

MENTAL ILLNESS AMONG CHILDREN WHO ARE INSTITUTIONALISED, UNACCOMPANIED, OR LIVING WITH RELATIVES

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ABSTRACT

The youth population in India is well-documented. The youngest Indians make about 40 percent of the country's population. The main aim of the study is mental illness among children who are institutionalised, unaccompanied, or living with relatives. We secured approval from administrators at a number of residential facilities for troubled youth, orphanages, and educational institutions. Studies conducted periodically to identify the causes of criminal behaviour have yielded results that demonstrate the criminal's incapacity for rational thought and purposeful action under pressure.

Keywords: Population, Criminal, Behaviour, Pressure, Administrator

1. INTRODUCTION

The youth population in India is well-documented. The youngest Indians make about 40 percent of the country's population. In addition to a huge advantage in shaping the future as we want it, our country's vast kid population also saddles us with a huge burden and obligation. Children in India are disproportionately represented among those who are members of households experiencing acute financial hardship and material degradation. The rates of violence against females, children living on the streets, students in violent schools, and people in violent conflicts are all rising. Many of our kids aren't getting the care they need, are constantly exposed to danger, and have to start working at a young age. Children's precarity has been exacerbated by globalisation and economic liberalism. Because of the growing disparity in wealth, which affects millions of individuals, the burden will ultimately be felt by future generations' youth.

Delinquent Behaviour: Adolescent and juvenile delinquent conduct that violates established social norms or laws.

Psychiatric Morbidity: Diseases of the Mind and Behavior in Children and Adolescents.

Intelligence: The Binet-Kamat Scale for Measurement of Intelligence (IQ).

Emotional Intelligence: The Mangal Emotional Intelligence Inventory was used to assess a person's EQ.

Juvenile Homes: Facilities run by the government for the care, protection, and treatment of children under the age of 18; founded under the Juvenile Justice Act of 2000. Children's Homes, Observation Homes, Special Homes, and Shelter Homes are all types of juvenile correctional facilities that fall under the umbrella term "Juvenile homes" in this research. These facilities house children who have been taken into legal custody because they are in need of care and protection.

Orphanages: Orphanages and other charitable homes in Kerala that are registered with the Board of Control for Orphanages and other Charitable Homes and are dedicated to providing a safe and nurturing environment for children in need.

2. LITERATURE REVIEW

Mahanta, Putul & Madhab, Chandra & Rajbangshi (2022) The youngsters who are left to live in orphanages are often forgotten. Because of their susceptibility to malnutrition and emotional distress, the state of these children's bodies and minds should be of paramount importance. Our goal is to conduct a comprehensive assessment of the health and mental wellbeing of orphanage-housed kids. The youngsters in the orphanages participated in a cross-sectional survey using a tried-and-true questionnaire. The age and height-based body mass index (BMI) was then calculated according to World Health Organization (WHO) guidelines. Both a body mass index (BMI) for age less than 2 SD and a height for age less than 2 SD were used to identify thinning. The Strengths and Difficulties Questionnaire (SDQ-21) was used to assess the emotional and behavioural health of children and adolescents between the ages of 10 and 19, with a score of 15 or above indicating the existence of emotional and behavioural distress. Half of the orphans were between the ages of 10 and 14, 62.7 percent were female, and 42.2 percent had completed elementary school. Around 52.5% of orphans were very underweight, defined as a -3SD body mass index. The 5–9-year-olds, 10–14-year-olds, and male orphans all had significantly lower body mass indexes than the general population (p value 0.05). Sixty-five youngsters between the ages of 10 and 19 were evaluated, and 18.5% were found to be suffering from emotional and behavioural problems. Significant numbers of male teenagers exhibited both emotional (32.3%) and negative behaviour (23%). Malnutrition is a real concern for orphaned children, especially those who are institutionalised in an institution like an orphanage. The best chance for early identification, prevention, and intervention is provided by regular checks on their physical and mental health.

