ORIGINAL RESEARCH PAPER

Psychology

STRESS AND COPING STRATEGIES AMONG ORPHAN CHILDRENS

KEY WORDS: Stress, Coping, Orphan Boys and Girls

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ABSTRACT

In the present study an attempt is made to compare stress and coping strategies among orphan boys and girls. The sample of the present study consists of 400 secondary school students taken from different schools and orphanages. The age of the sample ranges from 13 to 17 years with mean age of 15 years. Purposive sampling technique was used. For assessment of stress and coping strategies among orphan children, Sources and Intensity of Stress scale developed by Reddy and Reddy (2005) was used and Identification of Coping Strategies in Children adopted by Reddy and Reddy (2005) was used. For studying the difference between the groups t-test was used. The results reveal that orphan boys have experienced more stress due to psychological, educational and social causes of stress and orphan girls used more of emotional focused coping.

Introduction

An orphan is a child permanently bereaved of or abandoned by his or her parents. In common usage, only a child who has lost both parents is called an orphan. Adults can also be referred to as orphans, or "adult orphans" (Traver and Hosley, 2008).

It is estimated that 143-210 million orphans are living worldwide. Approximately there are 12.44 million orphans, and close to 40 million destitute children live in India. Each year, about a million new orphans are added to the society in India. A walk through an orphanage will be an unforgettable experience, witnessing children in poverty, children discarded, children stunted both physically and emotionally, that stirs the heart beyond belief. India has the largest population of children under age 18 in the world – about 400 million youngsters. Sadly, about 25 million of these are orphans who must struggle each day against poverty and face many potential abuses (Satadru, 2007).

Orphan hood and problems faced by the orphans has emerged as a serious threat to the community and national development. If the impending tragedy is to be averted new and visionary policies and programs aimed at improving their living condition and securing their future are urgently needed (Nyamukapa et al. 2008).

Quite recently there has been a growing international interest in research on orphans (Pivnick and Villegas, 2000; Forehand, Steele, Armistead et al., 1998; Gardner and Operario, 2006; Cluver Gardner, and Operario, 2007; Atwine, Cantor-Graae, and Bajunirwe, 2005; Andrews, Skinner and Zuma, 2006; Doku, 2009; Earls, Raviola and Carlson, 2008; Wild, Flisher, Laas, and Robertson, 2006) because of the realization that parental death is a risk factor for psychological distress (Bauman and German, 2005).

Orphans are at increased risk of losing opportunities for school, healthcare, growth, development, nutrition, and shelter. Moreover, with the death of a parent, children experience profound loss, grief, anxiety, fear, and hopelessness with long-term consequences such as psychosomatic disorders, chronic depression, low self-esteem, learning disabilities, and disturbed social behavior. This is frequently compounded by "self-stigma" children blaming themselves for their parents' illness and death and for the family's misfortune (Smart, 2003).

Orphans may experience additional trauma from lack of nurturance, guidance, and a sense of attachment, which may impede their socialization process (through damaged self-confidence, social competencies, motivation, and so forth). Children often find it difficult to express their fear, grievance, and anger effectively. In addition, when willing to express their feelings, they may find it difficult to find a sensitive time (UNAIDS, 2001).

In general, Orphan children seem socially deprived and they tend to encounter higher emotional distress, hopelessness, and frustration than non-orphans (Mbozi, Debit, and Munyati, 2006). Most orphans may be distressed by their new circumstance that may require them to cater for themselves and/or assume care-giving responsibility for their younger ones Sexual abuse (Pridmore and Yates, 2005) and social discrimination (Cluver, Gardner, and Operario, 2008; Nyambedha, Wandibba and Aagaard-Hansen, 2003) against orphan haven reported

Most the psychological impacts are often not visible, they take different forms, and they may not arise until months after the traumatic event. The death of a parent leaves children in a state of trauma. Sengendo and Nambi reported in 1997 that in Uganda many orphans were showing signs of stress and trauma. Many, orphans may become withdrawn and passive or develop sadness, anger, fear, and antisocial behavior's and become violent or depressed (World Bank, 2004).

Stress can be understood as a state of imbalance between demand placed on an individual and the individual's ability to deal with the demands. It also can be considered as a stimuli that an individual perceives as challenging or harmful. The effect on the person can usually be called the stress reaction, to distinguish it from the provoking events. These reactions include autonomic responses, endocrine changes and psychological responses such as a feeling of being locked up (Michael Gelder et al. 1996).

