regression analysis was performed to see the effect of household chaos and coping strategies (emotion-focused coping, problem-focused coping, dysfunctional coping) on psychological distress. Psychological distress is refer to the state of emotional suffering and is embedded with terms such as stress, strain, and distress (Selye, 1974). Findings explain that household chaos and coping strategies jointly explain the 50% of total variance with a significant F ratio (F=33.2). Household chaos appeared to be a significant positive predictor of psychological distress and the beta value explained .15 units decrease in psychological distress. Anxiety and depressive symptoms are the factors caused by chaos at home and are characterized by behavioral problems and distress (Sanders & Abaied, 2015). Problem focused coping appeared to be a significant negative predictor of psychological distress and the beta value explains -.01 units decrease in psychological distress. Emotion focused coping appeared to be a significant negative predictor of psychological distress. Beta value explained by emotion focused coping shows -.38 units decrease in psychological distress. These findings are in line with the study of coping strategies with psychological distress. High scores on problem

focused coping and emotion focused coping reflect the low score on symptoms of psychological distress (Chang et al., 2007). Dysfunctional coping appeared to be a significant positive predictor of psychological distress. Beta value of dysfunctional coping explains .13 units increase in psychological distress. In a previous study with dysfunctional coping and psychological distress, it was suggested that the dysfunctional coping mechanism rendered the psychological distress and makes a person more vulnerable toward general stress (Neville et al., 1997).

Table 4.7 shows the results of multiple regression analysis which was performed to see the impact of household chaos and coping strategies (problem-focused coping, emotion-focused coping, dysfunctional coping) on school performance. School performance is attributed to the learning skills, and academic achievement of a student (Maslowski, 2001). Results explain the 40% variance of household chaos and coping strategies with a significant F ratio (F=21.7). Household chaos appeared to be a significant negative predictor of school performance and the beta value explained .21 units decrease in school performance. A previous study explained that individuals with chaotic home environments exhibit poor school performance and hence low academic achievement (Evans, 2006). Problem focused coping appeared to be a significant positive predictor of school performance and the beta value explains .02 units increase in school performance by problem focused coping. Problem-focused coping has a significant positive correlation with school performance and self-efficacy (Taiwo, 2015). Emotion focused coping appeared to be a significant positive predictor of school performance. Beta value of emotion focused coping explains .04 units increase in school performance. Emotion-focused coping buffer the student's stress level and prepare them for adverse events and its outcomes (Riolli et al., 2012). In another study that support these findings was, emotion-focused coping help the students to regulate their negative emotions that were affected by the failure in the study (Tuazon, 2014). DC appeared to be a negative predictor

of school performance and the beta value shows -.03 units decrease in SP. Previous literature supports these findings and concludes that inadequate use of coping strategies produced a range of problems among adolescents. The dysfunctional coping mechanism used by a student leads to failure in exams, anxiety, violence, and poor academic performance (Kovacs, 1997).

In a family setting, relationships are a fundamental element to build up a strong bond and to overcome the level of stress and depression (Horn et al, 2013). Satisfactory relationships in a family unit are associated with the mental health of adolescents and adults and might reduce the level of distress, depression, and anxiety (Wade & Pevalin, 2004). Results in table 19 showed the multiple regression analysis with household chaos and coping strategies (problem-focused coping, emotion-focused coping, dysfunctional coping) predicting the effect on peer relationships. Findings explain the 32% variance of household chaos and coping strategies jointly with a significant F ratio (F = 12.0). Household chaos appeared to be a significant negative predictor of peer relationship and the beta value explained .18 units decrease in peer relationship. A chaotic home is described as having noise, crowd, disturbance, and irregularity (Vernon-Feagans et al., 2012). A high level of chaos at home and in the life of a person disturbs his/her connections (Grolnick & Farkas, 2002). Problem focused coping appeared to be a positive predictor of peer relationship with the beta value -.02 units which shows the decrease in peer relationship. Emotion focused coping appeared to be a significant positive predictor of peer relationship. Beta value explains .01 units increase in peer relationship. These findings are in line with a previous study, which was conducted to see the effect of emotion-focused coping on stressful peer-related situations. It was concluded that emotion-focused coping helps in maintenance the peer relationship and minimize the stressful condition (Washburn-Ormachea et al., 2004). Dysfunctional coping appeared to be a negative predictor of peer relationship and the beta value explains .12 units increase in peer relationship.

Multiple regression analysis was performed to see the impact of household chaos and coping strategies (emotion-focused coping, problem-focused coping, dysfunctional coping) on family relationships. Results presented in table 20 explain the 25% variance of household chaos and coping strategies with a significant F ratio (F = 6.64). Household chaos appeared to be a significant negative predictor of family relationship and the beta value explained .21 units decrease in family relationship. Household chaos affects parenting and as a result of this worst outcome of child behavior observed (Marsh et al., 2020). Problem focused coping appeared to be a positive predictor of family relationship and the beta value explains .03 units increase in family relationship. Emotion focused coping appeared to be a positive predictor of family relationship. Beta value of emotion focused coping explains .07 units increase in a family relationship. Dysfunctional coping appeared to be a negative predictor of the family relationship and the beta value shows -.07 units decrease in a family relationship. Coping strategies are used to deal with family conflicts and relationship problems among family members. An individual used problem-solving coping mechanisms, emotional coping strategies to regulate the emotions while dysfunctional or avoidance coping to minimize the conflicts (Makela & Suutari, 2011).

A child who is raised in a chaotic home environment exhibits behavioral issues (Cavanagh & Huston, 2006). These behavioral issues are the risk factors and become persistent for adolescents period (Liu, 2004). Results in table 4.10 showed the multiple regression analysis with household chaos and coping strategies (emotion-focused coping, problem-focused coping, dysfunctional coping) predicting the effect on home duties/self-care. Findings explain the 35% variance of household chaos and coping strategies jointly with a significant F ratio (F = 14.1). Household chaos appeared to be a significant negative predictor of duties/self-care and the beta value explained .15 units decrease in duties/self-car. Household chaos illustrates the disturbed and disorganized picture of a home. Lack of routines in a home is

correlated with the poor performance of home tasks (Larsen & Jordan, 2020). Problem focused coping appeared to be a significant positive predictor of duties/self-care and the beta value explains .09 units increase the duties/self-care. These findings are consistent with the study of Herman et al., (2009), which suggested that problem-focused coping is positively related to work tasks. EFC appeared to be a positive predictor of duties/self-care and the beta value shows the .15 units increase in duties/self-care. Dysfunctional coping appeared to be a negative predictor of home duties/self-care and the beta value explains .05 units decrease in duties/self-care.

5.6 Moderating Role of Coping Strategies

The moderating role of coping strategies in relationship with household chaos, mental health, and social adaptive functioning was supposed to be tested in the third hypothesis of the research. Moderation analysis was carried out through the process macro model (Hayes, 2013). Coping strategies such as problem-focused coping, emotion-focused coping, and dysfunctional coping were tested with all the outcome variables which were psychological wellbeing, psychological distress, school performance, peer relationship, family relationship, and home duties/self-care to find out the strength of the relationship.

