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Original Research Article

A methodological study to determine emotional and behavioural problems with associated factors among children of institutional homes in Raipur, Chhattisgarh

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ABSTRACT

Background: Children residing in institutional homes are more susceptible to behavioural and emotional problems in comparing to other children in the same age group. It has been discovered that when developmental processes inside the institution are accelerated over time, they can result in restricted cognitive activity and cultural expression patterns. Unresolved negative emotions, such as anger and depression, put children at danger of growing up with harmful emotions.
Methods: To study the children's behavioural and emotional problems, in the present study, the sample of 142 people who lived in Raipur's institutional homes were considered. A semi-structured questionnaire was used to obtain sociodemographic information. The behavioural and emotional difficulties in them were assessed using the strengths and difficulties questionnaire (SDQ) with impact supplement. The sex of the children, satisfaction with the food provided, caretaker behaviour, years of stay, and reasons for being at the institution were not shown to be substantially associated with emotional and behavioural difficulties in children in our study.
Results: Based on the SDQ, 52.1% children and adolescents in the present study had scores greater than the cut-off score of 28, indicating that those with SDQ scores greater than 28 had some social and behavioural problems, and hence are marked positive for emotional and behavioural problems. The age of the participants was found to be a strong predictor of emotional and behavioural issues.
Conclusions: The majority of the subjects were pleased with their caretakers' behaviour, the quality of the water supply, and the sanitary facilities, implying favourable environmental conditions.

Keywords: Child behaviour, Effect of institutionalization, Strengths and difficulties questionnaire

INTRODUCTION

Children's livings in institutional homes are more prone to behavioural and emotional problems than others as they are deprived of a family's love and care. An orphan is defined by United Nations International Children's Emergency Fund (UNICEF) and worldwide partners as a kid under the age of 18 who has lost one or both parents for any reason. In 2015, there were roughly 140 million orphans worldwide, with 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia, according to this classification as shown in Figure 1.[1] The age distribution of orphans was very stable across countries, with around 12% of orphans aged 0–5, 33% aged 6–11, and 55% aged 12–17.[2]

Even among children, some groups are at a higher risk of having psychological issues than others.[3] According to a review of the literature, the prevalence of emotional and

behavioural issues among orphans and other vulnerable children ranges from 18.3 percent to 64.53 percent, while it is reported to be between 8.7 percent and 18.7 percent in normal communities' samples.[4-6] It has been discovered that when developmental processes inside the institution are accelerated over time, they can result in restricted cognitive activity and cultural expression patterns.[7] In India, the number of orphaned and abandoned children is rising in tandem with the country's growing population. According to UNICEF, India has over 25 million orphaned or abandoned children and 44 million poor children.[8]

Institutionalization raises the risk that underprivileged children will grow up to be psychiatrically impaired and economically unproductive adults in the long run.[9] Children who are under stress, who already have lost something/someone important, or those who have learning attention, conduct, or anxiety concerns are more likely to develop depression.[10] Depression is a deep sorrow that has long-term negative effects on one's health and development. Children miss their parents' physical presence and the many positive things they provided them when they were alive, such as love, care, and support. Orphans and vulnerable adolescents often have no one with them to share their sadness and grief which can add to their sense of helplessness.[11]

Children frequently do not feel the full pain of a loss because they do not understand death's finality straight away. This keeps people from going through the essential grieving process to recuperate from the loss. As a result, children are in danger of growing up with unsettled negative emotions, such as anger and depression.[12]

There have been several studies conducted over children's behavioural and emotional problems and associated aspects. Many academies and researchers explored this area of study and gave their findings which are discussed in the current section. The majority of previous studies on institutionalised youngsters show that they perform poorly in school.[13,14] In the survey, the majority of main caregivers evaluated the children's academic performance as average or good, with only 13% being described as poor. This could be due to the children's primary caregivers having low expectations. Some of the children who had run away from their families stated that the pressure to succeed in school and the discipline in institutional homes were far less than in their own families' homes.