To date, research on orphan mostly is focused on the health and nutritional status (e.g. Panpanich, 1999), treatment-seeking behavior and in anthropometric measures (Sarker et al., 2005), socio-economic problems (Case, Paxson and Ableidinger, 2002), psychological wellbeing of institutionalized orphan children (Laurg, 2008), mental health problems (Cluver and Gardner, 2006), the psychological effect of orphan-hood (Sengendo and Nambi, 1997), psychosocial and developmental status (Nagy and Amira, 2010), psychosocial wellbeing of OVC (Grace, 2012), psychological well-being and socioeconomic hardship among AIDS orphans and other vulnerable children (Delva, Vercoutere, Loua, Lamah et al., 2009), and the psychosocial well-being of teenaged orphans (Gumed, 2009).Keeping this in view the present study is taken up with following objectives.

OBJECTIVES

1. To identify the sources of stress in orphans.
2. To study whether boys and girls differ in their sources of stress.
3. To identify the coping styles used by orphans.
4. To find out whether the gender of orphans influence their coping styles.

HYPOTHESES

1. There wouldbe significant difference in sources and intensity

of stress among orphan boys and girls.
2. There would be significant difference in coping strategies among orphan boys and girls.

POPULATION

Category	N	Total
Male	200	400
Female	200	

SAMPLE

The sample of the present study consists of 400 orphans taken from different orphanages. The age of the sample group ranges from 13 to 17 years with mean age of 15 years. Purposive sampling technique was used.

PROCEDURE

Initially permission to conduct the study was obtained from the Director of Social Welfare Department, Chittoor, Superintends of Children's Homes and the School Principles. After a brief introduction about the purpose of the study, the Stress Questionnaire and Coping Questionnaire and Personal data sheet were administrated to them. Researcher requested to read all the statements carefully and respond them honestly. The respondents were assured of the maintenance of confidentiality of their responses.

TOOLS

Assessing Sources and Intensity of Stress: Children Stress Questionnaire developed by Reddy and Reddy (2005) was used. The children stress questionnaire consisted of 60 items. These 60 items fall into four areas: (a) Physical Causes of Stress (b) Psychological Causes of Stress (c) Educational Causes of Stress (d) Social Causes of Stress. The questionnaire is a list of possible stress producing situations in the above said areas. The subject has to read each situation and report their stress experience on a three point scale from 'Light', 'Moderate' and 'Heavy' by indicating a tick mark. The maximum possible score is 45 and the minimum possible score is 15 in each area. The total stress score is obtained by adding the score in the four areas. The maximum possible total score is 180 and the minimum score is 60.

Identification of Coping Strategies in Children: Investigator adopt the Moos and Billings (1982) and modified by Reddy and Reddy (2005) coping classification and developed an inventory which consisted of 30 items which can be grouped into three categories of coping strategies:

1. Appraisal Focused Coping (AFC) (11 items)
2. Problem Focused Coping (PFC) (8 items)
3. Emotional Focused Coping (EFC) (11 items)

The items in each of these categories tried to measure the ways in which children in past have overcome their stressful situations by responding as 'Yes',' undecided' or 'No'. The scoring of the inventory is as follows. If the subject marks 'Yes' it was given '2' marks and if marked as 'undecided' '1' and '0' for 'No' category. The maximum score AFC and EFC was 22 and minimum was 11, the maximum score for PFC was 16 and minimum was 8.

STATISTICAL TECHNIQUES

The obtained data were subjected to statistical analysis such as Means, SDs, and 't' – test.

RESULTS AND DISCUSSION

Table-1: Shows sources of Stress among Orphan Boys and Girls

Sources of Stress	Boys	Girls	t- value
Physical Causes of Stress	Mean =28.830	Mean =27.820	1.883@
	SD = 5.424	SD = 5.300	
Psychological Causes of Stress	Mean =27.900	Mean =26.670	2.640**
	SD = 4.888	SD = 4.378	
Educational Causes of Stress	Mean =28.560	Mean =26.920	3.104**
	SD = 5.473	SD = 5.086	
Social Causes of Stress	Mean =28.810	Mean =26.720	4.120**
	SD = 5.264	SD = 4.874	

@- Not Significant
** - Significant at 0.01 level

Physical Sources of Stress

When we look into the sources of stress of orphan boys, the mean stress intensity score is 28.93 with an SD of 5.42. The mean stress intensity score of girls due to physical causes is 27.83 with an SD of 5.33. Among these two groups the orphan boys had little higher mean stress intensity score, but it is does not show any significant statistical difference with the mean intensity score of orphan girls. This indicates that orphan boys and orphan girls had experienced equal intensity of stress. This may be because whether you are a boy or girl the physical causes are similar.

