Scholars Journal of Arts, Humanities and Social Sciences **ISSN 2347-5374 (Online)**
Abbreviated Key Title: Sch. J. Arts Humanit. Soc. Sci. **ISSN 2347-9493 (Print)**

A Unit of Scholars Academic and Scientific Society, India

Psycho-Social Factors among Institutional Orphans of Kashmir with Respect to Demographic Variables

Syed Najmah Jameel[1*], Shawkat Ahmad Shah[2]
[1]Research Scholar, Department of Psychology, University of Kashmir, India
[2]Associate Professor, Department of Psychology, University of Kashmir, India

***Corresponding author**
Syed Najmah Jameel

Article History
Received: 15.12.2017
Accepted: 22.12.2017
Published: 30.12.2017

DOI:
10.36347/sjahss.2017.v05i12.024

Abstract: Orphans have been part of the human civilization since time immemorial. The outline of their fortification has always differed from time to time and depends on the present-day social attitude towards them. Orphans lack the regulation and compassion which is necessary for the emotional development to take place.The present study entitled Psycho-social factors among institutional orphans of Kashmir with respect to demographic variables was aimed to understand the relation of psychological factors (psychological hardiness, locus of control and emotional and behavioral problems) and social factors (perceived social support) among institutional orphans with respect to demographic variables .The objectives of the study were to assess emotional and behavioral problems, perceived social support, psychological hardiness and locus of control among institutional orphans. Besides the study was aimed to explore the understudy constructs with respect to various demographic variables (cause of parent's death, orphan status, duration in orphanages and number of visits by family member/s). The sample of the present study composed of 336 orphans selected from 8 orphanages of different areas of Srinagar district. The tools used were psychological hardiness scale by Betz and Campbell (2003), locus of control by Sanjay Vohra (1992), behavioral problems scale by Eshrat Ara (2015) and for assessing perceived social support 18 item scale was developed and standardized by authors. Apart from these tools personal data sheet was used to collect certain personal information from the respondents which include information about demographic variables. The collected data was analyzed by statistical techniques like descriptive statistics and comparative analysis. The comparative analysis revealed that no difference was found in terms of perceived social support, psychological hardiness and emotional and behavioral problems between orphans whose parent/s death was considered as natural death (i.e. due to illness, accident etc) and whose parents died due to prevailing conflict in the state, however, orphans whose parent/s death was considered as natural death have higher external locus of control as compared to orphans whose parent/s died due to conflict. While comparing single and double orphans it was found that single orphans have more psychological hardiness and lower emotional and behavioral problems as compared to double orphans, although no significant difference was found with respect to perceived social support and locus of control. While comparing orphans, who have been residing in orphanage for less than five years with orphans who have been residing in orphanages for five or more than five years in orphanage, results revealed that orphans who have been residing in orphanages for 5 years and more have better perceived social support, higher internal and external locus of control and lower emotional and behavioral problem as compared to orphans who have been residing in orphanage for less than 5 years, however no difference was found between these two groups in terms of psychological hardiness. The study finally revealed that the orphans whose family member/s visit them differ significantly in psychological hardiness, perceived social support and emotional and behavioral problems, however no difference was found in terms of locus of control. All these results have been thoroughly discussed in the light of available research.

Keywords: Orphans, psychological hardiness, perceived social support, locus of control and emotional and behavioural problems

INTRODUCTION

Emotional and behaviour problems

Research studies have indicated that orphans are more susceptible to many emotional and behavioral problems. Musisi, Kinyanda, Nakasujja and Nakigudde [1] portrayed that orphans have higher symptoms of depression, experience bullying and are less likely to have close friends than non-orphans. Lassi, Mahmud, Syed and Janjua [2] while studying behavioral problems among children living in orphanage found a high burden of behavioral problems among children living in orphanages. Koumi, *et al*., [3] while exploring psychiatric morbidity among a sample of orphanage children result indicated that the prevalence of behavioral disturbances was 64.53% among those in institutional care and the most prominent psychiatric disorders were nocturnal enuresis (23.3%), attention deficit hyperkinetic disorder (19.62%) and oppositional defiant disorder (17.36%)**.** Gearing, Mackenzie, Brewer and Ibrahim [4] revealed that prevalence and seriousness of psychosocial problems (negative emotion, stigma, depression and behavioral problems) was higher among orphans than non-orphans. Asfawesen, Aregay and Berhe [5] while assessing the prevalence of psychological distress and associated factors among AIDS orphan adolescents revealed that 74 (25.3%) orphan adolescents were depressed, moreover, 52 (17.7%) orphan adolescents were anxious. Sujatha and Jacob [6] conducted a study on emotional and behavioral problems among adolescent children in selected orphanages. The study was conducted among 40 adolescent children in 12 - 17 years of age selected from two orphanages. The study identified 7.5% at risk for hyperactivity disorder, 37.5% at risk for peer problems and 12.5% with severe peer problem, regarding prosocial behavior 22.5% were at risk while 5% had abnormal prosocial behavior and no child was found to have conduct problems. Bhat [7] revealed that orphans were found to experience lower side of emotional stability and higher level of depression than non-orphans. Dar, Hussain, Qadri, Hussain and Fatima [8] while examining the prevalence and pattern of psychiatric morbidity among children living in orphanages of Kashmir reflected that the prevalence of psychiatric morbidity was 40.52 % among the study sample with separation anxiety disorder (12.93%) being the most common followed by depression (7.76%), obsessive compulsive disorder (6.90%), attention deficit hyperactivity disorder (ADHD) (4.31%), specific phobia (4.31%), social phobia (1.72%), panic disorder (0.86%) and post-traumatic stress disorder (0.86%). Sameena, Rauf, Tabish and Khan [9] while studying mental health status of children living in orphanages in Kashmir revealed that among 450 children, 38% suffered from psychiatric morbidity, among which 33.3% had attention problems, 23.75% were depressed and 21.4% suffered from anxiety. Doku [10] while exploring depression, delinquency and peer problems among orphans and non-orphans found that orphaned children had significantly higher scores for delinquency, depression and risky behaviors than non-orphans. Ramagopal, Narasimhan and Devi [11] while exploring the prevalence of depression among children living in orphanage found that 52% of orphans had mild depression, 23% had moderate depression, 14% had severe depression, 9% had very severe depression and 38% of depressed children had suicidal intentions.