Priyadarshini D, Sandhiya & Rathnasabapathy, Maya (2021) Nowadays, the Corona virus is a key player, impacting a wide range of nations throughout the world. The effects of COVID-19 have been catastrophic. Everything has been affected. The new virus or sickness that sprang out in Wuhan, China in December of 2019 was previously unknown. COVID-19 is a highly contagious virus that may spread quickly from person to person. According to the World Health Organization (WHO), an infected individual may spread the disease to two or three more persons. In March of 2020, the World Health Organization announced a global pandemic of corona virus illness (COVID-19). There has had a profound impact on every facet of our

people's life. Psychological effects, such as ADHD, anxiety, sadness, loneliness, mood disorders, and behavioural abnormalities, have since been identified among orphaned children, according to studies. In addition, the orphanages have been impacted by the pandemic owing to insufficient resources, a shortage of caretakers, deinstitutionalization, a halt in new admissions, and the closure of all orphanages. In light of this, this article set out to investigate the difficulties experienced by orphans and orphanages during pandemics throughout the globe, and how they are working to find solutions with the aid of charitable organisations.

Okon, Goodness & Ushie, Ekwuore & Otu, Judith (2020) For a child's overall health and happiness, it is crucial to meet his or her social and economic requirements as they develop. The economic and social hardships faced by the country's orphans and other at-risk youngsters are growing as their population rises. Orphans and other vulnerable children (OVC) in Calabar South Local Government Area, Cross River State, Nigeria, were the focus of this study. Finding out how many orphans and vulnerable children are enrolled in school is one of four goals that have been emphasised. The others include increasing school enrollment, providing OVC with vocational training, identifying educational obstacles, and developing effective solutions. To collect data, the researchers utilised a descriptive research design and a systematic random sampling approach. Using Taro Yamane's approach, we were able to come up with a sample size of 64. The ages of the 26 boys and 38 girls who filled out the survey ranged from 2 to 18. Mostly, we used a structured questionnaire for the kids and an interview with a key informant to get some answers. Using software called Statistical Package for the Social Sciences, we broke down the data and displayed the results graphically in a variety of thematically appropriate ways, including bar charts, pie graphs, and frequency distributions. The survey found that although more OVC than normal participated in school, more than average maintained regular attendance, fewer children than usual acquired vocational training, and many children had educational obstacles. It was concluded that the government should provide adequate educational materials to OVC in orphanages, that vocational education should be considered as basic education for all children, and that individuals and private or public organisations should also provide basic support to the OVC to alleviate their educational challenges.

Boadu, Selina & Osei-Tutu, Annabella & Joseph, Osafo (2020) Objectives Emotional experiences of children in chosen orphanages are the focus of this research. The research was conducted in Accra, Tema, and Aburi by means of semi-structured interviews and observations. Fifteen people answered the survey, and most of them shared certain emotional experiences including isolation, confinement, lack, rejection, and powerlessness. There has been a significant rise in the number of kids that need to be placed in orphanages. In the past, researchers have compared orphaned and non-orphaned children psychologically to assess risk and protective variables. Despite this, there is a lack of data on the mental health of orphaned children in Ghana.

3. METHODOLOGY

We secured approval from administrators at a number of residential facilities for troubled youth, orphanages, and educational institutions. Adolescents who voluntarily participated in the research gave their informed consent. The youngsters were briefed about the study and asked to participate by the researcher. A personal data sheet was used to obtain information about the children. The delinquent behaviour check list was used in conjunction with one-on-one interviews with each participant conducted by the researcher. Mental illness was identified using the ICD-10 classification system after a thorough evaluation of psychopathology. In this study, subjects self-reported their emotional intelligence using the Mehra Emotional Intelligence Inventory. The psychologist-administered Binet-Kamat exam was used to evaluate the test takers' IQ. The statistical analysis was carried out by means of the SPSS programme.

3.1 Sample Study

There were a total of 300 adolescents included in the analysis; 100 came from juvenile homes, 100 from orphanages, and 100 were raised by their own families. Subjects were drawn from three different parts of the state of Kerala: the southern district of Thiruvananthapuram, the central district of Kottayam, and the northern district of Kozhikode. To assure a fair sampling of the populace, this measure was taken.

4. RESULTS

The goal of the research was to determine the frequency of delinquent behaviour and mental illness among children living in juvenile facilities, orphanages, and with their own families. tables 1 and 2 display the acquired findings.

