



Behaviour and Emotional Problems of Adolescents in Orphanages and Community - Comparative study

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Abstract:

Background: The link between socio-economic status (SES) and health status (both physical and mental) has been well established, although causality is still being debated. Children living in orphanages are one of the most vulnerable groups of children in the society; many of them have to live with repeated neglect, abuse or fear. Behavioural problems among the adolescents in the community needs to be explored too !

Methodology: In this cross-sectional observational study, data was collected from adolescents(N=812) using a pre tested and validated questionnaire, the Strength and Difficulty Questionnaire (SDQ). The study participants were from two different environments-adolescents living in orphanages(Group 1,n=289) and adolescents belonging to lower socio-economic status in the community(Group-II,n=523).

Result: On comparing the impact status between the two groups it was observed that there was statistically significant difference between the groups with proportion of abnormal status found to be higher among orphans($p < 0.05$). There was no significant differences between group-I and group-II in relation to total difficulty status ($p > 0.05$)

Conclusion: The study findings show that both groups equally have emotional and behavioural changes and adequate measures should be taken to improve their wellbeing.

Keywords: Adolescents, Orphanage, Emotional Problems, Behavioural Problems.

Introduction:

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. The World Health Organization (WHO, 2012) constitution states: "Health is a state of complete physical, mental and social well-being and

not merely the absence of disease or infirmity." An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities, ^[1].

Childhood mental health is very important because a healthy start is crucial for mental health and wellbeing throughout life. The consequences of poor mental health in childhood extend into adulthood,

increasing the likelihood of low educational achievement, reduced productivity, criminality and violence, adult mental disorder, unhealthy lifestyles and the risk of ill health, [2].

An orphan is one who's either or both of the parents are dead or have left due to some or other cause. In such circumstances either they are left alone or are treated as burden on their relatives. In most of the cases such children are sent to orphanages and other such institutions as they had no one to take care of them. Lack of love, attachment, disapproval and neglect by society for such group leave them to be a prey of wide range of problematic behaviours and disorders which directly or indirectly result in their stunted mental health conditions [3].

The World Health Organization's report on mental health states that, "mental disorders occur in persons of all genders, ages, and back- grounds. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed and persons with low education" Meanwhile, the link between socio-economic status (SES) and health status (both physical and mental) has been well established, although causality is still being debated WHO (2003), [4]. Over 80% of people suffering from mental disorders such as epilepsy, schizophrenia, depression, intellectual disability, alcohol addictions and those committing suicide are living in low- and middle-income countries (LMICs), [5].

On reviewing the literature it was observed that many studies have been done to assess the behaviour and emotional changes on adolescents of lower socio economic status and orphans separately but comparative study between the two groups is only minimal, especially in the southern part of India. So this study is aimed to evaluate and compare the behaviour and emotional changes among adolescents belonging to lower socio economic status living in the community and in orphanages.

Material and methods: In this cross-sectional observational study, data was collected from adolescents (N=812) using a pre tested and validated questionnaire, the Strength and Difficulty Questionnaire (SDQ). The study participants were from two different environments : adolescents living in orphanages (Group I, n=289) and adolescents belonging to Upper lower and Lower socio-economic status in the community (Group-II, n=523)

Inclusion criteria for the study: Age group 12-17 years, both gender, adolescent belonging to Upper lower and lower-socio economic status (LSES) living in the community, adolescent living in the orphanage homes in Chennai for more than one year and adolescents who were willing to participate.

Exclusion criteria for the study: Any history of significant head injury, epilepsy or gross neurological deficit, and with psychiatric illness and treatment, any serious medical condition, age group less than 12 years and more than 17 years and adolescents who are not willing to participate in the study.