Psychological hardiness

Hussain and Kumar [12] indicated that orphans were significantly high on psychological hardiness as compared to non-orphans. Khatami [13] examined the effectiveness of hardiness training on happiness amount and confrontation styles to stress in orphan adolescents and concluded that hardiness training is effective to improve confronting styles to stress and increasing happiness. Eschleman, Bowling and Alarcon [14] reported that low-hardy individuals are more likely to report mental disorders, such as depression, anxiety, maladaptive coping styles and stress. Hasel, Abdolhoseini and Ganji [15] indicated that training increased hardiness and reduced levels of perceived stress. Kaur and Singh [16] while examining the predictors of psychological hardiness among adolescents found that family environment emerged as a significant predictor of control and challenge dimension of psychological hardiness however none of the component of family environment emerged as a predictor of commitment dimension of psychological hardiness. Shayeghifard, Refahi and Esfandiari [17] while comparing hardiness among non-orphan and orphan children on a sample of 300 students found no significant difference between them. Popoola and Mchunu [18] while exploring hardiness education needs after parental loss highlighted the importance for hardiness education which exists in the orphan to cope with the situation effectively. Sandvik, Hansen, Hystad, Johnsen and Bartone [19] conducted a study to explore the possible mediating effect of psychological hardiness on the relationship between psychopathy and anxiety and found that total hardiness and all its domains correlated significantly with anxiety. Saxena [20] examined the relation between psychological hardiness and mental health and the result indicated that there exists a significant positive relationship between psychological hardiness and mental health among students. Dasgupta and Sain [21] while studying impact of family environment upon development of life skills and psychological hardiness found that total family environment emerged as a significant predictor of psychological hardiness among adolescents. Hajebi, Emami, Hosseinzadeh, and Khajeian [22] while exploring the relation between mental health and psychological hardiness found significant correlation between psychological hardiness and mental health, the researchers have further highlighted the importance of psychological hardiness in maintaining mental health. Azarian, Farokhzadian and Habibi [23] while exploring

the relationship between psychological hardiness and emotional control index revealed that that there is a negative correlation between psychological hardiness and three components of depression, anxiety and anger.

Locus of control

Kaggwa [24] while examining the family, psychological and sexual differences between orphans and non-orphans pointed out that there is no significant difference in locus of control observed by orphan hood status (maternal, paternal and double orphans). Chai, Yaacob and Nee [25] while examining the relationships between parental behaviors, perceived stress, locus of control and depression among adolescents and highlighted that mother's care, father's care, father's overprotection, perceived stress and locus of control were significantly associated with adolescent depression. Wallace, Barry, Zeigler-Hill and Green [26] studied locus of control as a contributing factor in the relation between self-perception and adolescent aggression, the results showed that locus of control moderated the association between self-esteem and aggression such that low self-esteem was associated with higher levels of aggression for individuals with an external locus of control. Kalantarkousheh, Alinezhadi, Usefynezhad and Taherian [27] while analyzing the relationship between locus of control and the rate of depression, found significant correlation between external locus of control and depression. Chibuike, Chimezie, Ogbuinya and Omeje [28] conducted a study on role of locus of control on assertive behavior of adolescents and revealed that there is a significant role locus of control in assertive behavior of adolescents. Individuals with high internal locus of control are more assertive than those who are externally controlled. Nawi [29] while exploring the locus of control and levels of happiness among orphans, found no significant relationship between locus of control and levels of happiness, the study further revealed that 80% of orphans have internal locus of control while as only 20% have external locus of control. Jain and Singh [30] while examining locus of control and its relationship with mental health and adjustment among adolescent females revealed that adolescent females who possess internal locus of control showed better mental health and overall adjustment pattern which includes home, social, emotional, educational domains and health adjustment domain than those who possess external locus of control. Aomo, Aloka and Raburu [31] while studying the relationship between locus of control and indulgence in behavior problems among students found that locus of control indicates that students with external locus of control had the highest score of indulgence to behavior problems.

