

Impact of Personality Disposition, Study Habits and Mental Health on Academic Achievement of Orphan Students: Comparative Analysis

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Abstract

Orphan and underprivileged care of children has evolved as one of the global priorities and social-public health issue and as a crucial component of overall holistic development. Globally one in every five children and adolescent suffer from a psychological and behavioural disorder, affecting quality of life and it is expected that by 2025 adolescent neuropsychiatric disorders will rise to over 30% leading to increased morbidity, disability, and mortality. This study aims at understanding relationships between crucial constructs of personality, study habit, mental health and academic achievement and their co relational impact on orphan adolescents.

There is evidence that the adolescent orphans have remained as the most sensitive strata of society, vulnerable to psychological distress with detrimental effect of environment on their cognitive, behavioural, academic, and overall development. Addressing and reducing orphan adolescent sociopsychological burden has been coalited as a significant developmental issue particularly in conflict-affected regions. This study attempts to seek psychosocial approaches to properly understand and address these issues and services needed for adolescent orphans especially in orphanages and educational institutions settings and aims to establish the level of mental and personal distress with academic performance in orphans. The study is a cross sectional in nature consisting sample of 412 studying adolescent orphans of 13-18yr age from 10 caregiving institutions of two districts of UT of Jammu and Kashmir. To measure study constructs various scales and inventories have been used as per existing literature and average grade score of last two years was used as index of academic achievement.

Data was analysed using inferential and correlation coefficient analysis through independent t-test for study constructs. The results showed that adolescent orphans demonstrated high rates of mental and personal distress anxiety, reduced academic achievement and decreased levels of study habits as compared to non-orphans and there was strong significant relation of these constructs with their academic outcomes.

Implications of findings of this study include that we need an orphan centered comprehensive solution within the policy dimensions for caregiving institutions especially orphanages and should include psychosocial syndemic determinant approach to tackle wider social, personal, and mental health constructs within the philosophy of inclusive holistic development.

Key words: Orphans, Mental Health, Academic performance, Personality Disposition, Study Habits, Institutional orphan-care.

1. Introduction

Psychological and cognitive health has evolved as one of the priority social and public health issues and an essential element of overall global holistic development as recognized by the fact that India has adopted

global sustainable development goals 2030 (SDGs) which has taken health and education (part of SDG Goal-3 and 4) as the first and foremost priority in the upliftment and development of the country with emphasis on inequality and disparities due to psychological

morbidity within wider social inclusive ecosystem.

Decades of research has provided convincing evidence that the adolescent orphan age group has remained as the most sensitive strata of society, which is psychologically vulnerable having detrimental effect of social trauma and conflict on cognitive and academic development. Addressing and reducing adolescent orphan psychological and health has been coalited as a significant developmental issue particularly in conflict-affected regions.

The behavioral and mental morbidity during initial adolescent life has emerged as focus area for fostering better mental health outcomes, in 2017, the WHO named depression as the single largest contributor to global disability accordingly India has undertaken substantial measures as seen in recent National health policy 2017 and with launch of National Mental Health Programme (NHMP). By 2025 a rise by 30 % is expected in childhood neuropsychiatric disorder leading to one of five most common reasons of morbidity, mortality and disability among children and adolescent (UNICEF, 2009). India has the largest population of children under age 18 in the world that makes about 400 million youngsters and out of that about 55 million are orphans; and around 10% of these are under institutional care like orphanages (UNAIDS, 2002). Children living under institutional care like orphanages are one of the most vulnerable risk groups of children in a society: many of them live in a state of repeated neglect or fear and are at risk of many potential abuses and threats (Lassi et al, 2011). This study is an attempt to provide educational and health professionals with reliable information on the magnitude of the problem which will be valuable for policy planning, priority allocation and mobilizing political commitment for orphan institutional care with low resource setting regions like Kashmir Valley.

1.1 Adolescent Orphans and Psychosocial and Structural Constructs

Adolescence phase (13-19 yrs.) is marked by “rapid biopsychosocial changes and enhanced focus on activities with a peer group and establishment of a basic self-identity” (Hurlock, 1981). This phase is full of stress and strain and is highly sensitized by external structural and social determinants attributable

to cognitive and behavioral changes impacting overall development (Patel, 2009). Mental health being a multidimensional construct has been defined as per its intended use, in case of adolescents it has been defined as “ability or capacity to adapt to various pressures and demands at that age and includes both cognitive and emotional elements”.

