

A Study on Mental Health among the Adolescent Orphan Children Living in Orphanages

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Abstract

The absence of parental support, affection, attachment, poor mental health, depression, low self-efficacy, social adjustment, and low self-esteem play a significant role in developing risk-behaviour among adolescents (Stiffman *et al.* 1992; Pao *et al.* 2000). Living in poor living conditions and poor care are also traumatic to the orphan child. Children in orphanages are comparatively more ‘unhappy’ and more prone to depression than non-orphan children (Mostafaei *et al.* 2012) as they lack parental love, support and have less-effective role models, which inadvertently develop into adjustment difficulties and other psychosocial behaviour problems. The present study of the researchers explores the level of mental health among the adolescent orphan children, living in the four orphanages in Thanjavur district of Tamil Nadu state. The universe of the study is 217 and the researchers selected the entire population for the current study by using census method. The 54-item multidimensional “Mental Health Inventory” (MHI) developed by Jagdish and Srivastava (1983) was used to assess the mental health condition of the participant adolescents and the required data from the respondents have been collected. It is found that the vast majorities of the respondents do experience below normal level of mental health and are feeling unhappy. And also they feel bad about themselves; they are not able to cope effectively with the challenges and the negative feedbacks. And the findings help the care-takers to know the realities of each adolescent and to deal with them accordingly.

Keywords: Mental Health, Care-takers and adolescent orphan children

1. Introduction

“... children are growing up in orphanages, without the love and care of a family. The children receive food, clothes, a cot or bed, education and a roof over their heads. But they never get the love, support and sense of identity that only a loving family can give, which is critical to a child’s healthy development – without it, children suffer great harm and are deeply damaged” (www.replace-campaign.org).

2. Rational of the study

Adolescent period is significant and crucial as the changing needs of the adolescents arise during this period. Adolescents are the future productive citizens of a country. Hence, “the need for mental health works for adolescents, particularly institutionalized adolescents, has been emphasized by the widespread social problem like delinquency, crime, suicide, alcoholism, drug addiction, prejudice, under achievement and dropping out of school, which are more prevalent among adolescents” (Srivastava, 2014:85). Mental health has emerged as a priority study area with reference to adolescents (Patel and Prince, 2010). “Adolescent mental health has assumed importance due to continuities between adolescent and adult psychopathology” (Chattopadhyay and Mukhopadhyay, 2010). It has been widely accepted that an adult’s personality, characteristics, behavioural patterns are given shape during their childhood and adolescence (Uma and Thomas, 2010). Living environment is a significant predictor of psychosocial skills and mental health. But for orphans the living environment is the orphanage. Hence, the findings of this study become significant in improving the orphanage environment, as this would impact their life achievements during their adulthood.

2.1 Objectives

1. To understand the socio demographic profile of the respondents.
2. To know the levels of mental health the respondents.
3. To suggest suitable measures to understand and develop the levels of mental health among the respondents.

3. Method

The Researchers have used census method for the present descriptive study. Census method is known as “Complete Enumeration Survey Method”, in which each and every individual in the population of the study is selected as the respondents. Census method increases the accuracy of data and the results. As such, all the orphan adolescents, both boys and girls, in the age group of 12-18 years, living in the four orphanages in Thanjavur district were the respondents for this study. Thus, the total number of respondents of this study was

217. The aim of the study is to find out the level of mental health among the adolescent orphan children, living in the four orphanages in Thanjavur district of Tamil Nadu state

3.1. Materials

The Researchers used a self-prepared Interview Schedule to collect data regarding the socio-demographic details and also used The 54-item multidimensional “Mental Health Inventory” (MHI) developed by Jagdish and Srivastava (1983) was used to assess the mental health condition of the participant adolescents. This inventory contains six dimensions of mental health, viz. (1) Positive Self-Evaluation (PSE) – includes self-confidence, self-acceptance, self-identity, feeling of worthiness, realization of one’s potentialities; (2) Perception of Reality (PR) – measures perception free from need distortion, absence of excessive fantasy and a broad outlook on the world; (3) Integration of Personality (IP) – related to balance of psychic forces in the individual and includes the ability to understand and to share other people’s emotions, ability to concentrate at work and interest in several activities; (4) Autonomy (AUT) – indicates stable set of internal standards for one’s action, dependence for own development upon own potentialities rather than dependence on other people; (5) Group Oriented Attitude (GOA) – measures ability to get along with others, work with others and ability to find recreation; and (6) Environmental Competence (EC) – associated with efficiency in meeting situational requirements, ability to work and play, ability to take responsibilities and capacity for adjustment. Out of the 54 statements, 31 were false keyed (negative statements) and 23 items were true keyed (positive statements). Four alternative responses were given for each statement. For positive statements, Always = 4, Often = 3, Rarely = 2, and Never = 1. The values were reversed for negative statements. Total score ranges between 54 and 216. Higher score indicates better mental health and lower score indicates poor mental health.