Perceived social support

Iqbal, Sarfaraz, Aleem and Bano [32] while studying sense of coherence, social support and coping as predictors of posttraumatic growth in orphan children indicated that social support was a significant predictor of posttraumatic growth. Nabunya [33] pointed out that perceived caregiver support in form of warmth and acceptance was significantly associated with improvement in school grades and reduced school absence. Vaananen, Marttunen, Helminen and Kaltiala-Heino [34] explored how low perceived social support predicts later depression but not social phobia in middle adolescence and found that low perceived social support was a risk factor for depression however, low perceived social support from any source was not a risk factor for social phobia. Doku, Dotse and Mensah [35] revealed that children who have lost their parents due to AIDS (acquired immune deficiency syndrome) and other-orphaned children reported similar levels of social support. Yendork and Somhlaba [36] indicated that orphans had significantly stronger perceptions of social support from friends than non-orphans, whereas non-orphans had significantly stronger perceptions of support from families than orphans. Abenezer [37] while assessing the prevalence and factors of behavioral problems among orphans found that only gender significantly predicts behavioral problems. The study further revealed that perceived social support, education and age are not significant predictor of behavioral problems. Sharer, Cluver, Shields and Ahearn [38] while exploring how family social support is related to depression, anxiety and post-traumatic stress [PTS] found that individuals who receive social support had lower number of depression, anxiety and PTS symptoms. The study further revealed that emotional support was the most frequent type of social support associated with mental health. Caserta, Punamaki and Pirttila-Backman [39] while examining buffering role of social support on the psychosocial wellbeing among orphans revealed that children living in an orphanage exhibited a higher level of perceived social support (PSS) than children living in other environments, further higher level of PSS from relatives, communities and adults was associated with high level of emotional well-being and low level of mental distress. Jayanthi and Thirunavukarasu [40] revealed that adolescents who had inadequate perceived social support were found to have 1.9 times more risk of developing depression than the adolescents who had adequate perceived social support.

OBJECTIVES

- To assess psycho-social factors (psychological hardiness, locus of control, perceived social support and emotional and behavioral problems) among institutional orphans.
- To study psycho-social factors (psychological hardiness, locus of control and perceived social support and emotional and behavioral problems) among institutional orphans with respect to cause of parent/s death,
- To study psycho-social factors (psychological hardiness, locus of control and perceived social support and emotional and behavioral problems) among institutional orphans with respect to orphan

status,

- To study psycho-social factors (psychological hardiness, locus of control and perceived social support and emotional and behavioral problems) among institutional orphans with respect to duration in orphanage.
- To study psycho-social factors (psychological hardiness, locus of control and perceived social support and emotional and behavioral problems) among institutional orphans with respect to number of visits by family member/s in a year.

METHODOLOGY

Sample

For the present study Srinagar district of Kashmir was taken as locale for the sample. For calculation of sufficient sample size Macorr Research Solution computer programme was used with the margin of error 5% and confidence level 95%. Thus, the sample size of above 320 was found sufficient for the current study. About 360 orphans were approached for collecting information. After screening the collected information only responses of 336 orphans were found complete/correct for further analysis.

Research Instruments

Following research instruments were used for the data collection.

- Psychological Hardiness Scale developed by Betz and Campbell [41] designed to measure attitudes reflecting psychological hardiness was used to measure psychological hardiness. It is 20 item abbreviated version of the original 40 item psychological hardiness scale by Younkin and Betz [42].
- Locus of Control Scale developed by Sanjay Vohra [43] was used to assess locus of control. It is a modified version of Levenson's [44] locus of control scale consisting of 24 statements, 8 items in each dimension i.e Powerful others, Chance Control and Individual control. High rating on either powerful others or chance control indicates external locus of control and high rating on individual control indicates internal locus of control.
- For the assessment of perceived social support a tool was developed by the researcher keeping in view the social circumstances available to the institutionalized orphans. It has three dimensions i.e, peer support, school environment and institutional environment, with 6 items in each dimension comprising of total eighteen items.
- Behavioral Problems scale by Eshrat Ara [45] which includes two subscales viz. externalizing (behavioral problems scale) and internalizing (emotional problems scale) was used to assess emotional and behavioral problems of sample group.
- Baseline characteristic Questionnaire was constructed to obtain information regarding age, residence, orphan status, school, cause of parent's death etc.

RESULTS AND INTERPRETATION

Table-1: Scale Characteristics and Reliability Analysis of the Psychological Hardiness, Perceived Social Support, Locus of Control and Emotional and Behavioral Problems Scales

Measure	Items	Response Range	*N*	*M*	*SD*	Cronbach's alpha (*ά*)
Psychological hardiness	20	1 -5	336	3.47	.35	.61
Perceived social support	18	1-7	336	5.37	.82	.84
Locus of control	24	1-5	336	3.81	.36	.76
Emotional and behavioral problems	10	1-5	336	2.65	.68	.73

The alpha coefficient score for the psychological hardiness is .61, for perceived social support is .84, for locus of control is.76 and for emotional and behavioral problems it is .73.

Table-2: Descriptive Statistics of psychological hardiness, perceived social support, locus of Control and emotional and behavioral problems (N=336)

Variables	Mean	5%TM	ΔMean	SD	SE	Skewness	Kurtosis
Psychological Hardiness	3.47	3.48	-0.01	.35	.019	-.225	.020
Perceived social Support	5.37	5.41	-0.03	.82	.044	-.776	-.007
Locus of control	3.79	3.81	- 0.02	.34	.020	.189	-.053
Emotional and behavioral problems	2.65	2.63	0.02	.68	.03	.487	.219

SD (Standard deviation); SE (Standard error); TM (Trimmed Mean)

Applying the criteria of Garson [46], the sample distribution of the present study is normal as no skewness and kurtosis value falls beyond the Garson's range of -2.00 to +2.00. Besides, the ΔMean (difference

between mean and 5% trimmed mean) is not beyond the criteria of >0.20 suggested by Pallant [47]. The values of standard deviation and standard error are also very small as compared to mean, thereby further improving the scope of data for subsequent analysis.