Problem focused coping is adaptive in nature as it involves efforts in solving the problems rather than withdrawing and escaping from the situation (Baker & Berenbaum, 2007) which ultimately decreases psychological distress in long run among individuals, and decreases the impact of chaotic environment (Folkman & Moskowitz, 2000). Results of problem-focused coping with chaos and psychological wellbeing suggest that problem focused coping significantly moderated the relationship between household chaos and psychological wellbeing. The mod graph depicts that problem focused (i.e. high, medium, low levels) buffered the relationship between household chaos and psychological wellbeing among adolescents. The significant interaction term reveals that emotion focused coping significantly

moderated the psychological wellbeing. Results of moderation elaborated through the mod graph which reveals that emotion-focused coping (i.e. high, medium, low levels) buffered the effect of household chaos on psychological wellbeing. Table demonstrates the moderating role of dysfunctional coping in relationships with chaos and psychological wellbeing. Interaction values suggest that dysfunctional coping did not accounted for a significant moderation effect in the relationship between household chaos and psychological wellbeing among adolescents.

Problem-focused coping significantly moderated the psychological distress. The findings of the moderation table described through the mod graph which shows that moderator problem focused coping (i.e. high, medium, low levels) weakened the effect of household chaos on psychological distress. The results of the present study are consistent with the existing literature (Stanton et al., 2000) which indicated that problem focused coping moderated the relationship between chaotic home environment and neurotic disorders. Results of moderating role of emotion-focused coping in relationship with chaos and psychological distress reveals that emotion focused coping significantly moderated the psychological distress. Results of moderation elaborated through the mod graph which reveals that emotion-focused coping (i.e. high, medium, low levels) buffered the effect of household chaos on psychological distress. A significant interaction effect of dysfunctional coping and chaos suggest that dysfunctional coping significantly moderated the impact of household chaos on psychological distress. Research conducted by Carver et al. (1989) found that high DC would exacerbate the association between stress and well-being. In other words, DC may deteriorate the buffer of household chaos to decrease well-being and increase psychological distress (Chao, 2012). These results are further explicated through the mod graph (Figure 9) which defines this moderation effect at high, medium and low levels. The pattern of lines show that at all the levels of dysfunctional coping boosted the effect of household chaos on psychological distress.

Problem-focused coping significantly moderated the school performance. Results of existing study conducted by Hanscombe, et al (2011) identified the relationship between chaos and school performances are consistent with the current study according to which children perform well in school tend to come from homes that are quieter, more organized and have a predictable routine, regardless of socioeconomic status (Evans, 2006). Mod graph (Figure 10) shows that moderator problem focused coping (i.e. high, medium, low levels) weakened the effect of household chaos on school performance. Results of moderating role of emotion-focused coping in relationship with chaos and school performance suggest that emotion-focused coping did not accounted for a significant effect in relationship between household chaos and school performance. This was confirmed by the study of Greer et al., (2015) which suggested that greater use of EFC might be considered adaptive and associated with high school performance. A significant interaction effect suggest that dysfunctional coping significantly moderated the impact of household chaos on school performance. The graph shows that dysfunctional coping buffered the effect of household chaos on school performance.

Findings suggest that problem-focused coping did not accounted for predicting the peer relationship with chaos. The interaction effect of household chaos and problem-focused coping on school performance is non-significant. The significant interaction term reveals that emotion focused coping significantly moderated the peer relationship. Results of moderation elaborated through the mod graph which reveals that emotion-focused coping (i.e. high, medium, low levels) buffered the effect of household chaos on peer relationship. Findings suggest that dysfunctional coping did not accounted for a significant moderation in relationship between household chaos and peer relationship.

The interaction effect of household chaos and problem-focused coping on family relationships is non-significant. Findings suggest that problem-focused coping did not moderate the relationship between household chaos and family relationship. Emotion-focused

coping significantly moderated the effect of household chaos on family relationship. Mod graph further illustrates these findings and suggests that problem focused coping weakened the relationship between household chaos and family relationship at low level while buffered at high and medium levels. Interaction values reveals that dysfunctional coping did not accounted for a significant relationship between household chaos and family relationship. Paula & Zanini (2011), highlighted that PFC is linked with better adaptation and with higher levels of resiliency and positive affects which minimizes the impact of disorganization in home.

Table 4.26 explain the moderating role of problem focused coping in relationship with chaos and home duties/self-care. Interaction term suggest that problem focused coping significantly moderated the effect of household chaos on home duties/self-care. The findings of the moderation table are further described through the mod graph (Figure 4.10) which depicts that problem-focused coping buffered the effect of household chaos on home duties/self-care. Interaction effect of household chaos and emotion-focused coping on home duties/self-care is non-significant. These result are confirmed by past research which stated that EFC tended to be maladaptive in nature because this focuses more on the self, distressing and negative emotions rather than coping with the situations and solving the problems which blocks the way of moving forward and acting in an optimistic way and increases the psychological distress (Wang & Yeh, 2005). Interaction effect Findings suggest that dysfunctional coping did not accounted for a significant relationship between household chaos and home duties/self-care.

In a previous study with adults, it was concluded that coping mechanisms help to reduce the stressful events which affect mental health. Coping efficacy plays an important role to improve the mental health of adolescents (Aldwin, 1987). Another study also reveals, problem-focused coping had a minor effect on emotional suffering but did alleviate the upcoming problems (Menaghan, 1982).

5.7 Mean Differences with Demographic Variables

The t-test analysis and one-way ANOVA were also appealed to probe the variation between different kinds of demographic grouping and to check the mean differences. In the present study, total family income was weighed up with the study variables. The results showed clear differences in some of the study variables. To find out the gender differences among boys and girls, a t-test was applied. It was found that the mean score between boys and girls was different at only one variable which was psychological distress, a subscale of mental health. Based on findings, it was observed that girls showed less psychological distress as compared to boys. These findings are consistent with a previous study based on gender wise differences on psychological distress. It was observed that boys scored high on psychological distress as compared to girls (Hagedoorn et al., 2000). All other study variables represented no mean score differences. Significant differences were observed on chaos, mental health, psychological distress, coping strategies, problem-focused and emotion-focused coping variables. However, on all other variables, non-significant differences were observed. Overall results indicate that Effect size on matrices represent that some variables SP and EFC have medium effect size while all other have small effect size.

In table 4.29 mean differences related to the family system were presented. Results indicate that there are significant differences in means of the nuclear and joint family systems on different scales and subscales of study variables. Significant differences were observed on chaos, social adaptive functioning, peer relationship, family relationship, home duties/self-care, coping strategies, and problem-focused coping variables. Family members in a home and noises affect the academic performance of an individual (Quaid et al., 2001). However, on all other variables, non-significant differences were observed. Overall results indicate that Effect size on matrices represent that some variables PFC and EFC have medium effect size while all

other have small effect size. Lack of interaction is a factor in a nuclear and joint family system (Vincent, 1967). Mental health crises are linked with the family system.

