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A COMPARATIVE STUDY OF WELLBEING OF ORPHAN AND NON-ORPHAN CHILDREN

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Abstract

The family is the basic social institution in the society. It functions as the basic unit which produces future generations and provides love and affection to the children while facilitating the socialisation process. Children's wellbeing is largely influenced by presence of the family. Unfortunately, orphan children are deprived of parental warmth; care and guidance due to which they might be vulnerable to various psycho-social as well as psychological problems. Hence, the present study was conducted to investigate wellbeing among orphan and non-orphan children. The study was carried out in two orphanages and two schools run by Government in Tricity-Chandigarh, Panchkula and Mohali. The sample consisted of 50 orphan children and 50 non-orphan children. The tools used in the study included Stirling Children's Wellbeing Scale (Liddle & Carter, 2004). The findings revealed significant difference in wellbeing of orphan and non-orphan children, with orphan children scoring more on total wellbeing than nonorphan children.

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1. Introduction

Children and adolescents have always been an important focus of study for mental health researchers. Some groups of children are more at risk of developing several psychological and behavioural problems than the others. Children and adolescents who are orphans, runaways, or abandoned by families and bring reared in institutional homes/ orphanages form one such vulnerable group according to the Integrated Child Protection Scheme, India (ICPS, 2017). Due to parental absence, orphans are at an increased risk of developing a variety of psychological problems including anxiety, low self- esteem, behaviour disorders and distorted relationships with peers. Emotional and behavioural problems are more among orphan children because they are exposed to neglect, lack of love and care of parents. They are also more likely to be emotionally needy and insecure. In addition to these factors, they are brought up in orphanages where individual care is almost inadequate. All these factors can influence the emotional and mental wellbeing of these children (Childline India Foundation, 2017).

Broadly, the term well-being has been defined from two perspectives. The clinical perspective defines well-being as the absence of negative conditions and the psychological perspective defines well-being as the prevalence of positive attributes. Positive psychological definitions of wellbeing generally include some of six general characteristics (Pannilage, 2017). The six characteristics of well-being most prevalent in definitions of well-being includes the active pursuit of well-being; a balance of attributes; positive affect or life satisfaction; pro-social behavior; multiple dimensions; and personal optimization.

Well-being is a multifaceted concept. It is a broad concept that includes experiencing pleasant emotions, low level of negative mood and high level of satisfaction. Feelings of wellbeing are fundamental to the overall health of an individual, enabling them to successfully overcome difficulties and achieve what they want out of life. Wellbeing is generally defined as either a variant or combination of two factors: positive affect, more commonly referred to as "happiness," and satisfaction with life.

Shah and Marks (2004) considered wellbeing to be more than just happiness, feeling satisfied and happy; well-being means developing as a person, being fulfilled, and making a contribution

to the community. In context of behaviourism, well-being is defined as a person who experienced health-producing environments, who has learned competence and self-efficacy, acting to elicit positive reinforces, who seeks the verifiable and objective in personal life, and who discerns different stimuli well.

Children's wellbeing affects every aspect of their lives, from their ability to learn, to be healthy, to play, to be productive and to relate well to other people as they grow (Killian and Durrheim, 2008; Zhao et al., 2007). Several studies have been conducted on well being of orphan and non-orphan children and have showed varied results. Reardon et al. (2007) conducted research on well being of 87 orphans and 87 non-orphans aged 9-16 years. The results indicated no significant differences in the wellbeing of orphans and non-orphans. In contrast, in a study conducted by Tadesse, Dereje and Belay (2014) on well being of orphan children living in orphanages, most of the children reported that they felt so happy and led better life than before due to the basic services they received at the orphanages. They witnessed that they were able to access basic needs, such as food, clothing, shelter, medical care and education which enhanced their positive outlook towards life. Almost all of the children believed that focusing on education and excelling at school could change their future life positively.

In India, along with the growing total population of the country, the number of orphan and abandoned children is also increasing. According to the UNICEF (2012), there are more than 25 million orphan or abandoned and about 44 million destitute children in India. Recent estimates report that there are approximately 145 million children worldwide who have lost at least one parent as a result of various causes (World Health Organization/United States Agency for International Development, 2008). Very few studies have been done on the psychological health of these children and adolescents leaving a yawning gap for further research in this regard in India. Hence, there is a need to assess and identify mental well being in these institutionalized children so that suitable intervention measures can be designed for them at the right time. Keeping this in mind, present study has been conducted with the following objectives:

Objective of the Study

To determine the level of significance difference between mean scores of well-being among orphan and non-orphan children

2. Research Method

The present study was conducted in randomly selected two orphanages and two Government schools in Tricity - Chandigarh, Panchkula and Mohali. The sample consisted of 50 orphan children (25 from each orphanage) and 50 non-orphan children (25 from each school). Children, irrespective of their gender, falling in the age range of 12-18 years were selected for the study. Stratified random sampling was used for data collection.

