

SHORT ARTICLE

Behavioral and Emotional problems of Children under institutional care in Coimbatore District of Tamil Nadu

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Citation

Umamaheswari K, Suja M K .Behavioral and Emotional problems of Children under institutional care in Coimbatore District of Tamil Nadu. Indian J Comm Health. 2019;31(2):273-278.

Source of Funding: Nil **Conflict of Interest:** None declared

Article Cycle

Received: 29/04/2019; **Revision:** 03/06/2019; **Accepted:** 14/06/2019; **Published:** 30/06/2019

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Abstract

Background: Children living under institutional care are more prone to behavioral and emotional problems than others, as they are deprived a family environment. There a more number of studies focusing the mental health problems of children under institutional care in India. **Aims & Objectives:** This was a descriptive study which explores the behavioral and emotional problems of children's under institutional care. **Material & Methods:** The sample consisted of 50 children living under institutional care run by voluntary run institutional homes (private individuals) in Coimbatore city. A semi structure questionnaire was used to get the socio demographic data. The Self Report Strengths and Difficulties Questionnaire (SDQ) were used to assess the behavioral problems in children under institutional care. **Results:** In our study, 21 (42%) out of 50 children were found to be having behavioral problems. Conduct problem and peer pressure (42%) were found to be most prevalent followed by emotional problem (34%), hyperactivity (24%) and low prosocial behavior (14%). **Conclusion:** The children under institutional care are vulnerable to conduct, peer pressure and emotional problems.

Keywords

Children; Behavioral; Emotional; Institutional care; Child care institutions; Vulnerable

Introduction

In today's world a vulnerable group needing recognition beyond generic documents and principles is that of children. Children under Institutional Care are one of the most vulnerable group in society. (1) They are placed away from their homes and as a result of various social problems, their Right to Family is threatened. (2) They suffer from various attachment problems that has negative implications on their physical and mental health. (3)

The 1989 United Nations convention on the rights of the Child promises that every child has the right to family for the holistic development. The family is the natural environment for the optimal development and wellbeing of the child. If the family is found to be unfit to provide a loving and nurturing environment, the child has the right to grow up in a substitute setting such as child care institutions. In India the expected response to child destitution is the institutionalization of children. Institutions thus have an important role in providing services to children

who are deprived of a natural family and these are the institutions which are run by the government as well as private organizations.

The government run child care institutions are known as observations homes, fit persons institutions, minorities hostel etc.

In India the population of the children constitutes 35-50%. An estimated 200,000 children in the country are in about 5000 observation and children's homes and the numbers are growing. Many studies have found that the child care institutions have a negative effect on the child's growth and development instead of child's promotive effects. Most of the studies on child care institutions and lives of children in such institutions indicate that the longer the children stay in child care institutions, the greater is the likelihood of emotional, behavioral or social disturbances and cognitive impairment.

Knowledge about these problems becomes very essential for the mental health professionals as many of them can be better treated, if identified at an early stage.

Aims & Objectives

1. To know the occurrence of behavioral and emotional problems among the children under institutional care.
2. To develop strategies to overcome these problems for a healthy childhood.

Material & Methods

Study Population: This study was carried out in six voluntary run institutional homes (private institutional homes) in Coimbatore district. The study population consisted of children under institutional care between the age group of 11 and 17 year. The tool used for the research is Self-Reported Strengths and Difficulties Questionnaire (SDQ).

Institutional care refers to the care, protection, rehabilitation and social reintegration of children in difficult and vulnerable circumstances in an institutional setting under the guidance and supervision of child care professionals whose actions are governed by the standards as prescribed by the law of the land. The JJ Act 2000 was the guiding legislation for child care institutions (CCIs) until 2015, when the new JJ Act 2015 was enacted. The new law contains necessary prescriptions for different types of child care institutions. Actions of child care institutions are designed to address physical, psychological, emotional, social, educational,

cultural, economic and moral needs of targeted children in an age appropriate manner. While care and protection are fundamental to institutional child care, rehabilitation and social reintegration are equally and immensely important for children as they grow up to become adults.

Inclusion criteria: Children in the age group, between 11 and 17 years, who are under institutional care (as defined above) run by voluntary organizations (private individual) in Coimbatore district of Tamil Nadu.

Exclusion criteria

1. Children with intellectual disability and chronic medical illness.
2. Children who are under institutional care run by the state or central government.

Ethical Issue: Ethical consent was obtained for the study from the voluntary run Institutional Homes (child care institutions) and from the children under such institutional care in Coimbatore District, where six homes agreed to participate in the study. As the sample of the study constituted children living under institutional care, informed consent was taken from the superintendents of these institutional homes. The children were also given orientation about the research study. These are the homes run by voluntary organizations (private individuals (nongovernmental organizations)). The identities of the respondents, child care institutions were kept confidential.

