

THE EMOTIONAL, MENTAL AND PSYCHOLOGICAL CONTEXTS OF INSTITUTIONALIZED CHILDREN WITH SPECIAL REFERENCE TO PRIVATE ORPHANAGES IN CALICUT CORPORATION

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Abstract

The present study is an attempt to analyse the effect institutionalization has on orphaned children. An orphaned child goes through hardships at every stage of life. Orphans are one of the most vulnerable groups in society, and their positive growth and well-being has always been an area of concern. The emotional problems faced by children in orphanages, and their mental and psychological wellbeing, are the areas of focus here. The aspects covered under psychological well-being comprise areas such as autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The focus areas under mental well-being are optimism about the future, an ability to deal with problems, having a sense of worth and usefulness, and feeling relaxed and energetic. The field of study was private orphanages falling under the Calicut Corporation (Kozhikode district, Kerala). A total of 80 respondents was taken as the sample of the study. Respondents in the age group 13-18 (male and female) from five orphanages were selected for the study, and data collected through a self-structured questionnaire and Well-being Scales. The data was analyzed using the SPSS software and presented in the study in the form of figures and tables.

Keywords: Orphan, emotion, psychology, institutionalized children

Introduction

Children are the strength of tomorrow. The qualities a person imbibes as a child depend on his growth, and their stamp appears in several subtle ways on his conduct and character as an adult. Hence, it is necessary that a child is provided all the basic services necessary for

his physical, mental, emotional, and intellectual growth and development. This ensures a well-developed personality, as the maxim goes, "The child shows the man as morning shows the day". It is always wise to see to the welfare of children, whose needs are to be understood from an appropriate perspective. The family must be educated and the orphan child re-educated to unlearn what has been learned as an orphan. Children are the future of a nation. Their well-being is necessary for a secure and stable future.

A major characteristic of society in the 21st century is the unprecedented increase in psychological and sociological problems amongst orphans. An orphanage is a residential institution devoted to the well-being of such children, the work focusing primarily on their care and education. Many children and adults are unable to measure up to acceptable standards of behavior. The psychological problems of orphans, in particular, cause emotional difficulties, social disorders, unnecessary anxiety and consequent unhappiness. It is not difficult to make a healthy child happy, for children will be happy if their minds and bodies are properly tended. Orphans have existed in all societies and at all times. The pattern of their protection differs from society to society and from time to time, depending on contemporary social attitudes towards them. Almost all societies have, to a certain degree, stigmatized them. Orphans have come to be deprived of love and care. Love is the highest requirement, not only for the development, but also for the very existence of a child. A child who does not experience the warmth of love and the empathy of parents feels unwanted and tends to develop behavioural problems. Such a child tends to behave indifferently and develops signs of isolation, demonstrating a lack of adjustment, excessive crying, anger and fear. He considers himself an unwelcome element. The phenomenon termed 'orphan' is becoming increasingly complex and threatening the existence of a civil society. In India, there are countless children who still suffer from patronage without a heart, who have not known the joys of childhood. A life full of hardships is theirs. This paper studies the life of children in the age group 13-18 in five private orphanages in Kozhikode/Calicut Corporation of Kerala. Orphaned children are forced to live their life in institutions, missing out on every emotional attachment to siblings,

relatives and social relationships, and more importantly, the customs, culture, tradition, norms and regulations of society. They also face emotional instability and lack appropriate well-being. They grow up in an institutional culture without parental love and care. In these institutions, they are trained pretty much like army personnel are: eating and waking up at set times, and falling in line with institutional norms.

It means that they risk institutional interference with every step they take, and implicit obedience to rules and regulations is expected.

Positive growth and well-being have always been areas of concern in this context. A study by an international charity for orphaned and abandoned children found that India is home to 20 million orphans, a figure projected to increase by 2021. The study also found that four percent of India's child population of 20 million are orphans. The Kerala Social Security Mission reveals that in Kerala, around 75,000 children below the age of 18 years live in orphanages, with 1500 orphanages functioning for the welfare of these children. These orphaned children face a wide array of problems. Their basic human rights are violated, and their future bleak as long as they fail to receive the necessary social support. Many of these children suffer from physical neglect, poor hygiene, malnutrition, and a lack of proper nurturing.

Statement of the Problem

Orphans have personal, social, psychological, moral and educational problems. Society can no longer ignore orphans, as they are its future. Stories of their deprived conditions, social degradation, hunger, brutal exploitation and inhuman treatment, abuse by adults on the street and the conditions in which they live put a civilized society to shame. Today, the average person has considerable trouble adapting satisfactorily to difficult life situations. The problem is acutely exacerbated in the case of orphans in the clutches of social degradation. They are at the mercy of others, isolated and exploited.

