

**EFFECTIVENESS OF SELF ESTEEM TRAINING TO IMPROVE
THE SELF ESTEEM AND COPING STRATEGIES AMONG
ORPAHNS IN ST.ALOYSIOUS ORPHANAGE HOME,
DHARAPURAM.**

**A DISSERTATION SUBMITTED TO THE
TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING**

2010 – 2012

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ACKNOWLEDGEMENT

I am whole heartedly grateful to the **God** almighty who strengthened, accompanied and blessed me throughout the study.

I extend my heartfelt thanks and gratitude to the **Management**, Bishop's College of Nursing for providing me an opportunity to undergone to uplift my professional life.

I express my sincere thanks to our beloved Principal, **Prof.Mrs. Vijayarani Prince M.Sc(N)., M.A., M.A., M.Phil (N) Bishop's College of Nursing** for her expert guidance, thoughts , comments, invaluable suggestions ,constant encouragement and support throughout the period of study.

I express my thanks to **Mr. John Wesley**, Administrator, Bishop's College of Nursing for giving me an opportunity to study in this esteemed institution.

It gives me immense pleasure to thank with deep sense of gratitude to the clinical guide **Mrs. Vista Dominic Madonna B.Sc(N)., R.N., R.M., M.Sc (N)., Lecturer**, Department of psychiatric Nursing for her Valuable Suggestions, encouragement, perfect direction, expensive correction, personal interest, constant support and prayers till the completion of the study.

I would like to extend my deepest gratitude to Associate Professor, class co-ordinator, **Prof.Mrs.Glory Suramanjary, M.Sc(N).,** for her expert guidance, constant support and untiring efforts in the area of research kindled my spirit and enthusiasm to go ahead and to accomplish this study successfully.

My immense thanks to **librarians of Bishop's College of Nursing** for their Co-operation in procuring books when needed.

I express my genuine gratitude and obligation to **Dr. Duraisamy Ph.D., (stat).**, for his suggestion in analysis and presentation of data.

I extend my gratitude to **Mr. P. Christopher Ganaseelan, M.A., M.Ed., (English)** for his valuable English editing.

I extent my thanks to **Mrs.Siranjivi Mary, M.A., M.Ed., (Tamil)** for her valuable Tamil editing.

I extend my heartfelt thanks to **Mr. Vijay Kumar, Vijay Xerox, Dharapuram** for their kind co-operation in typing my thesis.

I extend my sincere thanks to the director of st.Aloysious orphanage home, Dharapuram for permitting me to conduct the study.

I extend my thanks to the participants of the study without whom it might be incomplete.

I continue to be indebted to all for their support, guidance and care who directly and indirectly involved in my progress of work and for the successful completion of this thesis.

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ABSTRACT

“Age is honourable and youth is noble.”

Adolescence is a period of transition between childhood and adulthood- a time of rapid physical, cognitive, social and emotional maturation.

The origins of self esteem can be traced to childhood and are based on acceptance, warmth, involvement, consistency, praised and respect. Self esteem increases with age and is most threatened during adolescence, when concepts of self are being changed and many self decisions are made. Adolescents must choose carrier paths and decide whether they are good enough to succeed at them. Adolescents also must decide whether they are able to participate or are accepted in various social activities.

Self-esteem of the orphan children and the children living with their parents are different. The children in orphanages reported lower degree of self-esteem than children living with their parents.

The aim of the present study was to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphans in St. Aloysious orphanage home, Dharapuram.

The study was evaluative approach. The research design used for the study was pre experimental one group pre test and post test design. Conceptual framework for the study was based on **Modified Roy’s adaptation model [1984]**. Purposive sampling technique was used to select the 100 samples who fulfilled the inclusion criteria.

On the first two days pre test data was collected by self administered questionnaire using 4 point likert scale - Rosenberg Self esteem scale and coping strategies survey scale from the samples in St. Aloysius orphanage home, Dharapuram. In that 33 boys and 67 girls are had low self esteem with inadequate coping.

The 67 girls were separated as two groups, 33 in one group and 34 in another group.

Self esteem training was given for 26 days which includes action songs, fancy dress competition, musical drawing, games, storytelling, psycho drama, and music listening for the duration of 1 hr/day daily in the evening. Post test was done after the training by using the above mentioned same scale. The collected data were analyzed using descriptive and inferential statistics.

The mean post test scores of self esteem was 22.01 (SD \pm 3.086) higher than the mean pretest scores of self esteem 9.57 (SD \pm 1.87), with a mean difference of 12.44 and the corresponding 't' value was 10.2 which was significant at $P < 0.05$ level.

