Study of mental health and emotional state of orphans of Kashmir valley

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Abstract

Mental health encapsulates the emotional well-being and behavioral repertoire of an individual. It likewise effects his other behavioral and cognitive function .Therefore this facet of an individual if neglected will lead him to a perplexed situation. The orphans comprise such individuals who are assumed to suffer from poor mental health due to their ineffective coping mechanism and less developed cognitive capacity to process trauma (Fivush,1998; Schneider,2000). According to Margoob, M.,(2006), orphanhood has a psychological impact on the child. The present study entitled as "Study of mental health and emotional state of orphans of Kashmir valley" was aimed to understand the Mental Health and emotional state used by the orphans of Kashmir. The turmoil situation of Jammu and Kashmir state has tremendously increased the orphan population of the state. It has become an important issue not only for government but also for behavioural researchers to focus on this significant portion of population. The present piece of research was aimed to study mental health and emotional state of orphans of Kashmir valley. For this purpose a group of 200 orphan children were taken (with equal proportion) from registered orphanages and different parts of Srinagar district. Tools for the assessment of mental health and emotional state were administered to the sample group. The results obtained by using appropriate statistical analysis of the date have revealed that Majority of the orphan children showed low level emotional stability, overall adjustment, autonomy, self-concept, intelligence

Keywords: Emotional state, Mental health, Orphans of Kashmir valley

1. Introduction

More than 450 million people worldwide are estimated to confront in any given time from some kind of mental or brain disorder, including behavioural and substance abuse disorders (WHO, 2001). This is a largest figure considering that mental health is not only essential for individual well-being, but also essential for encouraging human development. Unsurprisingly, it is this statement that was equivocally echoed by many Ministers of Health during the Round Tables (WHO, 2001). "There is no development without health and no health without mental health". Mental health as stated by WHO (2001) is a state of well-being in which the individual exploits 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

2. Methodology

2.1 Sampling

For the present study the target population from which the sample was drawn was the orphans. The researcher selected 200 orphan children, both boys and girls. Out of the 200 sample, 100 were taken from registered institutions and 100 from different areas of Srinagar district of Jammu and Kashmir. The approximate age range of the sample was 14-16 years**.**

2.2 Instruments for Data Collection

Followings are the instruments that were used in the present study

I. **Mental health scale developed by Alpana Sen Gupta and Arun Kumar Singh (1983):**
Mental health battery (MHB) intends to assess the status of mental health of persons in the age range of 13 to 22 yrs. This scale consists of 130 statements distributed among six areas of mental health i.e., emotional stability, overall-adjustment, security, insecurity, self – concept, autonomy and intelligence. Items on Mental health battery provides two (Yes or No) options to the respondents, the answer of those items (in each part) which tally with the answers given in the scoring key is given a score of + 1. If they don't tally a score of zero is given. At the end all the scores are added up to ascertain the indices of mental health.

 II. **Eight state questionnaire (ESQ) devised by the institute for personality and ability testing by Cattle (1983).**

This tool was used for assessment of emotional states of sample group. It has 96 items distributed among eight important emotional states and moods these are anxiety, stress, depression, regression, fatigue, guilt, extraversion, and arousal. Each question on the 8SQ has four option and is scored either 0, 1, 2, or 3.The scores of each item contributes to only one factor total. Since there are 12 items, the highest possible raw score is 36.Answer sheets can be either hand scored with stencil key or machine scored. All raw score are converted into standard

scores and 8SQ profile is used determine the low, average and high profile of the respondents.