The very existence of children whom nobody wants is an uncomfortable cold truth. They are considered undesirable elements of family and society - not treated as citizens, kept in ignorance, cut off

from mainstream national life, and relegated to obscurity. Many are found to be starved. Usually, the orphan is unnaturally quiet, may often fail to respond, fail to gain weight despite good food, sleep badly, and show no initiative. The institutional baby does not know the meaning of love in a mother's arms, and often grows up unable to give or receive affection. The number of orphans is increasing by the day worldwide in general, and in India in particular.

A child is primarily defined by age, with the most common consensus being someone less than 18 years old. The most accepted definition of an orphan is a child who has lost both parents through bereavement. However, this definition is often extended to include the loss of parents through desertion or abandonment, where the parents are unable or unwilling to provide for the child. According to a joint report of the UNICEF (United Nations Children's Fund), about 153 million children are orphans worldwide and 17.8 million have lost both parents. The number of orphans in India stands at approximately 55 million children between the ages of 0 and 12 years, which is about 47% of the overall population of 150 million orphans in the world. UNICEF estimates that at least 2.2 million children in the world live in orphanages. Institutional care is considered an appropriate measure for providing care to orphans and destitute children in India (as cited in Sengendo and Nambi, 2006). Numerous NGOs across the country provide institutional care to children whose families are either unable to provide adequate care owing to poverty and illness, or there are no immediate family members to take care of them as they are orphans. Children institutionalized at an early age often demonstrate delays in emotional, mental, psychological and physical development. Institutionalization places children at great risk for certain diseases. Institutional care may affect a child's ability to make smooth transitions from one developmental stage to another throughout life.

Objectives

General Objective

- To study the emotional, mental and psychological well-being of institutionalized children, with special reference to private orphanages in Calicut Corporation.

Specific Objective

- To study the emotional problems of children in the orphanage
- To study the mental wellbeing of children in the orphanage.
- To study the psychological well being of children in the orphanage.

Research Design

A descriptive research design is used to describe the emotional, mental and psychological well-being of institutionalized children.

Field of Study

Calicut District consists of a little more than 30 orphanages. This research focuses on private orphanages within the Calicut Corporation. There are 5 private orphanages in Calicut Corporation, with respondents belonging to the age group needed for the study. All 5 orphanages were included in the study.

Sampling Method

The sampling technique opted is convenient sampling. 16 samples each were collected from the 5 institutions.

Tools for Gathering Data

- A questionnaire

A questionnaire consisting of 26 questions relating to the emotional problems of orphans was formulated.

- The Psychological Well-being Scale

The Scale of Psychological Well-being lists 18 items and consists of a series of statements reflecting the six areas of psychological well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Respondents rate statements on a scale of 1 to 7, with 1 indicating strong disagreement and 7 indicating strong agreement.

Scoring: The responses are added, varying from 1 to 7, for all items. The possible range of scores is from 18 (lowest possible) to 126 (highest PWB possible). A high score represents a person with a wide range of psychological resources and strengths.

18 54: Low psychological well-being

55 90: Moderate psychological well-being

91 - 126: High psychological well-being

- **Mental Well-being Scale**

This tool uses the WEMWBS (Warwick-Edinburgh Mental Well-being Scale) to measure mental well-being. The WEMWBS was created by mental well-being experts and is often used by scientists and psychologists. The WEMWBS questionnaire for measuring mental well-being was developed by researchers at Warwick and Edinburgh Universities.

Scoring of the Key

0-32 points: Well-being score is very low.

32-40 points: Well-being score is below average.

40-59 points: Well-being score is average.

(Most people have a score of between 41 and 59. One can further improve mental well-being by taking appropriate action.)

59-70 points: Well-being score is above average.

Definition of Terms

- **Child** A person between the ages of 13 -18 who is abandoned or whose parents are dead, and who lives in an orphanage.
- **Emotional problems** Events or activities that emotionally disturb the child in the orphanage and need to be resolved
- **Orphanage** A residential institution, private and within the Calicut Corporation, devoted to the care of children aged 13- 18, who have been abandoned by their parents or whose parents are dead
- **Psychological well-being** A combined feeling for the child in the orphanage which helps the child behave well and function effectively.
- **Mental health well-being** - A state of happiness and satisfaction in the child living in the orphanage, as well as its ability to deal with the problems of daily life

Data Analysis and Interpretation

The data obtained from 80 respondents was fed into the SPSS software. As most of the questions were in a **Yes** or **No** format, they were coded the same way in the software. The values were converted to frequency tables and the percentage determined. The data was analyzed, based **on the objectives and** hypotheses stated, by **employing appropriate statistical methods using** SPSS 16 for Windows. The data was entered into Microsoft Word. Bar diagrams, created using Microsoft Excel, were used to interpret the Psychological Well-being Scales. The self-structured questionnaire is interpreted through frequency tables.