The mean post test scores of coping strategies was 101.62 (SD \pm 7.7931) which was higher than the mean pretest scores of coping strategies 46.96 (SD \pm 11.17) with a mean difference of 54.66 and the corresponding 't' value was 50.456 which was significant at $P < 0.05$ level.

Association between self esteem and selected demographic variables showed that there was no significant relationship among variables where

as the association between coping strategies and selected demographic variable showed that there was a significant relationship between coping strategies and age ($\chi^2=6.4998$) coping strategies and education ($\chi^2=8.257$) and coping strategies and hobbies ($\chi^2=12.7345$) which was significant at the level of at $P < 0.05$.

The study findings revealed that there was a significant improvement in the levels of self esteem and coping strategies after self esteem training. Based on the statistical findings it was evident that self esteem training was effective in improving the self esteem and the coping strategies among orphans.

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CHAPTER I

INTRODUCTION

BACKGROUND OF THE STUDY

The Youth of a Nation are the trustees of Posterity.

- Benjamin Disraeli

Adolescents are unique stage of development that occurs between ages 11 to 20 years, when a shift and learning occurs. The developmental tasks that emerge during adolescent threaten the person's defenses. They can either stimulate new adaptive ways of coping or lead to regression and mal adaptive coping responses. Old problems may interfere with the adolescent's coping abilities, and environmental factors may help or hinder the adolescent's attempts to deal with these issues. Previous coping skills, if used successfully, can promote healthy adaptation and integrated adult functioning. An earlier but still popular view of adolescence is as a time of conflict and upheaval that for necessary for later personality integration.

Stuart.W.Gail., [2005]

“Adolescents” are individuals in the 10-19 years age group.

World Health Organization., [2009]

Orphans are children who have lost both of their parents due to death or the termination of legal parental rights.

Tully Grey., [2008]

Orphans are defined in three mutually exclusive categories, A maternal orphan is a child whose mother has died but whose father is alive, A paternal orphan is a child whose father has died but whose mother is alive; A double orphan is a child whose mother and father have both died.

Helen Meintjes & Katharine Hall., [2010]

One major reason children become orphaned is the death of one or both parents, but there are other reasons as well. In a natural disaster or a war,

children can become separated from their parents. If this separation is permanent, children become orphaned. Many parents abandon children who are born with a disability.

Children ministry., [2010]

Almost 9.2% of Indian children are in need of a stable home. Of these children, 35 million are orphans 2.5 million which have been orphaned by AIDS, and 5.2 million are infected with HIV/AIDS, 30 million live in temporary shelters, and 35 million live on the streets. Only 1.9 million 0.18 % are adopted or taken into permanent families. And only another 1.4% (13.9 million) receives any sort of formal care, be it in a foster home or shelter.

UNESCO., [2001]

In countries where HIV/AIDS has hit hardest, the number of orphans continues to rise. Death from AIDS is more likely to create double orphans than any other cause of death.

Children on the Brink., [2004]

Orphans are easily distracted and overreacting and other behavioral characteristics are depression, withdrawal from social activities, moodiness, loss or increased appetite, and sleep problems are common reactions in adolescent orphans. Orphans tend to display rigidity in thinking and have poor logical reasoning skills in comparison to children raised by parents. They have difficulty creating solutions to specific problems and tend to have overly concrete thought processes.

Tully Grey., [2008]

All people have a mental picture of themselves, their strengths and weaknesses. This mental picture is called self-concept or self-image. It is formed through learned experiences beginning at birth. Self-esteem is the value judgment or degree of worth a person attributes to his or her self-image.

Considered an important component of emotional health, Self-esteem encompasses both self-confidence and self-acceptance.

National Association of Self-Esteem (NASE)., [2011]

Self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness it consists of two components [I] self-efficacy includes confidence in one's ability to think learn ,choose, and make appropriate decisions and by extension ,to master challenges and manage change;[ii] self-respect includes confidence in one's right to be happy ,and confidence in achieving success ,friendship , respect, love, and fulfillment of oneself.

Branden., [1994]

Children develop self-esteem through the sense of competence and mastery that comes from tackling and triumphing over challenges.

T.Berry Brazelton., [2000]

Self esteem is a necessary aspect of human nature that allows one to normally mingle and interact with others. People with low self esteem will have difficulty with allowing people to come closer to them and with interacting with others.

Hilda Rodriguez and Chandler Arnold., [1998]

People with low self esteem tend to have "lower quality relationships" also less stable than people with healthy self esteem. Their relationships have less love and trust, and more conflict and ambivalence.

