

Aggression and Internalizing Behavioural Problems Among the Orphan and Non-Orphan Children of Kashmir: A Comparative Study

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Abstract

The present study was descriptive in nature which aimed to study the aggression and internalizing behavioural problems among orphan and non-orphan children of Kashmir. The purposive sampling technique was used to collect the sample of 120 orphan and non-orphan children from three orphanages and three secondary schools from two districts of Kashmir. Two instruments viz: Anxiety, Depression and Stress scale developed by Bhatnagar, Aggression scale developed Bhardwaj scale were used to collect the data. The independent 't' test was used to assess the difference between the two groups of orphan and non-orphan children. The finding revealed significant difference between orphan and non-orphan children on all dimensions of internalizing behavioural problems (anxiety, depression and stress) and aggressive behaviour. It was found that orphan children were more engaged in internalizing and aggressive behaviour than non-orphan. Recommendation of regular assessment of psychological problems of these children should be done and if found to psychological issues, early counselling and intervention programs should be provided to curb these problems. Further intervention studies are proposed to deal with these behavioral problems using various approaches pertaining to the structure and function of the orphanage.

Key words: aggression, internalizing behavioral problems, orphan and non-orphan children

Introduction

Childhood is one of the key life experiences that an every individual share and it plays an important role in development of human beings. Now in modern times the period of childhood is considered to be vital, as this is the first phase of the life which is influenced by the physical, biological, social and emotional factors in growth and development (Nicolson & Ayers, 1997). Along with the developmental and growth changes, many social and parental pressure are faced by the children during this stage, which add up the stress and enable the children to become more vulnerable of developing the behavioural, emotional and psychological problems (Caspi, Taylor, Moffitt, & Plomin 2000; Rowling, 2006). In the

proper development of the child family plays a competent role, among the family members parents has the utmost importance in the nourishment and development of the children. It is imperative that all children need to have healthy bonding with their parents and family, because parents and family act as barrier for negative behaviour among the children. The parents not only nurture their children, but they leave an effective impression on the personality of their offspring's. Parents are the sources for the children to help them in coping the personal problems like emotional and problems which are related to their school life, studies and fight among the peer circle during the important years of their life (Cyrulnik, B. 2010). For a healthy psychological, social and physical development, there should be mutual emotional bonding between the primary caregivers and the children during the period of childhood (Erol. N., Simsek. Z. & Unir KM. 2010). There is no doubt that parents are the vital caregivers and attachment figures which provides the emotional support, care, love and affection to their children. For the well development of the personality among the children, the relationship between caregivers, particularly parents and their children are important (Hagen, J., Omar Mahmoud, T., & Trofimenko, N. 2010).

Unfortunately, all the children are not lucky who are living under the affection and attachment of their parents. Many children got separated at very early age from their parent due to many reasons like death, neglect and divorce of the parents and did not receive the care and love as received by the children who are living with their parents. The young children who got separated early from their parents are known as "parental deprivation" (Nagar, D. 1992). Children who are dealing with bereavement experience found to be having many psycho-social problems. When the children experience the deprivation from the parental care and protection from the family, it becomes difficult for them to live normal and happy life, because their needs are not properly fulfilled. Children becomes vulnerable to the internalizing problems like stress, anxiety, insecurity, loneliness and led them inability to cope up from these problems (Kiirya, S. 2005; Thomas, D., Cas, G. A., Frankenberg, E., & Suriastini, W. 2011). Most of the children, who lost their parents mainly poor family background, live up their childhood life under the institutional care. Institutions or orphanage provide them support and the basic needs of the life up to the age of early twenties and enable them to live independent life, so that they can live happy and prosperous life. But every time it is not the case, children who have lost their parents and are living in orphanage or institutionalizing setting are getting trapped in many physical, social, mental health problems. Children living under institutionalizing setting are more prone to suffering behavioural and emotional problems. Children becomes more susceptible of physical and psychological problems due to the death of parents (Gertler, P., Martinez, S., Levine, D., & Bertozzi, S. 2003). Institutionalized children show more aggressive behaviour than children living in homes and are dealt with noncompliance and discriminative behaviour. These children are also found to be low in self-confidence, lack of sympathetic (Makame, V., Ani, C., & Grantham-McGregor, S. 2002). Children under the institutional care are exposed to physical abuse and neglect by the peers, which in turn leads to internalizing behavioural