The area of focus of this study is the emotional problems - including stress, depression, social withdrawal, feelings of inferiority and more - faced by 80 orphans in private orphanages in the Calicut Corporation. The study also focuses on the mental and psychological well-being of these 80 children and covers aspects like feeling useful; the ability to build relationships; decision-making; an optimistic view of the future, and more. The study is taken up to gain an in-depth knowledge of the issues confronting these children as they live in an entirely different environment, when compared to children living with their parents. These orphaned children are no less efficient or able than the non-institutionalized, but as their upbringing and the environment they have grown in is vastly different, they have certain issues to deal with. Their emotional problems, as well as their mental and psychological well-being, are assessed and analyzed in the study. The emotional problems of institutionalized children are chiefly stress, depression, anxiety, social withdrawal, and a feeling of being unwelcome and worthless. Aspects covered under psychological well-being cover areas such as autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The focus areas under mental well-being include feeling optimistic about the future, an ability to deal with problems, possessing a sense of worth and usefulness, and feeling relaxed and energetic.

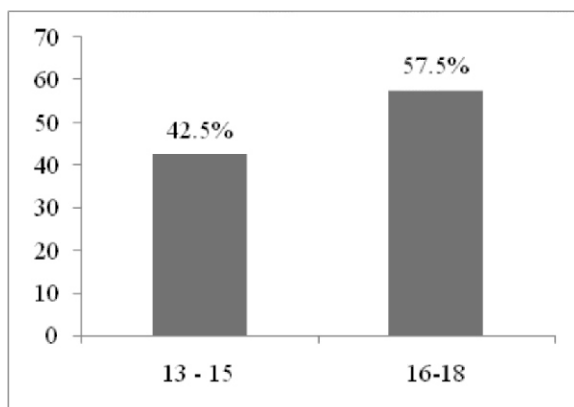
The field of study was the 5 private orphanages in Calicut Corporation. Respondents in the age group 13-18 from the 5 orphanages were

selected for the study, and included both males and females. The data from the respondents was collected through a self-structured questionnaire and Well-being Scales. The relevant information which formed the base for the study, as well as for constructing the questionnaire, was sourced from previous studies, journals, and newspaper articles. The data collected from the respondents, analysed using the SPSS software, is presented here in the form of figures and tables.

The study established that the children had certain emotional problems, including stress, depression, anxiety, social withdrawal, and inferiority. Though their well-being rates were moderate, certain children displayed low well-being and felt unwanted and worthless, with no particular aim in life. Others were unhappy with their achievements and felt they had nothing to look forward to. From the study, it was clear that the children received the necessary support and care from the orphanages in question, and that their caretakers paid keen attention to their problems and helped them overcome them. Nevertheless, the lack of parental warmth and support was evident in a majority of the children. The researcher has identified specific needs to be met with in dealing with orphan children, and include the following: counseling; using mass media to emphasize issues commonly seen in these children; providing teachers, wardens and all concerned with orphan children the requisite special training; provision for handling the financial difficulties faced by the children; educating humanity as a whole to help people comprehend the particular troubles of orphans; vocational and rehabilitation programmes; improving infrastructure at orphanages; and, finally, adopting psychological techniques when dealing with orphans. These measures can go a long way in addressing and, perhaps, resolving the problems orphans face, and actively help promote their well-being.

It was noticed that because of a lack of psychologists or psycho-socio caregivers, or case social workers, the children continued to experience trauma. The authorities at the orphanages, the Government, the community, and individuals themselves should work together for the upliftment of orphans and help create a bright and secure future for them, sans limits and boundaries.