Table-3: Range of scores within different levels of psychological hardiness, perceived social support, locus of control and emotional and behavioral problems.

Variables	Mean	SD	LL-UL	Low	Average	High
PH	3.47	.35	3.12-3.82	≤3.12	3.13-3.82	>3.82
PSS	5.37	.82	4.55-6.19	≤4.55	4.56-6.19	>6.19
LOC	3.79	.34	3.44-4.17	≤3.44	3.45-4.17	>4.17
E & B	2.65	.68	1.96-3.33	≤1.96	1.97-3.33	>3.33

PH=psychological hardiness; PSS=perceived social support; LOC=locus of control; E&B=emotional & behavioral problems; LL= lower limit; UL= upper limit; SD= standard deviation.

Table-4: Frequency distribution of psychological hardiness, perceived social support, locus of control and emotional and behavioral problems

Variables	Levels					
	Low		Average		High	
	F	*%*	*F*	*%*	*f*	*%*
Psychological hardiness	57	16.96	230	68.46	49	14.58
Perceived social support	56	16.69	238	70.83	42	12.50
Locus of control	51	15.18	246	73.21	39	11.61
Emotional and behavioral problems	56	16.69	237	70.53	43	12.79

Table-4 indicates that 16.96% orphans were found to have low level of psychological hardiness, 68.46% to have average level and 14.58% of orphans have high level of psychological hardiness.

16.67% of orphans were found to have low level of perceived social support, 70.83% to have average level and 12.50% of orphans have high level of perceived social support.

15.18% of orphans were found to have low level of locus of control, 73.21% to have average level and 11.61% of orphans have high level of locus of control.

16.69% of orphans were found to have low level of emotional and behavioral problems, 70.53% to have average level and 12.79% of orphans have high level of emotional and behavioral problems.

Table-5: Mean difference in psychological hardiness, perceived social support and emotional and behavioral problems in orphans with respect to cause of their parent's death (COPD)

Variable	COPD	N	M	SD	Df	t-value
Psychological hardiness	Natural	237	3.53	.33	334	1.72^{NS}
	Conflict	99	3.46	.36		
Perceived social support	Natural	237	5.42	.77	334	1.93^{NS}
	Conflict	99	5.23	.90		
Emotional and behavioral problems	Natural	237	2.64	.70	334	$.480^{NS}$
	Conflict	99	2.68	.64		

NS= Not Significant

The results revealed that no significant difference whose parent/s death was considered as natural death and orphans whose parent/s died due to conflict in perceived social support, psychological hardiness and emotional and behavioral problems.

Table-6: Mean difference in dimensions of locus of control in orphans with respect to cause of their parent's death (COPD)

Variable	COPD	N	M	SD	Df	t-value
Individual control	Natural	237	3.87	.63	334	$.034^{NS}$
	Conflict	99	3.86	.68		
Chance control	Natural	237	3.78	.64	334	2.17^{*}
	Conflict	99	3.62	.58		
Powerful others	Natural	237	3.85	.63	334	2.60^{**}
	Conflict	99	3.65	.62		

**p≤ 0.01 level.; * p≤ 0.05 level; NS= Not Significant

The results of the analyses as presented in Table 6 indicate that there is significant mean difference between orphans whose parent/s death was considered as natural death and orphans whose parent/s died due to conflict in chance control (t = 2.17, p =.03) and powerful others (t = 2.60, p = .01), Chance control and powerful others was found significantly higher in orphans whose parent/s death was considered natural (*M = 3.78*, *SD* = .64; M = 3.85, SD = .63) than orphans whose parent/s have died due to conflict with (*M* =3.62, *SD =.58; M=3.65, SD =.62)* respectively.

Table-7: Mean difference in psychological hardiness, perceived social support and emotional and behavioral problems in orphans with respect to orphan status

Variable	Orphan status	N	M	SD	Df	t-value
Psychological hardiness	Single	289	3.52	.33	334	2.23*
	Double	47	3.40	.36		
Perceived social support	Single	289	5.37	.83	334	.036NS
	Double	47	5.37	.76		
Emotional and behavioral problems	Single	289	2.61	.67	334	2.83**
	Double	47	2.91	.70		

**p≤ 0.01 level.; * p≤ 0.05 level; NS= Not Significant

The results of the analyses as presented in Table 7 indicate that there is significant mean difference between single and double orphans in psychological hardiness (*t = 2.23*, *p = .02*), and emotional and behavioral problems (*t= 2.82*, *p* = .005), however no significant difference was found in perceived social support. Psychological hardiness was found to be significantly higher in single orphans with (*M =3.52*, *SD* = .33) than double orphans with (*M = 3.40*, *SD* = .36) however, emotional and behavioral problems were significantly higher in double orphans with (*M = 2.91*, *SD*, = .70) than single orphans with (*M = 2.61*, *SD* = .67).

Table-8: Mean difference in dimensions of locus of control in orphans with respect to orphan status

Variable	Orphan status	N	M	SD	df	t-value
Individual control	Single	289	3.88	.65	334	1.06NS
	Double	47	3.77	.61		
Chance control	Single	289	3.75	.63	334	1.20NS
	Double	47	3.63	.60		
Powerful others	Single	289	3.80	.64	334	.716NS
	Double	47	3.73	.60		

NS= Not Significant

The results of the analyses as presented in Table 8 indicate that there is no significant mean difference between single and double orphans in individual control, chance control and powerful others.