Orphan well-being is multi-dimensional concept with numerous interlinked domains such as mental wellbeing, economic wellness, educational opportunities, social and physical health. Literature has shown that variety of structural and environmental predictors interacting with each other are responsible for increased vulnerability of psychiatric problems in adolescents. Apart from psychological factors, mental health is greatly influenced by many environmental factors and life events such as armed and internal conflicts, physical and sexual abuse, poverty, parental psychopathology, instability in the family environment especially parental loss which can lead to diverse psychological issues like depression, anxiety, stress, and poor self-concept (Saddock & Saddock, 2003). The literature has also shown comparison between orphans and non-orphans regarding their emotional instability which, reveals that orphans suffer from high emotional problems as compared to non-orphans (Yendork et al, 2015). Orphan children are socially deprived and tend to encounter higher economic distress, hopelessness, and frustration than non-orphans (Mbozi et al, 2006). According to Tadesse 2008, challenges faced by orphans are that they experience negative health, social and developmental outcomes resulting in poor educational achievement and struggle to concentrate during lessons due to stress.

1.2 Institutional Care and orphans

In orphans emotional and behavioral problems are more due exposure to abuse, exploitation, neglect, lack of care and support of parents. Additionally, most of them are brought up in institutional homes where individual care is inadequate making them socially and emotionally impair and insecure. Institutionalized adolescent orphans, tend to show higher prevalence rates of mental distress which affect their relationships, cognitive functions, and result in functional impairment (Sujatha & Jacob, 2014). Review of literature shows the prevalence of

behavioral and emotional problems among orphans and other vulnerable children to be from 18% to 64% while study by Shiferaw et al 2018, showed prevalence of depression among orphans in orphanages was 48% and was slightly higher in females (27%) than in males (21%). One of studies showed that 95% of the institutionalized orphan adolescents have below normal mental health and one in five (20%) orphan adolescents suffer from mental disorders (Ushanandini & Gabriel 2017).

1.3 Orphans in Kashmir

Orphan numbers has grown manifold in conflict ridden Kashmir over the years, A study conducted by a UK based NGO "Save the Children" in December, 2006 mentioned that about 214,000 children are orphans in Jammu and Kashmir in which most of these children are institutionalized and 37 % of them were orphaned due to the armed conflict while 55 percent were orphaned due to the natural death of parents. According to a report, titled "Ignored Orphans of Jammu and Kashmir", published in Kashmir Watch under the Human Rights section in its December, 2011 issue, the number of orphans in the state is around 600,000 children. Conflict in Kashmir had an immense impact on children and adolescents, and has led to the economic hardships (Dabla, 2010). Literature gaps exist on the psychosocial health of orphans in Kashmir due to minimal studies hence need of this study.

1.4 Review of Literature

Despite numerous micro level knowledge and literature regarding the role of social and psychological constructs in adolescent orphans, there has been mixed conclusions and opinions with minimal methodical empiric findings in India and in Jammu and Kashmir and on how holistically these affects the orphan ecosystem. Many studies conducted in India and at global level (Karfi et al, 2019; Doshi & Jogson 2014) have shown significant relationships and correlation between constructs such as mental health (psychological wellbeing) with personality traits, academic achievements, and study habits in orphans.

Studies such as by (Kaur et al, 2018; Usha Nandi & Gabriel 2017) have assessed and measured the prevalence and occurrence of behavioral and emotional problems in orphans and other vulnerable children staying in institutional homes or orphanages and

schools all these studies have indicated high incidences of these problems and have shown that orphans are vulnerable to behavioral and psychological adverse conditions.

Studies conducted in Kashmir with reference to adolescents and orphans such as by (Margoob et al 2006; Naqshbandi et al 2012; Aslam & Bhat 2017; Dabla 2010; Asia & Ganai 2018) have shown that adolescents especially orphans belonging to Kashmir region have higher level of stress, anxiety, and somatic symptoms with poorer academic and study habits and attributed them to conflict, trauma and adverse institutional environment.

2. Objectives and Value of study

This study tries to analyse and evaluate the status of orphans with comparison to non-orphans and asses impact of relevant psychological constructs on orphan outcomes. In both the fields of experimental and non experimental research, given the complex and sensitive nature of orphan environment many studies have been done in last few years especially by high level policy working groups and commissions. There have being few or limited studies conducted so far in Jammu and Kashmir, the present research study tried to fulfil this research gap. The study tries to fill the information and knowledge gaps about the extent and types of emotional and behavioral problems found in orphans and tries to guide policy makers, academicians, and institutional caregivers in implementation of evidence based suitable intervention measures designed around orphan philosophy. The study was operationalized by objectives as:

- Determine and assess psychosocial and mental health distress and its effect on academic performance in institutionalized orphan students.
- Evaluate the differences in level of personality disposition, study habits and mental health with academic achievement of orphan and non-orphan adolescents.
- To suggest evidence-based solutions and best practices for effective interventions for institutionalization of orphan care.