The collected data was studied from different angles and several closely-related operations were carried out for the purpose of summarizing and drawing conclusions. The researcher has taken 80 samples (orphan children in the age group 13-18), divided into 16 respondents from five orphanages each. The purpose of the study was to draw suitable conclusions regarding the emotional, mental and psychological well-being of institutionalized children in orphanages in Calicut Corporation. This could be done only after analyzing the collected data using appropriate statistical techniques. In the present study, the collected data was analyzed according to specific objectives. The data was collected using a self-structured questionnaire of 26 items, alongside a mental well-being scale and a psychological well-being scale. The scales were analyzed with their individual scores and classified in terms of low, moderate and high well-being. In the given graphs, the Y-axis represents the number of respondents and the X axis indicates their responses to the questions asked. A majority of the questions had **Yes** or **No** answers, and there were a few with multiple choices.



THE AGE OF THE RESPONDENTS

Figure 4.1 presents the age group of the respondents in the study. A substantial number of the respondents (57.5%) were in the age group 16-18. The second category, between the ages of 13-15, accounted for 42.5%. The second age group was chosen as the respondents would be better able to answer the questionnaire.

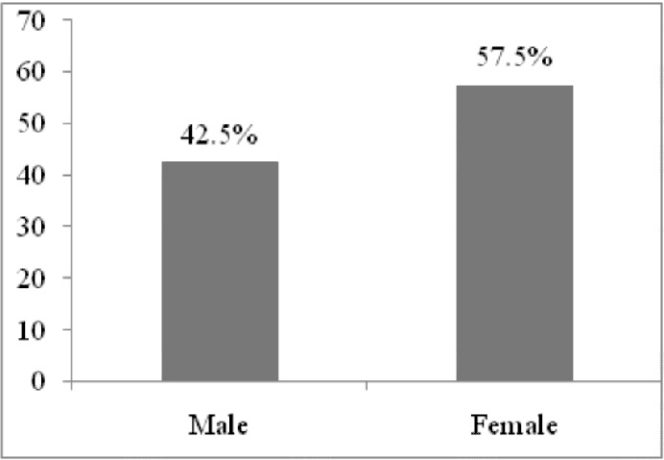


FIGURE 4.2
THE SEX OF THE RESPONDENTS

Figure 4.2 shows the gender of the respondents who constituted the study. There were more females than males. A substantial number of respondents were female (57.5%); the males made up the rest (42.5%).

TABLE 4.1
EDUCATIONAL LEVEL OF THE RESPONDENTS

Sl. No	Options	Frequency	Percent
1	Upper primary	16	20
2	High school	38	47.5
3	Higher secondary	23	28.8
4	Graduate	3	3.8
	Total	80	100

Table 4.1 presents the educational level of the respondents of the study. A reasonable number of respondents were high school students (47.5%), followed by 28.8% higher secondary students. A small number (20%) were upper primary students and 3.8 percent were graduates

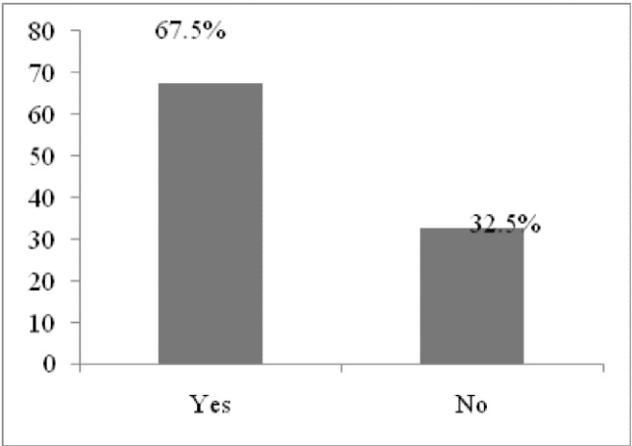


FIGURE 4.3
STRESS LEVEL OF THE RESPONDENTS

From Figure 4.3, it is clear that 67.5% of the children are stressed. Only 32.5% do not experience frequent stress.

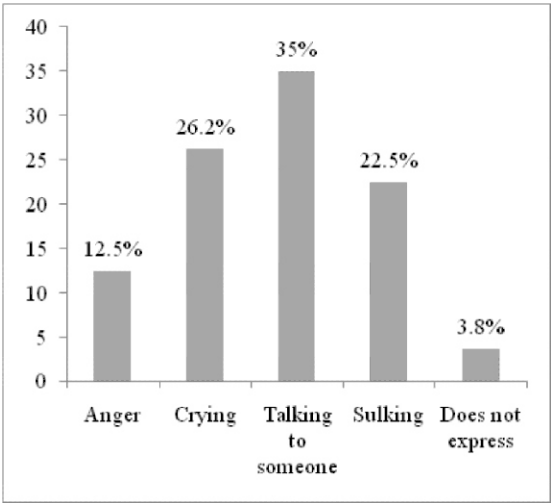


FIGURE 4.4
EXPRESSING EMOTIONS WHEN DISTURBED

Figure 4.4 presents ways in which children in institutions respond when they are emotionally disturbed. A considerable number of the children (35%) express their emotions by talking to someone. A small number (26.2%) resort to crying, sulking (22.5%) and (12.5%) anger. Only 3.8 percent do not display emotion.