Table-9: Mean difference in psychological hardiness, perceived social support and emotional and behavioral problems in orphans with respect to their duration in orphanage

Variable	Duration	N	M	SD	Df	t-value
Psychological hardiness	1-5years	248	3.46	.34	334	1.42NS
	5 years & above	88	3.52	.35		
Perceived social support	1-5years	248	5.29	.81	334	3.08**
	5 years & above	88	5.60	.78		
Emotional and behavioral problems	1-5years	248	2.76	.69	334	4.65**
	5 years & above	88	2.37	.58		

**p≤ 0.01 level.; NS= Not Significant

The results depicted in above table reveal that there is no significant difference in psychological hardiness between orphans residing in orphanages for 1-5 years and orphans residing in orphanages for 5 years or more than 5 years. However, significant difference was foundin perceived social support and emotional and behavioral problems between orphans residing in orphanages for 1-5 years and orphans residing in orphanages for 5 years or more than 5 years as their respective t-values (*t* = 3.08, *p* = .001, *t= 4.65*, *p = .001*). Perceived social support was found significantly higher in orphans residing in orphanage from 5 years or more with (*M =5.60*, *SD* = .78) than orphans residing in orphanage from less than 5 years (*M = 5.29*, *SD* = .81).However emotional and behavioral problems were found to be significantly higher in orphans residing in

orphanage from less than 5 years (*M =2.76, SD* = .69) than orphans residing in orphanage from 5 years or more (*M = 2.37, SD* = .58).

Table-10: Mean differences in dimensions of locus of control in orphans with respect to duration spend in orphanage

Variable	Duration	N	M	SD	Df	t-value
Individual control	1-5years	248	3.77	.50	334	4.43**
	5 years & above	88	4.06	.56		
Chance control	1-5years	248	3.71	.37	334	6.26**
	5 years & above	88	4.02	.46		
Powerful others	1-5years	248	3.72	.50	334	6.12**
	5 years & above	88	4.10	.51		

**p≤ 0.01 level

The results revealed that there is significant difference between orphans residing in orphanages for 1-5 years and orphans residing in orphanages for above 5 years in individual control (*t = 4.43, p = .001*), in chance control (*t* = 6.26, *p* = .001) and powerful others (*t = 6.12, p = .001*). Individual control was found to be significantly higher in orphans residing in orphanage from above 5 years with (*M =4.06,SD* = .56) than orphans residing in orphanage from 5 years with (*M = 3.77, SD* = .50).Chance control was found to be significantly higher in orphans residing in orphanage from above 5 years with (*M = 4.02,SD* = .46) than orphans residing in orphanage from 5 years with (*M = 3.71, SD* = .37), powerful others were found to be significantly higher in orphans residing in orphanage from above 5 years with (*M =4.10,SD* = .51) than orphans residing in orphanage from 5 years with (*M = 3.72, SD* = .50).

Table-11: Showing one way ANOVA summary of psychological hardiness, among orphans with respect to number of visits by their family member/s in a year.

Variables		Sum of squares	df	Mean square	F	
Psychological hardiness	Between groups	1.456	4	.397	3.131**	
	Within groups	38.476	331	.120		
	Total	39.932	335			

**p≤ 0.01 level

As is evident from the table 11, that orphans differ significantly in psychological hardiness (F=3.131, p=.01) with respect to number of visits by family member/s in a year. Hence, post hoc test was administered to identify the groups with significant differences.

Table-11 (a): Showing Post hoc test summary of psychological hardiness among orphans with respect to number of visits by family member/s in a year

Construct	No. of visits(i)	No. of visits(j)	(i-j)	sig
Psychological hardiness	1-5	5-10	-.065	.64
		10-15	-.043	.97
		15-20	-.103	.61
		Never	.139	.11
	5-10	10-15	.022	.99
		15-20	-.038	.98
		Never	.205*	.01
	10-15	15-20	-.060	.97
		Never	.183	.20
	15-20	Never	.243*	.03

*p≤ 0.05 level

As per the above table, the orphans whose family member/s visited 5-10 times in a year to see them significantly differ in psychological hardiness from those orphans whose family member/s never visited orphanage to see their children. Likewise, those orphan whose family members visited 15-20 times in a year to see their children significantly differ in psychological hardiness from those orphans whose family member/s never visited orphanage to see their children. However, no difference was found across other groups.

Table-12: Showing one way ANOVA summary of dimensions of locus of control among orphans with respect to number of visits by their family member/s in a year

Variables		Sum of squares	df	Mean square	F
Individual control	Between groups	.91	4	.22	1.30^{NS}
	Within groups	57.86	331	.17	
	Total	58.77	335		
Chance control	Between groups	2.11	4	.52	1.87^{NS}
	Within groups	93.48	331	.28	
	Total	95.60	335		
Powerful others	Between groups	.80	4	.20	.70^{NS}
	Within groups	94.20	331	.28	
	Total	95.01	335		

NS=Not significant

As is evident from the table that F-values of all dimensions of locus of control i.e. individual control (F=1.309, p=.266), chance control (F= 1.872, p= .115) and powerful others (F=.709, P=.586) are insignificant. Hence, the orphans do not differ significantly in all dimensions of locus of control with respect to number of visits by family member/s of orphans to orphanages.

