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Mental Health Status of Government and Non-Government Institutionalized Children-A Comparative Study

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ABSTRACT

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Mental health is important for individuals, especially children. The importance of healthy mental and physical development for children cannot be overemphasized. The consequences of poor mental health in childhood extend into adulthood, increasing the likelihood of low educational achievement, criminality and violence, adult mental disorder, unhealthy lifestyles and the risk of ill health. The present study was carried out in Guntur district of Andhra Pradesh to study the Mental Health Status of institutionalized children. The sample comprised of 60 children (30 Government institution children and 30 Non – Government institution children). The sample was collected from the Government and Non- Government institutions by using purposive sampling. Mental health of institutionalized children was studied by using Mental Health Battery (MHB) developed by Arun Kumar Singh and Alpana Sen Gupta (2000). Certain statistical techniques like Mean, S.D and Z-value were used to analyze the data. The result confirms that there is significant mean difference between Government and Non-Government institutional children on their mental health.

Introduction

Children are national assets. In India children constitute 39 per cent of the country's population (Census, 2010 - 2011) which are recognized by policy-makers as a supreme national investment. Children deserve the best for their survival, good health, development opportunity, security and dignity. A large number of children in the country are in institutional care. All children in need of care and protection are vulnerable, as their needs are more acute. Large populations of children

in the country are also exposed to difficult circumstances. Mental health is a level of psychological well-being; it is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to World Health Organization (WHO) mental health is a state of well-being in which the individual

realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Many studies revealed that children in institutions experience psycho social issues like loss of trust and feeling of insecurity and other socio emotional problems. Mental health disorders are a serious public health concern and are likely to interfere with individual's mental and physical wellbeing. Specifically among children mental health issues may interfere growth, attainment of educational goals and acquisition of basic life skills, which may have adverse consequences and impair overall development.

Mental health is not just the absence of mental illness. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Materials and Methods

The Sample consists of 60 girl children between the age group of 10-15 and those who were staying in Government (30) and Non-Government (30) institutions. Sample was selected from Guntur district of Andhra Pradesh. Institutionalized children were selected purposively for the study.

The Mental Health Status of the institutionalized children was measured using Mental Health Battery (Arun Kumar Singh and AlpanaSen Gupta, 2000). This scale consists of 130 statements; each statement is in "Yes or No" form.

The scale has two sections A and B. Section-A collects the information related the socio

economic status of the family and section-B with other dimensions like emotional stability, over all adjustment, autonomy, security – insecurity, self-concept and intelligence. The data was collected from the sample and scoring was done. Based on the scores obtained the children were categorized as High, Average and Low for the dimensions of mental health. And for the overall Mental Health Status the categorization was Excellent Mental Health, Good Mental Health, Average Mental Health, Poor Mental Health and Very Poor Mental Health.

Bhat *et al.*, (2015) in their study reported institutionalized adolescents experiencing many mental health related problems leading to negative consequences in later life.

Hadush (2015) study revealed that there was a significant difference between institutionalized and Non institutionalized children in their level of depression and also revealed that Non- institutionalized children obtained high scores on self -esteem scale than institutionalized orphan children.

Saraswati *et al.*, (2008) results revealed that majority of institutional children had unsatisfactory adjustment indicating more problems in social, emotional and educational areas. These children were emotionally unstable, impatient, demanding, disobedient, less accommodating, shy, timid, sensitive, insecure, aggressive, worried, troubling, lack concentration and interest in studies, poor memory which put impediment in their adjustment in the institutional living and in effective utilization of its services.

Tadesse *et al.*, (2014) revealed that orphan vulnerable children in the institutions accessed all the basic services necessary to sustain their lives but these institutions lack in providing good environment for psychosocial development for the good mental health and

children suffer from many multidimensional psychosocial problems.

The data was analysed through using Mean, standard deviation and Z test.