Aggression can be influenced by a variety of circumstances. Poverty, a threatening situation, and overcrowding in places like institutions, housing, and schools have all contributed to the development of aggression. Institutionalized children who have been treated harshly, inconsistently, and with little consideration may have developed anger as a result of their lack of love and nurturing. In addition, institutionalised youngsters become aggressive due to a lack of social skills or the ability to control their behaviours. When youngsters are not encouraged to express themselves, they become frustrated.[15]

Jewelt described a variety of methods for minimising aggression. The first strategy is to encourage children to use verbal language to convey their feelings. Other strategies include teaching children to resolve conflicts through problem-solving techniques, asking and receiving support when needed, and observing the consequences of their aggressive behaviour on their victims.[16] In addition, Jewett recommended in 2000 that discussion should be made about the causes and consequences of aggressive behaviour. This discussion will help both children and caregivers, and so will the use of positive reinforcement in reducing undesirable behaviour.[17]

Orphanage experience, in any kind, is harmful. The damage is highest during the first years of life and dramatically increases with the length of time spent at an institution. Intergenerational trauma caused by child abuse and neglect can damage future generations. Several risk factors or characteristics that are typically connected with maltreatment have been discovered through research. Children who grow up in families and situations where these variables exist are more likely to be maltreated.[18] In India, the number of orphaned and abandoned children is rising in tandem with the country's growing population. According to UNICEF, India has around 25 million orphans or abandoned children and about 44 million destitute children.[19]

The current study looked at the prevalence of emotional and behavioural issues in MBBSY children, who are mostly from Maoist-affected districts. It has been discovered that 9.3% of children suffer from emotional and behavioural issues. The sample scored highest in peer problem and lowest in conduct behaviour out of the five SDQ components. This percentage can be further lowered if these children receive adequate assessment and assistance.[21] According to Simsek et al, 49% of Ghanaian orphans and vulnerable youngsters had emotional and behavioural issues. Rahman et al found that 40.35 percent of the youngsters in an orphanage in Dhaka city were affected.[22]

Aggression is a learned behaviour. Any purposeful behaviour that causes physical or mental harm to a person is classified as intentional behaviour. Children's aggression and fury are important issues with a variety of causes. It might happen as a result of life events including losing a parent or going through a divorce. Furthermore, if youngsters are unable to vent their frustrations, they often act out, and some will learn to use physical aggression to achieve their goals. Fighting with others, disobedience, destructive behaviours, verbal hostility, and bullying are all symptoms of childhood aggression, but also children who exhibit these behaviours as adults are at a higher risk of developing serious problems such as criminal behaviour, alcoholism, drug abuse, and mental illness.[23]

In institutionalised school-aged children, levels of inattention and overactivity are on the rise. Lack of concentration on a task, falling to keep seated, acting without thinking, and rarely finishing tasks are all symptoms of attention deficit hyperactivity disorder. Some of the symptoms of attention deficit hyperactivity disorder (ADHD) typically coexist with other issues, such as depression and anxiety.[24] It's probably reasonable to say that every child experiences some level of fear. Some are typical childhood phobias, while others are not. It is the parent's responsibility to reassure a scared child. Being able to accomplish this properly can make a child feel secure and safe in his current and future life.[25]

Fears in children are common and occur at specific times in their development. Fears occur as a result of classical conditioning, according to behavioural learning theory. By associating an object, person, or circumstance with something that is intrinsically frightening (such as a loud noise), the object, person, or situation becomes fearful. A traumatic incident (e.g. a traumatic dog attack) can cause children to acquire anxieties, although such might not be the case for other youngsters.[26] Children who had spent at least the first years of their lives in institutional care were more likely than other children to have more emotional and behavioural issues, as well as more interruptions in their lives, according to a study conducted by Fries and Pollak.[27]

Given the scarcity of research in this area in India, the purpose of this study is to fill in the gaps in knowledge and information concerning the number and types of emotional and behavioural disorders discovered in children living in institutions in Raipur, Chhattisgarh. A questionnaire that is more efficient in identifying and classifying emotional and behavioural disorder hold significant value for such research studies. Thus, the structure of the questionnaire is of greater importance for achieving an efficient outcome. Studying these emotional and behavioural disorders amongst the children will allow for a better insight into the prevention and curing of emotional and behavioural disorders. As a result, it was necessary to analyse and detect mental health issues in these institutionalized children to develop appropriate intervention strategies for them at the appropriate time. The objective of the present work is to study the emotional and behavioural problems that influence the child's overall development, specifically academic and social outcomes as adults. To examine further into the relationship between sociodemographic factors and behavioural and emotional issues in these children. What is the current state of behavioural and emotional issues among children in Raipur's institutional homes?

