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Emotional and behaviour problems among children living in institutional care in Lucknow and Varanasi

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Abstract: *Prevalence of emotional and behavioural problems among children living in children homes is higher than those who are living with their families. Exposure to abuse, exploitation, neglect, and lack of care and affection from parents make these children vulnerable and they develop several emotional and behavioural problems. Viewed against this backdrop, this research aimed to investigate the prevalence of emotional and behaviour problems among children living in government run children homes. Strengths and Difficulties Questionnaire (SDQ) was administered on total 56 (28 from each city; Mean Age – 14 Years) male respondents selected through purposive sampling from two cities of Uttar Pradesh namely Varanasi and Lucknow. Large family size, domestic violence, father being alcoholic or substance user, poverty, illiteracy and lack of parental care/orphans are the major reasons reported by the children for leaving their homes again and again. Approximately one third of the children were reported falling under abnormal category on the total difficulty score. Moreover, nearly half of the children have been reported having abnormally high level of conduct problems and one fourth having peer problems. It is also important to notice that more than one third of these children have abnormal prosocial behaviour. Further, findings indicated that comparatively children living in institutional care have scored higher on the externalizing factor than the internalizing factors which have been found abnormal. Findings of the study provide a clearer understanding of the mental health status of children living in an institutional care and gives insight to the policy makers, social workers and to the social scientists to make more appropriate interventions and making them beneficial to these children.*

Key Words: *Conduct problems; peer problems; prosocial behavior; children living in institutional care.*

1. INTRODUCTION:

Save The Children, UK (2009) defines institutional/residential care as, "care provided in any non-family-based group setting. This includes orphanages, small group homes, transit/interim care centers, children's homes, children's villages/cottage complexes, and boarding schools used primarily for care purposes and as an alternative to a children's home." In India, an institution is referred to an establishment done by a State Government or by voluntary organization and certified by that Government under Section 34 of the Juvenile Justice Act, 2000. All children in children's home, either public or private will be considered street children. Children's home is also a hotspot by definition. Separate children homes exist for boys and girls. They provide shelter during inquiry process and for providing long term rehabilitation for orphan, destitute children in need of care and protection brought before CWCs.

Ministry of Women and child Development, Government of India (2018) published its report titled "The Report of the Committee (Main Report: Volume I) for Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and Protection of Children) Act, 2015 and Other Homes." Mr. Rakesh Srivastava, Secretary of Ministry of Women and Child Development, Government of India in his foreword argued that there are many children in our country who grow up in Child Care Institutions instead of nurturing and stimulating environment. Many of them have been gone through grave life experiences-loss, abandonment, death of loved ones, violence and neglect. These children often suffer from structural neglect, which may include minimum physical resources, unstable staffing patterns and socio-emotionally inadequate caregiver-child interactions.

2. REVIEW OF LITERATURE:

Prevalence of emotional and behavioural problems among children and adolescents living in institutional homes is higher than those who are living with their families (El Koumi, Ali, El Banna, Yussef et al., 2012; Rahman, Mullick & Pathan, 2012; Simsek, Erol, Oztop, & Münir, 2007). Exposure to abuse, exploitation, neglect, lack of care and affection from parents make orphans and other children vulnerable and they develop several emotional and behavioural problems.

They are relatively more emotionally deprived, insecure and poor. Along with these factors, the individual care these children receive in institutional homes are often inadequate. All these factors have potential to affect these children socially and emotionally (Musisi, Kinyanda, Nakasujja & Nakigudde, 2007; Kvrgić & Jovović, 2003).

Therefore, this group of children and adolescents, who are highly vulnerable, is more prone to multiple psychological problems. A study conducted by Lassi, Mahmud, Syed & Janua (2011) in Karachi, Pakistan, on various types of behavioural problems in SOS or other conventional orphanages found that these children had emotional problems (9%), conduct problems (50%), hyperactivity (13%), peer problems (84%), and problems in prosocial behavior (47%). In 2012, UNICEF has reported that only in India, there are more than 25 million orphan or abandoned and about 44 million destitute children. Ironically, very few studies have been done focusing on the psychological health of these children and adolescents leaving a disappointing gap for further research in this regard in India.

