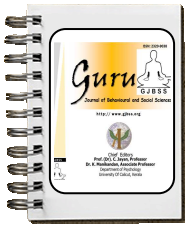
Guru Journal of Behavioral and Social Sciences
Volume 2 Issue 3 (July – Sept, 2014)
ISSN: 2320-9038 www.gjbss.org



Mental Health of Orphan Students in Children's Home

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Received: 30 July 2014
Revised: 18 Aug 2014
Accepted: 22 Sept 2014

Keywords:
Mental Health, Children's Home, Orphan.

Abstract

The present study investigates the difference between orphan students in children's home and students residing with parents, mental health among a sample of 134 subjects. The aim of this study is To find out whether there are significance differences between orphan students in children's home and students residing with parents in various dimensions of Mental Health and socio demographic variables viz.; gender and religion. Personal data sheet and Mental Health Scale were used to collect data. Comparison of mean scores was done using 't' test and ANOVA. Results revealed that significant difference exist between Mental Health of orphan students in children's home and students residing with parents.

Children's Homes are established for the accommodation and maintenance of children for period up to 18 years. The Place of Safety is intended to accommodate the juvenile on a temporary basis. Children's Homes may be provided by voluntary organizations or by the government and administered by the Children's Services/Child Development Agency. A valid licence has to be granted by the responsible Ministry before a Children's Home can be established or maintained. The Licensee of a Children's Home is under a duty to ensure that the Home is properly administered so that every child in the Home receives, at all times, careful and humane treatment, suitable education and proper care and attention. The accommodation provided should not or be likely to endanger the welfare of the juvenile.

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

As a state of complete physical, mental and social well-being, health is influenced by many interconnecting factors. Mental health is an essential component of health and is a resource to help us deal with the stresses and challenges of everyday life. Good mental health contributes to the quality of our lives as individuals, as communities, and as a society in general.

Mental health is created in our interactions with the world around us, and is determined by our sense of control in dealing with our circumstances and by the support we have to help us cope (CMHA-NL, 2001). An individual who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community (WHO, 2001). Good mental health protects us and helps us to avoid risk taking behaviours that contribute to poor mental health (Moodie & Jenkins, 2005).

The basic concept of mental health is a controversial notion, based upon philosophical premise of the separation of mind and body. Another problem with the concept is the absence of consensual definitions. People are rather closely agreed upon many of the basic aspects of the meaning of mental health. It is only the wording of the definitions that differs.

Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. There are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and bipolar disorder.

Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' or 'holism', mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.

Most recently, the field of global mental health has emerged, which has been defined as 'the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide'.

Evidence from the World Health Organization suggests that nearly half of the world's populations are affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life. An individual's emotional health can also impact physical health and poor mental health can lead to problems such as substance abuse.

WHO has defined positive mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (Huppert, 2009).

Menninger (1947) a pioneer in the mental health movement, suggests that mental health is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and a happy disposition. It is the adjustment of individuals to themselves and to the world at large with a maximum effectiveness, satisfactions, cheerfulness, and socially considerate behaviour, and the ability of facing and accepting the realities of life. According to Milton (1979) mental health includes thoughts and feelings about self, and about interactions with other people. Mental health thus is a positive state of personal well being in which individuals feel basically satisfied with themselves, their roles in life and their relationship with others.

The long term effects of orphan-hood to be negative. These children are at an increased risk for suffering from malnutrition, poor physical and mental health, as well as being at risk for stigmatization and exploitation and also orphans are at a high risk for contracting HIV themselves as a result of maternal transmission, prostitution, and sexual exploitation, many orphans are forced to drop out of school for financial reasons this would hinders their future opportunities for jobs and economic growth (Brown & Sittitrai, 2005). Orphans are more likely to suffer from behavioural or conduct problems and suicidal thoughts than non-orphans (Cluver, Gardner, & Operario, 2007; Cluver & Gardner, 2006). Pridmore and Yates (2005) observe that most orphans were distressed by their new circumstance that may require them to cater for themselves and/or assume care-giving responsibility for their younger ones Sexual abuse and social discrimination. Cilliers (1998) reported that most orphans are at risk of being confronted by powerful cumulative and often negative social changes in their lives over which they have no personal control. Experiences in continuously adverse circumstances do not make life appear to be subject to control through a person's own efforts. The perceived lack of control produces a feeling of helplessness and loss of hope, and diminishes an individual's will power in orphans (Tsihoaane, 2006).

The impacts of parental death on children are complex and affect the child's psychological and social development. They often show lack of hope for futures and have low self-esteem (Kedija, 2006)

Objectives

1. To find out whether there are significance differences between orphan students in children's home and students residing with parents in various dimensions of Mental Health.
2. To find out whether there are significance differences between orphan students in children's home and students residing with parents in socio demographic variables viz.; gender and religion.

Hypotheses

1. There will be significance differences between orphan students in children's home and students residing with parents in various dimensions of Mental Health.
2. There will be significance differences between orphan students in children's home and students residing with parents in socio demographic variables viz.; gender and religion.

Method

Participants

The data was collected from 134 students of 5th to 12th standard with an age range of 10 to 18 years. Among them 67 students (36 boys and 31 girls) residing in children's home and 67 students (37 boys and 30 girls) residing with parents from the same school at Thrissur and Ernakulam districts of the state of Kerala. The participants were randomly selected from two children's homes giving representation to both the sexes.

Instruments

1. Mental Health Profile: The 'Mental Health Profile' developed by Vanajakumari and Sananda Raj (1995) was used to measure the mental health of the adolescents. This instrument consists of 40 items with four subtests, namely Self-esteem, Autonomy, Emotional Stability and Social Competency. Reliability was estimated separately for each of the sub-scales and found to be .91, .77, .76, and .81 respectively.
2. Personal Data Sheet: A personal data sheet was used to collect information on relevant socio-demographic characteristics of the participants like gender, age, education and religion.