Sample size:

• Prevalence of behavioural and emotional problems in adolescents living in orphanage (p) = 40%, [6]

Hence $q=100-p$; $100-40=60$; $q=60\%$

Sample size (n) = $Z^2 p q/d^2$, where $Z=1.96$ at 95% confidence level" is the deviation (expected) from p

$$n = 1.96^2 * 40 * 60 / \{(15/100)^2 * 40\}$$

$$n = 9216/36$$

$$n = 256$$

Non response error (add 10% with n) = 256 +24
Sample size (n) = 280

So the Sample size required for the study was 280 adolescents living in orphanage, for the comparative group i.e the adolescents belonging to the upper lower and LSES living in the community with the ratio of 1:2 was taken and the total number of adolescent required was around 550.

Tool Used:

Socio-Demographic Data sheet was developed to serve the objectives of current study. This included all necessary demographic details and variables of target population like age, sex, area, education (class), religion, duration of stay in orphanage, orphan status (single/double orphan), age of the parent/s, qualification of the parent/s, occupation of the parent/s, cause of death of the parent/s, witnessed death or not, birth order, place where they living, alcoholism for their father present/absent. Language used is Tamil (regional language).

The tool used for assessing the emotional and the behavioural problems in adolescents was the **Strengths And Difficulties Questionnaire (Sdq)**, [7]

:this screening tool that measures behaviour in children over the last six months. The SDQ was available in various versions, for the study self-rated version for adolescents aged 11 to 16 years was used. This consists of 25 items that measure positive and negative attributes based on five sub-scales—emotional (5 items), conduct (5 items), hyperactivity/inattention (5 items), peer relationship problems, and pro-social behaviour.

The orphans belonging to Group-I were contacted personally in their respective orphanages during weekend in Chennai. With the help of search engine, it was found that around 80 orphanages centered to adolescent population was within the city limit. This formed the sampling frame of the study; from the sampling frame orphanages were randomly selected. Data was collected from 289 orphans (Group-I).

The students studying in Government schools in Chennai were the participants of upper lower and LSES (Group-II). The schools were selected in a random manner until it met equal to the sample size. Adolescent belonging to upper lower and lower-socio economic status (LSES) living in the community are classified according to the socioeconomic status of their parents be selected according to the Modified Kuppusamy classification (2015),^[8] Necessary permission from the Government officials and School headmistress/headmaster was obtained. Data was collected from 523 adolescents from the community in Chennai.

Ethical consideration:

This study was done with the approval of institutional ethical committee. In the participant information sheet, the aim of the study as well as potential risks and benefits was clearly explained to caregivers, teachers, parents, adolescents living in community and orphans. Caregivers, teachers in orphanages (Legally Acceptable Representatives) and parents signed the assent in Tamil for the children to participate in the study. The children above 15 years also signed the assent form. Participants were further reassured that, information gathered from the study will be kept under high confidentiality. However an individual orphan had a right to either to participate or refuse the study unconditionally.

Statistical analysis:

It was done using SPSS version 21.0. Chi-square statistics was used to compare the proportion of adolescents with emotional and behavioural problems between the two groups.

Results:

Table 1, shows the socio-demographic data of the sample studied. Comparison between group-I with group-II shows that except gender all the other variables showed statistically significant difference between the two groups.

The results of the study shows that there was no significant difference between the two groups in relation to behavioural and emotional problems of the participants (Table 2).. The impact status was compared between (Group-I) adolescents living in orphanages with (Group-II) adolescents belonging to the LSES and there was statistically significant difference between the two groups. Higher proportion of children living in the orphanages had abnormal impact status. (p value .004) (Table 3) shows the Impact status between Group-I and Group-II.

Discussion :

The present cross sectional study evaluated and compared the behaviour and emotional changes among adolescents belonging to upper lower and lower socio economic status living in the community and to those who living in orphanages. The proportion of the adolescent with emotional problems was found to be equally distributed between the two groups with abnormal total difficulty status accounting to above 43% in both the study groups. Borderline cases of the total difficulty status was found to be a little more in the community (32.3%) compared to adolescents in orphanage homes (28.3%). There seems to be high prevalence with almost around 50% of the adolescents' population being affected with the emotional and behavioural problems. This appears consistent with findings from studies with other groups of neglected, traumatized and institutionalized children, although the mechanisms may well differ. The most studied factor has been institutional deprivation and its impact on children's social, cognitive and emotional development according to Isaranurug et al, (2009),^[9].