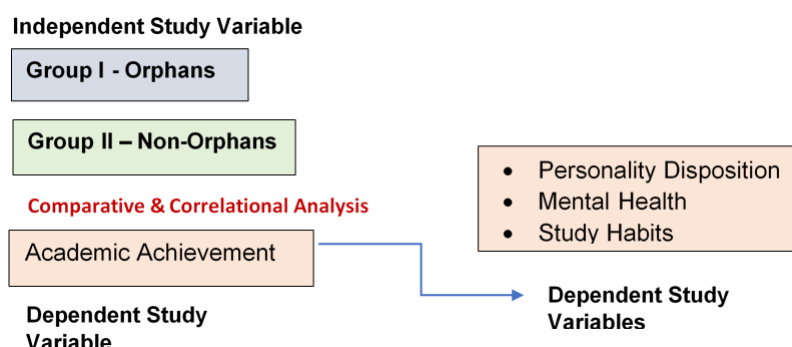
3. Materials and Methods

3.1 Study Design

The study by design is an ecological cross-sectional study employing triangulated approach helping in extending its ontological and epistemological scope. The method

employed for the purpose of study was quantitative descriptive method of research. A cross-sectional research which has done between January 2019-December 2019 in two

districts of Srinagar and Pulwama of Jammu and Kashmir. the framework design of study is shown in figure 1



3.2 Sample scope, size, and Sampling Strategy

To ensure validity, fit and to minimize sampling biases and errors, samples of orphans and non-orphans were taken from same academic class and multiple sample design was operationalized. The statistical population consisted of non-orphans and “orphans” as defined, by (Skinner, 2008). The sample for

the present research consisted of 412 students (212 orphans and 200 non-orphan adolescents) taken from class 9th and 10th grade of various secondary schools and orphanages. The orphan’s students were selected with the help of purposive sampling technique while the non-orphans were selected through random sampling technique for same academic class.

Table 1: Showing Sampling Size and frequencies in two Districts of Union Territory of Jammu and Kashmir		
<i>Districts</i>	<i>Pulwama N (%) weighted</i>	<i>Srinagar N (%) weighted</i>
<i>Educational Institutional / orphanages samples</i>		
Total institutions	03 (30)	07 (70)
<i>Adolescent student sample size</i>		
Orphans	Male: 60, Female: 52=112	Male:20; Female:80 =100
Non-Orphans	Male: 48, Female: 52=100	Male: 22, Female:78=100
Total	Male: 108, Female: 104=212	Male: 42, Female: 158=200
Class 9 student = 162; Class 10 students =250		

3.3 Tools of Measurement of constructs

The study consisted of four gauged data collection survey instrument tools for measuring of personality disposition, study habits, mental health, and academic achievement. A socio demographic questionnaire was also administered, the study used Big five inventory (BFI) inventory by Goldberg (1993) for Personality, mental health battery (MHB) by Alpana & Gupta (2000) for mental health, study habit inventory by Palsane & Sharma (1990) while grades were used for measuring academic achievement. The had very high internal consistency (Cronbach

alpha = 0.88) and criterion validity, it is a self-administered scale.

4. Analysis and Results

4.1 Statistical Analysis

Analysis of data was done with SPSS statistic version 25 software. Quantitative data got during the study was put to comparative and change/difference analysis. Student’s t-test was calculated and was considered significant if the obtained p-value was <0.05. Correlational analysis was done through Pearson correlation.

4.2 Findings

The Descriptive analysis of primary data revealed that the age of orphan students ranged

from 13-18 (mean 15 +/- 2.5) and of non-orphans was from 13-18 (mean 16 +/- 1.6), 162 respondents belonged to class 9th and 250 belonged to class 10th. There were total of 412 samples out of which 212 samples belonged to district Pulwama and 200 belonged to district Srinagar. In orphans, males were 108 and females 104 while as in case of non-orphans 42 were males and 158 were females.