Procedure

Permission to conduct the study was obtained from the director of Kerala social Welfare Department, Superintends of children's homes and the school principles. After a brief introduction about the purpose of the study, the Mental Health Profile and Personal data sheet were administrated to the participants. Researcher requested to read all the statements carefully and respond them honestly. The respondents were assured of the maintenance of confidentiality of their responses.

Results and Discussion

Table 1

Mean, Sd and 't' value of mental health dimension by orphan and normal students

Variables	Orphan		Normal		't'
	Mean	SD	Mean	SD	
Self esteem	5.49	2.048	8.14	1.626	8.32*
Autonomy	4.90	1.374	6.29	1.262	6.12*
Emotional stability	2.16	2.041	6.74	1.826	13.76*
Social competency	4.80	1.852	6.48	2.025	5.04*
Total Mental Health	17.35	5.187	27.65	4.263	12.63*

*p< .05

From table 1, it can be seen that there exists significant mean difference in self-esteem (t=8.32, p< .05), autonomy (t=6.12, p< .05), emotional-stability (t=13.76, p< .05), social competence (t=5.04, p< .05) of orphan students in children's home and students residing with parents. The total mental health of the participants was also found to significantly differ (t=12.63, p< .05). In this study result shows that orphan students in children's home has low Mental Health compared to students residing with parents. Kedija (2006) observe that the impact of the parental death on children are complex and affect the child's psychological and social development. They often show lack of hope for futures and have low self-esteem. A study by Family Health International, Zambia (2003) found out on 788 orphans concerning their

emotional well-being revealed that orphans often had scary dreams or nightmares while other were sometimes unhappy. In addition, the study find out that some were sometimes, or often, fighting with other children, desired to be alone and often were worried.

Mbozi, Debit, and Munyati (2006) reported that orphan children seem socially deprived and they tend to encounter higher emotional distress, hopelessness, and frustration than non-orphans and Thurman, Brown, Richter, Maharaj and Magnani (2006) found that orphans living in youth-headed households were significantly more likely than those in adult-headed households to report emotional distress, depressive symptoms and social isolation

Several studies support of the present study, Sengendo and Nambi (1997) interviewed 169 orphans under the education sponsorship of World Vision in Uganda, and a comparison group of 24 non-orphans (using systematic random sampling from all eligible sponsored youth). They used a non-standardised 25-item depression scale and interviews with orphans, teachers and some guardians. They found that orphans had significantly higher depression scores ($p < .05$) and lower optimism about the future than non-orphans ($p < .05$) (Cluver & Gardner, 2007).

A number of studies reported that orphans had increased internalising problems compared with non-orphans (Makame, Ani & McGregor, 2002), Orphans had higher depression scores, less trusted adult or friends, more likely to be bullied (Manuel, 2002), more likely to be anxious, depressed and to display anger (Atwine et al., 2005), psychological well-being score was significantly lower among orphan children than non- orphan children (Delva et al., 2009), and orphan children showed lower psychological wellbeing (Delva et al., 2009),

Table 2

Mean, SD and't' value for mental health by Sex

Variables	Boys		Girls		't'
	Mean	SD	Mean	SD	
Self esteem	6.94	2.402	6.58	2.131	0.92
Autonomy	5.71	1.578	5.40	1.373	1.19
Emotional stability	4.76	2.776	3.90	3.176	1.65
Social competency	5.56	2.122	5.71	2.122	0.41

When the scores of boys and girls were compared on mental health dimension, it was found that sex of the subject has nothing to do with the mental health (Table 2). The results obtained in this table indicate that there are no significant differences among the two groups of students (boys and girls) in the different dimensions of Mental Health. But Ryff, Lee, Essex, and Schmutte (1994) reported that there exists a significant sex difference in autonomy where boys showed higher autonomy than girls and was associated with greater parental disobedience and also earlier study, women showed higher score in personal growth than men.

Table 3

Summary of ANOVA of Mental Health by Religion

Variables	Between groups		Within groups		F
	Sum of squares	Mean square	Sum of squares	Mean square	
Self esteem	7.758	3.879	685.013	5.189	0.747
Autonomy	2.398	1.199	294.536	2.231	0.537
Emotional stability	53.644	26.822	1154.756	8.748	3.066 *
Social competency	44.778	22.389	550.955	4.174	5.364 *
Total Mental Health	250.265	125.133	6341.705	48.043	2.605 *

*p< .05 level

A significant result was obtained in the one way ANOVA, in which N=3, F=2.605 (p<.01) and it indicates that there is significant differences in religious beliefs among the two groups. The present investigation tested the mental health of self esteem, autonomy, emotional stability and social competency. This means that the overall mental health of these two groups based on emotional stability (f=3.066), social competency (f=5.364) is significant. This means religion has an influence on emotional stability, social competency and total mental health.

Conclusion

Orphan students in children's home compared to students residing with parents, reported more self-esteem, autonomy, emotional stability and social competency. In general, the Mental Health of students residing in children's homes is low. There is a significance differences between orphan students in children's home and students residing with parents in various dimensions of Mental Health like emotional stability, social competency and total Mental Health in socio demographic variable there is significant difference between orphan students in children's home and students residing with parents i religion.

A nations integrity is depends up on the dignity of the people. Mentally healthy students are essential for the progress and welfare of the nation. Every child has the right to live happily with their parents. To enhance the Mental Health of students in children's home proper care and support should be provided them through counselling and guidance.

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