Sadock et al, (2000),^[10] suggested that this could be due to rapid urbanization and modernizations that could have exposed them to changes in society. The resultant breakdown in family structure, excessive or minimal control confuses the adolescent and makes him/her especially vulnerable to maladaptive patterns of thinking and behaviour. Robert et al, (1998),^[11] have suggested that all adolescents may not be so fortunate, to get the ideal societal support for this smooth transition but some develop maladaptive patterns in emotional and behavioural spheres.

In our study, we inferred that a little higher proportion of abnormal Adolescents living in orphanages had problems with conduct, hyperactivity/inattention, peer relationship and impact scoring when compared with the adolescents in the community but with no significant difference. This might be due to the basic material needs could not be met; orphans in orphanages were almost totally separated from the outside world and could not access normal families and society relations. This would very likely harm their personality in adulthood and social skills according to Ryder et al, (1994),^[12] and Ahmed et al, (1996),^[13] and shows distinct association between less self-esteem and depression. These were certain consequences of orphan hood and played a significant role in lowering the adolescents' life quality. Self-esteem and depression could be considered as intermediate variables on the causal pathway between orphan hood and quality of life. Being an orphan can be a triggering factor and can led to depression were the negative ones which was explained by Nagey et al,(2013),^[14]. Many studies have reported that bullying is one of the serious concerns of these adolescent orphans observed by Aijaz et al, (2015),^[15] He explained that this problem led to more frustration, internalization of anger, revenge feelings and depression. Similarly, with reference to borderline cases, it was observed that the adolescents living with upper lower and LSES were having more problems like hyperactivity/inattention, peer relationship, total difficulty score and impact scoring than Adolescents living in orphanages even though they were no significant difference among the groups. This shows that the adolescents living with upper lower and LSES are the most vulnerable group who can go in to abnormal emotional and behavioural problems this could be due to specific

SES indicators that have been found to be correlating with poor mental health outcomes.

It includes low income, unemployment, insecurity in respect of employment, hopelessness, social change (including newly urbanized populations), discrimination, lack of electricity, lack of tap water, arguing with one's spouse for economic reasons, over-crowding, educational status or illiteracy (in the case of children, the educational status of the care-giver), neighbourhood quality and a lack of material possessions which were concurred with Sturm et al (2002),^[16] and Patel et al (2003),^[17]. The psychological security that they have living amidst their parents and siblings so at the time of crisis they could reach out for help or even have the feeling that their parents themselves will be of some support to them and feeling as sense of belongingness. So this sense of belongingness is gratified hence adolescents living with LSES are having more borderline status in their emotional and behavioural problems.

Finally it was observed that chronicity of their emotional and behavioural problem using the impact scoring in table found that adolescents living in orphanages showed more significant abnormal changes than adolescents belonging to upper lower and lower socio economic status living in the community and this could be due to long-term orphanage stay increases risk for enduring behavioural problems. All studies of orphanage children have found that the presence and severity of disturbances are correlated with the orphanage environment, duration of institutional care,^[18] any amount of orphanage experience is harmful. According to Ligua (2001),^[19] denoted that the damage is greatest during the first years of life and increases dramatically with length of stay in an orphanage. According to Harden et al, (2004),^[20] length of time spent in orphanage has long term deleterious effect on the child's emotional and behavioural development.

Conclusion:

In conclusion the results of the study clearly suggest equal proportion of adolescents living in orphanage and adolescents living with LSES seem to be having emotional and behavioural problems however, the impact status showed that the orphanage children were more affected. Adolescents living with lower socio-economic status are the most vulnerable group

who can go in to abnormal emotional and behavioural problems.

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Table 1:- Socio-demographic variables between (Group-I) Adolescents living in orphanages and (Group-II) Adolescents with the upper lower and lower socio-economic status (LSES)living in community.

