

Mental Health Problems among Orphanage Children in Jaffna Prevalence and Selected Correlates

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ABSTRACT

This study focused on mental health problems of orphanage children, Jaffna district in Sri Lanka. Most of the orphanage children have experienced emotional problem and witnessed traumatic life events. Many children live in orphanage because of at least one or two reasons such as death of parents been a victim of abuse, families involved with alcohol, domestic violence and parents living separately. According to the Department of Probation and Child Care Services in Sri Lanka. 223 children's homes were registered in Jaffna. Literature indicates that the mental health problems among children and adolescents were highly prevalent in war stricken environments. A Sri Lanka study showed that many orphanage children had past psychological problems such as trauma, depression, emotional and behavioural problems. This is a cross-sectional and comparative study carried out among 14 and 15 year-old Tamil speaking orphanage children in the Jaffna district. A simple random sampling method was used. The study group was randomly selected from 208 boys and girls in Jaffna. Two study instruments were used for the collection of data.

The results showed that 40.4% of orphanage children have mental health problems. 46.2% of 14 years and 34.6% of 15 years children have mental health problems. 41.3% of boys and 39.4% of girls have mental health problems. Emotional problems (25.9%), conduct problems (39%), hyperactivity (18.8%), peer problems (31.7%), abnormal prosocial behavior (97%). Mental health problems among orphanage children is significantly higher than the other studies. 14 years had significantly higher mental health problem than 15 years (46.2% vs 34.6%). Boys had significantly higher mental health problems than girls (41.3% vs.39.4%). The study also found a difference in the correlates of mental health problems among the two age groups in orphanage children.

Keywords: Orphanage, Mental health, Correlates, Prevalence

1. INTRODUCTION

This study focused on mental health problems of orphanage children, Jaffna district in Sri Lanka. Most of the orphanage children have experienced of emotional problem and witnessed traumatic life events [1, 2]. Many children are living in orphanage because of at least one or two of the following reasons such as one parent death or both parents death, been a victim of abuse, families involved with alcohol, domestic violence and parents living separately [1]. A study done in the United Kingdom among orphanage children aged 13-17years revealed that 1.7 % of orphanage children had emotional problems [1].

According to the Department of Probation and Child Care Services in Sri Lanka records show that 223 children's homes were registered in the Department. There were orphaned children, child abused children, one parent death or both parents death, Children whose parents living separately [3]. A recent Sri Lankan study showed that 14.7% of children had emotional problems, 12% had conduct problems, 9.8% had hyperactivity, 28.2% had peer problems, and 5.6% had abnormal pro social behaviour [4]. The literature indicates that mental health problems among children and adolescents were highly prevalent in war stricken environments [5]. A Sri Lanka study showed that 30% of 14 and 15year non orphanage children in Jaffna district had mental health problems [6].

A Sri Lanka study also found that substance misuse and psychosocial problems are increasing in Sri Lanka [7]. It was estimated that 2% of the total population is suffering from mental illness in Sri Lanka [7]. A study conducted in the 14 districts of Sri Lanka among 2007 non orphanage school children (13-18 years) revealed that nearly one in five non orphanage school-going children (18.9%) had mental health problems [8]. Another Sri Lanka study showed that many orphanage children had past psychological problems such as trauma, depression, emotional and behavioural problems [9].

Objectives

To determine the prevalence and identify correlations of mental health problems among orphanage children aged 14 and 15 years in the District of Jaffna. To determine the mental health problems among orphanage children aged 14 and 15 years, using the Tamil version of the SDQ.

2. MATERIALS AND METHODS

A cross-sectional and comparative study was carried out among 14 and 15 year-old Tamil speaking orphanage children in the Jaffna district. This study was carried out in the Jaffna district which is situated in the Northern Province of Sri Lanka. The district of Jaffna is divided into four main divisions: Valikamam, Vadamaratchi, Thenmaratchi and the Islands. The study population was orphanage children aged 14 and 15 years residing in registered children’s homes in the Jaffna district.

Inclusion criteria- All orphanage children aged 14 and 15 years and have been residing in the selected children’s homes for a period of one year or more, and present on the day of the survey. Exclusion criteria- All orphanage children below the age of 14 years and above age of 15 years, orphanage children aged 14 years and 15 years who residing less than a period one year. A simple random sampling method was used to obtain a random sample of orphanage children. This study group was randomly selected from 208 boys and girls participated of orphanages in district of Jaffna.

Study instruments- Two study instruments were used for the collection of data. Instrument-1, A questionnaire to identify correlations which have an impact on orphanage children mental health problems was specifically developed for this study. This instrument was specifically used to identify the correlations including peer support, adult support, peer bullying, teachers’ factors, parent’s psychiatric illness, both parents death, and physical abuse by peer and demography factors among 14 and 15 years orphanage children.

Instrument-2, The Tamil version of validated Strength and Difficulties Questionnaire (SDQ) self report was also used for this survey [6]. The Strength and Difficulties Questionnaire (SDQ) is a brief mental health problem screening instrument for children and adolescents between the ages of 14 -15 years [10]. The SDQ consists of 25 items and has 5 sub scales as follows: (a) emotional problems (5items); (b) conduct problems (5items); (c)

hyperactivity/inattention (5 items); (d) peer relationship problems (5items) and (e) pro social behaviour (5items). The response alternatives were “not true”, “somewhat true” and “certainly true”. The respondent is instructed to indicate one response. The subscale scores are calculated and the Tamil validated version states the ranges and cut-offs for total mental health problems and the five subscales.