Adolescents who have a high level of household chaos and SES factor seems to be poor in their executive functioning and school readiness (Blair & Raver, 2015). Table 42 shows the differences according to the socioeconomic status on the basis of the monthly income of adolescents along with study variables with total sample. It has been seen that there are very few mean differences found among all variables across different socio-economic groups. In the case of CHAOS, PWB, SP, PR and FR mean differences have been observed at a significant level. Individuals with the poverty line appeared to be poor in academic achievement (Sirin, 2005). Post hoc analysis was computed to see the mean differences across different groups. One of the study revealed that poor executive functioning is related to the vulnerable environments such as SES (Blair, 2010). Data labels indicate that girls with lower class family show a high level of household chaos as compared to middle and upper class.

Following the one-way ANOVA, Post Hoc analysis was run and is tabulated in tables 4.30-4.32. Post Hoc analyses were used to determine the differences along with varying income groups across both mental health and social adaptive functioning domains. Primarily, based on the individual distribution of monthly income, three groups are identified which include the lower class, middle class, and upper class. Post Hoc analysis for mean differences on CHAOS between lower and middle-class income groups. Results explain that on CHAOS significant differences were found between lower and middle class ($p < .05$) whereas no significant differences were observed between lower and upper class. In a study with SES and mental health issues, it was observed that SES is associated with mental health illness among different populations or cultures (Cockerham, 1990). Results indicate the significant differences in psychological wellbeing between the lower and middle classes ($p < .05$). Whereas no significant differences were observed between the lower and upper classes of PWB.

Individuals with low SES are more prone to mental health issues due to a lack of medical care providence (Newacheck et al., 1996). Post Hoc analysis related to mean differences among the subscales of Child and Adolescents Social Adaptive Functioning Scale (CASAFS) with socio-economic groups. Mean differences were computed across four subscales of CASAFS named as, school performance, peer relationship, family relationship, and home duties/self-care.

Individuals with the poverty line appeared to be poor in academic achievement (Sirin, 2005). Results explain that on SP significant differences were found between lower and upper class ($p < .05$) whereas no significant differences were observed between lower and middle class. Chaos at home and SES has a direct effect on children's school readiness issues (Sarsour et al., 2011). FR and HD/SC showed significant differences between lower and middle class ($p < .05$) whereas no significant differences were observed between lower and middle class. Overall results reveal that individuals who belong to lower-income class groups tend to be affected more by household chaos, mental health, and social adaptive functioning. Adolescents who have a high level of household chaos and SES factor seems to be poor in their executive functioning and wellbeing (Blair & Raver, 2015).

5.8 Limitations and Recommendations

In the present study cross-sectional design was used to collect the data from adolescents who belong to the cities of Rawalpindi, Islamabad, Sargodha, and Faisalabad. For future research, it would be more beneficial to approach participants from other cities of Pakistan to have more generalizability of the data. To examine the effect of household chaos on mental health and social adaptive functioning among adolescents, more researches are required to conduct. Moreover, this research is limited to the mental health of adolescents, while it can be done with other domains of health-related issues.

Four questionnaires were used in the current study which was time consuming to collect the data. For future research, it would be better to use questionnaires with fewer items and in

a short form. This study draws a gross comparison on variables suffering from mental health issues and social dysfunctioning. For future research with these variables, qualitative research will be suggested, as it will provide the difference between age ranges in the context of using coping strategies. Qualitative research will provide in depth explanation regarding the effect of household chaos on mental health and social adaptive functioning. In this study adolescents between the ages range, 10 to 19 years were taken. It would be more effective for future research that data should be taken from a specific age limit among adolescents to explore better findings.

Parents, teachers, and adolescents should be aware of the concepts of household chaos, mental health, and social adaptive functioning through seminars, media, conferences, and discussions. As it is very important to be aware of these concepts for better functioning and mental wellbeing. A union NICHD Early Child Care Research Network, introduced in 2003 for the intervention of children who suffers from household chaos. By enhancing the understanding of coping strategies, the providence of guidelines related to the management of risk factors can reduce dysfunctionalities.

5.9 Conclusion

The present study found that experience of household chaos led to higher level of social adaptive functioning and mental health problems among adolescents. Descriptive and psychometric estimates of the major protocols of the present study revealed that all the measures are internally consistent and dependable tolls of the related constructs of the study. Results showed that household chaos is a significant predictor of mental health and social adaptive functioning among adolescents. Moderating role of coping strategies in the direct effect with mental health and social adaptive functioning has been established in the context of household chaos. Moderating role of problem focused coping and emotion focused coping

has also been found to function varyingly in the context of both mental health and social adaptive functioning of adolescents. On the other hand, moderating role of dysfunctional coping revealed significant effect in relation to psychological distress. Subsequently, demographic differences on mental health and social adaptive functioning factors highlighted significant variations across gender, family system and income groups of the adolescents.

All the results of the study are new in Pakistani perspectives because no such study has been conducted here to find the relationship of household chaos with mental health and social adaptive functioning of adolescents, according to the knowledge of the researcher. Most of the results of the present study confirm the findings of previous research conducted in other countries. However, there are some results which are quite new in the present research. The relationship between emotion focused coping and peer relationship has been found significant negative. Adolescents with nuclear family system showed better mental health and social adaptive functioning as compared to the adolescents of joint family system. The generalizability of the present study is fair because the sample was large and randomly selected from the population. The population consists of the urban as well as the rural areas of the city district Punjab.

The findings of the present study can be utilized to identify the adolescents at earlier stage, which are at risk for developing psychological problems. The students can be identified and safeguarded from the negative effects of low level of social adaptive functioning and higher level of mental health issues. Functioning of the students also can be improved by minimizing the adverse effects of household chaos on school performance. The findings of the study also can provide direction and motivation for further research in the related areas. The research tool translated and adapted for the present study also can be used for further research.

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APPENDIX A

اجازت نامہ

میں فیکلٹی آف سوشل سائنسز ، نیشنل یونیورسٹی آف ماڈرن لینگویجز ، اسلام آباد پاکستان میں ایم فل کی طالبہ ہوں۔ میری تحقیق گھریلو انتشار ، دماغی صحت اور معاشرتی کردار کے مابین تعلق اور اس میں استعمال ہونے والی حکمت عملیوں کے بارے ہے۔ آپ منسلک سوالنامہ کو مکمل کرکے میرے موجودہ تحقیقی منصوبے کی تکمیل میں میری مدد کرسکتے ہیں۔ سوالنامے میں آپ کے گھر کے ماحول ، آپ کے مطالعے، آپ کے مقابلہ کرنے کے طریقہ کار اور ذہنی صحت سے متعلق بیانات شامل ہیں۔

