



FAMILY ECOLOGY AND CHILD MENTAL HEALTH: A SYSTEMATIC REVIEW OF PARENTING PRACTICES AND EDUCATIONAL IMPLICATIONS IN MEGHALAYA

Gamre Chima R. Marak

Assistant Professor, Department of Social Work, Tura, Meghalaya, India
Captain Williamson Sangma State University, Meghalaya

*Corresponding Author Email-gamrechima@gmail.com

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ABSTRACT

Child Mental Health is being increasingly recognised as a critical component of holistic development, particularly in culturally diverse and socio-economically varied regions such as Meghalaya and the wider North-East India. The presence of unique family structures, community-based lifestyles and indigenous cultural practices in these regions which has had a significant role in shaping the parenting practices, and consequently having an effect on the psychological well-being of children. However, there remains a limited and fragmented body of research which focusses specifically on the family ecology and child mental health in these regions. The study undertakes a systematic review of existing literature to examine the relationship between family environment, parenting practices and child mental health in Meghalaya. The review highlights that family ecology in Meghalaya – characterised by matrilineal traditions, strong kinship networks, and community cohesion – can significantly serve both as protective and risk factor for child mental health. The findings also reveal a lack of structured parenting awareness programmes and limited integration of mental health education. The paper concludes that a contextually grounded, education-driven approach to family ecology can significantly enhance child mental health outcomes in Meghalaya and the broader North-East region, contributing to more inclusive and sustainable mental health promotion strategies.

Keywords: Family Ecology, Child Mental Health, Parenting Practices, Meghalaya

INTRODUCTION

The concept of family ecology refers to the interaction between various family systems and environmental contexts which has an influence on the child's development (Bronfenbrenner, 1979). Studies have shown significantly that family environments shape a child's emotional regulation, behaviour and psychological well-being (Mangal, 2008). In regions such as Meghalaya, which is culturally distinct, the influence of family ecology becomes particularly noteworthy.

The matrilineal system of Meghalaya, among the Garo, the Khasi and the Jaintia communities, highlights the traditionally accepted collective caregiving, where a child is raised within the extended family network,

which includes the maternal relatives (Nongbri, 2003). Through this system of caregiving, it supports emotional security, collective support system, and a strong sense of belongingness. With the growth of modern societies, we see a gradual shift towards a nuclear family structure, which has reduced the involvement of extended kinship system.

The existence of such transitions is becoming associated with the emerging challenges in child mental health. The reports submitted by the Government of Meghalaya (2022) have shown increased in number of cases of anxiety, behavioural disorders and emotional distress among children and adolescents. Statistical evidence also indicates that approximately 31.4% of adolescents in Meghalaya have been experiencing psychological difficulties (Ali et al., 2024). In addition, the North-East region has reported the prevalence of higher substance use (70.83%) as compared to the national average (50.03%), which highlights a high-risk psychosocial environment (Saikia & Debbarma, 2020).

Despite the prevalence of such concerns, there is limited research which tries to examine the parenting styles in Meghalaya. However, the presence of existing studies on family structures and socio-cultural changes provide crucial insights into parenting practices. Therefore, the present study aims to systematically analyse these relationships and explore their educational implications.

In addition to these concerns, it is also important to recognise that child mental health is not shaped solely by the interactions with the immediate family but also by broader socio-cultural and institutional environments. Global and national studies have consistently highlighted that disruptions in the family environments, inconsistent parenting, reduced emotional availability, and increased stress within households, have been associated with heightened risks of anxiety, depression and behavioural problems among children (UNICEF India, 2021).

METHODOLOGY

The study has been conducted using a systematic review methodology based on secondary data analysis, by synthesizing the findings from

peer-reviewed articles, available government reports and records, and institutional publications.

Area of Study

The study focusses on the state of Meghalaya, which is characterised by a distinct matrilineal family system and strong kinship structure. In the socio-cultural context, lineage and inheritance are traced through the maternal line, and the caregiving responsibilities are often shared among extended family members.

Research Questions

1. In what way does family ecology have an influence on child mental health in Meghalaya?
2. What type of parenting practices emerge from existing studies?
3. How does socio-cultural changes affect the family dynamics?
4. What are the educational implications?

Research Objectives

1. To examine the relationship between family ecology and child mental health.
2. To analyse the parenting practices in Meghalaya.
3. To assess socio-cultural influences on family dynamics.
4. To identify educational interventions.

Research Design

The study has adopted a descriptive and analytical design that integrates systematic review of existing literature and statistical synthesis.

Sampling Unit

The sampling unit of the study comprises of data collected from a range of secondary sources, including peer-reviewed research articles, policy reports and institutional studies.