problems (anxiety and depression) and externalizing behavioural problems (aggression and impulsivity) among these children (Brendgen, M., Vitaro, F., Turgeon, L., & Poulin, F. 2002). Stress, depression and anxiety is common phenomenon among the orphan children living in the orphanage of the Kashmir (Dabla, B.A. and Sarfaraz Ahmad, 2011). Mental health problems and depressive symptoms are higher prevalent among the orphan children, mainly in double orphan than the non-orphan children (Ruiz-Casares, M., Thombs, B. D., & Rousseau, C. 2009). Orphan children are prone to developing higher rates of depression, anger and anxiety than non-orphans (Atwine, B., Cantor-Graae, E., & Bajunirwe, F. (2005).

Significance of study

Children who have bereaved experience are exposed to develop many physical and psychological problems. They lack the parental affection, love, support, and care, which may be the cause to rise of psychological problems of children living in orphanages. Despite that less attention has been paid towards them and very little research has been carried out on the children living in orphanages of Kashmir. So it is mandatory to carry out a research on this neglected population of our society which can accomplish some of the restrictions of the earlier studies and can probe the aggression and internalizing behavioral issues of orphans being brought up in various orphanages in comparison with children living with their primary caregivers. The present study will be pivotal in making a comprehensive policy for orphan children by developing an interventional model to deal with mental health issues of this neglected population.

Objectives of the study

1. To assess the internalizing behavioral problems among the orphan and non-orphan children in Kashmir
2. To measure the aggressive behaviour among the orphan and non-orphan children of Kashmir

Hypotheses

1. There is no significant difference in internalizing behavioural problems among orphan and non-orphan children of Kashmir
2. There exist no significant differences in aggressive behaviour among orphan and non-orphan children of Kashmir

Method

The present study is descriptive in nature.

Sampling

A purposive sampling technique has been used to select the participants for the present study. The total sample of 120 children were selected for the present study, in which 60 orphan children were selected from three orphanages and 60 non-orphan children were selected from three secondary schools of Kashmir. The age of the participants were 14-18 years

Instruments

The researcher used the two scales for the present study, for the internalizing behavioural problems Anxiety, Depression and Stress Scale (ADSS) developed by the Pallavi Bhatnagar was used. The scale is divided into three sub scale i.e. anxiety, depression and stress with the Cronbach's Alpha is 0.76, 0.75 and 0.61 for all sub scales respectively. The can be administered on the 14-70 years of age group.

Another scale which was used in present study is aggression scale by R.L. Bhardwaj. It consists 28 items representing the different samples of behaviours found responsible to foster aggression more objectively. The scale can be performed on self as well as the investigator. It can be administered on the age range 10+ years in individual and group setting. The scale normally takes about 10-15 minutes to fill the responses by the respondents. The reliability coefficient of the scale is .79 acquired through the product moment method.

Procedure

For the present study three orphanages and three secondary schools were selected by the researcher. The study was conducted on the orphan children living in orphanages and non-orphan living under parental care. The responses from the participants were collected at the orphanage and in secondary schools. For that consent letter were first collected from the authority dealing with orphanages and secondary schools. Similarly children were given a brief overview of the study and their consent to participate in the study was taken. The researcher first develops the rapport with participants and they were kept assured that that there information will be kept confidential. Any doubts or questions raised by the children regarding the meaning of the items were explained by the researchers present. Participants were told that carefully read that items, gave the responses according to their will. Administration of the test was same for orphan and non-orphan children. The participant completed the both the scale in the same day. The independent t-test was used to assess the difference between the two groups of orphan and non-orphan children.