براہ کرم ہدایات کو غور سے پڑھیں اور تمام بیانات کے جوابات دیں۔ کوئی "مشکل" بیان نہیں ہے ، لہذا ہر بیان کا واضح طور پر اور زیادہ سے زیادہ ایمانداری سے جواب دیں۔ یہ ضروری ہے کہ تمام بیانات کے جوابات دیئے جائیں۔ آپ سے حاصل کردہ تمام معلومات کو صیغۂ راز میں رکھا جائے گا اور تحقیقی مقاصد کے لئے استعمال کیا جائے گا۔ نیز آپ کا ذاتی تشخص کسی مرحلے پر بھی ظاہر نہیں کیا جائے گا۔ اس تحقیق کے دوران اگر آپ ضرورت محسوس کریں تو اس تحقیق کو مکمل کیے بغیر چھوڑ سکتے ہیں۔ اگر آپ تحقیق کا حصہ بننے کے لیے تیار ہیں تو نیچے دیے گیے کوائف کو پُر کریں اور دستخط کردیں۔

عمر: _____ **جنس:** _____ **پیشہ:**_____ **تعلیم:**_____

خاندانی نظام: مشترکہ / انفرادی

کل افراد:_____ **ماہانہ اوسط آمدنی:**_____

والد کی تعلیم:_____ **والد کا پیشہ:**_____

والدہ کی تعلیم:_____ **والدہ کا پیشہ:**_____

دستخط شرکت کنندہ_____

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APPENDIX B

Confusion, Hubbub and Order Scale (CHAOS)

مندرجہ ذیل میں چند بیانات دیئے گئے ہیں۔ ہربیان کوغور سے پڑھیں اور درست پر نشان لگائیں۔

نمبر شمار	بیانات	جی ہاں	جی نہیں
-1	ہمارےگھرمیں شورشرابا/ہنگامہ بہت کم ہوتا ہے۔		
-2	ہمیں اپنے گھرمیں ضروت پڑنےپرچیزیں بآسانی مل جاتی ہیں۔		
-3	ہم تقریبا ہمیشہ جلدی میں رہتے ہیں۔		
-4	عموما گھر کے معاملات ہمارےقابومیں رہتےہیں۔		
-5	ہم خواہ کتنی ہی کوشش کیوں کریں،ہمیں ہمیشہ دیر ہوجاتی ہے۔		
-6	ہمارا گھر درحقیقت ایک چڑیا گھر ہے۔		
-7	ہم گھر میں بغیر کسی مداخلت کےایک دوسرے سے باتیں کرسکتے ہیں۔		
-8	ہمارے گھر میں اکثر افراتفری مچی رہتی ہے۔		
-9	ہم خواہ کوئی بھی منصوبہ بنا ئیں، عموما وہ پایہ تکمیل تک نہیں پہنچ پاتا۔		
-10	گھر کے ہنگامے کی وجہ سے آپ کو اپنی سوچ کی آواز بھی نہیں سنا ئی نہیں دیتی۔		
-11	میں اکثر گھر میں دوسروں میں ہونے والی بحث میں الجھ پڑتا/ پڑتی ہوں۔		
-12	میرا گھر آرام کرنے کی اچھی جگہ ہے۔		
-13	گھر میں ہمارا کافی وقت ٹیلیفون پر گفتگو کرنے میں صرف ہوتا ہے۔		
-14	ہمارے گھر کا ماحول پرسکون ہے۔		
-15	ہمارے گھر میں ہر صبح کا آغاز ایک باقاعدہ طے شدہ طریقے/ روٹین سے ہوتا ہے۔		

APPENDIX C

Mental Health Inventory (MHI)

گزشتہ کچھ ماہ کے دوران:

نمبر شمار	سوالات	ہر وقت	زیادہ تر	کافی وقت	کچھ وقت	بہت کم وقت	بلکل نہیں
1.	آپ اپنی زندگی سے کتنا خوش اور مطمئن رہے؟						
2.	آپ نے کتنی مرتبہ خود کو تنہا محسوس کیا؟						
3.	غیر متوقع صورتحال کا سامنا کرتے ہوئے آپ کتنی دفعہ گھبرائے اور بے چین ہوئے؟						
4.	کتنی مرتبہ آپ کو مستقبل،پرامید اور تابناک نظر آیا؟						
5.	کتنی بار آپ کی زندگی ایسی چیزوں سے بھرپور تھی،جو آپ کے لیے دلچسپی کا باعث تھیں؟						
6.	کتنا وقت آپ نے پرسکون اور پریشانی کے بغیر گزارا؟						
7.	آپ کس قدر ان چیزوں سے لطف اندوز ہوئے، جو عام طور پر کرتے ہیں؟						
8.	کیا آپ کو ایسا محسوس ہوا کہ آپ کا اپنی سوچ، عمل، باتوں، احساسات اور یاداشت پر قابو نہیں رہا؟						
9.	کیا آپ نے ڈپریشن محسوس کیا؟						
10.	کتنے وقت کے لیے آپ نے محبت اور چاہت محسوس کی؟						
11.	کتنا وقت آپ گھبراہٹ اور پریشانی کا شکار رہے؟						
12.	روز صبح اٹھنے پر آپ نے یہ محسوس کیا کہ یہ ایک دلچسپ دن ہوگا؟						
13.	کتنے وقت کے لیے پریشانی اور ذہنی تناؤ محسوس کیا؟						
14.	کیا آپ کو ایسا محسوس ہوتا ہے کہ آپ کا اپنے عمل، سوچوں، جزبات و احساسات پر قابو ہے؟						
15.	جب کوئی کام کرنے کی کوشش کی، تو کیا ہاتھوں میں کپکپی محسوس ہوئی؟						
16.	آپ کو کتنی بار یہ لگا کہ زندگی میں اب کچھ نہیں رہا؟						
17.	کتنا عرصہ آپ نے سکون اور اطمینان محسوس کیا؟						

						کتنے وقت کے لیے اپنے آپ کو جزباتی طور پر متوازن محسوس کیا؟	18.
						آپ کس قدر افسردہ اور مایوس رہے؟	19.
						کتنی بار آپ کا رونے کو دل چاہا؟	20.
						آپ نے کتنی مرتبہ محسوس کیا کہ اگر آپ مر گئے ہوتے، تو دوسروں کے لیے بہتر ہوتا؟	21.
						کتنی مرتبہ بغیر کسی مشکل کے آپ نے خود کو پر سکون محسوس کیا؟	22.
						کتنی دیر کے لیے آپ کو احساس ہوا کہ آپ کے چاہنے اور چاہے جانے کے تعلقات مکمل ہیں؟	23.
						کتنی مرتبہ آپ نے یہ محسوس کیا کہ کچھ وقت بھی ویسا نہیں ہو رہا، جیسا کہ آپ چاہتے ہیں؟	24.
						کسی حد تک آپ کے اعصاب اور گبھراہٹ آپ کے لیے پریشانی کا باعث بنے؟	25.
						کتنا وقت ذندگی آپ کے لیے ایک زبرد ست مہم تھی؟	26.
						کتنی دفعہ آپ نے محسوس کیا کہ آپ اتنے دکھی ہیں کہ کوئی چیز آپ کو خوشی نہیں دے سکتی؟	27.
						کیا آپ نے کبھی اپنی ذندگی ختم کرنے کا سوچا؟	28.
						کتنے وقت کے لیے آپ نے بے چینی، بے قراری اور بے صبری محسوس کی؟	29.
						کتنا وقت آپ چیزوں کے لیے غمزدہ اور افسردہ رہے؟	30.
						آپ نے کتنا وقت خود کو خوش اور ہلکا پھلکا محسوس کیا؟	31.
						کتنی دفعہ آپ بڑبڑاہٹ، پریشانی اور گھبراہٹ میں مبتلا رہے؟	32.
						کیا آپ پریشان اور بے چین رہے؟	33.
						آپ کتنا وقت ایک خوش باش انسان رہے؟	34.
						کتنی مرتبہ خود کو پر سکون کرنے میں آپ کو مشکل رہی؟	35.
						کتنی بار آپ کی ہمت اور جذبہ کم رہا؟	36.
						آپ کتنی مرتبہ صبح پرسکون اور تازہ دم جاگے؟	37.
						آپ پرکوئی دباؤ تھا یا آپ نے محسوس کیا کہ آپ کسی دباؤ میں ہیں؟	38.

