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Research Paper

Mental Health Status among Orphan Adolescents Reared in Orphanages at Tiruchirappalli District

Sociology

KEYWORDS : Mental health status, Orphan Adolescent, Orphanages

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ABSTRACT

Adolescence covers the period of life between 10 and 20 years of age. An adolescent may become an orphan because of the death or disappearance, abandonment or desertion, separation or loss of both parents. An orphanage is an institution committed to the care and upbringing of children who have lost their either a parent or both parents. Orphans reared at the institution for long period may have a detrimental effect on mental health. The present study aims to describe the mental health status of orphan adolescent nurtured in the orphanages in Tiruchirappalli district. The researcher used a standardized inventory to measure the level of mental health status. Census method was adopted and the data was collected from the 360 respondents between the ages 13-17 years in 6 government aided orphanages. More than one-third of the respondents (39.4%) have medium level of overall mental health. There is a significant association between educational qualification of the respondents and their mental health. There is a significant difference between respondents area of domicile before joining the institution with regard to their mental health.

INTRODUCTION

The International classification defines Orphan adolescents as adolescent who have lost one or both parents **UNAIDS etal (2004)**. Death of parents brings major change in the life of an orphan. Orphan Adolescents face many hardships during their childhood including a decline in health, nutrition and psychological well-being. They also struggle with their identity and mental health usually set in when they experiences a loss. An orphanage is an institution committed to the care and upbringing of children who have lost either their a parent or both parents. Orphans reared at the institution for long period had a detrimental effect on poor mental health compare to the foster care and home based rearing. Parental loss exposes the child to the long term psychological disturbance. It's greater among the children who lost the parent of their same sex. Institutionalized orphans have negative outcomes of their behavior because of inadequate caregiving, lack of stimulation and the absence of a consistent caregiver. Adolescents mental health problems will have significant adverse psychosocial outcomes in their adulthood like antisocial or maladaptive behavior, depression, suicide etc. It is a substantial burden on the community. Good mental health is characterized by satisfactory emotional, social and behavioral functioning. This is reflected by positive feelings about oneself and ability to interact well with others and meet the demands routines of everyday life. The mental health problems of adolescents are usually due to the risk factors like biological, genetic, family relationship, experiential and social environmental. Prenatal and care givers exposure to the orphan adolescents have an impact on neurocognitive process and is associated with a variety of behavioral problems.

Review of earlier literature

Rutter ML, and etal (2001). The authors concluded that those who had previously lived in orphanages were more likely to have developmental and mental health problems, at least in the short/medium-term, than those previously in foster care.

Zheng, (2004) . He examined 120 orphans at school about the psychological factors affecting their learning general levels of the orphans' intelligence and mental health status are lower than those of the normal children of the same age.

Suman Somen, K,(1986). He studied the mental health status of 300 orphans. Mental health was evaluated from a scale developed for the assessment of 16 indicators of mental health. Poor mental health was related to parental deprivation, with those institutionalized early in life having the poorest mental health.

MATERIAL AND METHODS

Aim

1. To describe the socio-demographic characteristic of orphan adolescent reared in orphanages.
2. To study the level of mental health of orphan adolescent reared in orphanages.
3. To suggest the suitable measure to improve the mental health status of orphan adolescent reared in orphanages.

Tools of Data Collection

The researcher used self-prepared interview schedule along with the standardized inventory to measure the level of mental health status formulated by Dr. Jagdish and Dr.A.K.Srivastava (1983) which contains six dimensions such as positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes and environmental mastery. The reliability of the inventory was determined by Cronbach's Alpha that is .838.

Universe and sampling

The universe of the present study consists of orphan adolescent reared in orphanages between the age group of 13-17 years in 6 government aided orphanages which includes 2 girls' orphanage, 2 boys' orphanage and 2 unisex orphanages. Census method was adopted and the data was collected from the 360 respondents in all the selected orphanages.

Result and Discussion

Orphan status and Socio- demographic Characteristics

Out of 360 respondents the average age of the respondents which is 14.7 years, nearly one -fourth of the respondents (23.3%) belong to the age of 14 years, nearly one -fourth of the respondents (23.1%) belong to the age of 13 years, nearly one- fourth of the respondents (22.5%) belong to the age of 15 years, nearly one- fourth of the respondents (19.7%) belongs to the age of 16 years and remaining 11.4% of the respondents belong to the age of 17 years. Regarding the sex of the respondents majority of the respondents (60.6%) was female and more than one -third of the respondent (39.4%) was male. While considering the types of orphanage nearly half of the respondents (49.2%) have stayed at girls orphanages, more than one- fourth of the respondents (26.1%) have stayed at unisex orphanage and remaining nearly one -fourth of the respondents (24.7%) have stayed at boys orphanages. Administrators in the orphanages feel that caring female orphan is easier than male orphan. So the enrollment of female orphan is more in number.