Results and Discussion

Dimensions of mental health

Section-A

Socio-economic status (SES)

The results of the study showed that majority of the children both from Government (73%) and Non-Government (80%) were found to be in low SES. It is known fact that only the children from lower financial background have taken admissions in the residential institutions run by Government and charitable Trusts. This might be because their parents were unable to bear their educational and other expenses. Interestingly 27 percent and 20 per cent of the children were in middle SES in both Government and Non –Government institutions respectively.

Section-B

This section deals with results on 6 dimensions of Mental Health and total Mental Health Status.

Emotional stability

Is experiencing subjective stable feelings which have positive or negative values for the individual. Only 7 per cent of the children residing in Non-Government institution were in high Emotional stability. Whereas, none from Government institution found to have the high mental stability. It is interesting to know that most of the children (80%) from the Non-Government institution had the average emotional stability and very few (13%) of

them had poor or below average mental stability. In case of children residing at Government institution 57 per cent of them had the average emotional stability and 43 per cent of them were low

Overall adjustment

Overall adjustment of the Government (80%) and Non-Government (60%) institution children was found high. They had well - adjusted to the hostel environment, health, social, emotional and school on one hand and cognition on the other. Twenty per cent and forty per cent of the Government and Non-Government institutionalized children were found to be average respectively and interestingly none of them had poor adjustment with the environment and other social aspects.

Autonomy

It is a stage of independence of self-determination in thinking. It is clearly observed from the table 1 that Non-Government institution children's perceptions about autonomy were equally distributed between average and high (50%). Sixty percent of children in Government institution were fallen under average and remaining 40 per cent of the sample under below average category in dimension of autonomy. The results showed that Non-Government institution children had better autonomy than the children residing in Government institution.

Security and insecurity

It refers to a high or low sense of safety, confidence, freedom from fear, apprehension or anxiety particularly with respect to fulfilling the person's present or future needs. From table 1, we can infer that Average levels of security and insecurity dimension found in

children residing in Government (64%) and Non-Government institution (74%). Interestingly one third of the Government institution children had high perception about security and insecurity dimension and one - fourth of the Non-Government institutionalized children had high perception.

Self-concept

It is the sum total of the personal's attitudes and knowledge towards himself and evaluation of his/her achievements. Majority of the children had average level of self - concept in both Government (90%) and Non-Government (87%) institutions. Very few children had high level of self-concept in both Government (3) and Non-Government institution (3). It is surprising to know that the residents of Non-Government institution (10%) had low levels of self -concept and none of the Government institutionalized children had low levels of self-concept. Reasons for the same should be studied.

Intelligence

It is interesting to note from the results that majority (83%) of children exhibited average level of intelligence in Non-Government institution and remaining 17 per cent exhibited high levels of intelligence. Whereas, half of the children residing in Government institution exhibited low level of intelligence (50%) and remaining half were of average level intelligence. It is noteworthy to mention that none of the Government institutionalized children had high level of intelligence and none of the children in Non-Government institution had low levels of intelligence.

Overall mental health status

The sum of the dimensions of section B; Emotional stability, over-all adjustment, autonomy, security-insecurity, self-concept

and intelligence together called overall Mental Health Status. From the table 1 it can be said that overall Mental Health Status that nearly three-fourth of the children (73%) from Government institution reported of having good Mental Health Status followed by 27 per cent children having average Mental Health Status. In Non-Government institution majority (90%) of the children were fell under good mental health category followed by 7 percent under excellent mental health and remaining 3 percent were having average mental health. It is noteworthy to mention that in general children residing in both Government and Non-Government institution were having good mental health.

Socio-economic status (SES)

From table 1 it was clear that, there was no significant difference between the children of Government and Non-Government institutions, in their socioeconomic status.

Emotional stability

Emotional stability is not only one of the effective determinants of the personality patterns, but it also helps to control the growth of adolescent development. The concept of stable emotional behaviour at any level is that which reflects the fruits of the normal emotional development.