Tools of the study: For the collection of data, regarding the age, gender, reason for being under institutional care, year of being under institutional care a semi structures socio demographic questionnaire were used.

The Strengths and Difficulties Questionnaire (SDQ) is a brief self-screening questionnaire for emotional and behavioral problems in children were used. It consists of 25 items covering conduct problems, emotional problems, peer problems, hyperactivity problems, and prosocial behavior.

Procedure: An official visit was made to the institutional homes that are ready to take part in the research study in Coimbatore district run by voluntary organizations (private individual). Data were collected by the researcher from each child separately who were willing to take part in the study. The universe consisted of 55 voluntary run child care institutions in Coimbatore district of Tamil Nadu. The total number of children in these homes was 362 in the age of 11 to 18 years. Out of 55 registered

institutions only 6 were interested to take part in the study. In these 6 institutions the total numbers of children were 102

In the 6 institutions 50 children were interested to take part in the study. This formed the sample of the study. Hence the researcher used total population study or census method for collection of data. Data collection was done during November – December of 2018.

Statistical analysis: Statistical Package for the Social Sciences (SPSS) was used for the analysis of data and the scores indicated high risk for psychological problems among these children under institutional care.

Results

In the present study 58 percent of the children are in the age of 14 to 17 years is considered to be very important during the period of child development.

Age (years)	Number	Percent (%)
11-13	21	42.0
14-17	29	58.0
Total	50	100.0

64 percent of the children are the children of single parent, who are in need of institutional care. 22 percent of the children are orphans and 14 percent of the children are under institutional care due to other reasons for better educational facility, for safety and so.

Assessment of behavioral problems:

Total difficulties score:

Total Difficulties	Frequency	Percent
Normal	17	34.0
Borderline	13	26.0
Abnormal	20	40.0
Total	50	100.0

The most common abnormal scores were on the conduct problems and peer problems subscales accounting for 42% respectively. A total of 34% and 24% of the children tested had abnormal scores on the emotional problems and Hyperactivity subscale. Only 14% of the total population scored abnormally on the prosocial subscale.

Gender found to be negatively correlated (-.332*) with reason for institutional care and the gender of the children is highly positively (.366**) correlated with order of birth, Hyperactivity (.367**) and Peer problem (.406*).

The duration of being under institutional care (Years of institutionalization) positively correlated (.309*) with conduct disorder. Our study shows that the

more the years of institutional care the children are more prone to conduct disorders.

There is a highly positive relation shown between the frequent visit by parents with total difficulties of children with the value of .368**.

Hyper activity: is highly positively (.367**) correlated with gender of the respondents, Emotional (.521**) conduct (.565**) and total difficulties (.872**) and negatively correlated with pro social behavior (-.318*)

Peer problem is highly positively correlated (.406**) with gender, and positively correlated with Total difficulties (.336) and pro social behavior (.283*) of the children.

Total difficulties is positively correlated (.286*) with gender and peer problem (.336*) and highly positively correlated with conduct (.693**) and hyper activity (.872**) of the children.

Discussion

According to the Child and Adolescent Development Theory, this age group between 11 and 17 years is termed out as the critical point of opportunity for skill development and positive behaviors, as in that age self-image, ability to think abstractly and problem-solving ability also develops. The wider social context of child and adolescence provides diverse situations to practice new skills with peers and other individuals outside of the family. Developing skills and competencies are recognized as critical to a child’s developmental pathway and sense of oneself as an autonomous individual. (4)

Children who are underprivileged of the maternal care and a healthy family environment often become more prone to mental health problems. These children under institutional care run by government or private organizations are at times facing problems like overcrowding, inadequate personal attention etc. These, problems are reflected in their academic performance and lead to other behavioral and emotional problems. The objective of this study was to assess the children under institutional care (child care institutions) for behavioral and emotional problems. In this study, a sample of 50 children was taken from six of the institutional homes run by voluntary organizations (private agencies) in Coimbatore.

This study states that the reason for institutional care is single parent. As enshrined in United Nations Convention on the Rights of the Child (UNCRC) every child has the right to live in the family environment.

Though only 22 percent of the children are orphan the remaining children has got a family but these children are deprived for living with the family environment due to various other reasons where they are prone to more behavioral and emotional problems. They are not able to adapt to the family environment due to poor prosocial behavior when they go back to their family.

Albert Bandura (1977), in his research conclude that a child learn to behave through both the formal instruction and observations. Formal instruction includes how parents, teachers and other members in the environment and the role models wants the child to behave Observations are the learning of children and adolescents from the adults and peers around them. The child behavior is reinforced or modified by the consequences of their actions and the responses of others to their behavior. (4)

A research study on the Psychosocial problems and wellbeing in institutionalized and non-institutionalized children, by G. Padmaja et al is a 2 X 2 factorial design where 40 children under institutional care and 76 children living with their parents were assessed. The result showed that the children under institutional care had higher level of depression than those children who were under home based care and the conduct problems was higher for children under institutional care than for children living with their parents.