The study was divided into two independent groups of Orphans and Non-orphans and these were compared on four dependent variables of "personality disposition, mental health, study habits and academic achievement". The independent Student T test was employed on four variables of study to find difference between these two groups, the difference was then statistically tested to find differential significance (hypothesis testing) at significance level of 0.05%. The results show that:

- There is a significant difference in academic achievement between the orphans and non-orphans with mean values of 63.63 in orphans and 75.86 in non-orphans, the p value being .000 showing that there is significant difference.
- There is a significant difference in Study Habits between the orphans and non-orphans with mean values of 57.11 in orphans and 60.97 in non-orphans, with mean difference of -3.85 the p value being .000 showing that there is significant difference.
- All components of personality disposition show significant difference except the "neuroticism" component of PD which shows insignificant difference between the two groups.
- All components of mental health show significant differences between the two groups of orphans and non-orphans.

The results from the comparative analysis are given in table 2.

Table 2: Comparative assessment Scores of Study variables in two groups.

Parameter (Variable)	Mean Values		Mean Difference	Significance (P value)
	Group I Orphan	Group II Non-Orphan		
Academic Achviement	63.63	75.86	-12.22	.000 <i>significant</i>
Study Habits	57.11	60.97	-3.85	.000 <i>significant</i>
<i>Personality Disposition (PSSHI) scores</i>				
Overall	29.05	30.19	-1.14	.000 <i>significant</i>
Extraversion	23.76	26.78	-3.02	.000 <i>significant</i>
Agreeableness	28.66	30.25	-1.58	.003 <i>significant</i>
Conscientiousness	29.05	31.09	-2.03	.000 <i>significant</i>
Neuroticism	25.33	25.18	.15	.746 <i>insignificant</i>
Openness	38.58	37.68	.90	.026 <i>significant</i>
<i>Mental Health Battery Scores</i>				
Emotional stability	6.32	7.37	-1.04	.001 <i>significant</i>
Autonomy	9.93	9.25	.67	.009 <i>significant</i>
Security	8.20	8.96	-.75	.000 <i>significant</i>
Self-concept	9.38	8.77	.61	.011 <i>significant</i>
Intelligence	14.89	17.83	-2.98	.000 <i>significant</i>
Overall adjustment	19.01	21.47	-2.45	.000 <i>significant</i>

Correlational findings showed that there is a significant relation between study habit and academic performance while all component of personality disposition except neuroticism & openness and all components of mental health except security there is significant relationship

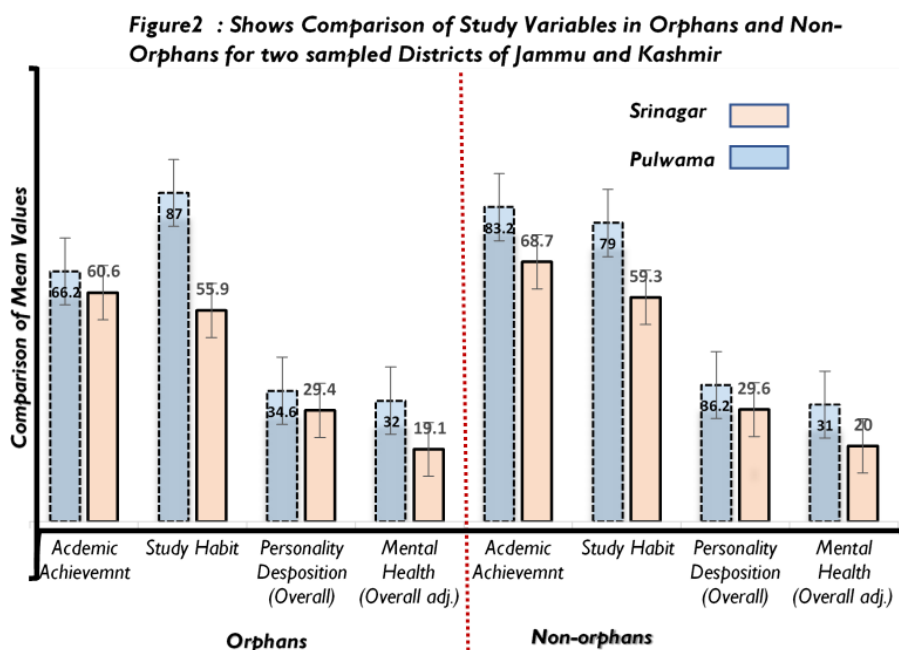
with academic performance in orphans as compared to non-orphans, higher the mental health score of students, the poor was their educational performance. Summary of correlational analysis is shown in table 3.