Among the few studies done, Shanthi and Jeryda Gnanajane Eljo (2014) in Tiruchirappalli indicated the prevalence of behavioral and emotional problems (56%) among institutionalized street children. In Mangalore, a study done by Sujatha and Jacob (2014) found orphan adolescents at risk for hyperactivity disorder (7.5%), peer problems (37.5%), and severe peer problems (12.5%). Moreover, these orphan adolescents were also found at risk for abnormal prosocial behavior (5%), and prosocial behavior (22.5%).

Kaur, Vinnakota, Panigrahi & Manasa (2018) conducted a study on orphans and the other vulnerable children and adolescents (OVCA) living in institutional homes in India with SDQ, in which 49 (16.78%) out of 292 children and adolescents were found to have behavioral and emotional problems. Another similar study conducted in Tiruchirappalli, India (Doku & Minnis, 2016), among orphans in institutional homes reported a prevalence of emotional and behavioral problems to be 56%. Another study using SDQ questionnaire found 49% of Ghanaian orphans and vulnerable children to have emotional and behavioral problems (Simsek, Erol, Oztop & Münir, 2007). Datta, Ganguly & Roy (2018) reported that 39% of children under parental care, who attended the pediatric OPD, had an abnormal total difficulty score. This result is identical to that reported in the study conducted in Mongolia (43.3%) (Bayarmaa, Tuya, Batzorig, Ye et al., 2017) but with relatively lower prevalence in Egypt (20.6%) (Elhamid, Howe, & Reading, 2009). In the United States (Pastor, Reuben, & Duran, 2012), National Health Interview Survey conducted during 2001-2007 revealed that only 7% children scored high on brief SDQ or have serious overall difficulties. This indicates severity of behavioral problems in developing countries.

A study similar to the study done by Datta et al. (2018), conducted by Musisi, Kinyanda, Nakasujja and Nakigudde (2007) in Uganda on primary school-going orphans and non-orphans revealed that more orphans had behavioral and emotional problems than non-orphans (45.1% and 36.5%, respectively). Both studies indicate that children who are deprived of the parental care and a secure family environment often become vulnerable to a host of psychological problems and psychiatric disorders. This result was further in agreement with that given in a previous study conducted by Simsek et al. (2007) in Turkey, where the prevalence rate of total problems was reported between 18.3% and 47% among children in institutional care in comparison to 9% and 11% among the children living with their families.

Padmaja, Sushma and Agrawal (2014) conducted a comparative study between institutionalized and non-institutionalized children for psychosocial problems in Hyderabad, India, which also reflected that type of care has an impact on almost all the dimensions measured, with institutionalized children showing more internalizing problems, externalizing problems, and poor wellbeing. The externalizing and internalizing scores showed significant difference in the two groups ($P < .001$) in the present study, which is also supported by the results of the Turkish study, although that study has used a different screening tool.

Children out of parental care were reported to have significantly more problem than the children under parental care on all subscales. Conduct problem was the major problem found in both groups, but he prevalence rate was nearly double in case of children from orphanages. This finding is consistent with those in many of the previous studies. Reddy K. Jayashankar (2012) showed a similar result in a study in Bangalore, with 30 samples in each group. Other studies conducted on institutionalized orphans reported varying rates of emotional and behavioral problems. In the study conducted by Kaur et al. (2018), most of the orphans were found to have conduct problems (34.90%) followed by peer problems (15.80%), emotional problems (14.70%), hyperactivity (8.60%), and low prosocial behavior (3.40%). Sujatha and Jacob (2014) showed a prevalence of 12.5% for peer problems and 5% for abnormal prosocial behavior. A study conducted by Elebiary, Behilak and Kabbash (2010) showed a prevalence of 86.0% for withdrawal, 73.7% for aggressiveness, 66.7% for hyperactivity, and 64.9% for disobedience among institutionalized children. As evident, no general trend can be ascertained from these studies. This difference in prevalence rates might be due to the differences in the scales used and the geographic distribution of the study samples.

