



Emotional And Behaviour Problems Of Institutionalized Street Children

KEYWORDS

Behavioural problem, Emotional problems, Street children.

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ABSTRACT

Adolescence is a transition period with much occurrence of emotional disturbances during this stage. Street children have been described as children of the street, children on the street, children who are part of a street family. Children found in the streets are identified, kept in Institutionalized care and mainstreamed. Lack of parental care and negligence of care givers put the street children to develop emotional and behavioural problems also develop scholastic backwardness. This study focuses on the emotional and behavioural problem of the institutionalized street children who attend school. Descriptive research design was used. The sample of the study consists of 50 Institutionalized street children between 11 to 18 years studying in schools. Data was collected using questionnaire which was designed for collection of two types of information for each child. First type of information was elicited from the children, which includes socio- demographic details and the second type of information was elicited from the class teacher. Rutter's Childrens' Behaviour Questionnaire (1967) was used to elicit information from teacher. The results reveals that more than half (56%) of the respondents have overall prevalence of behavioural and emotional problems and their mean age is 14years. It can be concluded that behavioural and emotional disorders are prevalent in institutionalized street children. Hence Social Work Intervention is necessary to improve their mental wellbeing and their emotional stability and also for enhancing good behaviour.

Introduction

Adolescence is a transition period with much occurrence of emotional disturbances during this stage. In this stage they prefer to be independent, create identity for themselves, attract peer influence, arguable, confusion and develop problem solving skills. Street children have been described as children of the street, children on the street, children who are part of a street family, and those in institutionalized care. Street children who are in institutionalized care, come from a situation of homelessness and are at risk of returning to a homeless existence. Their family may have abandoned them or they may have no family member left alive. Such children have to struggle for survival and might move from friend to friend, or live in shelter such as abandoned buildings. Sometimes they might even return every night to sleep at home, but spends most days and some nights on the street because of poverty, overcrowding, abuses at home. Parental death, family disorganisation, divorce, alcoholic parents, step parent cruelty, lack of parental care and negligence put the street children to develop emotional and behavioural problem.

Most of street children on the street face harassment at work place paid less and given more work, work overtime and exploited. Problem of domination of old street children puts the new street children vulnerable to abuse and substance use. They are often in conflict with law and sometimes arrested for no reason.

In the Institution they lack parental attachment, and never trust anyone to share their emotions or feelings. They are children who need emotional support or psychological needs like care, love, affection, protection, attention, security, attachment and want to be praised and rewarded. They do have stressful events or trauma in their lives like parental loss, abuse, negligence and poverty. This makes them emotionally suppressed and makes them withdraw from the social activities. They may develop scholastic backwardness and behaviour problems. Emotional disturbance and behavioural problems affect children in all life situations. Children who experience physical abuse have a higher probability of being identified with emotional or behavioural disorders (Cauce et

al., 2000, cited in Smith 2010)

According to Ali et al. (2004), causes for being on the street differ in developed countries, where the majority of street children leave home to reside or work on the street to escape dysfunctional families, physical battery, neglect, or sexual abuse or out of a desire for freedom, and not because of socio-economic problems.

Without safe family-based care, children are at risk of ending up in harmful work or other forms of exploitation, on the street or in institutional care. Young children in institutional care are more likely to experience poor health, physical underdevelopment, and deterioration in brain growth, developmental delay and emotional attachment disorders. Consequently, these children have reduced intellectual, social and behavioural abilities compared with those growing up in a family setting. Both the long- and short-term repercussion of violence can be devastating. Exposure to violence in early childhood can affect the maturing brain. Children's prolonged exposure to various forms of violence, abuse, exploitation and neglect – either as victims or witnesses – can disrupt nervous and immune systems and lead to social, emotional and cognitive impairments, as well as risky behaviour, including substance abuse and early sexual activity -Child Protection Initiative. May 2013,

Material and methods

The aim of the study is to focus on the emotional and behavioural problem of the institutionalized street children who attend school from teacher perspective.

The objectives are

- To study the prevalence of emotional and behavioural problem of the institutionalized street children.
- To know the level of emotional and behavioural problem of the institutionalized street children.
- To find out the relationship between the socio- demographic variables and level of behaviour problem of the institutionalized street children.
- To suggest various measures to improve their mental wellbeing and their emotional stability and also for enhancing good behaviour.