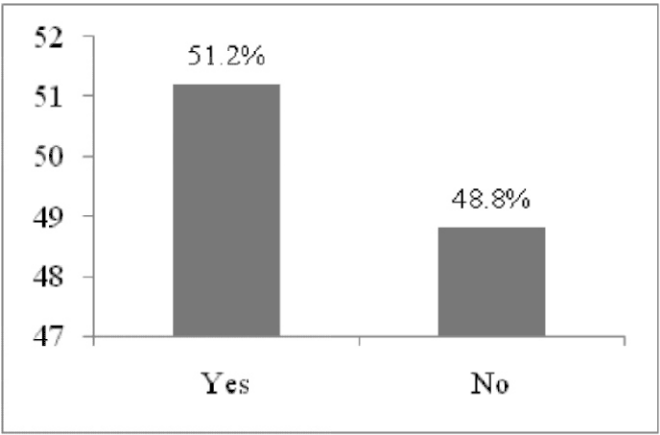


FIGURE 4.5

MOOD CHANGES OF THE RESPONDENTS

A substantial number of the children (51.2%) experience extreme mood swings ranging from happiness and sadness to anger. Around 48.8% do not display them

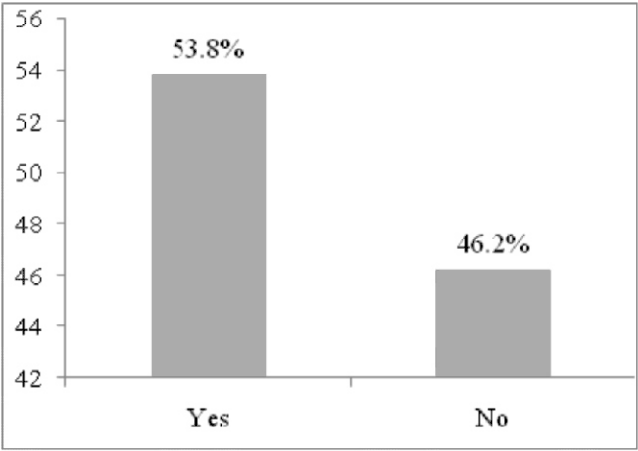


FIGURE 4.6

OUTBURSTS OF ANGER

Figure 4.6 shows that 53.8% of the children have outbursts of anger when their needs are not fulfilled while 46.2% display no such reaction under the same circumstances

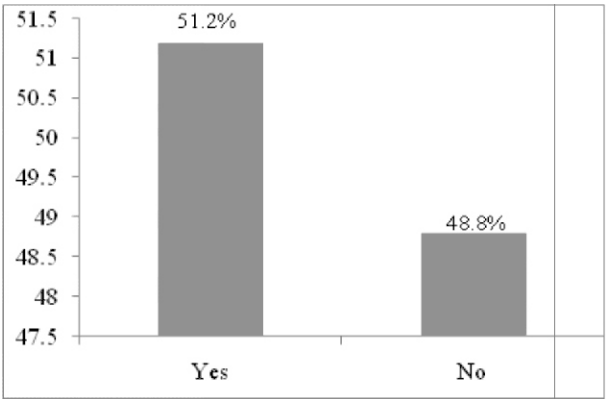


FIGURE 4.7
ANXIETY WHILE MEETING NEW PEOPLE

Figure 4.7 shows that 51.2% of the children become anxious when they meet new people while 48.8% do not.

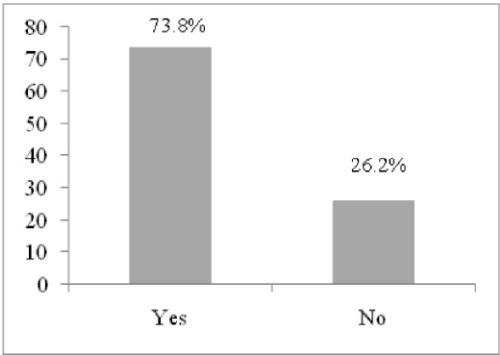


FIGURE 4.8
FEAR OF BUILDING RELATIONSHIPS

Figure 4.8 shows that 73.8% of children in orphanages do not fear building relationships, but 26.2% do.