Table-13: Showing one way ANOVA summary of perceived social support among orphans with respect to number of visits by family member/s in a year

Variables		Sum of squares	df	Mean square	F
Perceived social support	Between groups	15.54	4	3.88	6.12**
	Within groups	210.05	331	.63	
	Total	225.59	335		

As is evident from the table that F value of perceived social support (F= 6.122, p=.001) is significant beyond 0.01 level of significance. Hence there is significant difference between the orphan groups. To identify the orphan groups who differ significantly post hoc test was administered.

Table-13(a): Showing Post hoc test summary of perceived social support among orphans with respect to number of visits by their family member/s in a year

Construct	No. of visits(i)	No. of visits (j)	(i-j)	sig
Perceived social support	1-5	5-10	-.089	.92
		10-15	-.145	.91
		15-20	.654*	.001
		Never	.340	.09
	5-10	10-15	-.056	.99
		15-20	-.743*	.001
		Never	.429*	.04
	10-15	15-20	.800*	.004
		Never	.485	.11
	15-20	Never	-.314	.51

* p≤ 0.05 level

Results from the above table shows that the orphans whose family member/s visited 15-20 times in a year significantly differ in perceived social support from all other group except from the orphan group whose family member/s never visited their children at orphanage. The results further revealed significant difference in perceived social support between orphans whose family member/s never visited to orphanage and orphans whose family member/s visited orphanage 5-10 times during a year.

Table-14: Showing one way ANOVA summary of emotional and behavioral problems among orphans differ with respect to number of visits by family member/s in a year

Variables		Sum of squares	df	Mean square	F
Emotional and behavioral problems	Between groups	4.43	4	1.10	2.37*
	Within groups	154.32	331	.46	
	Total	158.75	335		

As is evident from the table that F-values of emotional and behavioral problems (F= 2.376, p=.05) is significant with respect to number of visits by family member/s in a year.

Table-14(a): Showing Post hoc test summary of emotional and behavioral problems, among orphans with respect to number of visits by family member/s in a year

Construct	No. of visits(i)	No. of visits(j)	(i-j)	sig
Emotional and behavioral problems	1-5	5-10	.100	.82
		10-15	.199	.65
		15-20	.159	.81
		Never	-.225	.30
	5-10	10-15	.098	.97
		15-20	.058	.99
		Never	-.325	.09
	10-15	15-20	-.040	1.00
		Never	-.424	.09
	15-20	Never	-.384	.16

* p≤ 0.05 level

The above table however does not show any further difference with respect to number of visits by family member/s in all groups.

DISCUSSION AND CONCLUSION

Comparison of psychological hardiness, perceived social support, locus of control and emotional and behavioral problems in orphans with respect to cause of parent's death

The comparative analysis revealed that no difference was found in terms of perceived social support, psychological hardiness and emotional and behavioral problems between orphans whose parent/s death was considered as natural death (i.e. due to illness, accident etc) and whose parents died due to prevailing conflict in the state, however, orphans whose parent/s death was considered as natural death have higher external locus of control as compared to orphans whose parent/s died due to conflict. The results are in line with Doku, Dotse and Mensah [35] .The results are inconsistent with Sameena, Rauf, Tabish and Khan [9].

Comparison of psychological hardiness, perceived social support, locus of control and emotional and behavioral problems in orphans with respect to orphan status

While comparing single and double orphans it was found that single orphans have more psychological hardiness and lower emotional and behavioral problems as compared to double orphans, although no significant difference was found with respect to perceived social support and locus of control. The results are in line with Fang, *et al*., [48]; Hong *et al*., [49]; Sherr, Croome, Clucas and Brown [50]; Kaggwa [24]; Lassi, Mahmud, Syed and Janjua [2]; Onuoha and colleagues [51] and Ruiz-casares, Thombs and Rousseau [52].

Comparison of psychological hardiness, perceived social support, locus of control and emotional and behavioral problems in orphans with respect to duration in orphanage

While comparing orphans, who have been residing in orphanage for less than five years with orphans who have been residing in orphanages for five or more than five years in orphanage, results revealed that orphans who have been residing in orphanages for 5 years and more have better perceived social support, higher internal and external locus of control and lower emotional and behavioral problem as compared to orphans who have been residing in orphanage for less than 5 years, however no difference was found between these two groups in terms of psychological hardiness. The results are in line with Sameena, Rauf, Tabish and Khan [9]; Uma and Thomas [53]; Ibrahim, El-Bilsha, El—Gilanyand Khater [54] and Lassi, Mahmud, Syed and Janjua [2].

Comparison of psychological hardiness, locus of control, perceived social support and emotional and behavioral problems in orphans with respect to number of visits by family member/s in a year

The study finally revealed that the orphans whose family member/s visit them differ significantly in psychological hardiness, perceived social support and emotional and behavioral problems, however no difference was found in terms of locus of control. The result is line with Schenk, Michaelis, Sapiano, Brown and Weiss [55] and McWey, Acock &Porter [56].

REFERENCES

1. Musisi S, Kinyanda E, Nakasujja N, Nakigudde J. A comparison of the behavioral and emotional disorders of primary school-going orphans and non-orphans in Uganda. African health sciences. 2007;7(4).
2. Lassi ZS, Mahmud S, Syed EU, Janjua NZ. Behavioral problems among children living in orphanage facilities of Karachi, Pakistan: comparison of children in an SOS Village with those in conventional orphanages. Social psychiatry and psychiatric epidemiology. 2011 Aug 1;46(8):787-96.