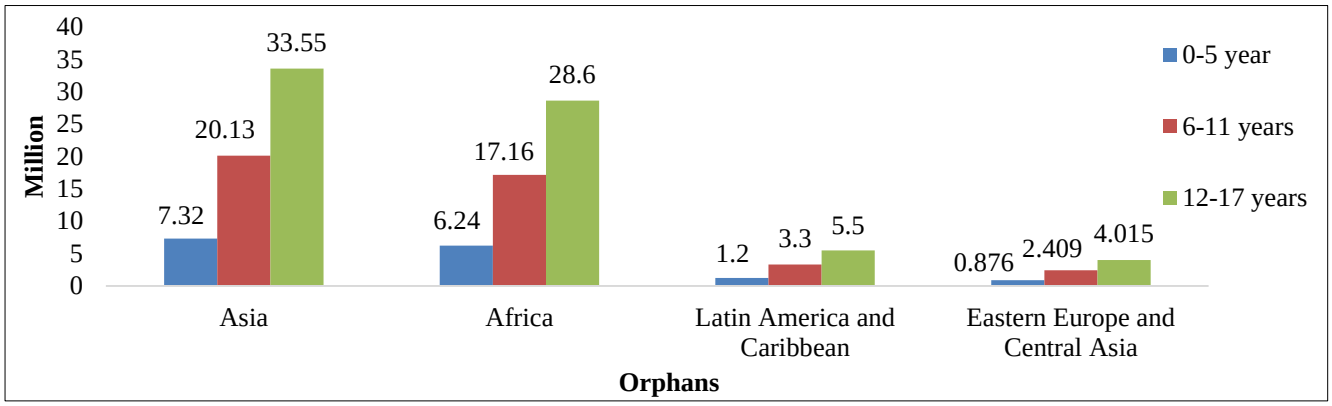

Figure 1: Orphans globally.

METHODS

This is a descriptive, cross-sectional, observational study. The research was carried out in several institutions in Raipur, Chhattisgarh, India.

A cross-sectional study involves looking at data from a population at one specific point in time. The participants in this type of study are selected based on particular variables of interest. Cross-sectional studies are often used in developmental psychology, but this method is also used in many other areas, including social science and education.

The study included 142 children from throughout Raipur's institutional homes. The term "subjects" refers to children and adolescents who have lost one or both parents or refers to individuals in institutional homes who have been abandoned by their parents or those who have walked away from home and have had no contact with their families.

The term "children" is sometimes used interchangeably with "adolescents." Study was conducted in the duration between December 2018 to January 2019.

Selection consideration

Selection of study subject/children were based on below mentioned criteria with approval from their respective institution. All children in Raipur's institutional homes between the ages of 4 and 17 were eligible for this programme.

Those children, who have an intellectual handicap as well as a serious chronic medical illness are excluded from the present study.

Those who stayed at the institutional homes for less than a month were not eligible for the present study.

Data collection

In the present study, SDQ with impact supplement along with a Performa was used for data collection. Semi-structure sociodemographic questionnaire allows gathering information on age, sex, the purpose for being in the institutional home, age of admission, years spent in the institutional home, and academic success. The SDQ is a short behavioural assessment questionnaire for children aged 3 to 16. It is available in a variety of formats to satisfy the needs of researchers, doctors, and educators. It includes 25 elements that address behaviour issues, emotional issues, peer issues, hyperactivity issues, and prosocial behaviour.[28] The use of the SDQ for parent reports, teacher reports, and self-report versions for diagnosing psychiatric diagnoses in children and adolescents was found to have a specificity of 80% and a sensitivity of 85%.[29]

Performa collected information about age, gender, the reason for stay in the institution, years of stay in the institution, and adequacy of basic facilities provided by the institutional homes. These factors were used along with SDQ to determine its association with emotional and behavioural problems.

The proposal was made after getting permission. Visits to the various institutional homes were scheduled. The investigating team obtained information from the primary caregiver for each child separately. Interviewing the child and primary caregivers, as well as checking their files, were used to fill out the socio-demographic questionnaire. The child's primary caretaker completed the SDQ as well as the impact supplement. Each interview lasted approximately 15–20 minutes.