APPENDIX D

Child and Adolescent Social Adaptive Functioning Scale (CASAFS)

ذیل میں اشیا کی ایک فہرست ہے جو لوگوں کو بیان کرتی ہے۔ براہ کرم ہر ایک بیان کے لئے نمبر کا دائرہ لگائیں جو آپ کی بہترین وضاحت کرتا ہے۔ اگر بیان 'کبھی نہیں' آپ کے بارے میں بیان کرتا ہے تو'1' پردائرہ لگائیں، اگر یہ 'کبھی کبھی' بیان کرتا ہے تو آپ '2' کو، اگر یہ 'اکثروبیشتر' بیان کرتا ہے تو آپ '3' کواور اگر یہ 'ہمیشہ' بیان کرتا ہے تو آپ '4' کے دائرے میں لگائیں۔

نمبر شمار	سوالات	کبھی نہیں	کبھی کبھار	اکثروبیشتر	ہمیشہ
1.	میں ریاضی میں اچھے نمبرلیتا/لیتی ہوں۔				
2.	میں اپنے دوستوں کے ساتھ مختلف جگہوں پر جاتا/جاتی ہوں۔				
3.	میرے اپنی امی کے ساتھ اچھے تعلقات ہیں۔				
4.	میں گھرکے کام میں مدد کرتا/کرتی ہوں۔				
5.	میں سائنس میں اچھے نمبر لیتا/لیتی ہوں۔				
6.	میرے مخالف جنس کے دوست بھی ہیں۔				
7.	میرے اپنے والد کے ساتھ اچھے تعلقات ہیں۔				
8.	میں اپنے کمرے اور چیزوں کو صاف رکھتا/رکھتی ہوں۔				
9.	میں معاشرتی علوم (سوشل سائنس) / تاریخ میں اچھے نمبر لیتا/لیتی ہوں۔				
10.	میں سکول میں ہونے والی تقریبات میں جاتا/لیتی ہوں۔				
11.	میرے اپنے بہن بھائیوں کے ساتھ اچھے تعلقات ہیں (اگر آپ کا کوئی ہے)۔				
12.	میں اپنے کپڑے صاف ستھرے رکھتا/رکھتی ہوں۔				
13.	میں انگریزی پڑھنے / لکھنے میں اچھے نمبر لیتا/لیتی ہوں۔				
14.	میرے کم از کم ایک یا دو قریبی (خاص) دوست ہیں۔				
15.	میرے اپنے رشتہ داروں کے ساتھ اچھے تعلقات ہیں۔				
16.	میں نہاتا/نہاتی ہوں اور اپنے آپ کو صاف رکھتا/رکھتی ہوں۔				

17.	مجھے اسکول کے کام میں مشکل ہوتی ہے				
18.	میں اپنا زیادہ تر فارغ وقت اکیلے ہی گزارتا/گزارتی ہوں۔				
19.	میری اپنے والدین کے ساتھ لڑائی رہتی ہے۔				
20.	میں گھر میں کھانا پکانے میں مدد کرتا/کرتی ہوں۔				
21.	میں اپنے اسکول کے کام میں کامیاب ہوں۔				
22.	مجھے دوست بنانے میں مشکل پیش آتی ہے				
23.	میرے پاس ایک بڑا شخص موجود ہے ،جس سے میں اگر کوئی مسئلہ ہو تو بات کر سکتا/کرسکتی ہوں۔				
24.	میں کھانے کے بعد صفائی میں مدد کرتا/کرتی ہوں۔				

APPENDIX E

Brief Cope Scale (BCS)

درج ذیل بیانات ان تمام کو طریقوں کے متعلق ہیں جو آپ اپنی زندگی میں ذہنی دباؤ سے نمٹنے کے لیے استعمال کرتے رہے ہیں۔ ہر بیان ذہنی دباؤ سے نمٹنے کے ایک خاص طریقے کی نشاندہی کرتا ہے۔ میں یہ جاننا چاہتی ہوں کہ ہر بیان جس طریقے کی نشاندہی کرتا ہے آپ اس کو کس حد تک استعمال کرتے رہے ہیں۔ (کتنا ذیادہ یا کتنی دفعہ)۔ اس بنیاد پر جواب نہ دیں کہ طریقہ مفید ہے یا نہیں۔ صرف اس بنیاد پر جواب دیں کہ آپ نے وہ طریقہ اختیار کیا یا نہیں۔ ہر بیان کے سامنے متبادل جوابی صورتوں میں سے کسی ایک کا انتخاب اس خانے میں نشان لگا کر کریں۔