3.2. Reliability and Validity of Mental Health Inventory:

Reliability of Mental Health Inventory, for this study ($n = 217$) was determined using Cronbach’s alpha score method. Cronbach’s alpha scores for the six dimensions and for the overall were well above 0.70, the recommendation of Nunnally (1978). Concurrent validity of Mental Health Inventory was ascertained by evaluating the correlation coefficient scores between MHI and General Mental Health Questionnaire developed by Goldberg (1978). The correlation coefficient was 0.54 revealing a moderate validity.

4. Data Analysis and interpretation

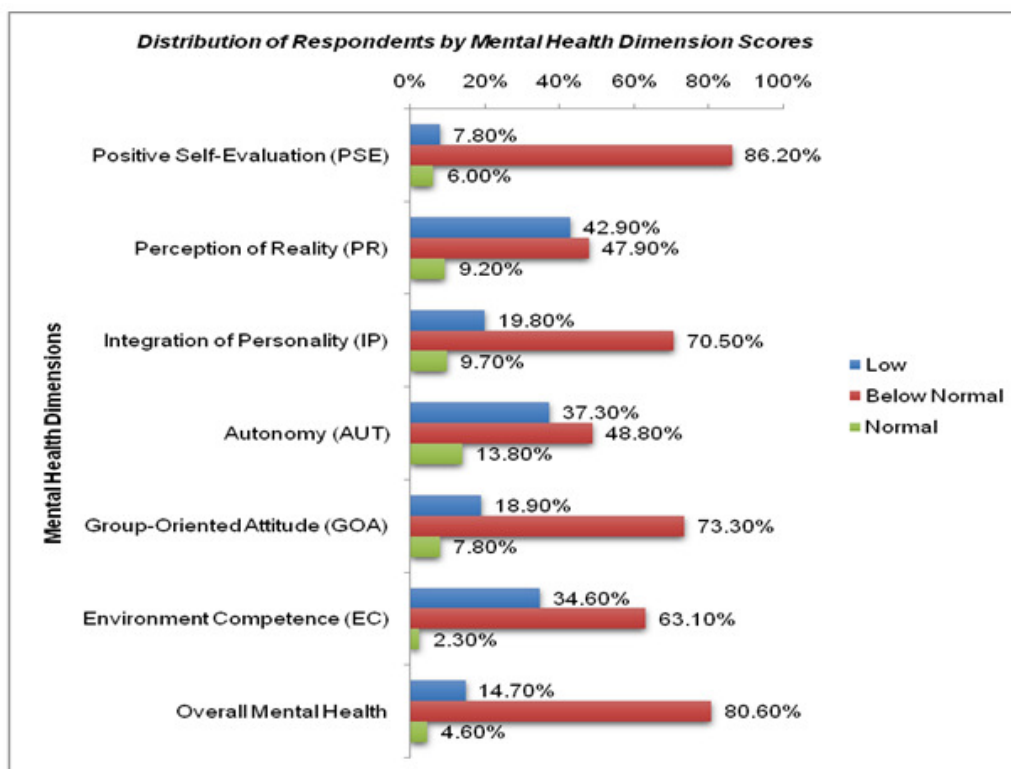
Among the institutionalized orphan adolescents in Thanjavur, orphan girls were marginally more (51.2%) than the orphan boys (48.8%). Orphan adolescents studying in class 6 to 12 were participated. Those who were studying class nine were more (23.5%) and in class 10 were the least (7.8%). Most (65.9%) of the orphan adolescents were staying in the orphanages for less than three years. Those who were staying for more than five years were very few (8.3%). The orphan adolescents belonged to the three major religions, viz. Hinduism, Christianity and Islam. The majority of the respondents (92.2%) were Hindus. Very few were Christians (5.5%) and Muslims (2.3%). Respondents belonged to four community groups viz. SC/ST, MBC, BC and FC. The majority (41.0%) of the adolescents belonged to Scheduled Caste or Scheduled Tribe category and very few of them belonged to the Most Backward Caste category (3.2%).