Psychological Causes of Stress

The mean stress intensity score of orphan boys due to psychological sources is 2790 with an SD of 4.88. The mean stress score of orphan girls due to psychological causes is 26.67 with an SD of 4.37. When we compare both the means, the boys have experienced higher stress than the orphan girls (t=2.64 is significant beyond 0.01 level). Thus, indicating the orphan boys have experienced higher intensity of stress due to psychological causes. This may be because the boys are more exposed to various interactions in the society which might affect their psychological state.

Educational Causes of Stress

The mean stress intensity score of orphan boys due to educational causes is 28.56 with an SD of 5.47. The mean stress score of orphan girls is 2692 with an SD of 5.09. When we compare both the means, orphan boys have experienced higher stress than the orphan girls (t=3.10 is significant beyond 0.01 level). Thus, indicating the orphan boys have experienced higher intensity of stress due to educational causes. This may be because the expectations on boys is more compared to girls and the boys are naturally less interest on studies because they are distracted easily, further being an orphan boys might have more distractions.

Social Causes of Stress

When we look into the sources of stress of orphan boys due to social causes is 28.81 with an SD of 5.26. The mean stress score of orphan girls is 26.72 with an SD of 4.87. When we compare both the means the boys have experienced high stress than the orphan girls (t=4.120 is significant at 0.01 level). Thus indicating that orphan boys have experienced high intensity of stress due to social causes of stress. This is again because boys are more exposed to social situations compared to girls. Thus boys might have experienced more stress than girls.

When we observe the impact of gender on stress experience by orphan boys and girls, boys have experienced more stress on all factors than girls. This may be boys being socially active might have felt more stress in psychological, educational and social causes of stress.

Thus the hypothesis -1 ***"There would significant differences in sources of stress among orphan boys and girls"*** is accepted.

Table-II: Shows Coping Strategies used by Orphan Boys and Girls

Coping Strategies	Boys	Girls	t- value
Appraisal Focused Coping	Mean = 15.400	Mean = 15.950	1.836@
	SD = 3.004	SD = 3.040	
Problem Focused Coping	Mean = 16.020	Mean = 16.500	1.400@
	SD = 3.476	SD = 3.310	
Emotional Focused Coping	Mean = 16.360	Mean = 17.520	3.643**
	SD = 3.169	SD = 3.172	

@- Not Significant
** - Significant at 0.01 level

Appraisal Focused Coping

When we look in to the appraisal focused coping strategies used by orphan boys is 15.40 with an SD of 3.00. The mean appraisal focused coping score of orphan girls is 15.95 with an SD of 3.04.

Among these two groups girls have used more of appraisal focused coping than boys. But the difference is not significant. This indicates that both orphan boys and girls have used appraisal focused coping equally.

Problem Focused Coping

When we look into the Problem focused coping score of orphan boys is 16.02 with an SD of 3.47. The mean problem focused coping score of orphan girls is 16.50 with an SD of 3.31. Among these two groups girls have higher score, but it is not significant. This indicates that both orphan boys and girls used problem focused coping equally.

Emotional Focused Coping

When we look into the mean score of emotional focused coping used by orphan boys is 16.36 with an SD of 3.17. The mean score of emotional focused coping used by orphan girls is 17.52 with an SD of 3.17. When we compare the means the orphan girls have used more of emotional focused coping more frequently than the orphan boys (t=3.643 is significant at 0.01 level. Thus, indicating that orphan girls are used emotional focused coping more frequently compared to orphan boys.

When we observe the impact of gender on coping strategies used by orphan boys and girls, both boys and girls used appraisal focused coping, problem focused coping equally. Orphan girls have used more emotional focused coping more frequently when compared to orphan boys. This may be because girls normally try to leave the things to god and cry if they cannot cope, which is a characteristic feature of emotional focused coping. Thus the hypothesis -2 "There would be significant difference in coping strategies among orphan boys and girls" is partially accepted.

Conclusions

1. Boys have experienced more stress in psychological, educational and social causes of stress.
2. Girls have experienced low stress in physical, psychological, educational and social causes of stress compared to boys.
3. Boys and girls used appraisal focused coping and problem focused coping equally.
4. Girls used more emotional focused coping compared to boys.

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