Alice Boyes., [2011]

Self-esteem of the orphan children and the children living with their parents are different. The children in orphanages reported lower degree of self-esteem than children living with their parents.

Nilofer Farooqi., [2009]

NEED FOR THE STUDY

The number of the homeless youth is estimated by the Office of Juvenile Justice and Delinquency Prevention in the US Department of Justice. Their most recent study, published in 2002, reported there are an estimated 1,682,900 homeless and runaway youth. This number is equally divided among males and females, and the majority of them are between the ages of 15 and 17.

National Coalition for the Homeless., [2008]

In worldwide 210 million orphans were estimated.

UNICEF., [2010]

In Lithuania there are 105 institutions. 41 percent of the institutions have each more than 60 children. Lithuania has the highest number of orphaned children in Northern-Europe.

Wikipedia., [2007]

There are currently 68.9 million orphans in Asia, giving this region the largest absolute number of orphans in the world. Roughly 6% of all children in Asia are orphans, with 7.7 million orphaned in 2010 alone. In Cambodia, Laos and Korea the prevalence is even higher where 10% of all children are orphans.

Sub-Saharan Africa Orphan Statistics., [2010]

Rising incidence and prevalence of orphanhood in Manicaland, Zimbabwe. Prevalence of all forms of orphanhood increased. The overall rate of losing a parent amongst non-orphans was 27.5 per 1000 person-years

Watts H. et.al., (2003)

At the end of every year, 2,102,400 more children will become orphans, in Africa alone.

Harvest Ministry., [2010]

Out of South Africa's three million orphans, 1.9 million had lost their fathers, while 713,000 had lost their mothers. An additional 419,000 children lost both parents.

Kristin Palitza., [2005]

The number of orphans in India approximately 47 percent out of a total of about 55 millions children.

Great Commission Ministries., [2003]

In Delhi alone, there are 500,000 orphans, 375,000 children living in shelters, and 125,000 children on the streets.

UNICEF., [2005]

In west Bengal children under 18 years of age, 5 percent have experienced the death of one or both parents. In all, 83 percent of children under 18 years of age live with both parents, 12 percent live with one parent, and 5 percent live with neither parent.

National family health survey [NFHS] INDIA., [2006]

By the last count, there were 43,280 children in foster care homes (orphanages) in the Kerala, a large majority of them having reached there on account of poor or violent family background. Although they are provided food, shelter and education in the foster homes, their life skills remain under-developed. With the result that many fail in facing up to life's challenges after leaving the foster care homes.

Maleeha Raghaviah., [2009]

Children residing at the residential care centres in Tamil Nadu. 54.4% of the children have very low self-esteem.

Hema Priyadharshini., [2004]

17 Feb 2010 located in western part of Tamil Nadu in Tirupur District
24.96 % needy population are orphanage poor children.

Cached., [2010]

Every day, 5,760 more children in the world become orphans. Every 2.2 seconds another orphan emerges with no family and no home.

Harvest ministry., [2010]

Stephanie J. Hanrahan [2005] The purpose of this study was to determine if a self esteem training program based on sport psychology could enhance the self esteem and coping strategies of adolescent Mexican orphans. Adolescents N = 34 (14 girls and 20 boys) completed the Self-Perception Profile for Adolescents and the Satisfaction With Life Scale and were invited to take part in 15 sessions involving discussions and activities related to optimal activation, concentration and attention, imagery, self-talk, time-management, and self-confidence. Each session also contained active games, the majority of which were designed to develop teamwork, communication, and trust. Thirty participants attended between 5 and 13 sessions each, and 26 of those completed the questionnaires a second time at the end of the program. There was a significant increase in both self esteem and coping strategies. Thirty four of the adolescents in Cuernavaca volunteered to participate in a three week daily program advertised to teach skills that would help them with sport, work, music, or any other area of achievement. Ages ranged from 15 to 20 with a mean of 17.09 years. They had been an average of 6.97 years (range 1.16 to 16 years). Participants were studying tourism (n = 10), computers (n = 10), childcare (n = 6), electronics (n = 5), or accounting (n =3). The program contained 15 sessions of approximately 90 minutes each, with separate sessions for girls and boys. Sessions were held on weekdays for three weeks. The program resulted in significant increases in coping strategies ($t(24) = -2.92$, $P=0.008$), self esteem ($t(25) = -2.37$, $P=0.026$), and physical appearance self-concept ($t(24) = -2.29$, $P=0.031$). The mean increase in coping strategies was 0.33 on a 5 point scale. Those who only attended one or two sessions the mean increase was only .05 between pre-test and post-test. Self esteem was increased an average of 0.30 on a 4-point scale for those who attended five or more sessions. Although the program specifically focused on coping strategies, self

esteem and physical appearance self-concept, it appears these programs effectively increased scores in these variables.