Table 3: Correlation Analysis between dependent variable Academic Achievement and Study Habit, Personality Disposition and Mental Health Components in Orphans

Parameter Study Variable	Pearson Correlation value`	(P Value)	Significance of Relationship
Study Habit	.14	.01	Significant
Personality Disposition Components			
(a) Overall	-.16	.00	Significant
(b) Extraversion	-.22	.00	Significant
(c) Agreeableness	-.13	.02	Significant
(d) Conscientiousness	-.11	.05	Significant
(e) Neuroticism	.04	.27	Insignificant
(f) Openness	.00	.49	Insignificant
Mental Health Components (MHB)			
(a) Emotional stability	.14	.01	Significant
(b) Autonomy	.16	.01	Significant
(c) Security	.01	.42	Insignificant
(d) Self-concept	.09	.07	Significant
(e) Intelligence	.17	.00	Significant
(f) Overall adjustment	.14	.04	Significant

District wise analysis for comparison between orphans and nonorphans for study variables was done as per the scoring from the scales of measurement of variables. Most of the values of study variables were less in Pulwama

district as compared to Srinagar district. Figure 18 shows the comparison between orphans and non-orphans for four study variables of two districts. The comparison of mean values of construct variables in shown in figure 2



5. Discussion and Conclusion

This Study showed significant relationship between academic performance and study habits, mental health constructs. Orphan

students who had a better mental health status, personality traits and study habits performed better academically. These finding agreed with findings of the many studies (Asia and Ganai

2018; Shakira 2004; Mujis 1997; Chugh et al 2004; Doshi et al 2014).

while there was difference in relationships between orphans and non-orphans and this non-agreement can be ascribed to the various predictors affecting both non-orphans and orphans such as difference among, living environment, social/economic conditions, and seemed that the students' educational status is influenced by other factors as well.

Our findings suggest that we should take psychological distress in adolescent orphans seriously and intervene at early phase of distress so that negative effect of psychosocial and mental health on the academic side and on their daily activities do not worsen and students are able to cope efficiently and effectively to their academic, personal and time management issues. Some of the key suggestions and recommendations are given in box 1.

Box 1: Key points for Optimizing Behavioral, Mental health and Educational care in orphans

- *Augment interaction between institutional orphans and mental health system.*
 - *Improve adherence to psychological and behavioural protocols and guidelines around orphans.*
 - *Delivering and practicing orphan centred care.*
 - *Capacity building for mandated orphan services.*
 - *Leveraging quality care evidences based on implementation research .*
 - *Inclusion of primary mental care service for children with special needs especially Orphans.*
 - *Multisectoral engagement and a life-course approach towards adolescents.*
 - *Recreational activities and innovations enhance the participation of orphans and make sure that these children are provided leisure time.*
 - *Catering to the psychological needs of these children by way of counselling, training, and capacity building.*
 - *Orphans family setting through reunion or adoption and creating an effective system of institutional care for the Orphans.*
 - *Post-institutional support to ensure education, skill training and livelihood to orphan children after they mature*
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The orphan care ecosystem is chronically deficit in evidence-based research that will otherwise effectively support relevant and appropriate policy interventions and decision-making. The psychosocial and mental health services for traumatized adolescents especially orphans need to be addressed, strengthened, and more specifically integrated into exiting institutional care platforms within the National mental health policy in line with SDG.

The scientific literature concerning to orphan health issues indicate that orphans have been suffering from behavioral and academic problems more acutely than non-orphans. So, there is need to highlight the role of socially and academically policies and interventions in terms of its contribution in improving the psychological wellbeing and academic outcomes of orphans. From review of literature, a large research gaps are evident especially that social programmes and care

institutions are not seriously taking sociocultural-structural factors while delivering the services for orphans which are responsible or determine the opulence of policies and programme.

Our policies should not only promote treatments but provide overarching directions and infuse interventions on broader issues for ensuring mental health in distressed adolescents especially orphans. Institutions especially orphanages need to incorporate development model for education with stress free approach for inclusive development of orphans.

In the light of the present study all the stakeholders who are engaged in the work of development of adolescents should provide positive attitudes, independence, self-determination in thinking, confidence, freedom from fear for adolescents. We need future areas of work that cover the entire ecosystem spanning adoption, orphanages, and aftercare. We need ground actions that deliver results—more adoptions, happier children, better developmental outcomes, placement into decent jobs. At the same time, we need to focus on sustainability by implementing best practices and processes and transferring knowledge to our partner institutions.

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