The emotional and behavioral problems can present as defensiveness, sadness, having difficulty forming friendships with many children, frequent lying, crying, shouting, screaming, and stealing, sometimes biting or pinching others and

throwing things at others (Elebiary et al. 2010). Moreover, research has found that children who have suffered abuse or neglect are more likely to experience adverse outcomes throughout their life, manifested through poorer physical and /or mental health status; issues with development of relationships with peers and adults later in life; high-risk health behavior; and behavioral problems, including aggression and adult criminality (UNICEF, 2010).

Viewed against this backdrop, this research aimed to investigate the prevalence mental health problems among children living in government run children home of Lucknow and Varanasi.

3. METHOD:

Design

Survey research design has been used.

Participants

Total 56 (28 from each city; Mean Age – 14 Years) male respondents have been selected through a purposive sampling from two cities of Uttar Pradesh namely Varanasi and Lucknow.

Rajkiya Bal Griha, Ram Nagar, Varanasi

The children's home is located in Ramnagar, Varanasi. There are approximately 60 boys in the home at any one time (although the numbers change regularly). The boys who are sent here were generally living on the streets for some time before being picked up by the police. The government holds the boys until they can locate parents or some other acceptable person to take legal responsibility for the child. If this is not possible they will remain in state care until the age of eighteen.

D-Foundation, a Non-Governmental Organisation located in Sarnath, Varanasi, has been involved with this government run juvenile home or orphanage for the past two years. In some cases the parents of the boys have been found quickly and were sent home after just a few days detention. Much more commonly however, the children do not have parents or they are unsure as to their whereabouts. Then it is up to the state to provide for them. There are numerous problems from hygiene to mental distress which are not being adequately addressed.

Rajkiya Bal Griha, Mohaan Road, Lucknow

At the Rajkiya Bal Griha, Uttar Pradesh state run orphanage at Mohan Road, Lucknow almost one fourth of the children are diagnosed with special needs. 80% of the children at this orphanage, aged between 10 to 18 years, used to bring here through the childline service. With the help of proper assessment techniques and special educators, ISF hopes to bring a holistic change in the lives of these children. You can't see this and not be moved; most of the children we see are in a pitiful condition, having endured rejection, abuse and unimaginable hardships. Many among them have serious medical conditions that require immediate attention. These children desperately need care and affection.

Inclusion Criteria

Children and adolescents aged between 4-17 years who are staying in institutional homes of two cities of Uttar Pradesh namely Varanasi and Lucknow.

Exclusion Criteria

1. Those children who are having regular contacts with the parental family through regular weekend or vacation visits,
2. Those children who are suffering from intellectual disability and severe chronic medical illness,
3. Those whose duration of stay in the home was <1 month
4. Juvenile delinquents.

Measure

Strengths and Difficulties Questionnaire (SDQ): The SDQ is a brief behavioural screener for 4-17 year olds created by Goodman in 1997. This measure can be used as a screener for risk for psychiatric disorders. The SDQ focuses on positive attributes as well as risk symptoms regarding the child or adolescent's behaviour in the past six months. For this research, child self-report version for 11-17 year olds will be used. This questionnaire includes 25 items. An overall Total Difficulties Score is produced, along with five subscale scores: Emotional Symptoms, Conduct Problems, Hyperactivity/Inattention, Relationship Problems, and Prosocial Behaviour.

Both inter-rater reliability and test-retest reliability have been found to be satisfactory. Pearson correlations across informants have been found significant ($p<.001$) for parent, teacher, and self-report for the emotional problems, conduct

problems, and hyperactivity-inattention subscales. The measure has also been found to have satisfactory validity (Goodman, 2001).