The investigator during her observational visit to the orphanage home noticed orphans had poor school performance because they felt helplessness, hopelessness, worthlessness loneliness and unable to cope with others. They are worried about their problem. So, the investigator wanted to help the orphans and decided to give them training to improve their self esteem and to help them to cope with the life situations.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphans in St.Aloysious orphanage home, Dharapuram.

OBJECTIVES

1. To assess the pre and post test level of self esteem among orphans.
2. To assess the pre and post test level of coping strategies among orphans.
3. To compare the pre and post test level of self esteem among orphans.
4. To compare the pre and post test level of coping strategies among orphans.
5. To find the association between post test scores of self esteem among orphans with their selected demographic variables.
6. To find the association between post test scores of coping strategies among orphans with their selected demographic variables.

OPERATIONAL DEFINITION

EFFECTIVENESS

Effectiveness refers to the production of a desired or intended result.

Kindersley., (2007)

In this study, it refers to determine the extent to which the self esteem training has brought about the significant difference between pre and post test level of self esteem and coping strategy scores which is measured by using statistical measurements and its scores.

SELF ESTEEM

Self esteem refers degree of regard or respect that individuals have for themselves and is a measure of worth that they place on their abilities and judgments.

Townsend.C. Mary., [1991]

In this study self esteem refers to feelings individuals have about their own worth and value which is measured by Rosenberg self esteem scale and its scores.

SELF ESTEEM TRAINING

Self Esteem training is defined to stretch the both mental health and emotions, such as healthy Vs unhealthy relationships, assertiveness skills, empowerment and goal settings.

Training Services., [2004]

In this study self esteem training refers to the training of orphans which can improve their levels of self esteem and coping strategies. Practicing self esteem training activities such as action songs, fancy dress competition, musical drawing, games, storytelling, psycho drama, and music listening for 26 days self esteem training was given for 26 days for the duration of 1 hr/day daily in the evening.

COPING STRATEGIES

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

Folkman & Lazarus., [2000]

In this study coping strategies refers to what are all the difficulties the orphans are facing in the orphanage home, and these value which is measured by coping strategies survey scale and its scores.

ORPHAN

An orphan is one who has no home or who for some reason could not be cared for by their parents.

Tambulwadkar., [1993]

In this study an orphan refers to adolescents between the age group of 10 to 19 years residing in St. Aloysious orphanage home, Dharapuram.

ORPHANAGE HOME

A home which cares for orphans.

Oxford reference dictionary., [2001].

In this study orphanage home refers to St.Aloysious orphanage home, Dharapuram .

HYPOTHESES

- H₁:** The mean post test scores of self esteem is higher than the mean pretest scores of self esteem among orphans.
- H₂:** The mean post test scores of coping strategies is higher than the mean pretest scores of coping strategies among orphans.
- H₃:** There will be a significant association between post test scores of self esteem with their selected demographic variables among orphans.
- H₄:** There will be a significant association between post test scores of coping strategies with their selected demographic variables among orphans.

ASSUMPTIONS

- ❖ Orphans in orphanage home may have low self esteem due to separation from the family.
- ❖ Orphans in orphanage home may have inadequate coping.
- ❖ Nurse plays a vital role in improving the self esteem and coping strategies of adolescent children in any settings.

DELIMITATIONS

The study is delimited to

- ❖ Data collection period was 5 weeks.
- ❖ Sample size was 100.

PROJECTED OUTCOME

The study will help to improve the self esteem and coping strategies of orphans. It will help the orphans to lead their life with adequate coping strategies and normal self esteem.

CONCEPTUAL FRAMEWORK

The conceptual framework and model adopted for the present study is based on **Roy's adaptation model (1984)**. Roy's model focuses on the concept of adaptation of the person. Roy states that recipient of nursing care may be the person, a family, a group of community or a society. The theorist concepts of nursing, person, health, and the environment are all interrelated to this central concept. The person continually experience environmental stimuli. Roy expressed that a person's adaptation level is constantly changing point made up of focal, contextual and residual stimuli which represents the person's standard of the range of stimuli to which one can respond with ordinary adaptive response may be either adaptive or in effective response.

Nursing has a unique goal to assist the person's adaptation effort by managing the environment. The result is attainment of an optimal level of wellness by a person.

SYSTEM:

In her model Roy conceptualizes the person is a holistic perspective. Between the system and the environment occurs an exchange of information, matter and energy characteristics of a system include inputs, outputs, control and feedback processes.