RESULTS

A total of 142 children were included in the current research. 35 (24.6%) of them were between the ages of 4 and 10 years, while 107 (75.4%) were between the ages of 11 to 17 as shown in Figure 2. The average age is 12.6±3.27 years.

The sample consists of an equal number of boys and girls (n=71). The majority of the children in the institutional home were orphans (47.2 percent), followed by those who had lost one or both of their parents (28.9 percent), afterwards abandoned (19.0 percent) and runaways (15.8 percent) as shown in Table 1.

The majority of the children in institutional homes got admitted at the age of 8-10 years of age (35 percent) followed by the children from 5-7 years of age (30 percent). The majority of the children (37%) stayed in the institute for 2-4 years, followed by 3 months to 1 year (20 percent) as shown in Figure 3.

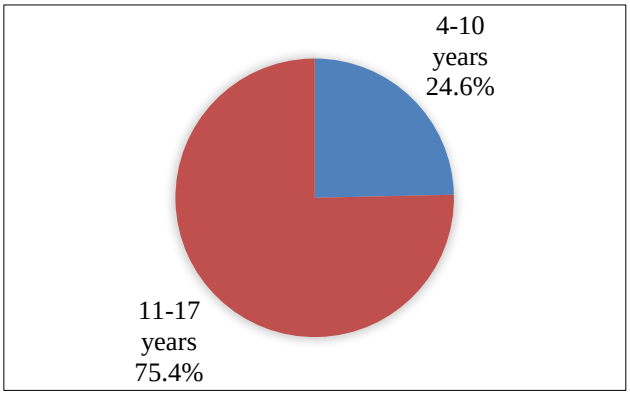

Figure 2: Age distribution.

Table 1: Frequency distribution of reason to stay.

Reasons to stay	Frequency	Percentage (%)
Abandoned	27	19.0
Education	3	2.1
For better quality of life	1	0.7
Missing child	3	2.1
Orphan	67	47.2
Parents death	41	28.9

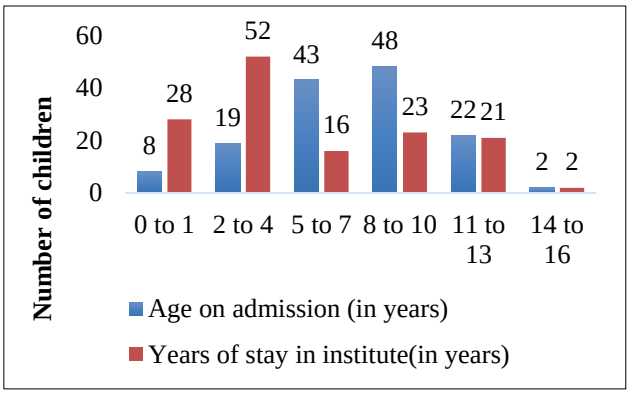

Figure 3: Age of admission.

According to the present study, 88.03 percent of children in institutions are satisfied with the meals they are served shown in Table 2. In addition, the majority of youngsters (about 84.51 percent) are satisfied with their caretaker's behaviour shown in Table 2. Moreover, it was found that the majority of children (89.44%) had access to good quality of water supply shown in Table 2.

In the current study, it was found that 85.91% of subjects had good sanitation facilities and 6.34% had average sanitation facilities shown in Table 2. Figure 4 illustrates relation between different qualities and number of children.

Table 2: Relation between caretaker/institutional and children.

Characteristics	Frequency	Percentage (%)
Satisfaction with food		
Good	125	88.03
Average	15	10.56
Poor	2	1.41
Behaviour of caretaker		
Good	120	84.51
Average	16	11.27
Poor	6	4.22
Quality of water supply		
Good	127	89.44
Poor	15	10.56
Quality of sanitation facility		
Good	122	85.91
Average	9	6.34
Poor	11	7.75