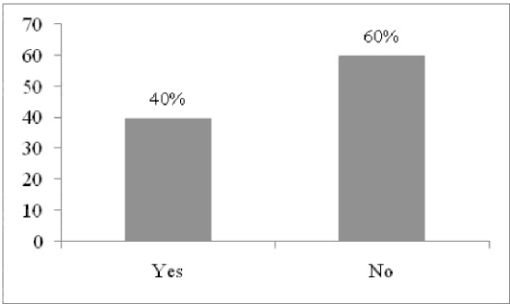


FIGURE 4.9
FEAR OF BEING JUDGED BY PEOPLE

The fear of being judged, watched or commented upon by people is common. The same is the case with children in orphanages. Figure 4.9 shows that 40% of the children fear being watched or judged by others, while 60% do not let it bother them.

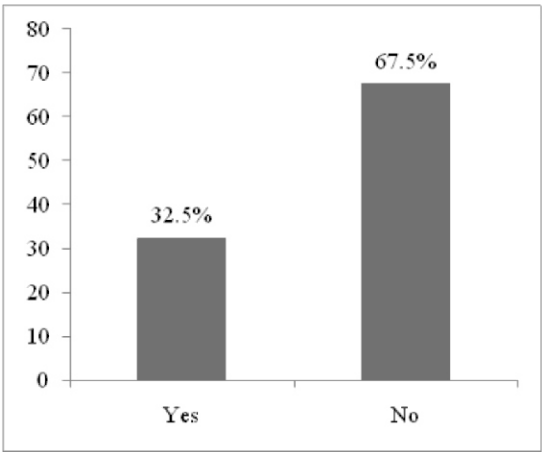


FIGURE 4.10
FEELING EASILY LET DOWN BY OTHER PEOPLE

Figure 4.10 shows that 32.5% of the children feel easily let down by other people. A majority of the children (67.5%) do not feel so.

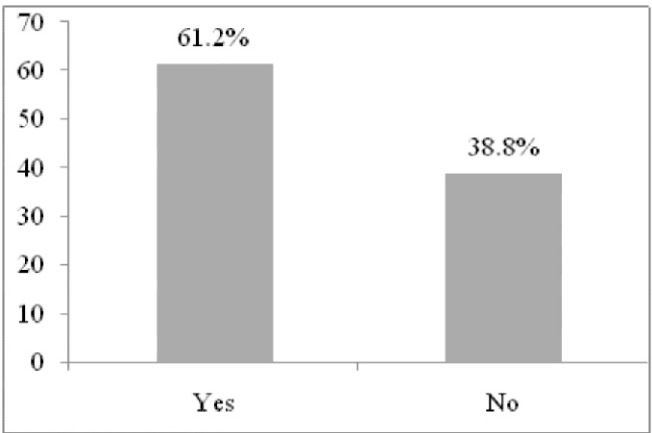


FIGURE 4.11
STRESSED WHEN ASKED TO PERFORM IN PUBLIC

Figure 4.11 presents the percentage of respondents who feel stressed when asked to perform in public. A majority (61.2%) become stressed, though a reasonable number (38.8%) do not.

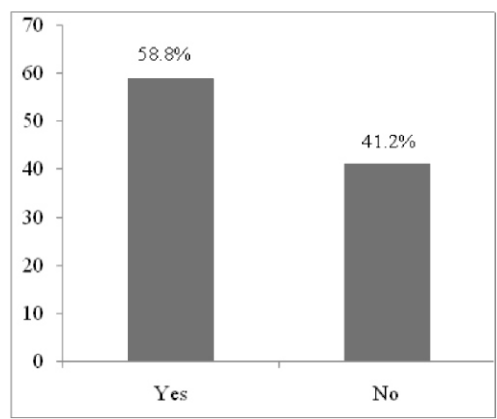


FIGURE 4.12
DEPRESSED WHEN ALONE

Figure 4.12 shows that 41.2% of the children feel depressed when alone and 58.8% do not.

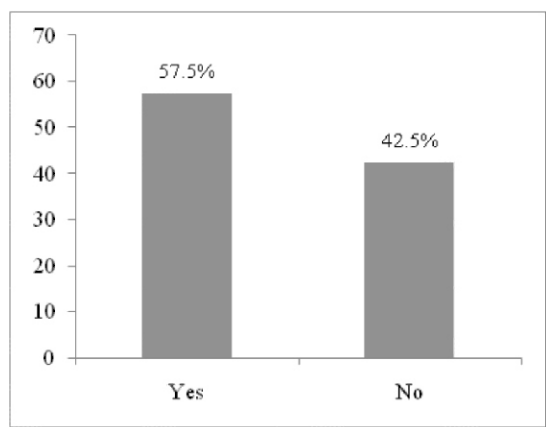


FIGURE 4.13
PROBLEMS WITH CONCENTRATION

Figure 4.13 shows that 57.5% of the children have problems concentrating, while 42.5% have no such difficulty.