In this study, the system is the adolescents with low self esteem and the environment is st.Aloysious orphanage home. Both will have a constant interaction with each other.

INPUT

The adaptive system has inputs of stimuli and adaptation level, output as behavioral responses that serve as feedback and control and process known as coping mechanisms.

FOCAL STIMULI

The focal stimulus is the internal and external stimulus most immediately confronting the person.

In this study, focal stimuli refer to assessment of demographic variables such as Age in years, Sex, Religion, Supportive system, Education, Duration of stay, Hobbies.

CONTEXTUAL STIMULI

Contextual stimuli are all other stimuli of the person's internal and external world that can be identified as having positive or negative influence present in the situation.

In this study, contextual stimuli refer to the Low self esteem and Inadequate coping strategies of the orphans.

RESIDUAL STIMULI

Factors that may be affecting behavior but whose effects are not validated. Environmental factors within (or)outside the person whose effects in the current situations are unclear, possible yet uncertain , influencing stimuli, includes beliefs, attitudes, experience , knowledge level, strength and/or limitation.

In this study, it refers to the orphan's Beliefs, Attitudes, Self control and Self confidence.

COPING PROCESS/ COPING MECHANISM

Roy has used the term coping mechanism to describe control process of the person as an adaptive system that is called the **regulator or cognator**.

REGULATOR SUB STSTEM

Regulator is a subsystem coping mechanism which responds automatically through neural, chemical and endocrine process.

In this study, it refers to Crying, Increased sleep, with drawal from activities.

COGNATOR SUBSYSTEM

Cognator is a major coping mechanism which responds through complex perception and information processing through learning, judgment and emotion.

In this study the maladaptive pattern of self esteem and coping pattern alters both regulator and cognator subsystem. The changes in the regulator subsystem can be noted as reduced concentration, poor memory, decreased problem solving and decision making skills, loneliness, helplessness, hopelessness, feeling worthlessness, sadness of mood and not mingling with others.

PRE TEST

Pre test was done two days. Self esteem was assessed by using Rosenberg self esteem scale and coping strategies was assessed by coping strategies survey scales to the samples in St. Aloysious orphanage home.

SELF ESTEEM TRAINING

Explained and performed Self esteem training activities such as action songs, fancy dress competition, musical drawing, games, storytelling, and psycho drama was given 26 days daily one hour in the evening for each activity to the each group.

EFFECTORS/ADAPTATIVE MODE

Although cognator and regulator processes are essential to the adaptive responses of the person, these processes are directly observable. The adoptive modes are the physiological, self concept, role function and interdependence modes. By observing the person's behavior in relation to the adaptive modes, the nurse can identify adaptive or in effective responses in situation

THE FOUR ADAPTIVE MODES FOR ASSESSMENT ARE AS FOLLOWS

PHYSIOLOGICAL MODE

The physiological mode represents physical response to environmental stimuli and properly involves the regulator sub system. The basic need of this mode is physiological integrity and is composed of the needs associated with food, Oxygenation, nutrition, elimination, activity, rest and protection. The complex processes of this mode are associated with the senses, fluid and electrolytes, neurological function, and endocrine functions.

In this study the adoptive responses in physiological mode is maintained by participation in activities, maintaining normal sleep and improved their coping ability.

SELF- CONCEPT MODE

The self concept mode relates to the basic need for psychic integrity. It focus is on the psychological and spiritual aspects of the human system.

In this study the adaptive response in self concept mode is increased self confidence, increased self esteem, increased self motivation, good judgment and promotes feeling of secured and adaptability.

ROLE FUNCTION MODE

The role function mode involves behavior based on person's in society. It depends on how a person interacts with others in a given situation.

In this study it refers to reduction of irritability, isolation, helplessness, hopelessness, worthlessness. So they can able to concentrate better that aids in good decision making process and can able to cope up with the entire situation.

INTERDEPENDENCE MODE

The interdependent mode is where affectional needs are met. Interdependence mode is to maintain social integrity with peers as well as in orphanage home and school.

POST TEST

Post test was done on 29th day and 30th day using the same scale.

OUTPUT AND FEED BACK

Adaptive responses are those promote the integrity of the person.

In this study the self esteem training to improve the level of self esteem and coping strategies. Adolescent orphans who are having low self esteem level , inadequate coping will again practice of the self esteem training to improve the level of self esteem and coping strategies. The guidance given by the researcher following post test the self esteem training makes them to practice regularly. Those who are exhibit low self esteem and inadequate to moderate coping ability where also encouraged and motivated to practice the self esteem training.