The perusal from table 2 shows the mean comparison of Government and Non-Government institutional children on emotional stability of mental health battery. The table 2 reveals that the mean score of Non-Government institutional children is higher than the mean score of Government institutional children and the difference is significant at 5 per cent level. The Non-Government institutional children display better emotional stability as compared to Government institutional children. Musisi *et*

al., (2007) reported that more orphans compared to non-orphans exhibited common emotional and behavioral problems but no major psychiatric disorders.

Over-all adjustment

It refers to individual's achieving an overall harmonious balance between the demands of various aspects of environment, such as home, health, social emotional and school on the one hand and cognition on the other. The perusal of above table reveals that there is no significant mean difference between Government and Non-Government institutional children on over-all adjustment. The table indicates that both the groups displayed somewhat similar overall adjustment. Hamid (2012) found that there is insignificant difference between Institutionalized and Non-institutionalized orphans on all dimensions except on overall adjustment dimension, where institutionalized orphans were found having better overall adjustment than non- institutionalized orphans.

Autonomy

It refers to a stage of independence and self -determination in thinking. The results revealed that there was no significant mean difference between Government and Non-Government institutional children on autonomy component of mental health battery. The result reveals that both Government and Non- Government institutional children were more autonomous and have better independence and self-determination in thinking.

Study by Perez (2012) reveals that males have higher scores of Autonomy than females but there is no significant gender difference in terms of environmental mastery, personal growth and self-acceptance.

Security-insecurity

It refers to a high or low sense of safety, confidence, freedom from fear, apprehension or anxiety particularly with respect to fulfilling the persons present of future needs.

A quick look of the table 2 reveals that there was no significant mean difference between Government and Non-Government institutional children on security-insecurity component of mental health battery. The mean score favours institutionalized children which indicates that Government and Non-Government institutional children showed better sense of safety, confidence, freedom from fear. In contrary to the present study Maqbool and Ganai (2015) who found that orphan and Non-orphan adolescents significantly differ on Security insecurity dimension. The mean difference favour the non-orphan adolescents which clearly indicates that Non-orphan adolescents had high Security/insecurity as compared to orphan adolescents.

Self-concept

It refers to the sum total of the person's attitudes and knowledge towards himself and evaluation of his achievements.

The table 2 shows the mean comparison of Government and Non-Government institutional children on self- concept dimension of mental health battery. As the mean score favours Government institutional children which indicates that Government institutional children showed better attitude, knowledge of themselves and evaluation of their achievements than the Non-Government institutional children. Ahad (2016) found significant mean difference in self-concept of male & female adolescent orphans where male adolescent orphans were found to have higher self- concept than female adolescent orphans.

Table.1 Mental health status of the children residing in government and non-government institution

N=60

S. No	Dimensions	Government institution(n=30)		Non-Government institution(n=30)	
		No	%	No	%
I	A. Socio-economic status (SES)				
1.	Upper SES	0	0%	0	0%
2.	Middle SES	8	27%	6	20%
3.	Low SES	22	73%	24	80%
B	Dimensions of Mental Health				
I.	Emotional stability				
1.	High	0	0%	2	7%
2.	Average	17	57%	24	80%
3.	Low	13	43%	4	13%
II.	Over-all adjustment				
1.	High	24	80%	18	60%
2.	Average	6	20%	12	40%
3.	Low	0	0%	0	0%
III	Autonomy				
1.	High	0	0%	15	50%
2.	Average	18	60%	15	50%
3.	Low	12	40%	0	0%
IV	Security-Insecurity				
1.	High	10	33%	7	23%
2.	Average	19	64%	22	74%
3.	Low	1	3%	1	3%
V	Self-concept				
1.	High	3	10%	1	3%
2.	Average	27	90%	26	87%
3.	Low	0	0%	3	10%
VI	Intelligence				
1.	High	0	0%	5	17%
2.	Average	15	50%	25	83%
3.	Low	15	50%	0	0%
	Total Mental Health Status				
1.	Excellent Mental Health	0	0%	2	7%
2.	Good Mental Health	22	73%	27	90%
3.	Average Mental Health	8	27%	1	3%
4.	Poor Mental Health	0	0%	0	0%
5.	Very Poor Mental Health	0	0%	0	0%