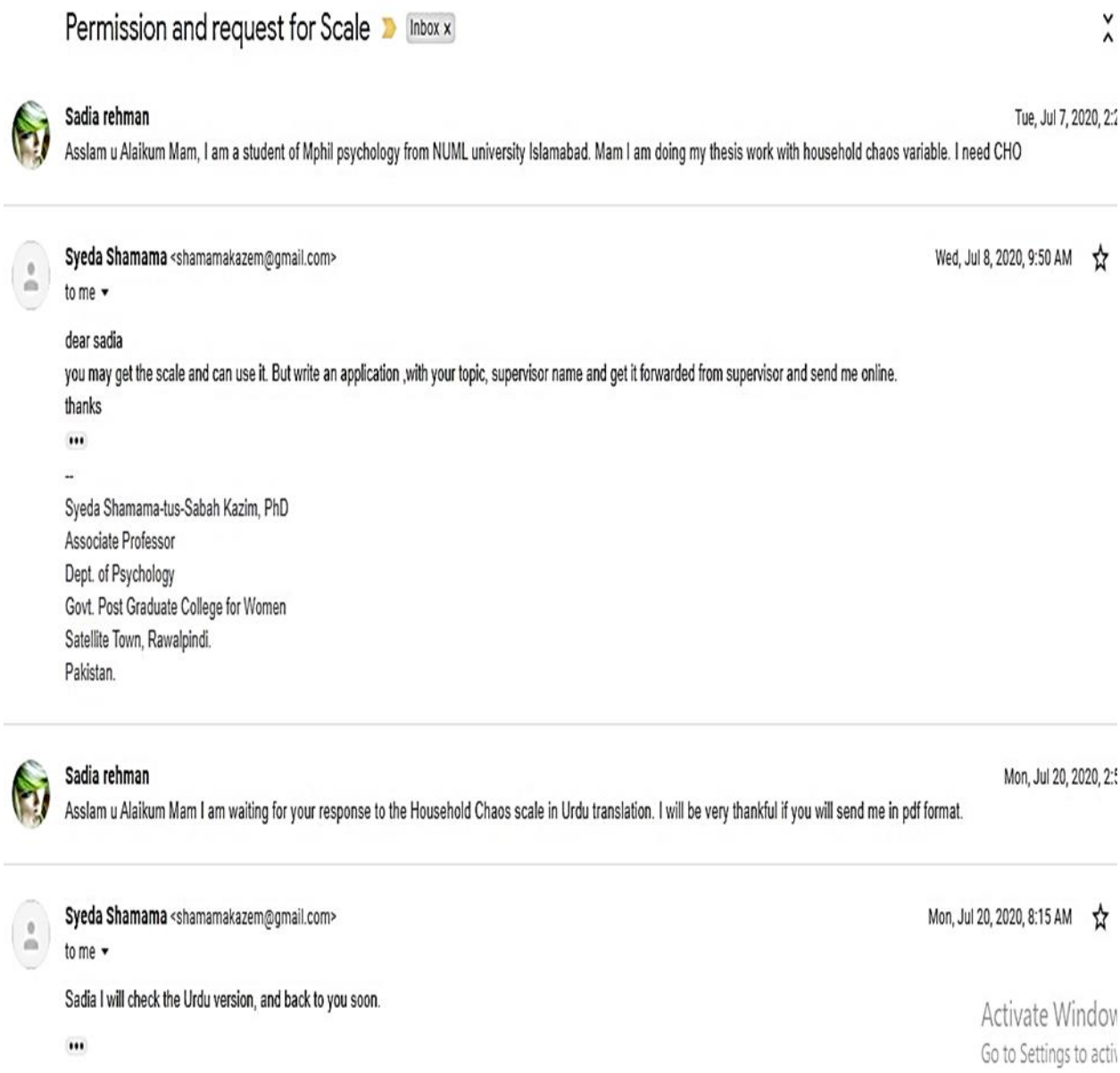
نمبر شمار	بیانات	کبھی نہیں	بہت کم	کبھی کبھی	بہت ذیادہ
.1	میں اپنے ذہن سےکچھ چیزوں کو نکالنے کے لیے دوسرے کاموں یا مشاغل کی طرف متوجہ ہوجاتا/ ہوجاتی رہی ہوں۔				
.2	میں جس صورتحال میں ہوں اس سے نکلنے کے لیے میں اپنی تمام کوششیں صرف کرتا / کرتی رہی ہوں۔				
.3	میں اپنے آپ سے کہتا / کہتی رہی ہوں کہ حقیقت نہیں ہے۔				
.4	میں بہتر محسوس کرنے کے لیے سکون آور اور نشہ آور ادویات استعمال کرتا/کرتی رہی ہوں۔				
.5	مجھے دوسروں سے جذباتی سہارا ملتا رہا ہے۔				
.6	میں اس صورتحال سے نمٹنے کی کوششیں ترک کر دیتا/ کردیتی رہی ہوں۔				
.7	میں صورتحال کو بہتر بنانے کی کوشش میں اقدامات کرتا/کرتی رہی ہوں۔				
.8	میں یہ یقین کرنے سے انکار کرتا / کرتی رہی ہوں کہ ایسا ہوچکا ہے۔				
.9	میں ایسی باتیں کہتا / کہتی رہی ہوں جن سے میرے نا خوشگوار جزبات میں کمی آسکے۔				
.10	میں دوسروں سے مشورہ اور مدد حاصل کرتا / کرتی رہی ہوں۔				
.11	میں اس صورتحال سے نمٹنے کے لیےسکون آور اور نشہ آور ادویات استعمال کرتا / کرتی رہی ہوں۔				
.12	میں اس صورتحال کو مختلف پہلوؤں سے دیکھنے کی کوشش کرتا / کرتی رہی ہوں تاکہ یہ زیادہ مثبت نظر آئے۔				
.13	میں اپنے آپ پر تنقید کرتا رہا / رہی ہوں۔				
.14	میں صورتحال کے بارے میں کچھ کرنے کے لیے ایک حکمت عملی تلاش کرنے کی کوشش کرتا / کرتی رہی ہوں۔				

.15	میں کسی دوسرے سے آرام اور ہم خیالی حاصل کرتا / کرتی رہی ہوں۔				
.16	میں اس صورتحال پر قابو پانے کی کوشش ترک کرتا / کرتی رہی ہوں۔				
.17	جو کچھ ہو رہا ہے میں اس میں کچھ بہتر پہلو دیکھنے کی کوشش کرتا / کرتی رہی ہوں۔				
.18	میں اس صورتحال کے بارے میں مزاح پیدا کرتا / کرتی رہی ہوں۔				
.19	میں اس صورتحال کے بارے میں کم سوچنے کے لیے کچھ نا کچھ کرتا / کرتی رہی ہوں جیسے فلم کے لیے جانا، ٹی وی دیکھنا، پڑھنا، دن میں خواب دیکھنا، سونا یا خریداری کرنا۔				
.20	میں اس حقیقت کو تسلیم کرتا / کرتی رہی ہوں کہ ایسا رونما ہو چکا ہے۔				
.21	میں اپنے منفی جذبات کا اظہار کرتا / کرتی رہی ہوں۔				
.22	میں اپنے مذہب یا روحانی عقائد میں سکون تلاش کرنے کی کوشش کرتا / کرتی رہی ہوں۔				
.23	صورتحال کے متعلق کچھ کرنےکے لیے میں دوسرے لوگوں سے مدد اور مشورہ لینے کی کوشش کرتا / کرتی رہی ہوں۔				
.24	میں اسی صورتحال کے ساتھ گزارہ کرنا سیکھتا / سیکھتی رہی ہوں۔				
.25	میں اس بارے میں بہت غور کرتا / کرتی رہی ہوں کہ کیا اقدامات لوں۔				
.26	جو کچھ ہوا اس کے لیے میں اپنے آپ کو قصور وار ٹھہراتا / ٹھہراتی رہی ہوں۔				
.27	میں عبادت اور دعا کرتا / کرتی رہی ہوں۔				
.28	میں حالات کو مذاق میں اڑاتا / اڑاتی رہی ہوں۔				

برائے کرم چیک کریں کہ آپ نے ہر سوال کا جواب دیا ہے

اس سوال نامے کو مکمل کرنے کے لئے آپ کا شکریہ

Appendix F



Permission and request for Scale Inbox x

Sadia rehman Tue, Jul 7, 2020, 2:

Asslam u Alaikum Mam, I am a student of Mphil psychology from NUML university Islamabad. Mam I am doing my thesis work with household chaos variable. I need CHO

Syeda Shamama <shamamakazem@gmail.com> Wed, Jul 8, 2020, 9:50 AM

to me

dear sadia
you may get the scale and can use it. But write an application ,with your topic, supervisor name and get it forwarded from supervisor and send me online.
thanks

--
Syeda Shamama-tus-Sabah Kazim, PhD
Associate Professor
Dept. of Psychology
Govt. Post Graduate College for Women
Satellite Town, Rawalpindi.
Pakistan.