3. Koumi EL, Mohamed A, Ali YF, El Banna EA, Youssef UM, Raya YM, Ismail AA. Psychiatric morbidity among a sample of orphanage children in Cairo. International journal of pediatrics. 2012 Dec 9;2012.
4. Gearing RE, MacKenzie MJ, Schwalbe CS, Brewer KB, Ibrahim RW. Prevalence of mental health and behavioral problems among adolescents in institutional care in Jordan. Psychiatric services. 2013 Feb;64(2):196-200.
5. Peltzer K, Naidoo P, Matseke G, Louw J, Mchunu G, Tutshana B. Prevalence of psychological distress and associated factors in tuberculosis patients in public primary care clinics in South Africa. BMC psychiatry. 2012 Jul 27;12(1):89.
6. Sujatha R, Jacob SM. Study on emotional and behavioural problems among adolescent children in selected orphanages at mangalore. ZENITH International Journal of Multidisciplinary Research. 2014;4(7):253-9.
7. Bhat NM. A study of emotional stability and depression in orphan secondary school students. International Journal of Education and Psychological Research (IJEPR). From< http://ijepr. org/doc/V3_Is2_June14/ij20. Pdf>(Retrieved on 2 June 2014). 2014 Jun.
8. Dar MM, Hussain SK, Qadri S, Hussain SS, Fatima SS. Prevalence and pattern of psychiatric morbidity among children living in orphanages of Kashmir. International Journal of Health Sciences and Research (IJHSR). 2015;5(11):53-60.
9. Sameena D, Rauf K, Tabish SA, Khan AW. A Study on the Mental Health Status of Children Living in Orphanages in Kashmir.
10. Poelker KE, Gibbons JL. Adolescents in the Majority World. Childhood and Adolescence: Cross-Cultural Perspectives and Applications: Cross-Cultural Perspectives and Applications. 2016 Jan 11:263.
11. Ramagopal G, Narasimhan S, Devi LU. Prevalence of depression among children living in orphanage. International Journal of Contemporary Pediatrics. 2016 Dec 22;3(4):1326-8.
12. Hussain A, Kumar A. Psychological hardiness and Achievement motivation among orphan adolescents. *Journal of Human Behaviour*, 2009 4(1), 55-62.
13. Khatami M. Effectiveness of hardiness training on Happiness and coping styles with young orphan's stress (16 to 18 years), 14 District of Tehran. Master's thesis, Tonekabon Azad University. 2010.
14. Eschleman KJ, Bowling NA, Alarcon GM. A meta-analytic examination of hardiness.
15. Hasel KM, Abdolhoseini A, Ganji P. Hardiness training and perceived stress among college students. Procedia-Social and Behavioral Sciences. 2011 Jan 1;30:1354-8.
16. Gulati RK, Kaur J, Sangwan P. Psychological Correlates of Academic Achievement Among Adolescents. *International Journal of Computer Science and Communication Engineering*. 2012 ; 111-114.
17. Shayeghifard H, Refahi Z, Esfandiari D. The comparison of hardiness and feminist masculinity between normal and orphan (father loss) children.
18. Popoola T, Mchunu G. Hardiness education needs after aids parental loss: a phenomenological study in nigeria. International Journal of Global Education. 2014 Nov 30;3(4).
19. Sandvik AM, Hansen AL, Hystad SW, Johnsen BH, Bartone PT. Psychopathy, anxiety, and resiliency–Psychological hardiness as a mediator of the psychopathy–anxiety relationship in a prison setting. Personality and Individual Differences. 2015 Jan 31;72:30-4.
20. Saxena S. Relationship between psychological hardiness and mental health among college students. Indian Journal of Health and Wellbeing. 2015 Aug 1;6(8):823.
21. Dasgupta M, Sain RR. The Impact of Family Environment upon Development of Life Skills and Psychological Hardiness among Adolescent Boys.
22. Hajebi A, Emami H, Hosseinzadeh M, Khajeian A. A Study of the Mental Health and Psychological Hardiness of the Staff at the Pars Special Economic Energy Zone in Iran: A Cross-Sectional Study. Health Scope. 2016;5(2).
23. Azarian A, Farokhzadian AA, Habibi E. Relationship between psychological hardiness and emotional control index a communicative approach. IJMRHS2016. 2016 Jan 1;1:216-21.
24. Kaggwa EB. The family, psychological and sexual differences between orphans and non orphans in Uganda. The Johns Hopkins University; 2009.
25. Chai TS, Yaacob SM. Nee CH. Relationships between parental behaviour, perceived stress, locus of control and depression among adolescents. *International Journal of Social Policy and Society*, 2011 (8), 98 -110.
26. Wallace MT, Barry CT, Zeigler-Hill V, Green BA. Locus of control as a contributing factor in the relation between self-perception and adolescent aggression. Aggressive behavior. 2012 May 1;38(3):213-21.
27. Kalantarkousheh SM, Alinezhadi F, UsefyNezhad A, Taherian S. The role of locus of control in high school students' depression. European Journal of Social Sciences. 2013 Sep;39(4):633-9.
28. Chibuike OB, Chimezie NB, Ogbuinya NE, Omeje CB. Role of Locus of Control on Assertive Behavior of Adolescents. International Journal of Health and Psychology Research. 2013 Apr 1;1(1):38-44.
29. Nawi NNL. The Relationship between Locus of Control Orientation and Happiness Degree of Orphan Teenagers in Budi Mulia Orphanage Singgahan Pare. Thesis. Faculty of Psychology. Maulana Malik Ibrahim State Islamic University of Malang. 2015.