Table 1 The prevalence of antisocial behaviour among children who are institutionalised, unsupervised, or living with their parents

Place of Stay	Delinquent behaviour	Frequency	Percentage
Juvenile homes	Present	38	38%
	Absent	62	62%
	Total	100	100%
Orphanages	Present	9	9%
	Absent	91	91%
	Total	100	100%
Living with parents	Present	5	5%%

	Absent	95	95%
	Total	100	100%

Table 2 Higher rates of mental illness among children who are institutionalised, unaccompanied, or living with relatives

Place of Stay	Psychiatric morbidity	Frequency	Percentage
Juvenile homes	Present	34	34%
	Absent	66	66%
	Total	100	100%
Orphanages	Present	12	12%
	Absent	88	88%
	Total	100	100%
Living with parents	Present	12	12%
	Absent	88	88%
	Total	100	100%

The research aimed to compare the IQ and EQ of children living in juvenile facilities, orphanages, and with their own families, and the results are shown in tables 3 and 4.

Table 3 Normalized Intelligence Test Scores for the Three Groups of Kids

Place of Stay	Number	Mean score
Juvenile homes	100	95.49
Orphanages	100	99.86
Living with parents	100	101.43

The chart shows that children who live with their parents have the highest IQ (101.43), followed by those who live in orphanages (99.86) and those who live in juvenile institutions. (95.49).

Table 4 Calculating the average levels of emotional intelligence among the three groups of kids

Emotional Intelligence	Place of Stay	Number	Mean score
Intra personal awareness	Juvenile homes	100	13.66
	Orphanages	100	15.03
	Living with parents	100	16.50
Inter personal awareness	Juvenile homes	100	12.79
	Orphanages	100	14.11
	Living with parents	100	14.76
Intra personal management	Juvenile homes	100	14.52
	Orphanages	100	15.44
	Living with parents	100	16.81
Inter personal management	Juvenile homes	100	14.57
	Orphanages	100	16.74
	Living with parents	100	15.40
Total emotional intelligence	Juvenile homes	100	55.44
	Orphanages	100	60.82
	Living with parents	100	63.04

Deviant behaviour and mental morbidity rates were compared among the three groups of kids, and the statistical significance of the differences between them was determined. Tables 5–7 provide the collected findings.

Table 5 Prevalence of delinquency differs significantly between children living with their parents, in orphanages, and in juvenile facilities

Place of Stay		Delinquent behaviour		
		Present	Absent	Total
Juvenile homes	Number	38	62	100
	% within juvenile home	38.0%	62.0%	100.0%
Orphanages	Number	9	91	100
	% within orphanage	9.0%	91.0%	100.0%
Living with parents	Number	5	95	100
	% within living with parents	5.0%	95.0%	100.0%

Table 6 Chi-Square value

	Chi-Square value	Degree of Freedom	p value
Pearson Chi-Square	45.270	2	<0.001**

There was a statistically significant difference in criminal behaviour between the three groups as determined by a chi-square test ($p < 0.001$) at the 0.05 level of significance. As a result, we may conclude that the three subsets of youngsters vary significantly in their propensity for antisocial behaviour. Juvenile hall convicts (38%), orphanage residents (9%) and children living at home with their parents (5%) all had higher rates of delinquency than those in other settings, as seen in the table below. Thus, it is recognised that there would be a statistically significant difference in the frequency of delinquent behaviour between juvenile home residents, orphanage residents, and children living with their parents.

Table 7 Juvenile detention centre residents, orphanage kids, and kids living at home all have different rates of mental illness

Place of Stay		Delinquent behaviour		
		Present	Absent	Total
Juvenile homes	Number	34	66	100
	% within juvenile home	34.0%	66.0%	100.0%
Orphanages	Number	12	88	100
	% within orphanage	12.0%	88.0%	100.0%

Living with	Number	12	88	100
parents	% within living with parents	12.0%	88.0%	100.0%

Table 8 Chi-Square value

	Chi-Square value	Degree of freedom	p value
Pearson Chi-Square	20.690	2	<0.001**
** significant at 0.01 level			

5. CONCLUSION

Studies conducted periodically to identify the causes of criminal behaviour have yielded results that demonstrate the criminal's incapacity for rational thought and purposeful action under pressure. Juvenile offenders often share the traits of associating with the wrong crowd, engaging in antisocial behaviour for short-term gain, and acting on impulse. Youngsters with lower IQs are more likely to engage in antisocial behaviour because they are easily influenced by peer pressure and adult threats and recommendations. Terrorists, drug dealers, and others utilise them for a variety of criminal purposes. Most of them have dropped out of school, making them easy targets for hard-core criminals looking to arm themselves.

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