Sadia rehman Mon, Jul 20, 2020, 2:

Asslam u Alaikum Mam I am waiting for your response to the Household Chaos scale in Urdu translation. I will be very thankful if you will send me in pdf format.

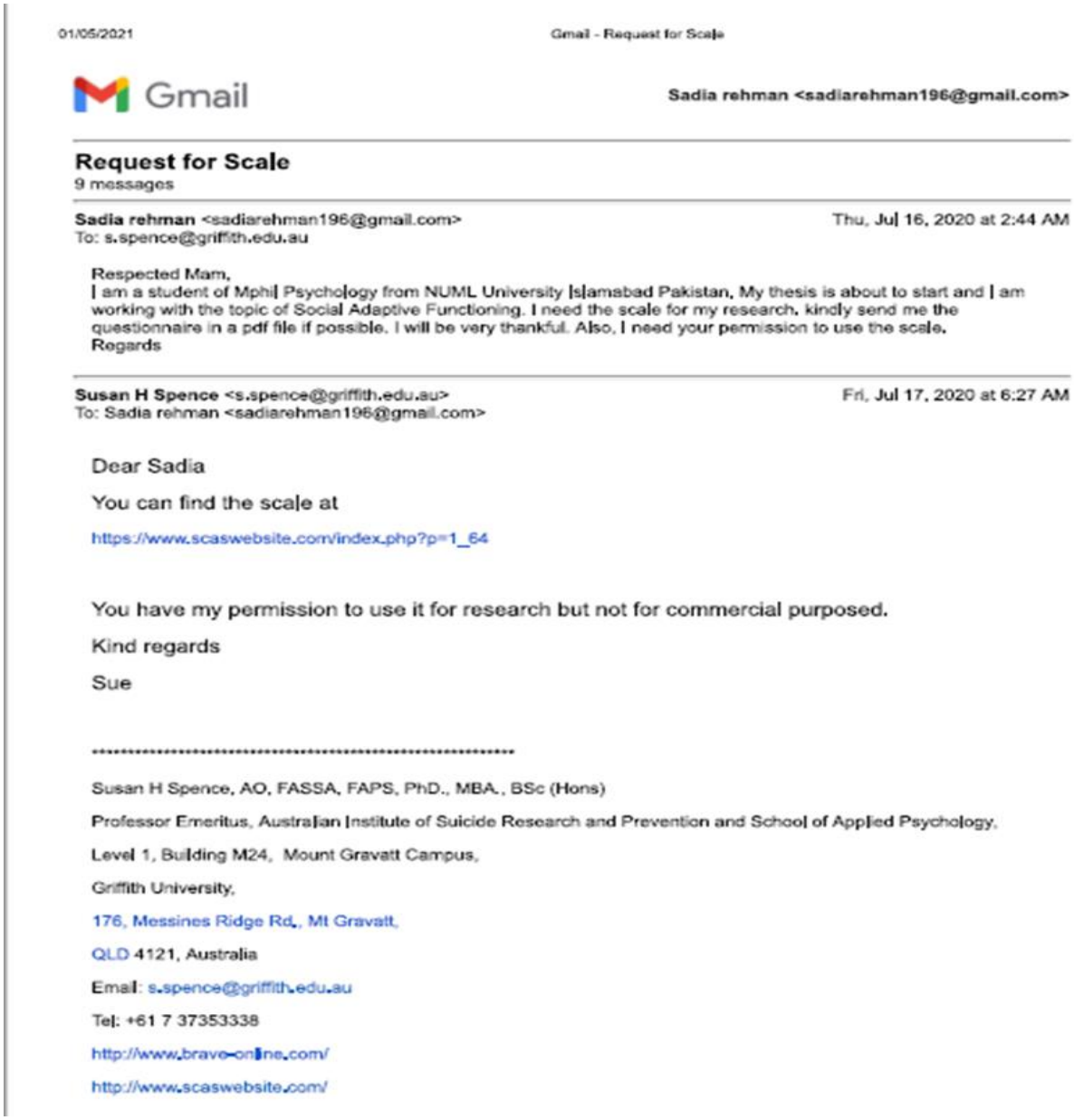
Syeda Shamama <shamamakazem@gmail.com> Mon, Jul 20, 2020, 8:15 AM

to me

Sadia I will check the Urdu version, and back to you soon.

Activate Windo
Go to Settings to acti

Appendix G



01/05/2021 Gmail - Request for Scale

Gmail

Sadia rehman <sadiarehman196@gmail.com>

Request for Scale
9 messages

Sadia rehman <sadiarehman196@gmail.com> Thu, Jul 16, 2020 at 2:44 AM
To: s.spence@griffith.edu.au

Respected Mam,
I am a student of Mphil Psychology from NUML University Islamabad Pakistan, My thesis is about to start and I am working with the topic of Social Adaptive Functioning. I need the scale for my research. kindly send me the questionnaire in a pdf file if possible. I will be very thankful. Also, I need your permission to use the scale.
Regards

Susan H Spence <s.spence@griffith.edu.au> Fri, Jul 17, 2020 at 6:27 AM
To: Sadia rehman <sadiarehman196@gmail.com>

Dear Sadia

You can find the scale at

https://www.scaswebsite.com/index.php?p=1_64

You have my permission to use it for research but not for commercial purposed.

