



Effect of Institutionalisation on the Mental Health of Orphaned Adolescents

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Abstract

The present investigation was undertaken to study and compare the mental health of institutionalized and non-institutionalized orphan adolescents. To collect quantitative data from 200 orphan adolescents, the English translated version of Mental Health Battery developed by Singh and Gupta was used. Qualitative data was collected through interviews of the teachers and caregivers. The quantitative data was analyzed by using Mean, SD and t-test; further, percentage analysis was used to analyse the qualitative data. The findings of the study revealed a significant difference between mental health of institutionalized and non-institutionalized orphan adolescents and institutionalization has developed a feeling of alienation among the orphan children and thereby made them emotionally vulnerable. It was also revealed through qualitative data that emotional aloofness hinders the orphans to communicate their feelings, emotions and thoughts. The data also indicated that family-oriented communication skill education programme can be adopted for the cost-effective strategy for balanced development of the orphans as family is the basic socializing agency which provides opportunities for communication of the hopes, aspirations, successes and failures. Therefore, communication is integral for the development of integrated personality and better mental health in the life of orphan adolescents.

Key words: Institutionalization, Communication, Mental Health, institutionalized Orphan, non-institutionalized Orphan, Adolescents.

Introduction

Orphans are those children whose parents are deceased or otherwise unable to care. A child who is below 18 years of age and who has lost one or both parents may be defined as an orphan (George, 2011). Globally, an orphan is defined by international organizations on the



basis of age and parental status. According to (UNAIDS, USAID and UNICEF, 2002), an orphan is defined as a child less than 15 years of age who has lost his/her mother. Recently, however, it has changed its definition to cover the loss of both parents and to include children below 18 years of age (UNAIDS, 2004). Now, the most accepted definition of orphan is a child who has lost both parents through death and it is extended to most of the groups including the loss of parents through desertion or the parents unable or unwilling to provide care (Skinner, 2004). Aside from the devastating emotional impact of losing their parents, orphans are susceptible through their entire lives. Inhibited social, cognitive, psychological and physical development is all common long-term effect of orphanhood. Typically, the younger the age of a child when orphaned and the longer he remains without a home, the more drastic the impact that his experiences as an orphan will have on his development. So, children are enforced to live on the street or institution for temporary or else for long period of time. An institution is a generic name for a variety of residential care facilities (Sloutsky, 1997). Residential or institutional care can be defined as ‘a group living arrangement for children in which care is remunerated by adults who would not be regarded as traditional carers within the wider society’ (Tolfree, 1995).

Research indicates that orphaned youth face more negative psychological challenges. They do not enjoy family support and experience ill treatment and unsympathetic gesture. They suffer from emotional distress and prolonged bereavement characterized by perpetual yearning for the mother and they resort to silence as a coping strategy. It affects their ability to develop coping strategies which led to isolation, sadness, hopelessness, lack of peace and fear of an uncertain future. Lack of screening for mental health increases their vulnerability to undiagnosed depression (Natuli et al., 2020).



The literature indicates that orphan experience emotional and psychological distress following the death of their parents which leads to poverty, their exploitation in the homes of their relatives and their loss of educational opportunities (Harms et al., 2009). The emerging evidences suggest that older orphans are at risk of poorer psychological outcomes. The negative mental health outcomes amongst orphans are maintained and worsen into later adolescence (Cluver et al., 2012). The death of a parent gives rise to emotional distress. The orphans are susceptible to long-term psychological problems including depression, anger, anxiety and feeling of sadness.

With its continuing concern for the health and well-being of the children, particularly those existing in underprivileged living conditions, the United Nations Emergency Fund proposed a series of systematic studies. The most vulnerable children are those who have lost both parents. They lack the emotional and physical maturity to address their psychological trauma (Ahmed and Ganesan, 2016)) and are at greater risk of developing depression and anxiety disorders (Andrey et al., 2008).

Children living under institutional care often suffer from developmental and behavioural problems due to the lack of family care and support (Kaur et al., 2018). The child's overall development is influenced by behavioural and mental problems which may negatively impact their academic and social outcomes as adults (Breslau et al., 2009).

The present study focuses on the impact of institutionalization of orphaned children on their wellbeing. The concept of wellbeing refers to the welfare of the child centering on the mental health development of orphaned children. Recently, our society has focused an increasing concern on child welfare - the orphan and destitute children-who have no means and



responsible people to look after them. Their living conditions fall from below the accepted standards and there remains a wide gap between them and the rest of the Indian society. Resident children develop poorly physically, mentally and social-emotionally, but those adopted from institutions display substantial catch-up growth in many domains of development. If they are adopted at an early age, there have been no long-term consequences of institutionalization yet measured; but if institutionalization is prolonged, they display higher rates of long-term deficiencies and problems in many domains.