Data Collection

Data has been collected from children who are staying in institutional homes of two populous cities of Uttar Pradesh, namely Lucknow, and Varanasi through sample survey by the researcher herself. Visits were arranged to the various institutional homes. Data were collected by the researcher from the primary caretaker for each child separately. The socio-demographic questionnaire was filled in by interviewing the child and primary caretakers and by consulting their individual files.

Data Analysis

SPSS 20 software has been used for the descriptive statistics for data obtained through SDQ.

4. RESULTS :

This section reports the findings of this study derived from survey method approach wherein SDQ as a measure has been used for data collection. Table 1 summarizes the frequency and percentages of background data of children (sample) living in institutionalized care. More than half of the sample (57.14%) belonged to age group 10-15 years; more than one third of the sample (39.29%) were ranged from 15-20 years. Only two children were found below the age of 10 years.

Table 1: The frequency and percentage distribution of background data of children living in institutionalized care

Variables	**Children living in institutionalized care**	
	Frequency	**Percentage (%)**
Age	5-10 Years – 2 10-15 Years – 32 15-20 years – 22	3.57 57.14 39.29
Informant's relation with the child	Caretaker	
Educational status of the child	Mostly illiterate (76%) and few are below 4th Grade (24%)	
Does the child receive any special education?	No	
Does the child have any disability or illness?	No	

Table 2: Showing number of children who fall under various categories of all the dimensions of SDQ and on total difficulty score and the cumulative frequency and percentages of borderline and abnormal cases

S. N.	**Dimensions**	**Normal**	**Borderline**	**Abnormal**	**Total**	**Total %**
1	Total Difficulty Score	22	14	**20**	34	60.71
2	Emotional Problems Score	39	8	**9**	17	30.36
3	Conduct Problems Score	26	6	**24**	30	53.57
4	Hyperactivity Score	39	6	**11**	17	30.36
5	Peer Problems Score	29	12	**15**	27	48.21
6	Prosocial Score	27	7	**22**	29	51.79

The value of Cronbach's Alpha (i.e. .61) suggests that the internal consistency of SDQ is satisfactory. **Table 2** presents the percentages of total children who were found in either normal, borderline or in abnormal category on total difficulty and all the dimensions of Teachers' version of SDQ**.** Nearly two third (60.71%) of children living in institutionalized care have been reported in or above borderline level on the total difficulty by their caretakers. Total difficulty score includes emotional problems, conduct problems, hyperactivity and peer problems. Almost half of the children's'

(53.57% and 48.21%) scores fell either under the borderline category or above on the dimensions namely conduct problems and peer problems respectively.

Table 3: Showing total number of children and their percentages on dimensions of SDQ falling under borderline category

S. N.	Dimensions	Borderline	Total %
1	Total Difficulty Score	14	25
2	Emotional Problems Score	8	14.28
3	Conduct Problems Score	6	10.71
4	Hyperactivity Score	6	10.71
5	Peer Problems Score	12	21.43
6	Prosocial Score	7	12.5

It is evident from **Table 3** that one 4th of the children's scores (25%) lie in the interval of borderline category i.e. 12-15 on the total difficulty level. Moreover, 21.43% and 14.28% children have been reported having borderline level of peer and emotional problems respectively. Surprisingly, significant percentage of children living in children's home have been reported falling under abnormal category on the following dimensions of SDQ namely conduct problems (42.86%), peer problems (26.78%), hyperactivity (19.64%), and emotional problems (16.07%) and on the total difficulty scale (35.71%) (Refer **Table 4**).

Table 4: Showing total number of children and their percentages on dimensions of SDQ falling under borderline category

S. N.	Dimensions	Abnormal	Total %
1	Total Difficulty Score	20	35.71
2	Emotional Problems Score	9	16.07
3	Conduct Problems Score	24	42.86
4	Hyperactivity Score	11	19.64
5	Peer Problems Score	15	26.78
6	Prosocial Behaviour Score	22	39.28

Table 5 shows the percentages of children with abnormal scores on externalizing and internalizing factors of SDQ. Externalizing factor combines the scores of two dimensions namely *hyperactivity* and *conduct problems*. Internalizing factor includes scores of two dimensions namely *peer problem* and *emotional symptoms*. Results show that almost two third (62.5%) of the children have obtained abnormal scores on externalizing scale whereas 42.86% children could get abnormal scores on internalizing scale.