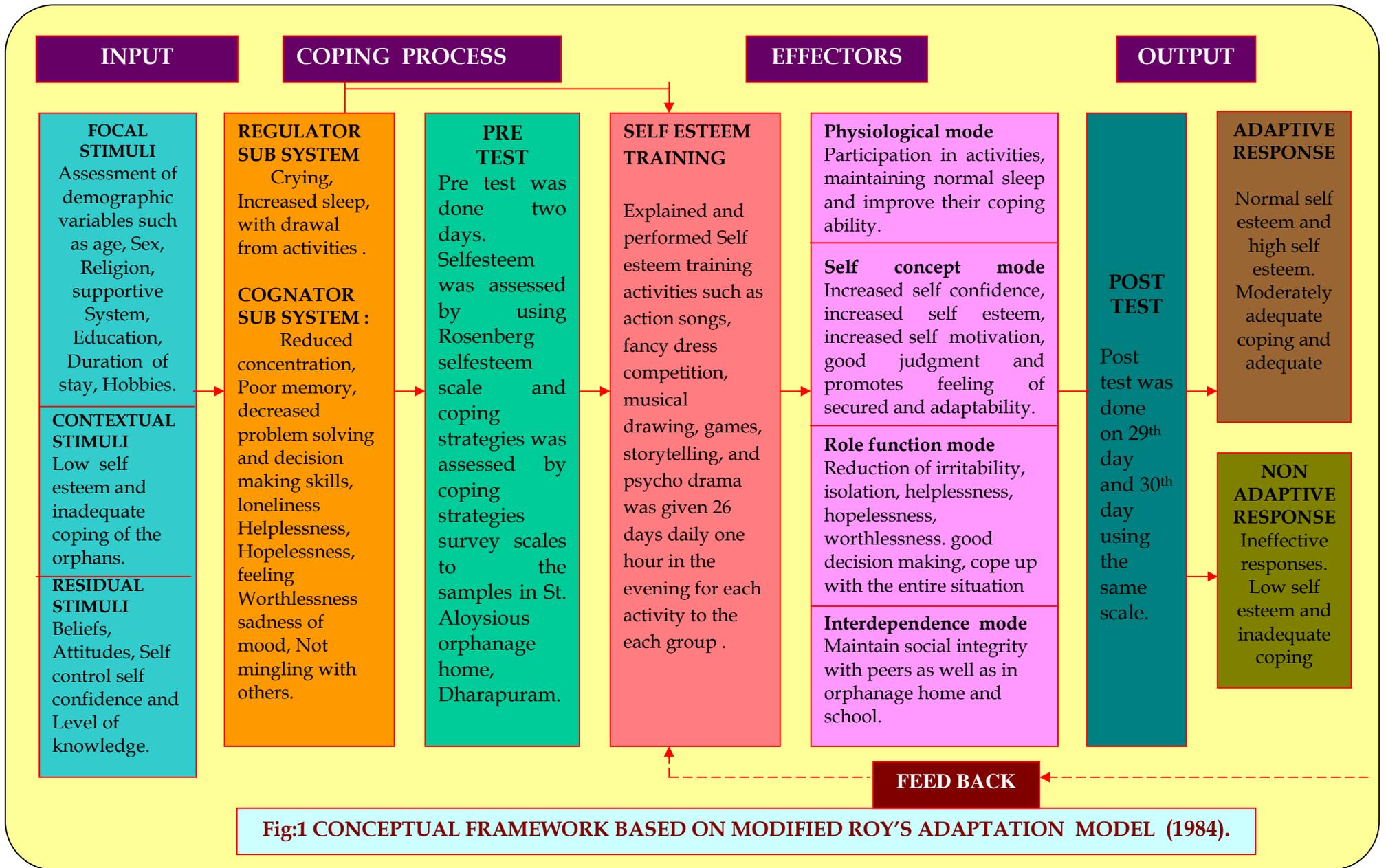


Fig:1 CONCEPTUAL FRAMEWORK BASED ON MODIFIED ROY'S ADAPTATION MODEL (1984).

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is defined as a broad, comprehensive, in depth, systematic and critical review of scholarly publications, unpublished scholarly print materials, audio visual materials and personal communications.

Review of literature familiarizes oneself with practical or theoretical issues related to a problem area often helps the researcher to generated ideas to bring the problem in to sharper focus and aid in the formulation of appropriate research question.

In this chapter it deals with some of the related literature reviews.

PART-I

- Over view
 - a) Orphan
 - b) Self esteem
 - c) Self esteem training

PART-II

Section -A

- Studies related to prevalence of orphans.