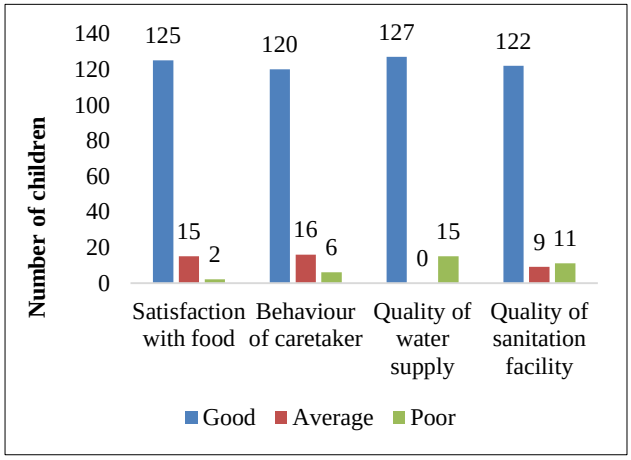

Figure 4: Relation between different qualities and number of children.

In our study, based on the SDQ, a total of 74 (52.1%) children and adolescents of a study sample of 142 had scores more than the cut-off score of 28 means whom SDQ score >28 have some social and behavioural problems, thus marked positive for emotional and behavioural problems shown in Table 3.

Association between age and emotional & behavioural problems of study subjects (n=142) provides that Emotional and Behavioural problems are significantly more in the age group of 11 to 17 years old (i.e. 59.8%) and lowest in the age group of 4- to 10-year-old (i.e. 28.6%).

Association between sex and emotional and behavioural problems of study subjects (n=142) shown in Table 3 provides that emotional and behavioural problems are slightly more in boys (i.e. 52.8%) as compared to girls (i.e. 51.4%), with the least value obtained are amongst girls (i.e. 51.4%).

Association between satisfaction with the food and emotional and behavioural problems of study subjects (n=142) shown in Table 4 provides that emotional and behavioural problems are significantly more in those study subjects who find the food provided by the institutional home poor (i.e. 100%), with the least value obtained are by those who find the food provided average (i.e. 46.7%).

Table 3: Association between age/gender of subject and emotional behavioural problem.

Age (years)	Emotional and behavioural problems		Total
	Absent	Present	
4-10	25	10	35
	71.4%	28.6%	100.0%
11-17	43	64	107
	40.2%	59.8%	100.0%
Gender			
Girls	34	36	70
	48.6%	51.4%	100.0%
Boys	34	38	72
	47.2%	52.8%	100.0%

For age: λ^2=10.315, df=1, p=0.002*; for gender: λ^2=0.026, df=1, p=0.872.

Table 4: Association between food quality/caretaker's behaviour provided by intuitional homes and emotional behavioural problem.

Satisfaction with the food provided by the institutional home	Emotional and behavioural problems		Total
	Absent	Present	
Average	8	7	15
	53.3%	46.7%	100.0%
Good	60	65	125
	48.0%	52.0%	100.0%
Poor	0	2	2
	0.0%	100.0%	100.0%
The behaviour of caretakers towards children			
Good	60	60	120
	50.0%	50.0%	100.0%
Poor	1	5	6
	16.7%	83.3%	100.0%
Average	7	9	16
	43.8%	56.3%	100.0%

For 1st parameter, λ^2=2.017, df=2, p=0.365; for 2nd parameter, λ^2=2.668, df=2, p=0.263.

Association between behaviour of caretaker and emotional and behavioural problems of study subjects (n=142) shown in Table 4 provides that emotional and behavioural problem are significantly more in those who find the behaviour of caretaker poor (i.e. 83.3%), with the least value obtained are by those who find the caretaker's behaviour good (i.e. 50%).

Association between years of stays and emotional and behavioural problems of study subjects (n=142) shown in Table 5 provides that emotional and behavioural problems are significantly more in those who have stayed in the institutional home for 14 to18 years (i.e. 100%), with the least value obtained are by those who had stayed at the institutional home for less than a year (i.e. 40%).

Table 5: Association between year of stay in institute and emotional behavioural problem.

Years of stays in the institute	Emotional and behavioural problems		Total
	Absent	Present	
0-1	15	10	25
	60.0%	40.0%	100.0%
2-4	26	25	51
	51.0%	49.0%	100.0%
5-7	5	12	17
	29.4%	70.6%	100.0%
8-10	10	15	25
	40.0%	60.0%	100.0%
11-13	11	9	20
	55.0%	45.0%	100.0%
14-18	0	2	2
	0.0%	100.0%	100.0%

λ^2=6.875, df=5, p=0.231.