Results

This part of paper displays the results of orphans and non-orphan children on aggression and internalizing behavioural problems. The raw score were analyzed with the help of independent t test in order to achieve the objectives of the study. The detailed comparison of aggression and internalizing behavioural problems (anxiety, depression and stress) of orphan and non-orphan children are presented table 1 below:

TABLE 1

Comparison of mean, SD, and t-value of orphan and non-orphan children on aggression and internalizing behavioural problems

Variables	Type of children	N	Mean	SD	SEM	t-value	df	Sig.
Anxiety	Non-orphan	60	6.01	2.646	.232	13.621**	118	.000
	Orphan	60	9.33	2.610	.238			
Depression	Non-orphan	60	4.53	2.369	.198			

	Orphan	60	7.24	3.327	.304	10.528**	118	.000
	Non-orphan	60	5.08	2.481	.226			
Stress	Orphan		8.34	2.392	.218	10.384**	118	.000
	Non-orphan	60	14.30	6.120	.567			
Total (IBP)	Orphan	60	24.82	6.215	.576	18.263**	118	.000
	Non-orphan	60	76.82	10.750		2.225*	118	.025
Aggression	Orphan	60	80.88	11.675	2.38			

(IBP)= Internalizing behavioural problems

The table 1 above revealed that orphan and non-orphan children show significant difference on the dimension of anxiety with $t=13.621$, $p<.05$. Similarly the result indicates that orphan and non-orphan children differ significantly on the dimension of depression with $t=10.528$, $p<.05$. The table shows that orphan children score higher mean=7.24 than the non-orphan children with score lower mean=4.53 indicate significant difference on the basis of mean analysis.

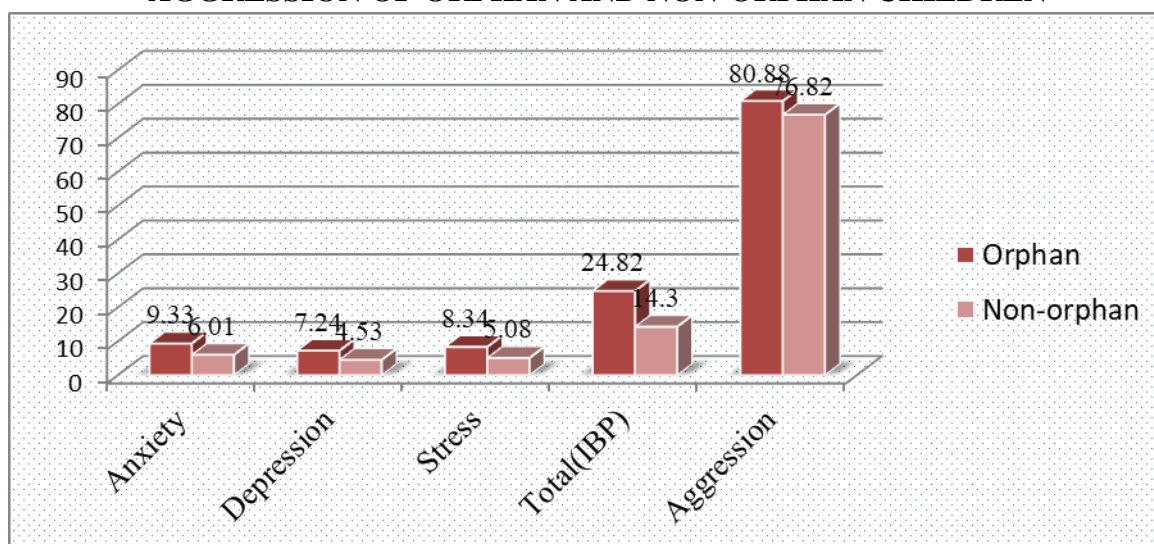
Further the above table portrays significant difference between orphan and non-orphan children on stress with $t=10.384$, $p<.05$. Based on the mean analysis the table shows that non-orphan children possess lower mean=5.08, than the mean of orphan children who had higher mean=8.34 indicates significant difference between orphan and non-orphan children on the stress dimension of internalizing behavioural problems.