Communication is vital part of wellbeing, mental health and quality of life. It is deeper than exchange of ideas. Communication is a tool and a skill that is indispensable for wellbeing and mental health. Communication in a family helps to improve mental health and manage conflicts. Communication is the act of connecting. Lack of communication in the family has harmful effects on forming bonds with each other. Communication plays a great role in the life of an orphan. Absence of parents deprives the orphans to express themselves freely and frankly. In such situations chances become high with regard to the development of anxiety, stress, worry and depression.

Need and Importance

Permanent parental care is the ideal situation for every child. Every child has a right permanently placed in family. Psychologists agree that children with secure attachment to parents have better chance to develop into happy, successful and well-adjusted adults. Parents encourage their children to investigate the world, manipulate objects, and explore relationships. This helps children to properly develop physically and emotionally. Parental love is the highest requirement not for the development but also for the very existence of a child. "Home life is the highest and finest product of civilization. It is the great molding



force of mind and of character. Children should not be deprived of it except for urgent and compelling reasons” (Encyclopaedia Britannica,1964). But there are circumstances, natural and social, which drive away some children out of their family and home, which deprive them of their parental love and affection. Death of parents introduces major changes in the life of a child. It is feared that many children may find it difficult to adapt to new changes. Minde (1998) makes it clear that it is not the social change itself that may cause psychological problems; rather it is the failure of the individual to adapt to social change. Like bereavement, social change and the resultant need to adapt to it create stress, anxiety or depression. Such a child leads to behave indifferently and develops isolation, alienation, excessive crying, anger and fears. According to Danielyan et al. (2007), this stress may be shown in symptoms of confusion, anxiety, depression and behavioural disorders and other mentalhealth problems. The same symptom may cause learning problems and effect achievement. So, the absence of a family life in the initial years of adolescence and long-term institutionalisation brings with it vulnerabilities that need attention (Morton, 2000). The effect of institutionalization is not uniform and is depend on child history, characteristics and caregiver’s characteristics. The concept of Parental Deprivation is the central argument against orphanage care, it deserves careful study. Its theoretical importance stems, of course, from basic assumptions about the communication needs of developing children. It is agreed that growing children need strong as well as interactive relationships with responsible adults. Besides providing emotional and physical security, such ties help the child grow and learn to cope with ever changing world. Normally, there should have been a dependable mechanism to address the gigantic problems of orphan adolescents and its accompanying miseries. During the last few years, a number of voluntary charitable and political organizations (orphanages, institutions, destitute homes,etc.) have come forward to take care of orphan



adolescents in the valley. The purpose of the present investigation is to examine the differences in mental health of institutionalized orphan and non-institutionalized orphan adolescents and to explore the role of communication skill education in order to improve their mental health. The study will become a guideline for researchers, administrators and counselors in order to lead the students in a proper way so that they may develop good communication skills and improve overall mental health. Further, the study aimed at investigating the effect of institutional care on children's self-development, achievement by comparing orphans living in institutions with those living with extended families, in guardian homes or in their parental homes. Moreover, institutions, counsellors and researchers may use the results of this study as a source of information, means of understanding and helping students. The results can also serve as a stepping stone for further inquiry into the communication needs of the orphans.

Objectives

The following objectives have been formulated for the study:

1. To study the mental health of institutionalized orphan and non-institutionalized orphan adolescents.
2. To compare institutionalized orphan and non-institutionalized orphan adolescents on various dimensions of mental health
3. To study the perceptions of teachers and caregivers about orphans' learning needs for communication skill education related to mental health.

Operational Definition of Terms

Mental Health:



Mental Health for the present study refers to the scores obtained by respondents on Mental Health Battery developed and standardized by Singh and Gupta (1983), translated into English by Gulnaz. It has six dimensions such as Emotional Stability, Overall adjustment, Autonomy, Security- Insecurity, Self-Concept and Intelligence.

Communication:

In the present study, communication refers to the sharing of thoughts, ideas and feelings.

Institutionalized Orphan:

Institutionalized orphan for the present study shall refer to the children who lost their father and reside in the institution to get care in a group living arrangement.

Non-institutionalized Orphan:

Non-Institutionalized orphan for the present study shall refer to the orphan children who lost their father and reside with families.

Adolescents:

Adolescents for the present study refer to school going children falling in the age group of 13-15.

Sample

The sample for the study consisted of the orphan adolescents studying in the various middle schools, secondary schools and orphanages of the four districts of Kashmir valley. All the orphan students studying in these institutions/ orphanages included in the sample for the study. They consisted of 200 students (100 institutionalized orphan and 100 non-institutionalised orphan adolescents) taken from the 8th grade students of various Middle



schools, secondary schools and orphanages/institutions of four districts of Kashmir viz. Anantnag, Baramulla, Ganderbal and Srinagar.