Socio-demographic Variable	Groups	Group-I (Orphans)	Group-II (community)	Chi-square value	p.value
		N (%)	N (%)		
Age	12-14 yrs	164 (57.3%)	187 (35.8%)	35.079	0.000**
	15 -17 yrs	122(42.7%)	336 (64.2%)		
Gender	Male	138 (48.3%)	267(51.1%)	.580	.446
	Girls	148 (51.7%)	256 (48.9%)		
Mother status	Alive	247(86.4%)	508 (97.1%)	34.777	.000**
	Dead	36 (12.6%)	13 (2.5%)		
	Separated	3 (1.0%)	2 (0.4%)		
Fathers status	Alive	203 (71.0%)	459 (87.8%)	41.125	.000**
	Dead	76 (26.6%)	64 (12.2%)		
	Separated	7 (2.4%)	0 (0.0%)		

Siblings	0-3	238(83.2%)	494 (94.5%)	27.115	.000**
	>4	48 (16.8%)	29 (5.5%)		
Birth order	1-3	269 (94.1%)	515 (98.5%)	12.031	.001**
	>4	17 (5.9%)	8 (1.5%)		
Alcoholism of father	YES	165 (57.7%)	226 (43.2%)	15.524	.000**
	No	121 (42.3%)	297 (56.8%)		
Significant at P<0.05 ** Highly Significant *Significant					

Table 1, shows the social-demographic data of the sample studied. Comparison between group-I with group-II shows that except gender all the other variables showed statistically significant difference between the two groups.

Table 2 :- Emotional and behaviour problems among (Group-I) and (Group-II).

Category	Status	Group-I (Orphans)	Group-II (Community)	Chi-square values	p.value
		N (%)	N (%)		
Emotional problems	Normal	182(63.6%)	329(62.9%)	.069	.966
	Borderline	36 (12.6%)	69 (13.2%)		
	Abnormal	68 (23.8%)	125 (23.9%)		
Conduct problem	Normal	102 (35.7%)	218 (41.7%)	2.805	.246
	Borderline	85 (29.7%)	140 (26.8%)		
	Abnormal	99 (34.6%)	165 (31.5%)		
Hyperactive/ inattention problem	Normal	149 (52.1%)	260 (49.7%)	3.193	.203
	Borderline	44 (15.4%)	107 (20.5%)		
	Abnormal	93 (32.5%)	156 (29.8%)		
Peer-relationship problem	Normal	70(24.5%)	137(26.2%)	3.137	.208
	Borderline	110 (38.5%)	224(42.8%)		
	Abnormal	106 (37.1%)	162(31.0%)		
Pro-social	Normal	59 (20.6%)	126 (24.1%)	1.740	.419

behaviour	Borderline	84 (29.4%)	136 (26.0%)		
	Abnormal	143 (50.0%)	261(49.9%)		
Total difficulty status	Normal	80(28.0%)	125(23.9%)	2.163	.339
	Borderline	81 (28.3%)	169 (32.3%)		
	Abnormal	125(43.7%)	229(43.8%)		
Impact status	Normal	19 (14.5%)	38 (24.5%)	10.868	.004**
	Borderline	14 (10.7%)	30 (19.4%)		
	Abnormal	98(74.8%)	87 (56.1%)		
Significant at P<0.05 ** Highly Significant *Significant					

The results of the table shows that there was no significant difference between the two groups in relation to the variables studied. Both the groups equally have adolescents with behavioural and emotional problems.

Table 3:- Impact status among Group-I and Group-II.

Category	Status	Group-I (Orphans)	Group-II (Community)	Chi-square values	p.value
		N (%)	N (%)		
Impact status	Normal	19 (14.5%)	38 (24.5%)	10.868	.004**
	Borderline	14 (10.7%)	30 (19.4%)		
	Abnormal	98(74.8%)	87 (56.1%)		
Significant at P<0.05 ** Highly Significant *Significant					

In Table-3, the impact status was compared between (Group-I) adolescents living in orphanages with (Group-II) adolescents belonging to the LSES and there is statistically significant difference between the two groups. Higher proportion of children living in the orphanages had abnormal impact status.(p.value =0.004).