Tools used:

Stirling Children's Wellbeing Scale (Liddle & Carter, 2004) was used as a tool for measuring well being of orphan and non-orphan children.

Statistical Analysis:

To find out difference in the level of well-being of orphan and non-orphan children, t-test was applied.

3. Results and Analysis

In order to find out the difference between the mean scores of well-being among orphan and nonorphan children, t-test was applied. Mean, SD, SEM and t-values were calculated for the same. Data have been incorporated in Table-1.

Table-1
Significance of Difference between Mean Scores of Well-being of Orphan and Non-Orphan
Children

Variable	Dimensio	Sample	Mean	SD	SEM	t-	р-
S	n					valu	valu
						e	e
	Positive	Orphan Children	23.12	4.529	0.6405	1.14	NS
Wellbein	Emotional			4		0	

g	State	Non-Orphan	22.12	4.371	0.6181		
		Children		3			
	Positive	Orphan Children	22.44	4.371	0.6072	2.21	<0.0
	Outlook			3		5	5
		Non-Orphan	24.36	4.294	0.6182		
		Children		0			
	Socially	Orphan Children	11.38	1.483	0.2097	0.87	NS
	Desirabilit			1		5	
	у	Non-Orphan	11.08	1.914	0.2708		
		Children		9			
	Total	Orphan Children	56.64	8.882	1.2561	2.00	<0.0
	Wellbeing			0		6	5
		Non-Orphan	54.83	7.991	1.13018		
		Children		6			

The diagrammatic presentation of Table-1has been given in Figure-1.

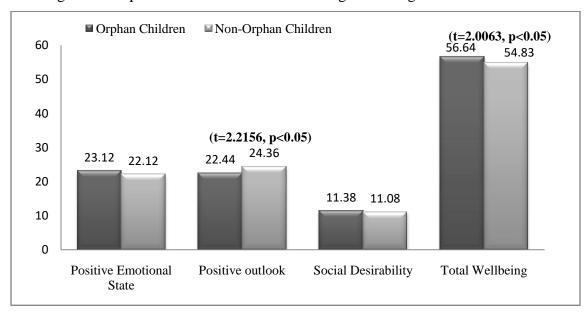


Figure-1: Mean scores of wellbeing in orphan and non-orphan children

Results presented in Table-2 show that non-orphans had higher mean score in positive outlook dimension of wellbeing as compared to orphans (t = 2.2156, p<0.05) whereas orphan children exhibited higher overall total wellbeing (t = 2.0063, p<0.05) as compared to their counterparts belonging to non-orphan category.

The possible reason for the present finding could be that children living with families get care and affection from parents and siblings. Family plays a major role in a child's outlook towards life. Hence, non-orphan children showed a better positive outlook as compared to their counterparts. On the other hand, children in orphanages cope with their problems themselves which make them more independent and confident. The environment of orphanage is usually such that it makes them learn how to take care of their own emotional needs with self-soothing and self-stimulating behaviour. That is why; orphan children feel a control over their environment. Being independent, they make appropriate choices and decisions, and respond effectively to change which help in enhancing their wellbeing. Also, good intellectual functioning, having caring friends, flexibility to deal with life challenges, managing the surroundings and making choices independently may lead to good wellbeing outcomes in orphan children.

4. Conclusion (10pt)

As parental absence presents an undeniable risk factor for maladaptive outcomes, therefore orphan children are vulnerable to various emotional and mental problems. Hence, it is important to identify the level of well-being in orphan children and facilitate them if required. The present study revealed that:

- Significant difference was found in positive outlook dimension of well being. Nonorphan children were found to have better positive outlook in comparison with their other counter-parts.
- Significant difference was found in overall wellbeing. Orphan children showed more overall wellbeing as compared to the non-orphan children.
- No significant difference was found in positive emotional state and social desirability among orphan and non-orphan children. However, orphan children scored slightly better than non-orphan children on both the dimensions.

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