Regarding their domicile before joining the orphanage majority of the respondents (66.7%) lived in rural area 17.5% of re-

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spondents lived in urban area and 15.3% of respondents lived in semi urban area. More than one- fourth of the respondents (28.6%) are studying in 10th standard, nearly one -fourth of the respondents (23.9%) are studying in 9th standard, nearly one-fourth of the respondents (20.6%) are studying in 8th standard, 15.3% of respondents are studying in 11th standard and 1.7% of respondents are studying in 12th standard. It shows that children join the orphanage at early years and they become the dropout when they reach the late adolescent. More than half of the respondents (54.7%) are studying in government aided school; more than one- fourth of the respondents (27.8%) are studying in government school and remaining percentage of the respondents 17.5% are studying in private schools. It reveals that more number of respondents are studying in government aided schools because majority of the orphanages have their own government aided schools.

While considering the types of orphanhood half of the respondents (51.7%) are paternal orphan, more than one -fourth of the respondents (27.5%) are maternal orphan and nearly one-fourth of the respondents (20.8%) are double orphan. This finding in particular is similar to the universal orphan population given by UNICEF regarding their types and percentage. Regarding the duration of stay nearly half of the respondents (48.9%) duration of stay was 1to 4 years, more than one- fourth of the respondent (27.5%) duration of stay was 5 to 8 years, nearly one -fourth of the respondents (17.5%) duration of stay was below 1 year and remaining minimum percentage of respondents (6.1%) duration of stay was above 9 years. More than half of the respondents (54.6%) were stigmatized by the society and nearly half of the respondents (45.4%) were not stigmatized by the society.

Table 1
Distribution of the respondents by their levels of Mental Health

S. No	Mental Health	No. of Respondents (n :360)	Percentage
1	Low	111	30.8
2	Medium	142	39.4
3	High	107	29.7

The above table shows that more than one- third of the respondents (39.4%) have medium level of mental health , nearly one- third of the respondents (30.8%) have low level of mental health and more than one -fourth of the respondents (29.7%) have high level of mental health. However the study done by **Rutter ML and et al, 2001** is same.

Table 2
One-Way Analysis of Variance among domicile of the respondents with regard to the their level of Mental Health

S. No	Standard	SS	df	MS	$\bar{X}$	Statistical Inference
1	Between Groups	2581.611	3	860.537	G1=130.08 G2=127.92 G3=126.31 G4=159.50	F = 2.986 P <0.05 Significant
2	Within Groups	128372.34	356	360.596		

G1=Rural G2=Urban G3=Semi Urban
G4=Unknown

The above table reveals that there is a significant difference between the respondents' area of domicile before joining the institution with regard to their level of mental health. The mean score reveal that G2=Urban and G3= semi urban respondents have low level of mental health status

Table 3
Association between educational qualification of the respondents and their level of mental health

S. No.	Educational status	Mental Health			Statistical Inference
		Low (n=91)	Medium (n=177)	High (n=92)	
1	VIII STD	9	52	13	$X^2 = 25.095$ df =8 P < 0.01 Significant
2	XI STD	30	38	18	
3	X STD	31	46	26	
4	XI STD	11	24	20	
5	XII STD	10	17	15	

The above table portrays that there is a significant association between the educational qualifications of the respondents and their level of mental health.

Table 4
'Z' Test between the gender of the Respondents with regard to level of Mental Health

S. No	Gender	$\bar{X}$	S.D.	Statistical Inference
1	Male	129.93	20.23887	t =0.513 P>0.05 Not Significant
2	Female	128.87	18.35422	

There is no significant relationship between the gender of the respondents with regard to their level mental health.

Social Work Intervention
Social case work method can be used for identifying and assisting the problems of individual orphans with the help of intervention techniques like ventilation, self- determination, catharsis and individual counselling. Social group work method can be used to educate the group of orphan to enhance their mental health level especially orphan from middle level of mental health status. Community organization method can be used to create awareness about problem faced by orphans; people can be motivated and sensitized at all means to support the children in family and in the community rather than making them as orphan. The social worker can also play the following roles:

- Identify and assess orphan adolescent in need of support and guidance.
- Identify and assess orphan adolescent in need of special care especially those who have mental health problems.
- Identify local sponsors to enhance the quality of the life of the orphan adolescent.
- Provide counselling to the orphans adolescent those who have mental health problems.
- Social worker can also do referral services to the orphan adolescents those who need special support.
- Provide Life skills training to the orphan adolescent to help them to be independent

Conclusion
The findings of the study revealed that nearly half of the respondents have medium level of mental health status. If proper interventions in not rendered at the right time there is high risk for orphan adolescents to develop low level of mental health status. Early identification and proper intervention to the orphans' mental health problems will help to avoid severe complication in future. Instead of rearing young orphans at the orphanage place them either in foster care, adoption or home based rearing.

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