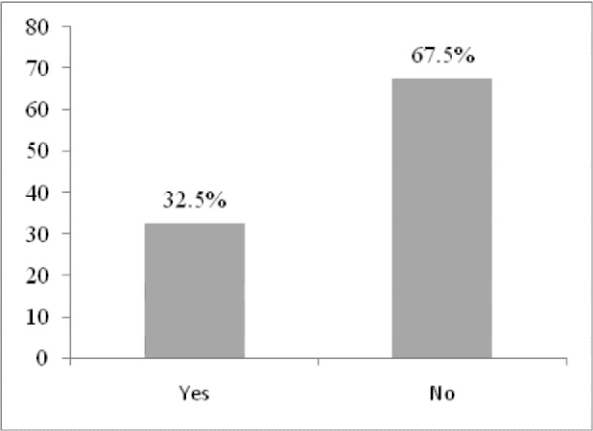


FIGURE 4.14
DECISION-MAKING WORRIES

Figure 4.14 presents the degree of worry experienced by institutionalized children when asked to make a decision. A reasonable number (32.5%) worry when having to do so but 67.5% do not.

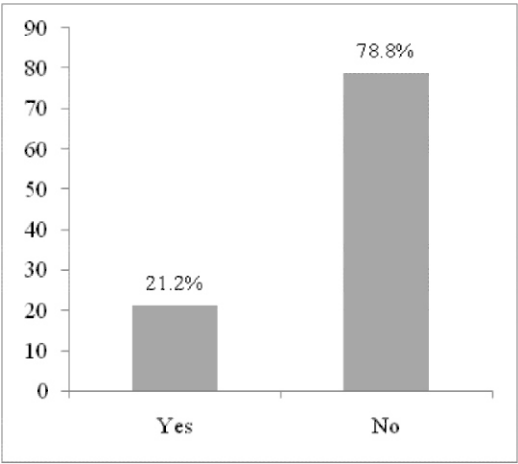


FIGURE 4.15
FEELING UNWANTED

Figure 4.15 shows the children's reactions to the feeling of being unwanted. 21.2% feel unwanted, but a majority (78.8%) do not feel the same way.

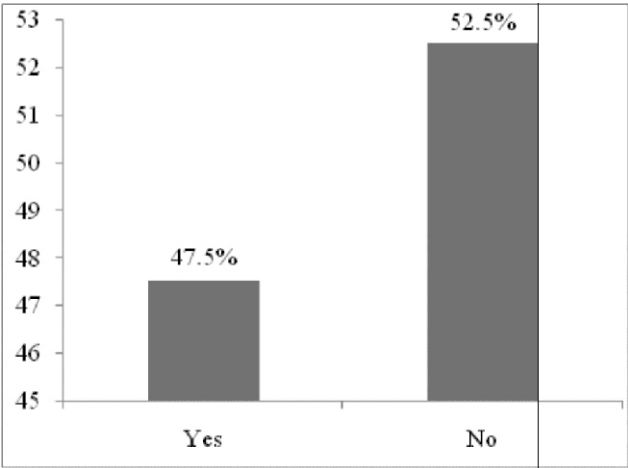


FIGURE 4.16
DIFFICULTY IN FALLING ASLEEP WHEN DEPRESSED
Figure 4.16 shows that a reasonable number of children (47.5%) have difficulty sleeping when disturbed, but 52.5% have no such difficulty.

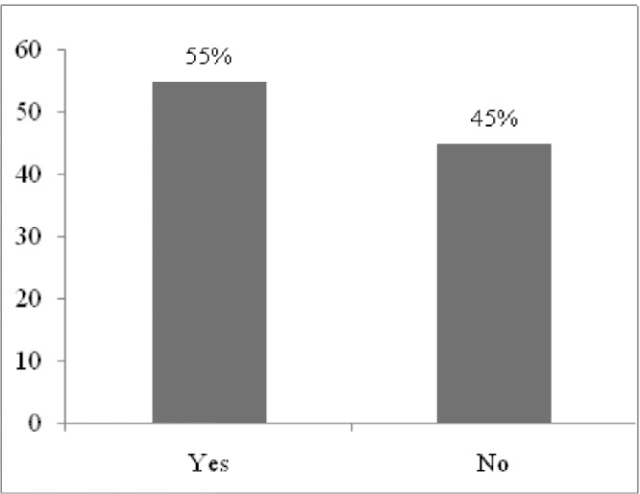


FIGURE 4.17
DIFFICULTY IN COPING WITH LIFE'S NEEDS
Figure 4.17 shows that a majority of the children (55%) have difficulty coping with their needs, but 45% have no such issues.

