



Gender difference in Mental Health Among Orphan Adolescents in Kashmir

Mubashir Gull

Research Scholar

Department of Psychology

Aligarh Muslim University, Aligarh

Abstract

Adolescence covers the period of life between 10 and 19 years of age. An adolescent may become an orphan because of the death or disappearance, abandonment or desertion, separation or loss of one or both parents. The aim of the present research was to study mental health among the adolescent orphans in Kashmir. Mental health scale developed by Sharma (1996) was administered to the sample of 80 adolescents. The participants were selected through snow ball sampling technique from district Budgam (J&K). Out of 80 adolescents, 40 were boys and 40 girls. The independent sample t-test was used to analyze the data. The findings revealed a statistically insignificant difference between adolescent orphans (boys and girls) on mental health ($t = 2.13$; $p > .05$).

Keywords: Adolescent Orphans; Mental health; Kashmir

Introduction

Kashmir, officially referred to as Jammu and Kashmir, is an 86,000-square-mile region (about the size of Idaho) in northwest India and northeast Pakistan. The region has been violently disputed by India and Pakistan since their 1947 partition. China, too, which borders the region to the north and east, has been involved in these conflicts. The Indian portion of Kashmir is called Jammu and Kashmir and its capital is Srinagar. The Pakistani controlled part of the region is called Azad Kashmir and its capital is Muzaffarabad.¹

World Health Organization defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work

¹"Q&A: Kashmir dispute". BBC News. Retrieved 10 April 2015.

https://ipfs.io/ipfs/OmXoyvizjW3WknFiJnKLwHCnL72vedxjQkDDP1mXWo6uco/wiki/Kashmir_conflict.html



productively and fruitfully, and is able to make a contribution to his or her community.”² It is a multidimensional construct and more than one criterion is needed to grasp its features and to determine whether a pattern of behavior has to be considered “normal” or “deviated” (Fierro, 1984; Jahoda, 1955; Offer y Sabshin, 1991).^{3,4,5} The mental health problems of adolescents are usually due to the risk factors like biological, genetic, family relationship, experiential, social and environmental. Ample studies are available on orphans. According to Rutter and Sandberg early behavioral disturbance was cited as one of the strongest predictors of later problems, including psychological difficulties, involvement in crime and antisocial activities.⁶ Buwalda revealed that children of war show symptoms of severe psychological trauma, sleeping disorders, and problem of their concentration, nightmares, withdrawal, aggression, fear of unexpected souls and movements, clinging behavior, depression, inability to form close relation, bed-wetting and so on.⁷ These symptoms affect the way they relate to the world around them. Young people are more likely than adolescence to have higher rates of juvenile offending, substance use and mental health problems later in life.⁸ In another study, Musisi, Kinyanda, Nakasujja and Nakigudde found that emotional, behavioral as well as psychiatric disorders occur in orphan children. They recommended that counseling and psychology should be taught to the caretakers and teachers of children living in orphanages, and they clearly pointed out the psycho-socio problems with children who have lost their parents.⁹

Conflict is the major reason of increase in the number of orphans in Kashmir and most of the orphans face psychological problems and agreed that their adjustment in conventional society will be difficult after they leave the institutions.¹⁰ The unrest in the valley resulted in an alarming increase in the number of orphans. Child who has lost one or both parents (father, mother) and is below the 19

² World Health Organization (2005). *Promoting Mental Health: Concepts, Emerging evidence, Practice*: A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. World Health Organization, Geneva.

³ Fierro, A. (1984). Dimensiones de la personalidad sana. *Revista de Psiquiatría y Psicología médica*, 6, 373-391.

⁴ Jahoda, M. (1955). *Toward a social psychology of mental health*. In: A.M. Rose (ed.), *Mental health and mental disorder*. New York: Norton.

⁵ Offer, D., & Sabshin, M. (1991). *The diversity of normal behaviour: Further contributions to normatology*. New York: Basic books

⁶ Rutter, M., Sandberg, S. (1992). Psychosocial stressors: concepts, causes and effects. *Eur. Child Adolescent Psychiatry*, 1(1), 3-13.

⁷ Buwalda, H. (1994). Children of war in the Philippines. *Development in Practice*, 4(1), 3-12.

⁸ Fergusson, D. M., & Lynskey, M. T. (1998). Conduct problems in childhood and psychosocial outcomes in young adulthood. *Journal of Emotional Behavioral Disorders*, 6(1), 2-18.