Table 5: Showing total number of children, percentages and their respective Means on externalizing and internalizing dimensions of SDQ falling under abnormal category

S. N.	Dimensions	Abnormal	Total %	Mean
1	Externalizing	35	62.5	7.50
2	Internalizing	24	42.86	6.75

More than one third (35.71%) of the children got borderline score on internalizing scale and 21.43% on externalizing scale of SDQ (Refer **Table 6**). From **Table 7** which presents borderline, abnormal and mean scores on the dimensions of SDQ, it is evident that Mean Scores on the total difficulty and the dimensions, namely conduct problems, and peer problems (14.25, 3.35 and 3.6) are greater than their respective midpoints of borderline category. Moreover, Mean score (5.3) was also found greater than the midpoint borderline score on prosocial behavior.

Table 6: Showing total number of children, percentages and their respective Means on externalizing and internalizing dimensions of SDQ falling under abnormal category

S. N.	Dimensions	Borderline	Total %
1	Externalizing	12	21.43
2	Internalizing	20	35.71

5. DISCUSSION :

This research aimed to investigate the family background and socio-economic conditions of street children, the prevalence and nature of mental health problems among street children, and the impact of mental health problems on street children. It further explored the physical and psychological needs of street children and analyzed the services and programmes available for these children and the relevance of social work interventions and techniques to address their mental health concerns. Data has been obtained from the caretakers of both the children's homes of the children belonging to age group 10-20 years. Large family size, domestic violence, father being alcoholic or substance user, poverty, illiteracy and lack of parental care/orphans are the major reasons reported by the children for leaving their homes again and again.

Table 7: Showing mid-points of dimensions of SDQ under borderline category and Mean scores on respective dimensions

Dimensions of SDQ	Midpoints of Borderline Category	Mean Scores
Total Difficulty	13.5	14.25
Emotional Problems	5	3.14
Conduct Problems	3	3.35
Hyperactivity	6	4.14
Peer Problems	3	3.6
Prosocial Behaviour	5	5.3

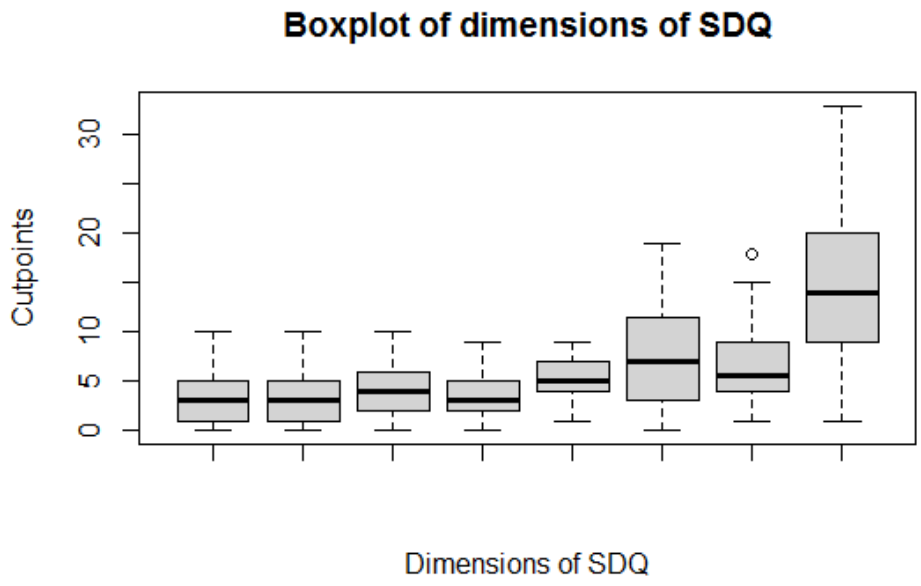

Figure 1: Showing boxplot of cut-points of the dimensions of SDQ

The version of SDQ used in this study has been found reliable. Dimensions assessed by SDQ are as follows: emotional problems, conduct problems, hyperactivity, peer problems and prosocial behaviour. Emotional problems covers complain of headaches, many worries, unhappiness and downhearted, nervousness or clinginess in new situations and many fears, whereas, conduct problems have been referred as someone having temper tantrums or hot tempers,