SDQ identifying following mental health problems:

Emotional problems- fear, somatic symptoms, unhappy, low self esteem, low confidence.

Conduct problems- defiance, antisocial behaviour, aggression, irritability, argue with adults.

Hyperactivity/ inattention- restlessness, over activity, distractibility, inattention, impulsiveness.

Peer problems- low social relatedness, low same age friends, over relationships with adults, solitary, not liked by other children.

Pro social behavior- kind, volunteer work, helpful to poor people, shares readily with other children, considerate other’s feelings.

Data analysis- Prior to data analysis, the entered data (i.e.,on SPSS version 18.0) were cleaned and random checking was carried out for twenty percent of the data set. Thereafter, descriptive and inferential analysis were performed to analyze the data.

3.RESULTS AND DISCUSSION

The 208 orphanage children aged 14 and 15 year boys and girls participated in this study. 40.4% of orphanage children showed mental health problems.

Table- 1 Prevalence of orphanage children mental health problems according to age

Age	Abnormal Scores
14 years	46.2%
15 years	34.6%

Table - 2 Prevalence of orphanage children mental health problems according to gender

Gender	Abnormal Scores
Boys	41.3%
Girls	39.4%

Table- 3 Prevalence of orphanage children individual mental health problems

Symptom	Abnormal Scores
Emotional Problems	29.9%
Conduct Problems	39%
Hyperactivity	18.8%
Peer Problems	31.7%
Abnormal Prosocial behaviour	9.7%

Table - 4 Prevalence of orphanage children individual mental health problems according to gender

Symptom Scales	Boys(%)	Girls(%)
Emotional Problems	18.3	33.7
Conduct Problems	41.3	36.5
Hyperactivity	25	12.5
Peer Problems	40.4	22.1
Abnormal Prosocial behaviour	10.6	7.7

Table - 5 Prevalence of orphanage children individual mental health problems according to age

Symptom Scales	14 year (%)	15year (%)
Emotional Problems	32.7	19.2
Conduct Problems	41.1	36.2
Hyperactivity	14.4	23.1
Peer Problems	34.6	27.9
Abnormal Prosocial behaviour	10.2	7.4

The present study results of mental health problems among orphanage children 40.4% (2013) in the Jaffna district is higher compared to previous studies carried out among non-orphanage children [4, 6,8]. It is probable that the present study context (post-war) may be an influence on prevalence rates found in this study. This study found that prevalence of orphanage children mental health problems was significant difference between age 14 years and age 15 years. Mean score of 14 years and 15 years in the orphanage children is 46.2% and 34.6% respectively with t-value 3.223 at $p < 0.02$ level. 14 years had significantly higher mental health problem than 15 years.

This study also found that prevalence of mental health problems was significant difference between boys and girls. Mean score of orphanage children boys 41.3% and girls 39.4% respectively and t-test shows that there is significant different between boys and girls as the t-value is 2.899 at $p < 0.05$ level. Boys had significantly higher mental health problems than girls.

The 14 and 15 years orphanage children’s correlates of mental health problems was significant such as mean score of parent’s psychiatric illness is 84.2% respectively University of Jaffna

and t-test shows that there is significant for correlates of mental health problems as the t-value is 4.891 at $p < 0.02$ level. Both parents death is 64.2% respectively, t-value is 6.425 at $p < 0.04$ level. Physical abuse by peer is 71.2% respectively and t-value is 3.882 at $p < 0.04$ level.

Correlates of mental health problems show that protective factors and risk factors. The protective factors are age, gender, religious practice, adult support. Risk factors are physical punishment, Parent’s psychiatric illness, both parents death, parents living separately, school absence, peer name calling, Physical abuse by peer, peer rejection and teacher name calling.

5. CONCLUSION

There is a significant difference in prevalence and correlates of mental health problems among 14 and 15 year-old orphanage children in the Jaffna district. Mental health problems among orphanage children is significantly higher than other There is studies. The 14 years orphanage children had significantly higher mental health problem than 15 years (46.2% vs 34.6%). Boys had significantly higher mental health problems than girls (41.3% vs.39.4%).

The study also found a difference in the correlates of mental health problems among the two age groups of orphanage children. Physical punishment, Parent’s psychiatric illness, both parents death, parents living separately, school absence, physical abuse by peer, peer name calling, peer rejection and teacher name calling were significant risk factors for two age groups of orphanage children.

The mental health problems appear to be high among orphanage children in Jaffna, as observed through this study. Services for mental health problems in Jaffna orphanages are observed to be inadequate to manage these issues.

Finding suggest that services of clinical psychologists, counsellors and psychosocial workers need to develop and increase in capacity in these areas. The need child care and parenting skills training to care takers and staff members of orphanages.

As many orphanage children showed conduct problems, providing psychological interventions should be a priority.

Guidance should be provided to orphanage care takers to engage and supporting the orphanage children in their academic and non-academic activities.

Psychological awareness programmes have to be developed to educate care takers and staff members of orphanages and community, on ways to improve the psychological well-being of orphanage children.

As the present study has been carried out only in the district of Jaffna; other war affected areas can also benefit through similar studies to assess mental health problems, as such assessments can be of value in designing well targeted interventions and other services.

Further study to include more orphanages and larger number of orphanage children in Jaffna district itself could also be of value in gaining a better understanding of the mental health problems of orphanage children.

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