⁹ Musisi, S., Kinyanda, E., Nakasujja, N., Nakigudde, J. (2008). A comparison of the behavioral and emotional disorders of primary school-going orphans and non-orphans in Uganda. *African Health Science*, 7(4), 202-13.

¹⁰ Naqshbandi, M., Segal, R. & Hassan, F. U. (2002). Orphans in orphanages of Kashmir “and their Psychological problems”. *International Journal of NGO Journal*, 7(3), 55-63.



years of age may be defined an orphan.¹¹ Child who lost their mother is referred as maternal orphan and child who lost their father is referred as paternal orphan. Social orphans are those children whose parents gave up them as a result of poverty, alcoholism or imprisonment, etc.¹² According to the United Nations General Assembly, the UNICEF (United Nations Children's Fund) estimates that there are about 1 million orphans in Kashmir. While as save the Children estimated about 120,000 children are orphans in Jammu and Kashmir in which most of these children are institutionalized.¹³

Death of parents brings major change in the life of an orphan. Adolescent orphans face many hardships during their childhood including a decline in health, nutrition and psychological well-being. This loss leads them to the long term psychological disturbance like antisocial or maladaptive behavior, depression, suicide etc. A good mental health is characterized by satisfactory emotional, social and behavioral functioning. This is reflected by positive feelings about oneself and ability to interact well with others and meet the demands routines of everyday life.

Objective of the study

1. To study the significance of difference between orphan adolescent (boys & girls) of Kashmir Valley on mental health.

Hypothesis of the study

2. There will be no significant difference between the orphan adolescent (boys & girls) of Kashmir Valley on mental health.

Methodology

Participants:

Eighty (80) adolescent orphans from district Budgam (Jammu and Kashmir) were collected through purposive sampling technique. Following criteria's were applied for the selection of the participants.

Adolescent orphans in Kashmir whose

1. Age is between 14-18 years.

¹¹ George, A. (2011). State of orphans in the earthly paradise. *Economic Political Weekly* 46, (10), 19.

¹² Dillon, S. A. (2008). The missing link: a social orphan protocol to the United Nations Convention on the Rights of the Child.

¹³ United Nations Children's Fund <http://unicef.in/Stories>



2. Who have one or both their parents dead.

Tool Used

The Mental health scale

Mental Health scale developed by Sharma was used in this study.¹⁴ It is 30 items scoring scale which consists of three alternative responses yes, indefinite & no. The subject has to choose only one alternative response. The scheme of scoring on positive statements 2 marks for “Yes”, 1 mark for indefinite and “0” meet for No and for negative statements just reverse marking 2 marks for “no”, 1 mark for indefinite and 0 mark for yes. The Cronbach’s alpha of the current study was calculated as .70 and the scale shows a satisfactory validity.

Procedure

Prior to the administration of the mental health scale, rapport was established with the participants. The respondents were given assurance about the confidentiality of their responses. Finally, the respondents were thanked for their co-operation.

Statistical Analysis

The data was analyzed by using the SPSS-16.0 version and independent sample t-test was used to analyze the data.

Results

Table 1 shows the significance of difference between adolescent orphans (Boys & Girls) of Kashmir on mental health.

Variable	Gender	N	Mean	S.D	t- value
Mental health	Boys	40	65.29	9.56	2.13
	Girls	40	61.17	7.63	

P>.05

¹⁴ Sharma. K. (1996). Mental health scale. *Arohi Manovighan Kendra*, Jabalpur, India.



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To examine the research objective, an independent sample t-test was used to assess the significance of difference between adolescent orphans (boys and girls) of Kashmir valley on mental health. As can be seen from the above table, there is a statistically insignificant difference between adolescent boys and girls on mental health ($t = 2.13$; $p > .05$). It means that the adolescent's orphan boys and girls were equally affected due to the conflict in Kashmir. Hence our null hypothesis that there will be no difference between adolescent's boys and girls on mental health stands accepted.

Conclusion

Conflict is the major reason of increase in the number of orphans in Kashmir. Most of the orphans in Kashmir valley face psychological and behavioral problems. The study revealed that adolescent's orphan boys and girls are equally affected due to the conflict in Kashmir. It has tremendously increased the orphan population in Kashmir and has now become an important issue not only for the government but also for the behavioral and psychological researchers to focus on it. Early identification and proper intervention to the orphans' should be taken in order to avoid severe complication in future.
