

Psycho-Social Problems in Institutionalized and Non-institutionalized Orphans

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Abstract—Orphans are vulnerable to many problems like emotional, behavioral, health, and psychosocial. The acuteness of these problems varies for the two categories of the orphans, institutionalized and non-institutionalized. A comparative study is carried out in the direction of psychosocial problems faced by both, institutionalized and non institutionalized orphans. The preliminary study suggests that the problem is more grave in institutionalized orphans. Various aspects are highlighted for the reason of institutionalized orphans being more psychosocially disturbed.

Keywords: Orphans, Orphanages, Psycho-social.

Introduction

A child who is below 18 years of age and who has lost one or both parents may be defined as an orphan (George, 2011). An orphanage is an institution dedicated to caring for children who have lost their parents, or for children believed to be abused, abandoned, or generally neglected. Orphanages may be privately or publicly funded, or may be run by religious organizations. The magnitude and prevalence rate of orphaned children has been increasing in every part of the world. It is estimated that there are between 143 million and 210 million orphans worldwide (UNICEF, 2003). The armed struggle in Jammu and Kashmir has led to endless and untold miseries, pain and suffering to the people. It has left deep psychological and physical scars on people which even time couldn't heal. The society is facing a lot of social issues. The people have lost their loved ones. Their souls crave for their loved ones. The rise in the number of orphans has led to illiteracy due to burden of their families for survival. It has even increased drug addiction. It has even added to the business of infamous faith healers. It has increased child labor in valley. Many of the orphaned children continue to experience emotional problems and there are several other reasons. First, there is a cultural belief that, children do not have emotional problems and therefore there is a lack of attention from adults. Secondly, psychological problems are not always easily detected and identified by elders. In many cases children are

punished while showing or displaying their negative emotions, thereby elders are adding children's pain. In community-based orphan support programs, volunteers often assess children's needs in terms of material goods, neglecting their psychosocial needs. The effects of institutionalization are not uniform and are dependent on other factors. The extent of suffering is not the same for every child who is institutionalized. The differential effects are due to child characteristics (genetic predisposition, basic personality, attractiveness, prenatal risk factors), caregiver characteristics (training, motivation & attitude), institutional characteristics (child-to-caregiver ratio, quality and degree of programming), and the child's history (the age of the child when he/she entered the institution and the length of time in the institution. There is a big list of 'half orphans' in Kashmir whom parents have been disappeared during the Saga of political struggle and they are living their lives in a twilight zone. Such children cannot be pronounced as orphans as they are still unaware that whether their parents are alive or dead.

Literature Review

Children entering foster care frequently suffer from social, emotional, and medical neglect, and physical abuse. They have a high rate of chronic medical problems, educational handicaps, and severe emotional impairment (Schor 1981). An orphanage for young women in Srinagar was surveyed by psychiatrists. Post stress traumatic disorder (PTSD) was the commonest psychiatric disorder (Margoob et.al 2006). Conflict is the main reason for increase in the number of orphans in Kashmir. It also pointed out the fact that almost of orphans faced psychological problems and almost all agreed that their adjustment in conventional society would be difficult once they are out of institutions (Naqshbandi et.al 2012). There is a significant difference between orphanages and non-orphanage children in positive and negative emotions and less positive emotion in comparison with non-orphanage children (Mostafaei et.al 2012). The personality difference

between adolescent institutionalized orphans and non-institutionalized orphans. Study conducted in 5 orphanages and 12 schools of Lahore. There was significant difference in hostility and world view of institutionalized orphans and non-institutionalized orphans. Although there was no significant difference in dependency, self-esteem, self-adequacy, emotional responsiveness among them (Tadesse et.al 2014). The nature and extent of mental health issues in Institutionalized adolescent orphans of district Kupwara. 6.5% reported suicidal tendencies, 11.25% dysthymic symptoms, 10% panic disorder, 20% agoraphobia, 7.5% separation anxiety disorder, 16.25% social phobia, 15% specific phobia, 3.75% ADHD (Bhattet.al 2015). Institutional care for adolescent girls at young age hinders the normal development. Tremendous change takes place which may cause psychological discomfort in them. The group are deprived from parental care and lack of psychosocial support can lead to emotional problems in them (Sandhyarani et.al 2016).