30. Jain M, Singh S. Locus of control and its relationship with mental health and adjustment among adolescent females. Journal of Mental Health and Human Behaviour. 2015 Jan 1;20(1):16.
31. Aomo JA, Aloka PJ, Raburu P. The Relationship between Locus of Control and Indulgence in Behaviour Problems among Kenyan Students. International Journal of Psychology and Behavioral Sciences. 2015;5(6):201-4.
32. Iqbal N, Sarfaraz A, Aleem S, Bano S. Sense of coherence, social support and coping as predictors of posttraumatic growth in orphan children. Indian Journal of Positive Psychology. 2013 Sep 1;4(3):412.
33. Nabunya P. The Role of Caregiver Support in Improving Academic Achievement of AIDS-Orphaned Children in Uganda. Society for Social Work and Research. 2014.
34. Väänänen JM, Marttunen M, Helminen M, Kaltiala-Heino R. Low perceived social support predicts later depression but not social phobia in middle adolescence. Health Psychology and Behavioral Medicine: an Open Access Journal. 2014 Jan 1;2(1):1023-37.
35. Doku PN, Dotse JE, Mensah KA. Perceived social support disparities among children affected by HIV/AIDS in Ghana: a cross-sectional survey. BMC public health. 2015 Jun 6;15(1):538.
36. Salifu Yendork J, Somhlaba NZ. Do social support, self-efficacy and resilience influence the experience of stress in Ghanaian orphans? An exploratory study. Child Care in Practice. 2015 Apr 3;21(2):140-59.
37. Abenezer A. Prevalence and Factors of Behavioral Disorders among Orphans in Salam and SOS children village Addis Ababa. (Doctoral dissertation, AAU). 2015.
38. Sharer M, Cluver L, Shields JJ, Ahearn F. The power of siblings and caregivers: under-explored types of social support among children affected by HIV and AIDS. AIDS care. 2016 May 26;28(sup2):110-7.
39. Caserta TA, Punamäki RL, Pirttilä-Backman AM. The buffering role of social support on the psychosocial wellbeing of orphans in Rwanda. Social Development. 2017 Feb 1;26(1):204-24.
40. Janarthanan B, Sathiyaseelan M, Bharadwaj B. Perceived social support: A risk factor for relapse in patients with psychosis-A pilot study report. Asian Journal of Nursing Education and Research. 2016 Jul 1;6(3):397.
41. Betz NE, Campbell C. Self-efficacy and personality correlates of instrumentality. Unpublished manuscript. 2003.
42. Younkin SL, Betz NE. Psychological hardiness: A reconceptualization and measurement. Theory and assessment of stressful life events. 1996:157-74.
43. Nandwana S, Asawa N. Vocational Interest of High and Low Creative Adolescents. Journal of Social Science. 2007;14(2):185-90.
44. Levenson H. Differentiating among internality, powerful others, and chance.1981.
45. Ara E. Family environment and cognitive distortions as predictors of behavioral problems in youth. Unpublished Ph.D. thesis. University of Kashmir. 2015.
46. Garson GD. Computerized simulation in the social sciences: a survey and evaluation. Simulation & Gaming. 2009 Apr;40(2):267-79.
47. Pallant J. SPSS survival manual: a step by step guide to data analysis using SPSS for Windows (version 15)/Julie Pallant. Allen & Unwin. 2007.
48. Fang X, Li X, Stanton B, Hong Y, Zhang L, Zhao G, Zhao J, Lin X, Lin D. Parental HIV/AIDS and psychosocial adjustment among rural Chinese children. Journal of pediatric psychology. 2009 Feb 10;34(10):1053-62.
49. Hong Y, Li X, Fang X, Zhao G, Lin X, Zhang J, Zhao J, Zhang L. Perceived social support and psychosocial distress among children affected by AIDS in China. Community Mental Health Journal. 2010 Feb 1;46(1):33-43.
50. Sherr L, Croome N, Clucas C, Brown E. Differential Effects of Single and Double Parental Death on Child Emotional Functioning and Daily Life in South Africa. Child welfare. 2014 Jan 1;93(1):149.
51. Onuoha FN, Munakata T, Serumaga-Zake PA, Nyonyintono RM, Bogere SM. Negative mental health factors in children orphaned by AIDS: natural mentoring as a palliative care. AIDS and Behavior. 2009 Oct 1;13(5):980.
52. Ruiz-Casares M, Thombs BD, Rousseau C. The association of single and double orphanhood with symptoms of depression among children and adolescents in Namibia. European child & adolescent psychiatry. 2009 Jun 1;18(6):369-76.
53. Thomas I. Personality differences between orphans and non-orphans Uma J.1991.
54. Ibrahim A, El-Bilsha MA, El-Gilany AH, Khater M. Prevalence and predictors of depression among orphans in Dakahliaâ s orphanages, Egypt. International Journal of Collaborative Research on Internal Medicine & Public Health. 2012.
55. Schenk KD, Michaelis A, Sapiano TN, Brown L, Weiss E. Improving the lives of vulnerable children: implications of horizons research among orphans and other children affected by AIDS. Public health reports. 2010 Mar;125(2):325-36.
56. McWey LM, Acock A, Porter BE. The impact of continued contact with biological parents upon the mental health of children in foster care. Children and youth services review. 2010 Oct 31;32(10):1338-45.