3. Result:

Table 3.1: *Showing percentage of sample group with respect to levels of Mental Health (dimension wise and overall).*

Mental Health Dimension	Emotional stability		Overall adjustment		Autonomy		Security insecurity		Self concept		Intelligence		Overall Mental health	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Low	103	51.55	126	63	99	49.5	110	55	130	65	129	64.5	109	54.5
Average	49	24.5	33	16.5	51	25.5	53	26.5	44	22	42	21.0	45	22.5
High	48	24	41	20.5	50	25	37	18.5	26	13	29	14.5	46	23

Table 3.2: *Showing percentage of sample group with respect to dimension of emotional state*

Dimension of Emotional State	Levels		
	low	Average	High
Anxiety	0%	64%	36%
Stress	0%	30%	60%
Depression	0%	41.5%	58.5%
Regression	0%	49%	51%
Fatigue	0%	65.5%	34.5%
Guilt	47.5%	52.5%	0%
Extraversion	49.0%	41%	10%
Arousal	16.0%	33%	37%

Fig. 3.3: *Showing percentage of sample group with respect to dimension of emotional state*
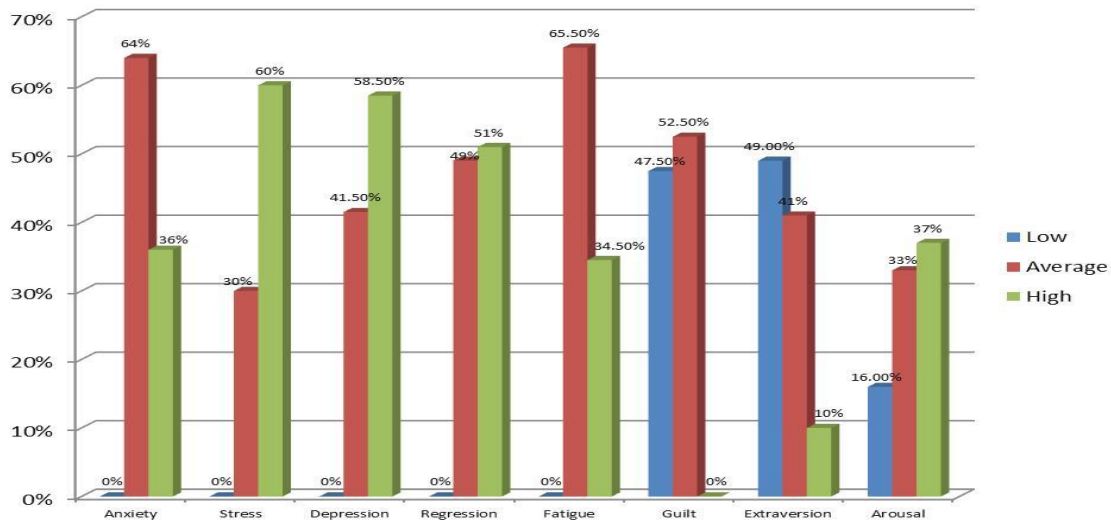

Table 3.4: *Showing Coefficient of Correlation between Mental Health (dimension wise and overall) and Emotional State among the Orphans*

Mental Health Dimension		Emotional State							
		Anxiety	Stress	Depression	Regression	Fatigue	Guilt	Extraversion	Arousal
Emotional Stability	r	-.069	-.027	-.018	-.049	-.103	-.036	-.151*	.010
	N	200	200	200	200	200	200	200	200
Overall-Adjustment	r	.065	.036	-.044	-.007	-.011	.133	-.116	.093
	N	200	200	200	200	200	200	200	200
Autonomy	r	.003	-.020	-.018	-.041	.059	-.047	-.029	.129
	N	200	200	200	200	200	200	200	200
Security Insecurity	r	-.017	.009	.026	.011	.112	.054	-.075	-.018
	N	200	200	200	200	200	200	200	200
Self Concept	r	.044	.003	.064	-.006	.110	.126	.059	-.078
	N	200	200	200	200	200	200	200	200
Intelligence	r	-.023	-.031	.058	.074	.057	.132	.068	-.019
	N	200	200	200	200	200	200	200	200

Overall Mental	r	.003	-.010	.022	.004	.069	.155*	-.091	.049
Health	N	200	200	200	200	200	200	200	200

*correlation is significant at the 0.05 level (2-tailed)