disobedience, which fights with other children, often lies or cheats and steals from home, school or elsewhere. Children who are hyperactive show restlessness and over activity. They constantly fidget or squirm, easily get distracted, never think things out before acting and fail to finish the task. Peer problems means the child tends to play alone, he has not a single friend, and he has been disliked and bullied by other children. Relatively he gets on better with adults. Lastly, the prosocial behaviour has been referred to a child, who tries to be nice to others, is helpful and kind to younger ones and shares with other children.

Approximately one third of the children were reported falling under abnormal category on the total difficulty score which corroborated with the finding reported by Datta, Ganguly and Roy (2018). It suggests that the children living in institutional care shown emotional problems, conduct problems, hyperactivity and peer problems. Moreover, nearly half of the children have been reported having abnormally high level of conduct problems and one fourth having peer problems which is quite higher than the findings reported in previous studies (Kaur, Vinnakota, Panigrahi & Manasa, 2018; Sujata & Jacob, 2014).

It is also important to notice that more than one third of these children have abnormal prosocial behaviour which is very high than the percentages reported in previous studies (Sujata & Jacob, 2014; Lassi, Mahmud, Syed & Janua, 2011). Further, findings indicated that comparatively children living in institutional care have scored higher on the externalizing factor (Padmaja, Sushma & Agrawal, 2014) than the internalizing factors which have been found abnormal.

The externalizing dimension has been explained in terms of conduct problems and hyperactivity. A child who has characteristics of hyperactivity may show conduct related issues which can directly affect other children. Externalizing symptoms may include problems related to aggressiveness, inattentiveness, disobedience, and criminal behavior (Achenbach, Edelbrock, & Howell, 1987). On the other hand, internalizing dimension includes emotional and peer related problems. It has been argued that a child who is emotionally unstable may not be liked by other children and can be bullied. Internalizing symptoms may entail manifestations of anxious, depressive, and somatic problems (Achenbach, Edelbrock, & Howell, 1987). The simultaneous presence of several internalizing problems, particularly anxiety and depression, is associated with an increased risk for suicide attempts (Brausch & Gutierrez, 2010).

Internalizing (anxiety and depression) and externalizing (opposition/conduct and attention) disorders of childhood are associated with a number of adult psychiatric illnesses (Copeland, Shanahan, Costello, & Angold, 2009; Kim-Cohen, Caspi, Moffitt, Harrington, Milne, & Poulton, 2003), including psychotic disorders.

6. RECOMMENDATIONS :

In India, very few studies have been conducted on street children in order to understand their physical as well as their psychological needs and their mental health problems. This study throws light on the mental health reality of these vulnerable children. Findings of the study provide a clearer understanding of the mental health status of children living in an institutional care and gives insight to the policy makers, social workers and to the social scientists to make more appropriate interventions and making them beneficial to these children. Moreover, findings of this study also sensitize the NGOs working for street children towards the needs and problems of these children. It will help these NGOs in providing better and suitable facilities to these needy children and also in rehabilitating them as well.

Very few comprehensive studies have been done on this topic in India till now. Hence, there is a need for more multicenter studies to explore and understand the extent of emotional and behavioral problems among children staying in institutional homes. There is also a need to put measures into place that will ensure regular screening for psychological problems in these children. Furthermore, to prevent the damaging effect of these psychological problems on the development of children, we need to design and implement specific and timely interventional measures in such institutional homes.

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