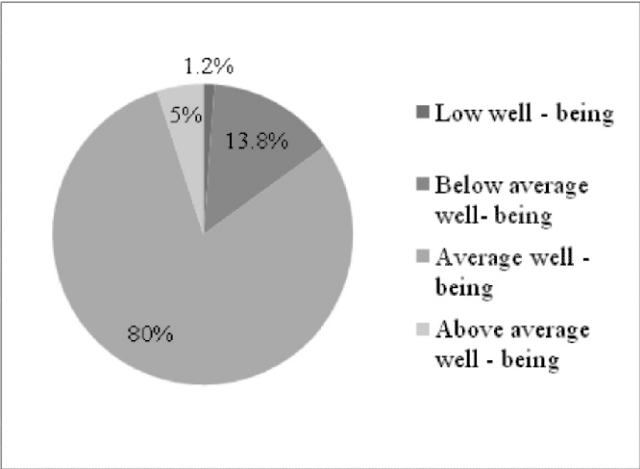


FIGURE 4.18
MENTAL WELL-BEING SCALE

Mental well-being refers to a state of happiness, satisfaction, having an optimistic view of the future, feeling useful, being able to relax and live, and the child's ability to deal with the problems of daily life.

Figure 4.18 presents the mental well-being of the children, assessed using the Well-being Scale. From Figure 4.18, it is clear that most of the respondents (80%) fall into the average well-being category, followed by below-average well-being at 13.8%, above-average well-being at five percent and low well-being at 1.2 percent.

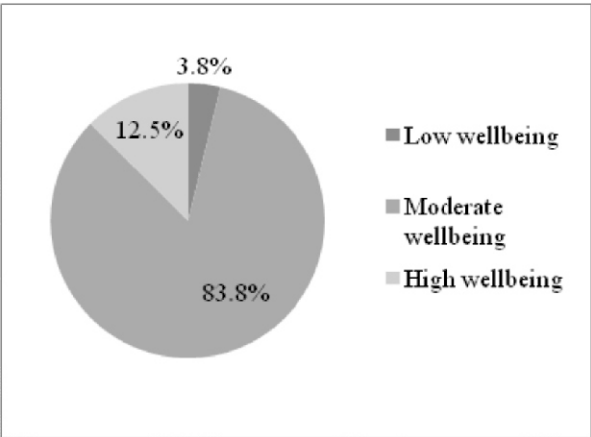


FIGURE 4.19**PSYCHOLOGICAL WELL-BEING SCALE**

Figure 4.19 presents the psychological well-being of children in orphanages, measured using the Psychological Well-being Scale. Figure 4.19 shows that 83.3% of the children have moderate well-being, followed by 12.5% with high well-being and 3.8 percent with low well-being. In his 1987 study, Warr pointed out that mental health has five major components: affective well-being (happiness), competence, internal locus of control, aspiration, and integrated functioning or adjustment. These five components are interrelated. Therefore, internal locus of control must positively correlate with adjustment, and children who feel in control of their environment would potentially have a better capacity to adjust. Similarly, adjustment must negatively correlate with depression: children who experience increased adjustment to their environment would concomitantly be less depressed. Institutional children, or other marginalized children, generally exhibit moderate or low well-being, depending on the circumstances in which they have been raised.

The study conducted has further revealed that a majority of these children have moderate well-being.

Conclusion

The study is an analysis and account of the life of children living in five private orphanages in Calicut Corporation. Orphaned children are forced to live in institutions, deprived of emotional attachment to siblings, relatives and social relationships. They are kept outside the purview of the customs, culture, tradition, norms and regulations of society. They also face emotional instability and a lack appropriate well-being. They grow up in an institutional culture, missing out on parental love and care. They have set times for meals and waking up, and are expected to fall in line with the institution's norms, which means that at every step there is intrusion, making their lives little more than adherence to a strict regime of rules and regulations. It was also noticed that because of a lack of psychologists or psycho-socio caregivers, or case social workers, the children continued to experience trauma.

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