Kind regards

Sue

****

Susan H Spence, AO, FASSA, FAPS, PhD., MBA., BSc (Hons)

Professor Emeritus, Australian Institute of Suicide Research and Prevention and School of Applied Psychology,

Level 1, Building M24, Mount Gravatt Campus,

Griffith University,

176, Messines Ridge Rd., Mt Gravatt,

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Tel: +61 7 37353338

http://www.brave-online.com/

http://www.scaswebsite.com/

A

Appendix H

Gmail

Sadia rehman <sadiarehman196@gmail.com>

Request for scale

10 messages

Sadia rehman <sadiarehman196@gmail.com> Thu, Jun 25, 2020 at 4:53 AM
To: musarratjabeen7@yahoo.com

Respected Mam,
Assalam u Alaikum
I am a student of Mphil Psychology from NUML university Islqmabad. I have completed my course work and now working on my Thesis. I am doing work with the mental health variable. For this, I need Mental health inventory in urdu translation. I will be very thankful if you will send me the translated version of MHI and grant me permission to use this inventory. Waiting for your positive response Mam.
Regards,
Sadia Rehman

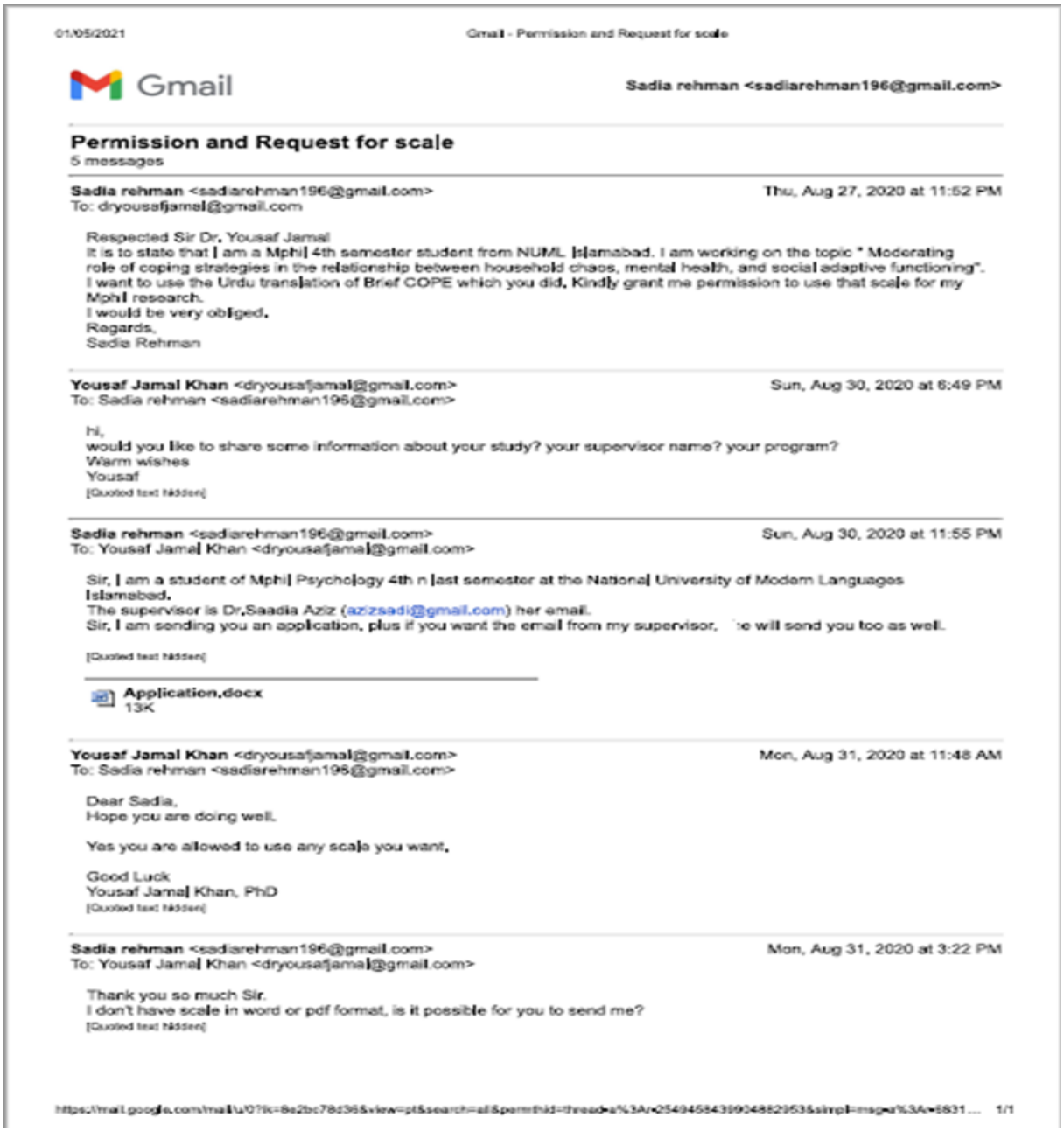
Mussarat Jabeen Khan Lecturer <mussarat.jabeen@iiu.edu.pk> Wed, Jul 8, 2020 at 10:10 PM
To: Sadia rehman <sadiarehman196@gmail.com>

you can use it.

Regards
Dr, Mussarat Jabeen Khan
Lecturer
Department of Psychology
International Islamic University Islamabad

On Tue, Jul 7, 2020 at 1:10 PM Sadia rehman <sadiarehman196@gmail.com> wrote:
[Quoted text hidden]

APPENDIX I



01/05/2021 Gmail - Permission and Request for scale

Gmail

Sadia rehman <sadiarehman196@gmail.com>

Permission and Request for scale

5 messages

Sadia rehman <sadiarehman196@gmail.com> Thu, Aug 27, 2020 at 11:52 PM
To: dryousafjamal@gmail.com

Respected Sir Dr. Yousaf Jamal
It is to state that I am a Mphil 4th semester student from NUML Islamabad. I am working on the topic " Moderating role of coping strategies in the relationship between household chaos, mental health, and social adaptive functioning". I want to use the Urdu translation of Brief COPE which you did. Kindly grant me permission to use that scale for my Mphil research.
I would be very obliged.
Regards,
Sadia Rehman

Yousaf Jamal Khan <dryousafjamal@gmail.com> Sun, Aug 30, 2020 at 6:49 PM
To: Sadia rehman <sadiarehman196@gmail.com>

hi,
would you like to share some information about your study? your supervisor name? your program?
Warm wishes
Yousaf
[Quoted text hidden]

Sadia rehman <sadiarehman196@gmail.com> Sun, Aug 30, 2020 at 11:55 PM
To: Yousaf Jamal Khan <dryousafjamal@gmail.com>

Sir, I am a student of Mphil Psychology 4th n last semester at the National University of Modern Languages Islamabad.
The supervisor is Dr.Saadia Aziz (azizsadi@gmail.com) her email.
Sir, I am sending you an application, plus if you want the email from my supervisor, he will send you too as well.

[Quoted text hidden]

Application.docx
13K

Yousaf Jamal Khan <dryousafjamal@gmail.com> Mon, Aug 31, 2020 at 11:48 AM
To: Sadia rehman <sadiarehman196@gmail.com>

Dear Sadia,
Hope you are doing well.

Yes you are allowed to use any scale you want.

Good Luck
Yousaf Jamal Khan, PhD
[Quoted text hidden]

Sadia rehman <sadiarehman196@gmail.com> Mon, Aug 31, 2020 at 3:22 PM
To: Yousaf Jamal Khan <dryousafjamal@gmail.com>

Thank you so much Sir.
I don't have scale in word or pdf format, is it possible for you to send me?
[Quoted text hidden]

https://mail.google.com/mail/u/0?ik=8e2bc78d36&view=pt&search=all&permthid=thread-a%3Ar-2549458439904882953&simpl=msg-a%3Ar-6831... 1/1