

STUDY ON MENTAL HEALTH OF ORPHAN AND NON-ORPHAN CHILDREN'S

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ABSTRACT

The present study was undertaken to study and compare orphan and non-orphan children on various dimensions of Mental Health. 50 orphan and 50 nonorphan children were selected randomly for the present investigation. Dr. Sushama Talesara and Dr. Akhtar Bano's Mental Health Scale were used for data collection. The collected data was analyzed by t-test statistical techniques. The conclusion from the present study reflects a significant mean difference between orphan and non-orphan children in their mental health.

Keyword: Mental Health, Orphan, Non-Orphan, Children's

INTRODUCTION

All stages are important in human life whether it is infancy, childhood, adolescence, or adulthood but the most sensitive stage of human life is adolescence, which starts from 13 to about 19 years of age. Adolescence is the most important period of human life. This is the stage when the urge for life reaches its highest peak. Family and society play an important role in the life and development of a child. It lays the foundation for the development of the individual. The period of adolescence brings not only physical changes but also psychological changes which make the child a qualitatively different person. Adolescence is a critical period of physical, social, psychological, and cognitive development (Stagman, Schwarz & Powers, 2011). Changes affect the mental health and personality of the individual as a whole. Teenagers are the most assets of our country but helpless and insecure. However, due to reasons such as parental abandonment, loss of parents, family disintegration, etc., children become orphans and live in orphanages (Anonium, 2009; Jacobi, 2009).

According to the Encyclopedia Britannica and the Median-Webster Dictionary, an orphan is; 1) a child deprived of the death of one or usually both parents: 2) a young animal that has lost its mother. 3) Denial of certain protections or benefits to orphans of conflict. The most accepted definition of an orphan is a child who has lost both parents through death, this definition has been extended to most groups including those lost through parental abandonment or in providing parental care are unable or unwilling (Skinner, 2004).

Mental health is an index that measures the extent to which a person is able to meet their environmental demands, emotional or physical. Mental health, as such, represents a mental state, characterized by mental peace, harmony, and content. It is characterized by the absence of debilitating and debilitating symptoms, both mentally and physically (Schneider, 1964). Adolescents face intense upheaval due to the cognitive, biological, and social changes

taking place during this period. It is extremely important to maintain mental health over time, although risk factors for mental illness do exist. Adolescent mental health is the ability to achieve optimal psychological functioning and well-being. It is directly related to the level reached and the potential achieved in psychological and social functioning (WHO, 2005). Compton, et al. (1996) believe that mental health is divided into three areas; Personal development, subjective well-being, and stress-resistance personality. Personal development refers to the development of an individual's psychological quality and potential. Subjective well-being refers to the positive attitudes and attitudes of one towards life.

OPERATIONAL DEFINITION

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

School Related Causes

In school, students face a number of stimuli that may affect their mental health such as teachers' behavior, over-strictness of school administration, the pressure of competition, the stress of an overloaded curriculum, lack of concentration, stress of examination, etc.

Home Related Causes

Home environment influence starts very early in a lifetime. The process of birth brings the individual into the environment. Family is the society in miniature where he lays the foundation of his life. He learns values, culture, language, attitudes, interests and so many factors related to personality. Some factors of home environment viz. protectiveness, freedom, control, reward, punishment, fairness or partial behaviour, congenial climate, suppression. Sometimes socio-economic status of the family also affects the mental health of students.

Peer Group-Related Causes

Students are greatly influenced by their peers. Sometimes peer groups tease try to dominate them, or comment on him. This situation of torching affects the mental health of students.

RATIONAL OF THE STUDY

Research in this area is important because the death of a parent is a risk factor for the development of psycho-social issues in children (Baumann and German, 2005). In fact, children who experience the death of a parent have twice the risk of suffering from a mental health disorder, a mental disorder, than those who have two surviving parents (Rutter, 1996). Studies in mental health related to adjustment, depression, and poverty; Nese, E. (2009) observed that preventive programs are necessary to support families as orphans are in great need of mental health care. Rabia, T. et al (2010) found that the mental health of orphans living in orphanages was satisfactory. Rakshanda, A. et al (2010) found that orphans tend to be depressed and have less emotional stability than non-orphans. Lucice, et al (2008) found that orphans require love and care. Ellis, b. (2008) found that orphans need guidance and material support.

The aim of the present investigation was to examine the differences in the mental health of orphaned and non-orphaned adolescents. The study adds to the literature and will

become a guideline for researchers, academicians, administrators, and counselors to guide the students appropriately and prepare suitable academics. The environment where they will be accommodated and their mental health can improve.

OBJECTIVES

1. To study the Mental Health of Orphan and Non-orphan Children.
2. To compare Orphan and Non-Orphan Children's School Related Causes dimension of Mental Health.
3. To compare the Orphan and Non-Orphan Children's Home Related Causes dimension of Mental Health.
4. To compare Orphan and Non-Orphan Children on Peer Group Related Causes dimension of Mental Health.
5. To compare Orphan and non-Orphan children on composite Scores of Mental Health.

HYPOTHESES

1. Orphan and non-orphan Children differ significantly on the School Related Causes dimension of Mental Health.
2. Orphan and non-orphan Children differ significantly on the related Causes dimension of Mental Health.
3. Orphan and non-orphan Children differ significantly in Peer Group Related Causes dimension of Mental Health.
4. Orphan and non-orphan Children differ significantly on composite Scores of Mental Health.