The institutionalized orphan students were identified on the basis of information obtained from the offices. The list of government orphanages/institutions was taken from the office of the Director social welfare Department and the list of non-Government orphanages/Institutions was taken from registration office for NGO press colony Srinagar. The non-institutionalised orphan students were selected from various middle and secondary schools where the institutionalized orphans study. J&K Muslim Welfare Society, Markaz-e-Falahi-Musturas orphanage and DooriYateem trust, Kangan were the only institutions where institutionalised orphan students were on rolls. So, non institutionalized orphans were taken from the nearby school. Whereas, in the other institutions both the institutionalized orphan and Non-institutionalised orphan students were on rolls.

Sample for the qualitative data included the teachers teaching the orphan adolescents in the selected schools and the caregivers working in different orphanages selected for data collection.

Tool used

In the present study, English version of Mental Health Battery which was developed and standardized by Singh and Gupta (1983) was used to collect the requisite data. In addition, structured Interview Schedule was used to collect qualitative data.

Statistical techniques used

To give meaning to the collected data, Mean, SD and t-test was employed. Percentage analysis was also used to give meaning to interview data.

Interpretation and Analysis of Data



To study and compare the mental health of institutionalised and non-institutionalised orphan adolescents studying at 8th standard in Kashmir, t-test was computed. The mean, SD and value of t-test is given in Table 1.

Table 1

Mean comparison of Institutionalised orphan and Non-Institutionalised orphan adolescents on Mental Health (N =100 in each group)

Group	Mean	SD	t –value	Level of significance
Institutionalised Orphans	73.38	14.78	9.62	Significant at 0.01 level
Non-Institutionalised orphans	90.12	9.3		

A quick look on the above Table 1

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table shows the mean comparison of institutionalized orphan and non institutionalized orphan adolescents on Mental Health Battery. The table reveals that the two groups of adolescents' viz., institutionalised orphans and non-institutionalised orphans differ in mental



health. It has also found that a significant difference appeared between the mental health of institutionalised and non-institutionalised orphans ($t = 9.62$). Further, non-institutionalized orphans have shown high mental health as compared to that of institutionalized orphans.

From the above, it is referred that non-institutionalized orphans have emerged out as more emotionally stable; have better overall adjustment; reflect higher autonomy, self-determination are confidence; free from fear, think rationally, behave purposefully and are intelligent than institutionalized orphans.

The above results indicated that non-institutionalised orphan adolescents have better attitudes, knowledge of themselves, self-acceptance and positive evaluation of their achievement than institutionalized orphan adolescents.

Data from the structured interview schedule showed that a large majority of the orphanage caregivers (84.52 %) were of the opinion that institutionalized orphans hardly interact with each other. They don't show any interest to engage in any kind of productive communication. They remain isolated and silent most of the time. Interview with the school teachers teaching those orphans revealed that majority of the teachers (79.36 %) found both institutionalised and non-institutionalised orphans lost in their own thoughts. They remain isolated and talked very less. They lack communication skills which are an important cause of their poor mental health. Nearly all the teachers (98.87 %) suggested that family-oriented communication skill education programme can be adopted for orphanage caregivers as well as for orphans. Such a programme will surely help the caregivers make balanced and stable communication with the orphans. The orphans will also be benefitted through communication skill education as the programme will empower them to establish effective and sustainable communication.

Discussion



Non-institutionalized orphan adolescents in comparison to institutionalised orphan adolescents have positive emotional stability, overall harmonious balance between the various demands of environment, are independent, secure, have better attitudes, are committed and satisfied with what they have than institutionalized orphan adolescents. Poor communication skills among the orphans have emerged out as a strong hindrance in relation to mental health.

From the findings of the study it is implied that institutionalization and lack of communication have developed a feeling of isolation, loneliness and alienation among the orphan children and thereby made them emotionally vulnerable. Further, the study concluded that family is the basic socializing agency which is integral for the development of communication skills. Parents and members of the family have a pivotal role in the stable communication.

On the basis of results of the study, it can be recommended that conducive environment in orphanages should be created in order to compensate for the detrimental effect of parental deprivation on resilience of these children. Family-oriented communication skill education programme can be adopted for the care-givers of orphanages and the orphan children. Such a family-oriented communication skill education programme should become an integral cost-effective strategy for balanced development of the orphans as family is the basic socializing agency which provides opportunities for communication of the hopes, aspirations, successes and failures. Therefore, communication is integral for the development of integrated personality and better mental health in the life of orphan adolescents.



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