Six traditional healers who were involved in taking care of orphans were visited at their traditional clinics. In total they had 72 orphans, 31 boys and 41 girls with age range from 3 years to 19. It was learned that traditional healers, besides providing remedies for illnesses/diseases of orphans, they also provided other basic needs. Further, they even provided psychosocial support allowing children to cope with orphanhood life with ease (Edmund et.al 2005). The problems of orphans are poor health status, poor academic performance, food shortage, child delinquents, child begging, dependency syndrome, school dropouts (Nayak 2014). Orphan children that are susceptible to various types of psychological, physiological and social problems. Orphan children are vulnerable to malnutrition, poor hygiene, child sexual abuse, drug use (Abashula et.al 2014). Most of the teachers in schools did not have a well-established scheme to identify and provide academic and financial support to orphaned students in their respective classes. There are very little efforts made by educational stakeholders and the government to eradicate the challenges facing orphaned students and to foster academic performance of orphaned students in secondary school (Oyedele et.al 2016). Residential care institutions reported that they had been victims of severe physical punishment or "beatings" (approximately two-thirds were boys and one-third girls). The perpetrators of this physical abuse were residential care staff in the vast majority of the reports (77%). Nearly one fifth (19.6%) of the respondents (approximately half boys and half girls) claimed to have been blackmailed for sexual activities and a further 4.3% claimed that they were "constrained" to have sex. The reported perpetrators of these acts of sexual abuse were older residents of the same sex (50%), older residents of the opposite sex (12%) and institutional staff (1.3%) offending inside the institution, as well as relatives (3.9%), other young people (2.6%) and adults (1.3%) offending outside the institution. However, a significant minority of the respondents would not identify their perpetrator (29%). When the number of children resident

in institutional care in Romania and elsewhere are considered, these findings could suggest a considerable number of children suffering maltreatment while in residential care (Yang et al. 2007).

Psychosocial Problems in Orphans (Institutionalized and non-institutionalized)

The study was conducted to examine the acuteness of psychosocial problems and any associated factors in children in institutions (orphanages) and non-institutionalized orphans. The study included 40 children who were selected from different orphanages and 25 children who reside in their homes, or with their relatives. A socio demographic information form and a questionnaire based on various authenticated scales were used for the data collection. The information was obtained from the children, care takers, parents, relatives, siblings, teachers and helpers. After analyzing the information, it was found that the orphans at orphanages are emotionally more disturbed in comparison to the non-institutionalized orphans. Institutionalized orphans face difficulties at various fronts, like adjustment, medical, health, educations, etc. Though the problems mentioned above are faced by non-institutionalized orphans as well, but the severity of the same is more in institutionalized orphans.

The adjustment problem in institutionalized orphans is seen because of various factors: adjustment with co-dwellers (other orphans) who are having different demographic and psychosocial problems.

Adjustment with the care takers who are not known to the orphans and cannot have different yardstick to different orphans leading to various adjustment problems.

Adjustment in terms of diet because orphans do not have the liberty or privileges to have food according to their choice.

In comparison to the institutionalized orphans less adjustment problem is observed in non-institutionalized orphans. The reason for the same is that these children are living with their siblings, parents (single) or relatives, which is the reason of having less adjustment problems.

The orphans at orphanages do face behavioral problems as well. The reason for the same is that while adjusting with the environment of the institute orphans automatically develop behavioral problems. These include crying, aggression, sleeplessness, stubbornness etc.

In comparison, the non-institutionalized are having less behavioral problems. Though some behavioral problems of less severity are also observed in these orphans as well. These include nail biting, thumb sucking, passiveness etc. the reason for the same is that these orphans are emotionally distracted and disturbed as well.

The institutionalized orphans are having health and medical problems as well. The health problems arise because of either less care or reluctance of the orphans to complain about any

health problem. In terms of medical facility, the institutions don't have their own medical centers or are very remotely located from some medical facility.

In comparison, non-institutionalized orphans don't have that severe health and medical problems, as the attention for the same is always available.

Conclusion

In conclusion, it can be said that institutionalized orphans are having more problems in comparison to non-institutionalized orphans, though in many of the non-institutionalized orphans if the dwelling place isn't permanent or only siblings are living all alone in some house, the problems in them can be worse than institutionalized orphans. These orphans are less disciplined, more stubborn and can be more aggressive.

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