Section -B

- Studies related to problems of orphans.

Section - C

- Studies related to self esteem training on self esteem among orphans.

Section –D

- Studies related to self esteem training on coping strategies among orphans.

1. OVERVIEW OF ORPHAN

INTRODUCTION

Today, orphans remain a burden of extended families although most of these are living from hand to mouth and many of them are victims of AIDS themselves.

DEFINITION

Orphan as a child who has lost one or both parents.

UNICEF., [2009]

CATEGORIES OF ORPHANS

Orphans are defined in three mutually exclusive categories, A maternal orphan is a child whose mother has died but whose father is alive, A paternal orphan is a child whose father has died but whose mother is alive; A double orphan is a child whose mother and father have both died.

Helen Meintjes & Katharine Hall., [2010]

CAUSES OF ORPHANS

One major reason

- ♣ Children become orphaned is the death of one or both parents
- ♣ HIV/AIDS

Other reasons are

- ♣ In a natural disaster
- ♣ war
- ♣ Children who are born with a disability.
- ♣ Extreme poverty.

Children ministry., [2010]

SYMPTOMS OF AN ORPHAN MENTALITY

- Hoarding: possessions, time, position, relations.
- Wishing you had more (envy and greed).

- Jealousy of what others have.
- Always fighting for your rights.
- Fearful of God's wrath.
- Seeing God as being harsh or cruel.
- Worried about tomorrow and the future
- Can't take criticism.
- Lonely and feel isolated.
- Depressed and see no way out.
- Critical of parented and loved children.

ORPHAN BENEFIT SCHEMES IN WORLD WIDE

Fund for Overseas Development (AFOD)

In over 60 countries work alongside the poor childrens.

Catholic Relief Services

Information on emergency relief services and development programs addressing health, human rights, and poverty in countries throughout Africa, Asia, Europe and Latin America.

Catholic Orphan Medical Mission Board

Nonprofit charity and international medical relief agency providing third world health care and sending medical donations for emergency aid.

Christian Foundation for Children and Aging

Catholic organization creating relationships between sponsors in the United States and children and aging persons in developing nations.

Near East Welfare Association (NEWA)

Papal agency serving the churches and people of the Middle East, Northeast Africa, India, and Eastern Europe.

Hands That Help

Missionary outreach program deliver aid and doonations to orphanages in Germany, Italy, Romania and India. Sponsors orphan relief fund.

IN INDIA

GOVERNMENT SCHEMES

Scheme of Assistance to Homes for Children (Shishu Greh) to Promote In-country.

The main objectives of the scheme are

- To regulate adoption within the country and to ensure minimum standards in care of children;
- To provide institutional support within the country for care and protection of infants and children upto 6 years of age who are either abandoned or orphaned/destitute and for their rehabilitation through in-country adoption.
- To promote in-country adoptions.

Funding Pattern

Financial assistance to Homes would be granted in the ratio of 90:10, i.e., the Government of India would provide grant to the extent of 90% and the remaining 10% would be met by the Organization on its own. As regards Government-run-Institution, 100% grant would be provided to them subject to a ceiling of Rs. 6,00,000/- in a financial year. The fresh proposal should be routed through the concerned Department of the State Government.

Ministry of child development of government of India [2001]

Mukhiya Mantri Bal Udhar Yojana

The scheme is for orphans or for children who have nobody to take care of. They are provided with free homes and education.

Eligibility Criteria

Orphans more than 6 years, children who have been selected from the families living below poverty line and children who needs to be taken care off.

National Portal Content Management Team., [2005]

Social welfare department

Child development department

NON GOVERNMENTAL ORGANISATION

- ♣ Help the orphans
- ♣ Help age India
- ♣ We care too India
- ♣ Seva Bharat

Orphanage Volunteer Programs in India., [2003]

TAMIL NADU GOVERNMENT SCHEMES FOR ORPHANS

Cradle Baby Scheme

To counter the menace of female infanticide in certain parts of Tamil Nadu, an unique scheme called the "**Cradle Baby Scheme**" was launched in this State in 1992. Under this scheme, cradles were placed in important places such as Hospitals, Primary Health Centers, Orphanages and Children Homes in order to enable the rescue of female children abandoned by their parents due to various social circumstances. The children received in the cradle points will be handed over to reception centers for rehabilitation. The Government of Tamil Nadu is running at present 25 Government Orphanages with the sanctioned strength of 5500 children under the control of Social Welfare and Nutritious Meal Programme Department.