Table.2 Mean differences in mental health status of government and non-government institutionalized children

S.no	Dimensions of Mental Health Status	Government institution (n=30)		Non-Government institution (n=30)		
		Mean	SD	Mean	SD	'Z' Value
I	Section-A					
1.	Socio-Economic status	8.0667	1.22990	8.2333	1.38174	0.493
II	Section-B					
1.	Emotional Stability	5.8000	1.34933	7.9667	1.73172	5.405*
2.	Over-all adjustment	28.3667	2.47028	27.2667	2.55874	1.694
3.	Autonomy	10.4333	.85836	10.7000	1.17884	1.002
4.	Security-Insecurity	9.9000	2.29467	9.5000	1.87083	0.74
5.	Self-concept	8.7333	1.31131	7.3667	1.49674	3.761*
6.	Intelligence	10.7333	2.71564	16.7000	3.72457	7.09*
	Total Mental Health Status	168.2000	6.95998	183.2333	10.52643	6.52498*

*Significant at 5% level

Intelligence

It refers to general mental ability which helps the person in thinking rationally, and in behaving purposefully in his environment.

A quick glance on the table 2 reveals that there was a significant mean difference between the two groups of children on intelligence component of mental health battery and difference was found to be significant at 5 per cent level. The mean score favours Non-Government institutional children which indicate that Non-Government institutional children showed better sense of safety, confidence, freedom from fear than the Government institutional children.

Overall mental health status

The perusal of table 2 shows the mean difference of Government and Non-Government institutional children on overall dimensions of mental health battery. The above table reveals that there was significant mean difference between Government and Non-Government institutional children on overall dimension of mental health and the

difference is 5 per cent level. As the mean score favours Non-Government institutional children which indicates that Non-Government institutional children displayed better mental health than the Government institutional children.

Whetten *et al.*, (2009) studied a comparison of the Wellbeing of Orphans and Abandoned Children Ages 6–12 in Institutional and Community-Based Care Settings in 5 Less Wealthy Nations and revealed that Orphans and Abandoned Children’s health, emotional and cognitive functioning and physical growth were better than children reared in community based care settings.

The present study focused on difference of Mental Health Status of Government and Non-Government institutionalized Children. There are a many of factors that can impact a child’s Mental Health Status, both positively and negatively. Providing children with an environment that provides independence, social and emotional stability, secured and protected environment love, compassion, trust, and understanding will greatly impact a child so that they can build on these stepping

stones to have a productive lifestyle. Many children especially institutionalized children don't receive that type of lifestyle. There was a significant difference between Government and Non-Government institutionalized children in three dimensions of mental health like emotional stability, self-concept and Intelligence. Emotional stability and intelligence of the Non-Government institution found high than the Government institution. It is amazing to know that Self-concept of Government institutionalized children was high compared with non-Government institution. It was found that there was no significant difference between Government and Non-Government institutionalized children in terms of over-all adjustment, autonomy and Security-Insecurity. Finally it was concluded that there was a significant difference between Government institution and Non-Government institution children in terms of over-all Mental Health Status. Overall Mental Health Status of children of Non-Government was found good compared to Government institution. The results were favourable towards the Non-Government institution because the environment and the care taken by the Non-Government institution were good compared to Government institution.

In order to improve mental health and wellbeing of institutionalized children more psycho social support should be provided along with the opportunities available to the children for physical needs. The staff should have the training to address the psychological needs of children. The caregivers can also help institutionalized children to promote sound mental health among institutionalized children.

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