As enshrined in UNCRC every child has the right to live with the family. As the child lacks a role model when placed under child care institutions and the learning environment is not supporting the learning needs of the child (2)

Piaget's theory of cognitive development emphases that the children between the age 11 and 17 years the child develops the ability to understand the relationships, problem solving, think abstractly and improves social interactions. The study on the Children in Institutional Care: Delayed Development and Resilience by Marinus H. van IJzendoorn, Jesus Palacios, et al (10) and as shown in many studies these children under private child care institutions are also more prone to behavioral and emotional problems, this can also be due to the low hopes of the primary care takers of the children. The family plays a vital role in the holistic development of the child.

The present study shows that the children 40 percent of the children are having problems in their behavior and emotions and of about 42 percent of children

have conduct problems along with peer problems. These behavior and emotions problems if not taken care will lead to long term psychiatric disorders when these children grow up to adult hood. There should be a promotive strategy for the wellbeing of these children for their mental health.

Conclusion

The study shows that children under institutional care are vulnerable to conduct problem, peer pressure and emotional problems. The screenings for these behavioral problems need to be at a regular basis for these children with a well-planned treatment strategy. The study shows that the age of the children 11 to 17 is a very important period in the child development where the child learns and observes for the environment. This age period is a crucial stage for its healthy physical and mental development. The children living in child care institutions should be given a healthy environment for it holist development i.e for it physical, mental, spiritual and social wellbeing.

Recommendation

Periodic screening for mental health distress and issues and early intervention would ensure the child growing up into a well-adjusted adult.

Relevance of the study

This study throws light on the emotional status of institutionalized children, that in turn will help the institutions to focus on the relationship between emotional and behavior problems.

Authors Contribution

Both authors have contributed equally in this research paper

Acknowledgement

The author would like to thank all the six private child care institutions of Coimbatore district & the children, the respondents' of the study.

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Tables

TABLE 1 PROBLEMS FACED BY CHILDREN ACCORDING TO THE SDQ SELF-ASSESSMENT QUESTIONNAIRE

	Normal (%)	Borderline (%)	Abnormal (%)
Emotional Problems	58.0	8.0	34.0
Conduct Problems	38.0	20.0	42.0
Hyperactivity Problems	68.0	8.0	24.0
Peer Problems	20.0	38.0	42.0
Prosocial Behavior	80.0	6.0	14.0

TABLE 2 CORRELATIONS MATRIX

	Age	Gender	Edu	Type of school	religion	years	reason	Visit by parents	Order of birth	emotional	conduct	hyperactivity	Peer problem	Total difficulties	Pro social
Age	1	.144	.236	-.129	.062	.166	.083	.110	.177	-.186	-.031	-.106	.209	-.075	-.018
Gender	.144	1	.134	.206	-.218	-.186	-.332*	-.107	.366**	.059	.011	.367**	.406**	.286*	.142
Education	.236	.134	1	-.274	.022	.094	.267	.048	.134	.120	-.089	.098	.031	.065	-.152
Type of school	-.129	.206	-.274	1	-.214	-.072	-.179	.111	-.035	-.189	.102	.019	-.006	-.034	.332*
Religion	.062	-.218	.022	-.214	1	.183	.221	.358*	-.422**	.091	.268	.043	-.211	.094	-.345*
Years	.166	-.186	.094	-.072	.183	1	.198	.348*	-.057	.083	.309*	.199	-.118	.195	-.249
Reason	.083	-.332*	.267	-.179	.221	.198	1	.277	-.281*	.110	.031	-.133	-.093	-.022	.069
Visit by parents	.110	-.107	.048	.111	.358*	.348*	.277	1	-.406**	.188	.549**	.305*	-.111	.368**	-.159
Order of birth	.177	.366**	.134	-.035	-.422**	-.057	-.281*	-.406**	1	-.137	-.087	.199	.239	.057	.007
Emotional	-.186	.059	.120	-.189	.091	.083	.110	.188	-.137	1	.310*	.521**	.063	.750**	-.190
Conduct	-.031	.011	-.089	.102	.268	.309*	.031	.549**	-.087	.310*	1	.565**	-.086	.693**	-.337*
Hyperactivity	-.106	.367**	.098	.019	.043	.199	-.133	.305*	.199	.521**	.565**	1	.182	.872**	-.318*
Peer problem	.209	.406**	.031	-.006	-.211	-.118	-.093	-.111	.239	.063	-.086	.182	1	.336*	.283*
Total difficulties	-.075	.286*	.065	-.034	.094	.195	-.022	.368**	.057	.750**	.693**	.872**	.336*	1	-.253
Pro social	-.018	.142	-.152	.332*	-.345*	-.249	.069	-.159	.007	-.190	-.337*	-.318*	.283*	-.253	1

Figures

FIGURE 1 Total difficulties score