The below figure shows the level of individual Mental Health dimensions as well as the overall Mental Health of the respondents. Almost in all dimensions of Mental Health, majority of the orphan adolescents were found to be below normal level. Only 2.3 per cent of the adolescents were normal in Emotional competence; followed by (6.0%) in Positive Self-Evaluation; (7.8%) in Group-Oriented Attitude. Overall, just 4.6 per cent of the orphan adolescents were found to have normal Mental Health.

The strength of scores for the six Mental Health dimensions were ranked and presented in the below table that highest score was attributed to Integration of Personality dimension ($M = 29.69 \pm 4.549$) and Autonomy with the least mean score ($M = 17.05 \pm 4.336$). Positive Self-Evaluation was in the second ($M = 24.72 \pm 3/797$) and Group Oriented Attitude ($M = 23.66 \pm 3.432$) was in the third position. This shows that ‘Integration of Personality’ was better and ‘Autonomy’ was the least, compared to other four dimensions, among the orphan adolescents living in the orphanages.

Table 1 Rank on the Mental Health Dimension Scores of the Respondents

Mental Health Dimensions	N	Mental Health Scores			Rank
		Mean	Std. Deviation	Sum	
Positive Self-Evaluation	217	24.72	3.797	5364	2
Perception Reality	217	21.23	3.094	4606	5
Integration of Personality	217	29.69	4.549	6443	1
Autonomy	217	17.05	4.336	3700	6
Group Oriented Attitude	217	23.66	3.432	5134	3
Environmental Competence	217	22.14	3.309	4805	4



5. Discussions

Mental health was below normal among majority of the institutionalized orphans. Only very few were found to have a normal mental health. Six mental health dimensions were assessed. 'Perception of reality' was low among half of the respondents; followed by 'Autonomy' and 'Environment competence'. Among the five dimensions of mental health 'Integration of personality' was higher, followed by 'Positive self-evaluation', 'Group oriented attitude', 'Environmental competence', and 'Perception of reality' in the order of scores. 'Autonomy' was the least. Orphans in the four orphanages reported different levels of Mental health. Lowest mental health scores were indicated among orphans in Guild of Service Home (boys) and highest scores among orphans in Indian Council for Children Welfare Home (ICCW). Normal mental health was observed orphans in Sathiya Ammayar Government Home.

Mental health is a field of specialized psychiatry; mentally healthy people contribute towards a healthy environment and sound human relationship (Milanifar, 1997). The findings of this study showed that mental health condition improves as the institutionalized orphan adolescent students move to higher classes, as they become older. A similar result was reported by (Rahman *et al.* 2012) in a study among orphanage children in Turkey. Religion had no impact on their mental health. However, Muslim orphan adolescents were found to have lower mental health compared to Hindu and Christian groups. But, mental health condition was lowest among orphan adolescents of the MBC community group. The results of this study indicated no significant difference in the mental health condition between boys and girls. Overall Mental Health condition was significantly lower among the semi-orphan adolescents than the full orphan adolescents living in the orphanages. Particularly semi-orphans' positive self-evaluation and integration of personality were significantly higher than the full orphans. Duration of stay in the orphanage did not have any significant impact on the mental health condition orphan adolescents. However, longer duration was attributed with marginally lower mental health condition. This finding was also supported by Hieramani (1991), who demonstrated that length of stay in the orphanage had no impact on the emotional maturity among institutionalized children. Nevertheless, contradicting results were also found in other studies, for example, Rahman *et al.*'s (2012) who found an association between length of stay and emotional and behavioural disorders among institutionalised orphans. Sameena *et al.* (2016) also reported that duration of stay significantly increases psychiatric disorders among orphan children in Kashmir. This may be due to the fact that the duration measured in this study was quite shorter (< 6 years), whereas the other studies compared the changes in mental health for longer periods.

6. Suggestions and conclusion

Majority (95.4%) of the institutionalized orphan adolescents of this study was found to have below normal

mental health. Life skills training would enhance the psychosocial competence and mental health conditions among adolescents (Goyal, 2006; Elias and Weissberg, 2000). As such guidance and counselling cell may be established and Personality development workshops, seminars; group discussions should be organized periodically to promote level of mental health among the institutionalized orphan adolescents.

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