Association between reasons of stay and emotional and behavioural problems of study subjects (n=142) shown in Table 6 provides that emotional and behavioural problems are slightly more in those who have been sent to an institutional home for education (i.e. 66.7%), with the least value obtained are by the missing child who was staying at the institutional home (i.e. 0%).

Table 6: Association between reason of stay in institute and emotional behavioural problem.

Reasons for a stay in institutes	Emotional and behavioural problems		Total
	absent	present	
Abandoned	12	15	27
	44.4%	55.6%	100.0%
Education	1	2	3
	33.3%	66.7%	100.0%
For better quality of life	1	0	1
	100.0%	0.0%	100.0%
Missing child	3	0	3
	100.0%	0.0%	100.0%
Orphan	37	30	67
	55.2%	44.8%	100.0%
Parents death	14	27	41
	34.1%	65.9%	100.0%

λ^2=9.283, df=5, p=0.098.

DISCUSSION

Institutions are responsible for orphan care. Social care agencies have been tasked with providing appropriate institutions for children who are at risk of delinquency and deviance. Institutional care offers the necessary care and supervision for children who have been separated from their families, as well as financial assistance. It also provides medical treatment and educational opportunities for school-aged children in regular government schools.

Many studies have found that the severity and frequency of children's behavioural and emotional problems varied by age and gender. In India, a study of orphans and other vulnerable children and adolescents (OVCAs) in institutional homes of Visakhapatnam city found that 9.3% of students have emotional and behavioural issues. Age, sex, cause for admission, and years spent in the home were all found to be substantially linked with emotional and behavioural issues.[20] Harden also claims that spending time in an orphanage has a long-term negative impact on a child's mental and behavioural development.[28] Similarly, our study it was seen that emotional and behavioural issues were higher in the age group of 11 to 17 years old children. Age of admission, reason for admission, including neglect and abuse, frequent moves and transfers, poor health and care, lack of regular contact with caregivers, substance abuse, and other psychosocial factors have all been linked to an increased risk of behavioural and emotional problems in institutional homes.[29] In this study it was also seen that environment amongst institutional home also plays an important role which can affect children's emotional and behavioural issue, as seen in the study bad quality of food, water, caretaker behaviour or bad sanitation facility can generate emotional or behavioural issue amongst children. Epigenetic is a probable method through which the environment interacts with genes and causes behavioural changes, according to research. Epigenetic changes have been postulated as biological responses to environmental influences. Environmental variables influence the effect of gene polymorphisms and promoter methylation on psychopathological symptom outcomes.[30]

Limitations

Our study's main weakness is that it was only done in one location, thus the findings cannot be generalised. Another disadvantage is that as a follow-up to our investigation, we did not develop or perform any interventional strategies. In current study the quantity of test subject was comparatively low which adhere the quality of the result obtained, larger the quantity of test subject, better are the result as it minimises small/irrational error, which could affect a data of smaller quantity because it holds a significant percent of that data set. Whereas, larger quantity data set minimises this percent. Thus, increase the quality of the result which can be used to determine/study behaviour of children. Institutional environment changes as per surrounding demographic and as India been a country of many cultures, it can burden the children which

lives in institutional homes as they have less exposure to cultural event. This makes them less active in cultural gathering and social cultural event.

CONCLUSION

In this study, 52.1 percent of 142 children had some social and behavioural issues. The bulk of the children was in institutional settings and was between the ages of 11 and 17. The age of the children was found to be a strong predictor of emotional and behavioural issues. The majority of the subjects were pleased with their caretakers' behaviour, the quality of the water supply, and the sanitary facilities, implying favourable environmental conditions. In the present study, the children's sex, satisfaction with the food served, caretaker behaviour, years of stay, and reasons for being in the institution were not found to be significantly linked to emotional and behavioural disorders in children but the severity of these diseases worsens as the length of time spent in the institution grows and can also affect the children who are already affected by the emotional and behavioural problems.

There has been very little comprehensive research on this topic in India to date. As a result, additional multicentre studies are needed to investigate and comprehend the level of emotional and behavioural difficulties among children in institutional settings. There is also a need to put in place mechanisms to ensure that these children are regularly screened for psychological issues. Furthermore, we must create and implement appropriate and timely interventional strategies in such institutional homes to prevent the negative effects of these psychological disorders on children's development.

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