Method and Design

The method employed for the purpose studies the descriptive method of research. This method has been the most popular and widely used method of research in the social sciences. The study through this method is designed to obtain relevant and accurate information relating to the present state of the event and draw valid conclusions from the discovered facts.

Sample

The sample for the present investigation consists of 100 students (50 orphans and 50 orphans) drawn from class 10 from different secondary schools and two orphanage institutions in two districts of Raipur and Durg. The orphan students were identified on the basis of information received from the offices. The list of government orphanages was taken from the office of the Director Social Welfare Department. The list of government orphanages was taken from the office of the Director Social Welfare Department. Non-orphan students were selected with the help of a random sampling technique.

Tool

Mental Health Scale (MHS) was developed by Dr. Sushama Talesara and Dr. Akhtar Bano. Reliability 0.72 and Validity 0.69 which is significant at 0.01 levels

Statistical Analysis

Data were analyzed by applying Mean, S.D., and t-test.

ANALYSIS AND INTERPRETATION OF DATA**Table No. 1 Mean comparison of orphan and non-orphan children on School Related Causes dimension of the Mental Health Scale (N = 50 in each group)**

Group	Mean	S.D.	t- value	Level of Sig.
Orphan Children's	7.29	2.03	17.10	0.01
Non-orphan Children's	10.17	1.21		

Table No. 1 shows the mean comparison of orphan and non-orphan children on the school-related causes dimension of the Mental Health Scale. The table reveals that the two groups of children viz., orphan and non-orphan differ significantly on the school-related causes dimension of the Mental Health Scale as the calculated t-value (17.10) is greater than the tabulated t- t-value (2.58) at 0.01 level of significance. The mean difference favors non-orphan children, which confirms that the non-orphan children have higher school related causes than the orphan children.

Table No. 2 Mean comparison of orphan and non-orphan children on Home Related Causes dimension of the Mental Health Scale (N = 50 in each group)

Group	Mean	S.D.	t- value	Level of Sig.
Orphan Children's	8.81	1.87	9.30	0.01
Non-orphan Children's	11.02	1.41		

Table No. 2 shows the mean comparison of orphan and non-orphan children on the home-related causes dimension of the Mental Health Scale. The table reveals that the two groups of children viz., orphan and non-orphan differ significantly on the home-related causes dimension of the Mental Health Scale as the calculated t-value (9.30) is greater than the tabulated t- t-value (2.58) at 0.01 level of significance. The mean difference favors non-orphan children, which confirms that the non-orphan children have higher home-related causes than the orphan adolescents.

Table No. 3 Mean comparison of orphan and non-orphan children on Peer Group Related Causes dimension of the Mental Health Scale (N = 50 in each group)

Group	Mean	S.D.	t- value	Level of Sig.
Orphan Children's	9.13	1.63	10.79	0.01
Non-orphan Children's	11.62	1.52		

Table No. 3 shows the mean comparison of orphan and non-orphan children on peer group-related causes dimension of the Mental Health Scale. The table reveals that the two groups of children viz., orphan and non-orphan differ significantly on the peer group-related causes dimension of the Mental Health Scale as the calculated t-value (10.79) is greater than the

tabulated t- t-value (2.58) at 0.01 level of significance. The mean difference favors non-orphan children, which confirms that the non-orphan children have higher peer group-related causes than the orphan adolescents.

Table No. 4 Mean comparison of orphan and non-orphan children on a composite score of Mental Health Scale (N = 50 in each group)

Group	Mean	S.D.	t- value	Level of Sig.
Orphan Children's	73.29	14.68	9.51	0.01
Non-orphan Children's	90.05	9.1		

Table No. 4 shows the mean comparison of orphan and non-orphan children on a composite score of the Mental Health Scale. The table reveals that the two groups of children viz., orphan and non-orphan differ significantly on a composite score of the Mental Health Scale as the calculated t-value (9.51) is greater than the tabulated t- t-value (2.58) at 0.01 level of significance. The mean difference favors non-orphan children, which confirms that the non-orphan children have higher composite scores of mental health than the orphan adolescents.

CONCLUSION

The main purpose of the study was to compare the mental health of orphan and non-orphan children in Raipur and Durg. The sample for the present investigation consists of 100 students (50 orphan and 50 non-orphan children) taken from the 10th grade of various higher secondary schools and two orphanage institutions of two districts of Chhattisgarh viz., Raipur and Durg. The identification has been made on the basis of information received from the said offices. The list of government orphanages was taken from the office of the Director Social Welfare Department. The non-orphan students were selected with the help of a random sampling technique. The Mental Health Scale by Dr. Sushama Talesara and Dr. Akhtar Bano was administered to measure the Mental Health of orphan and non-orphan children in Raipur and Durg. Various statistical methods, including mean, SD, and t-test were applied to analyze the data. Therefore, the main conclusions of the study are as under:

1. Non-orphan children have more school related reasons than orphan children.
2. Non-orphan children have more home-related reasons than orphans' children.
3. Non-orphan children have more peer group-related reasons than orphan children.
4. Non-orphan children have good mental health as compared to orphans' children.

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