Table 3.5: *Showing Comparison of Mean Scores of Mental Health (dimension wise and overall) between Institutionalised and Non –Institutionalized Orphans*

Mental Health Dimension	Orphan Groups	N	Mean	S.D	t-value
Emotional stability	Institutionalised	100	9.520	1.329	
	Non-institutionalised	100	9.430	1.312	.482[NS]
Overall Adjustment	Institutionalised	100	22.280	1.798	
	Non-institutionalised	100	21.640	1.592	2.66**
Autonomy	Institutionalised	100	7.540	1.104	
	Non-institutionalised	100	7.520	1.096	.129[NS]
Security Insecurity	Institutionalised	100	8.240	1.102	
	Non-institutionalised	100	8.450	1.067	1.369[NS]
Self Concept	Institutionalised	100	10.060	1.061	
	Non-institutionalised	100	10.080	1.088	.132[NS]
Intelligence	Institutionalised	100	21.570	1.753	
	Non-institutionalised	100	21.320	1.830	.986[NS]
Overall Mental Health	Institutionalised	100	79.210	3.551	
	Non institutionalised	100	78.440	3.668	1.508[NS]

NS=Not Significant ; **P≤0.01 Level of Significance

The table-4.6   reveals   that the two   groups of   orphans   i.e., Institutionalized and Non-

Table 3.6: *Showing Comparison of Mean Scores of Emotional State between Institutionalised and Non-Institutionalized Orphans*

Emotional State	Orphan Groups	N	Mean	S.D	t-value
Anxiety	Institutionalized	100	6.300	1.000	2.555**
	Non-Institutionalized	100	5.950	.936	
Stress	Institutionalized	100	7.100	.904	2.234**
	Non-Institutionalized	100	6.820	.796	
Depression	Institutionalized	100	6.770	1.090	.354 NS
	Non-Institutionalized	100	6.720	.899	
Regression	Institutionalized	100	6.850	.796	4.073**
	Non-Institutionalized	100	6.430	.655	
Fatigue	Institutionalized	100	6.440	.782	1.493 NS
	Non-Institutionalized	100	6.270	.827	
Guilt	Institutionalized	100	4.730	1.013	1.480 NS
	Non-Institutionalized	100	4.510	1.087	
Extraversion	Non-Institutionalized	100	4.830	1.279	2.251**
	Institutionalized	100	6.130	1.228	
Arousal					1.034 NS
	Non-Institutionalized	100	5.950	1.233	

NS=Not Significant;**P≤0.01 Level of Significance

Table 4.7 presents an overview of the difference between Institutionalized and Non-

Discussion and Conclusion

➢ The results obtained by using appropriate statistical analysis of the date have revealed that:
   Majority of the orphan children showed low level emotional stability, overall adjustment,

autonomy, self concept, intelligence.

- Low level of overall mental health was found among orphan children Only two relationships were found significant. Correlation between emotional stability-dimension of mental health with extraversion-dimension of emotional state and Correlation of overall mental health with guilt-dimension of emotional stat.

- The results showed insignificant correlation between various mental health dimensions and coping strategies among orphan children but again the direction of correlation was mixed. Emotional stability dimension of mental healthy showed negative correlation with all coping strategies. Overall Adjustment dimension of mental health showed negative correlation with Confrontive Coping, Distancing, self Controlling, Accepting Responsibility, Planfull Problem Solving and Positive Reappraisal, whereas, it has positive correlation with Seeking Social support and Escape Avoidance coping strategies. Autonomy-dimension of mental health showed negative correlation with Distancing,

- Insignificant difference was found between institutionalized orphans and non-institutionalized orphans on various dimensions of mental health, except in overall adjustment where institutionalized orphans were found better adjusted than non-institutionalized orphans.

- While comparing institutionalized orphans and non-institutionalized orphans on various dimensions of emotional state, institutionalized orphans were found to have more anxiety, stress, and regression than non-institutionalized orphans. However, institutionalized orphans were found more extravert than non-institutionalized orphans.

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