Sampling Design

For the purpose of this study, it has adopted a non-empirical secondary data-based approach, purposive sampling techniques by collecting data that if from studies conducted in Meghalaya and North-East India from the year 2000 – 2025, that has relevance to child mental health and parenting practices.

Tools

The study has utilised a combination of document analysis, thematic coding and statistical tabulation in order to systematically examine and present its findings.

Procedure

The study followed a systematic procedure that began with the identification of relevant literature from credible sources. This was followed by the screening and selection of the studies based on their relevance to the research objectives. The extracted data was then analysed and interpreted using thematic interpretation and comparative analysis.

ANALYSIS AND FINDINGS

Family Ecology and Child Mental Health

Table 1: Family Ecology Factors

Factor	Impact
Parental support	Emotional stability
Family conflict	Anxiety, Stress
Communication	Confidence
Family cohesion	Sense of belonging

(Source: Bronfenbrenner, 1979; Government of Meghalaya, 2022; Mangal, 2008)

Discussion

The table clearly shows the importance of family ecology as a key determinant of child mental health. In the context of Meghalaya, where the traditional matrilineal systems provide strong emotional support through collective caregiving (Nongbri, 2003). However, the modern scenario where the family cohesion is weakening due to socio-economic changes which is contributing to the increase of psychological distress among children (Government of Meghalaya, 2022).

Parenting Aspect	Observation in Meghalaya	Impact on Children
Collective caregiving	Extended family involvement	Emotional security
Nuclear shift	Reduced kinship support	Stress
Reduced supervision	Greater peer influence	Risk behaviours
Low awareness	Limited mental health knowledge	Emotional difficulties

(Source: Nongbri, 2003; Northeast Network, 2021; Government of Meghalaya, 2022)

Discussion

The study found that formal classifications of parenting styles are limited in Meghalaya, although available data gives an indication that parenting practices are deeply influenced by the existence of traditional matrilineal systems and the socio-cultural transitions. The emergence of reduced supervision and the shift that is taking place in family roles are significantly associated with increased in behavioural and emotional challenges among children (Northeast Network, 2021).

Psychosocial Risks

Table 3: Psychosocial Indicators

Indicator	Meghalaya/NE India	India
Psychological difficulties	31.4%	-
Adolescent substance use	44.38%	Lower
Overall substance use	70.83%	50.03%

(Source: Ali et al., 2024; Saikia & Debbarma, 2020)

Discussion

In the study, that data indicates that there is a high prevalence of psychosocial risks in Meghalaya and the broader North-East regions. These mentioned risks have a close link to the family environment and the parenting practices, which reinforces the importance of family ecology in shaping child mental health outcomes.

EDUCATIONAL IMPLICATIONS

Table 4: Educational Interventions

Intervention	Outcome
Life Skills Education	Emotional resilience
School counselling	Reduced anxiety
Parent-teacher programmes	Improved communication
Awareness Programmes	Reduced stigma

(WHO, 1999; UNESCO, 2005; Nair, 2012)

Discussion

The study through its analysis find that the educational institutions have a critical role to play in addressing the psychosocial challenges. In the context of Meghalaya, strengthening of school-based mental health programmes and parental engagement initiatives can have a significant role in improving child’s mental well-being.

Overall Findings

To shed light on the overall findings, the study reveals a concerning yet insightful picture towards child mental health within the context of Meghalaya. The statistical evidence shows indication that nearly 31.4% of adolescents in Meghalaya experience psychological challenges, which highlights the growing magnitude of mental health concerns. The existence of traditional family systems, which was once considered as strong pillars of emotional support, are undergoing gradual weakening due to rapid socio-economic transformations. These ongoing changes have been leading towards noticeable shifts in the existing parenting practices, which results in inconsistencies in the process of caregiving and reduced parental supervision.

Further, specifically in the North-East regions, there are indications of high psychosocial risk environment, which is marked by increasing levels of substance use and emotional distress among the youth. Viewing in this context, educational institutions emerge as effective resource spaces for enabling intervention, by offering to integrate life skills education, counselling services and psychosocial support systems. Collectively, these findings bring to light the urgent need for a holistic and culturally responsive approach to safeguard child mental health in the state of Meghalaya.

CONCLUSION

The present study sheds light on the crucial role of family ecology in shaping child mental health in Meghalaya. While the traditional matrilineal systems

have the ability to provide strong emotional support, the emerging socio-economic transitions are altering the parenting practices and increasing vulnerabilities. To address these challenges there needs to be an integration of efforts involving the families, schools and the policymakers. The formulation of culturally sensitive interventions and strengthening of educational support systems are essential for promoting child well-being.

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