Overall when viewing the total score of internalizing behavioural problems the orphan and non-orphan children show significant difference with $t=18.263$, $p<.05$. The orphan children score greater mean=24.82 than the non-orphan children with mean=14.30 indicates significant difference between orphan and non-orphan children in internalizing behavioural problems on the basis of mean analysis. Therefore, the proposed hypothesis which was stated that, “there is no significant difference in internalizing behavioural problems among orphan and non-orphan children” is not rejected.

Finally the above table depicts significant difference between orphan and non-orphan children on aggression at $t=2.225$, $p<.05$. The result shows that orphan children have highest mean=80.88 on aggression than non-orphan children of having mean=76.82 indicates significant difference between orphan and non-orphan children on aggressive behaviour. Therefore, the proposed hypothesis which was stated that, “There exists no significant differences in aggressive behaviour among orphan and non-orphan children of Kashmir” is rejected.

Figure 1

MEAN SCORES OF INTERNALIZING BEHAVIOURAL PROBLEMS AND AGGRESSION OF ORPHAN AND NON-ORPHAN CHILDREN



Discussion

The result of the present study finds that orphan children are dealing with significantly higher internalizing behavioural problems (anxiety, depression and stress) than the non-orphan children. It was also found in the results that orphan children secure more aggressive behaviour than no orphan children. There can be diverse explanations which led these problems in orphan children. It may be because the children living in the institutions find insecure themselves, due to overcrowding, less personal attention and poor environment. The main objective of our study was to assess the aggression and internalizing behavioural problems among orphan and non-orphan children. For this purpose the researcher take the sample of 120 orphan and non-orphan children in three orphanages and three secondary schools of Kashmir. A similar kind of study is done by the (Asif, K.2017) on orphan and non-orphan children, which suggests that orphan children possess higher levels of depression than the non-orphan children. Orphan children are found to be having higher levels of internalizing and externalizing behavioural problems, among the orphan children boys have got more affected due to the bereavement experiences (Dowdney, L., et al., 1999). Children living under the orphanage setting in Kashmir are suffering from the dysthymia, post traumatic disorder, mental health and emotional problems (Masoodi, Q. 2012). This study is more consistent with present study that orphan children are dealing with depressive symptoms and other psychological problems than the non-orphan children in Ghana (Doku, P. N., & Minnis, H. 2016). Again a study done in Kashmir states that orphan children residing in orphanages show moderate to higher levels of aggression (Ahad, R, Ara, S, & Ahmad, S. Shah 2016). Institutionalized children had more internalizing and externalizing behavioural problems than the children living under the personal home care (Padmaja G. et al

2014). Again a study done in Ghana is consistent with the present study states that orphan children have higher depressive and anxiety symptoms than the non-orphan children (Salifu, J.Yendork & Nceba, Z. Somhlaba 2015). Aggression, delinquency, internalizing and externalizing behavioural problems found to be higher among the children reared in institutions Erol N. et al 2010). A more related study that supports our research study suggests that orphan children have more mental health problems like depression, anxiety and stress than the non-orphan children (Sahad, S. M., Mohamad, Z., & Mohamad, M.2018).Male orphan children found to be having more depressive symptoms than female orphan children, contrary female orphan children are dealing with more stress symptoms compared to male orphan children (Dey, B. K., Hossain, M. A., BairagI, A., Rahman, A., & Islam, T. 2013). To conclude it can be said that bereavement experience of parents directly or indirectly affects the physical and mental health of the children. The children who are living with their parents are psychological sound than children whose parents have deceased.

Conclusion and Recommendations

The study results lead to the conclusion that children who had the experience of parental bereavement depicts high level of internalizing behavioural problems(anxiety, depression and stress)and aggressive behaviors than the children who are under the care of parents and family. Therefore, the children living in orphanages of need better rearing care, with physical and psychological support, particularly family based support.

The Regular assessment of psychological problems of these children should be done and if found to psychological issues, early counselling and intervention programs should be provided to curb these problems. Further intervention studies are proposed to deal with these behavioral problems using various approaches pertaining to the structure and function of the orphanage. Longitudinal and more in-depth should be done by using the mixed model approach of both quantitative and qualitative design in the future research on this sample. To identify the causes of these problems, a correctional study done can be performed on sample.

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