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

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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 of a parent or both parents, and this institution is committed to the care and upbringing of children who have lost either a parent or both parents. Orphans reared at the institution for long periods may have a detrimental effect on mental health. The present study aims to describe the mental health status of orphan adolescents reared 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 children who have lost one or both parents UNAIDS et al (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 experience a loss. 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 periods may have a detrimental effect on mental health. The present study aims to describe the mental health status of orphan adolescents reared 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.

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 adolescents 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 .830.

Universe and sampling  
The universe of the present study consists of orphan adolescents 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 orphan age majority of the respondents (66.7%) lived in rural area 17.5% of re-
respondents 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 parental 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 (5.1%) 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

<table>
<thead>
<tr>
<th>S. No</th>
<th>Mental Health</th>
<th>No. of Respondents (n:360)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low</td>
<td>111</td>
<td>30.8</td>
</tr>
<tr>
<td>2</td>
<td>Medium</td>
<td>142</td>
<td>39.4</td>
</tr>
<tr>
<td>3</td>
<td>High</td>
<td>107</td>
<td>29.7</td>
</tr>
</tbody>
</table>

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 their level of Mental Health

<table>
<thead>
<tr>
<th>S. No</th>
<th>Standard</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>X</th>
<th>F</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Between Groups</td>
<td>2581.611</td>
<td>3</td>
<td>860.537</td>
<td>G1=130.08 G2=127.92 G3=126.31 G4=159.50</td>
<td>F= 2.986</td>
<td>P&lt;0.05 Significant</td>
</tr>
<tr>
<td>2</td>
<td>Within Groups</td>
<td>128372.34</td>
<td>356</td>
<td>360.596</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>S. No</th>
<th>Educational status</th>
<th>Mental Health</th>
<th>Medium (n=177)</th>
<th>High (n=92)</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VIII STD</td>
<td>9</td>
<td>52</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>XI STD</td>
<td>30</td>
<td>38</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X STD</td>
<td>31</td>
<td>46</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>XI STD</td>
<td>11</td>
<td>24</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>XII STD</td>
<td>10</td>
<td>17</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>S. No</th>
<th>Gender</th>
<th>X</th>
<th>S.D.</th>
<th>Statistical Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>129.93</td>
<td>20.2388</td>
<td>t=0.513 P&gt;0.05 Not Significant</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>128.87</td>
<td>18.35422</td>
<td>P&lt;0.05 Significant</td>
</tr>
</tbody>
</table>

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 restored 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.
REFERENCE