Hypotheses

- There is a significant relationship between age of the respondents and their overall emotional and behavioural problem
- There is a significant relationship between education of the respondents and their overall emotional and behavioural problem
- There is a significant relationship between length of stay of the respondents and their overall emotional and behavioural problem

Descriptive research design was adopted for this study. The sample of the study consist 50 Institutionalized street children between 11 to 18 years studying in schools.

Tools for data collection includes

Self prepared questionnaire was used to collect the socio demographic details.

Standardised instrument Rutter's Children's Behaviour Questionnaire (1967) for completion by teacher was used. It has 26 items and the scores are indicated as 2,1 or 0. The children scoring 9 and above on the total show evidence of some disorder. Antisocial score is obtained by summing up 6 item (destructive, fights, disobedient, lies, steal and bullies), emotional or neurotic sub score is obtained by summing up 4 item (worries, miserable, fearful, shed tears at school) and children with equal antisocial and emotional sub scores are classified as mixed.

Data was collected using questionnaire which designed for collection of two types of information for each child. First type of information completed by the children includes socio demographic details and the second type of information was completed by the class teacher.

Analysis and Findings of the study

Findings related to socio demographic details

- More than half of the respondents (52%) belong to age group 13 to 14 years.
- Nearly half of the respondents (48%) are studying in 8th and 9th standard.
- More than half of the respondents (66%) belong to nuclear family type.
- Majority of the respondents (70%) have either one or both parent not alive.
- Less than half of the respondents (32%) parents are separated.
- Less than half of the respondents (18%) parents are divorced.
- Majority of the respondents (70%) have alcoholic parents. Less than half of the respondents (40%) length of stay in the institution is between 2 to 4 years

Table 1: Prevalence of Emotional and Behaviour disorder (n=50)

Emotional and Behaviour disorder	Present (Total score = or > 9)	Absent (Total score < 9)
Emotional	0(0%)	37(74%)
Antisocial	6(12%)	3(6%)
Mixed	0(0%)	4(8%)

From the above table it was inferred that 12% of the respondents have behaviour disorder. The respondents scoring nine or above on the total are considered to show some disorder like antisocial, emotional or mixed.

Table 2: Distribution of respondents by their level of emotional and behaviour problem

Variable	No. of respondents (N=50)	Percentage (100%)
Overall emotional and behaviour problem		
Low	22	44.0
High	28	56.0

Table 2 shows that more than half (56%) of the respondents perceive high level of behavioural and emotional problems and less than half (44%) of the respondents perceive low level of behavioural and emotional problems

Table : 3 Correlations matrix of socio demographic variables and emotional and behaviour problem.

	1	2	3	4
Emotional and Behaviour problem	1			
Age	-.167	1		
Education	-.370**	.837**	1	
Length of stay	-.134	.337*	.431**	1

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

There is no relationship between age and emotional and behaviour problem. Education is negative correlated (r= -.370 p<.01) to emotional and behaviour problem, which means that as the education increases there was a decrease in the emotional and behaviour problem. There is no relationship between duration of staying in institution and emotional and behaviour problem

Social work Intervention

As the institutionalized children are away from home and their parents, they do not have proper role model and someone to give individual attention or guidance. They grow on their own

way. To improve their mental wellbeing and their emotional stability and for enhancing good behaviour, social work intervention is necessary.

It is one of the roles of social worker to assess the psychosocial needs of the children.

Through case study method the problem of the child is identified and appropriate interventions have to be designed to facilitate the child.

Group work is also more effective for children. While one person shares, others listen to and give feedback. So everyone in the group is benefitted.

The children should be given individual respect, care, attention and responsibilities.

Life skills education, psychosocial intervention will help the children in challenging their day today challenges, and also help them in coping with emotions, stress and anger.

Child friendly school, Teacher student relationship and peer relationship has to be enhanced. Help the child in providing both the positive support in following the classroom rules, solving problems, and developing positive attitudes and teach him the negative consequences also. In case of disorder, child has to be referred to a psychiatrist as we work in multidisciplinary team.

Conclusion

The results reveal that more than half (56%) of the respondents have perceived high level of behavioural and emotional problems in which behaviour disorder was 12% and their mean age is 14years. It can be concluded that behavioural and emotional disorders are prevalent in institutionalized street children.

REFERENCE

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