The children of the Orphanages are being provided with food, education, shelter, uniform etc. They sanction of a sum of Rs.2.00 lakhs (Rupees Two lakhs only) for the supply of new vessels to 14 Government Orphanages.

Social Welfare and Nutritious Meal Programme Department., [2001]

Annai Therasa Memorial Orphan girls Marriage Financial Assistance Scheme

Objective

To help the orphan girls financially for their marriage.

Scheme -1

Rs.25,000/- as cheque + 4 gram (1/2 sovereign) 22 carat gold coin is provided for making , Thirumangalyam.

Scheme-2

Rs. 50,000/- as cheque + 4 gram (1/2 sovereign) gold coin (22 carat) is provided for making , Thirumangalyam.

Income limit

Annual Income of the guardian / Orphan girl should not exceed Rs. 24000/-

Age limit

Bride should have completed 18 years of age at the time of marriage. There is no upper age limit.

UNICEF is supporting the Tamil Nadu government's efforts to monitor all children orphaned by the tsunami until the age of 18.

Bronwyn Curran [2006]

2. OVERVIEW OF SELF ESTEEM

INTRODUCTION

The promotion of self esteem is about stopping self judgment. It is about helping individuals change how they perceive and feel about themselves.

DEFINITION

Self esteem refers degree of regard or respect that individuals have for themselves and is a measure of worth that they place on their abilities and judgments.

Townsend .C. Mary., [1991]

FACTORS INFLUENTIAL DEVELOPMENT OF SELF ESTEEM

The perceptions of responses by others, particularly Significant others

The development of self esteem can be positively or negatively influenced by the responses of others and my now individuals perceive those responses.

Genetic factors

Factors that are genetically determined, such as **physical appearance, size** or inherited infirmity can have an effect on the development of self esteem.

Environmental factors

The development of self esteem can be influenced by demands from the environment.

Example

Intellectual power may be incorporated into the self worth of an individual who is reared in an academic environment.

Driever (1976)

INDICATORS OF HIGH SELF ESTEEM

Assertive direct and honest communication, erect mores briskly, well groomed, frequent and appropriate to context of situation, well modulated speech flows smoothly, attends to own needs, praise self, makes decisions appropriately for content of situation, appropriate to situation and context of interpersonal relationship, able to experience a wide range of emotions, various appropriately according to situation.

Townsend. C. Mary., [1991]

PSYCHIATRIC PATIENTS WITH LOW SELF ESTEEM

- Patients with major depressive disorder
- Eating disorders
- Substance abuse
- Abused Patients
- Anxiety Neurosis

Peter H Silverstone and Mahnaz Salsali [2003]

DEFINITION OF LOW SELF ESTEEM

Low Self-Esteem defined as "The experience of being incapable of meeting life's challenges and being not worthy of happiness."

The National Association for Self-Esteem., [2006]

COMMON CAUSES OF LOW SELF ESTEEM

Negligence

Children brought up in conditions where love and affections is lacking, feel abandoned and insignificant as they grew up. They find it very difficult to trust people and mix up with them.

Excessive Criticism

When a child is constantly reminded that he is no-good, it results in depression and the child loses his self-confidence. Such events create a feeling

of worthlessness, making them pessimistic and hesitant from doing anything positive.

Influence of Parents and Family

Parents tend to influence a child with the reflection of their unfulfilled dreams. They make the mistake of choosing a career that the children are not happy to follow.

Achievements

People work to achieve success in their life and when they fail after working hard, they treat failure as the ultimate truth which results in loss of self-esteem.

Physical Appearance

The physical impression of a person is very important as it is the most influential. People with bad looks feel inferior when compared with a better looking person. These create a feeling of repulsion, which isolates them from an active social life.

Negative Experience

Some low self-esteem issues are caused due to negative experience. Children tend to take in the negativity around them. Adults too indulge in certain activities that can harm a person's self-esteem.

Child Abuse

Most people with low self-esteem have a history of both physical and mental abuse during their childhood. Abuse of physical nature, including sexual abuse, can be treated to an extent, however, mental abuse is deep rooted and extremely difficult to treat. The most likely culprit of child abuse are family friends, relatives, neighbors, strangers and foster or step parents.

Unemployment

A person who is unemployed feels useless and helpless. The failure to provide for their family, creates a feeling of low self-esteem.

Netrajit Laishram., [2011]

CAUSES OF LOW SELF ESTEEM IN ORPHANS

Food and Shelter

If an orphan does not have a relative willing to offer temporary housing, survival becomes their first and only objective. These children often end up turning to crime and prostitution, just to eat and have a place to sleep. One third of all orphans end up in prison. From the start they are in a state institution, so they just go to another institution.

Poor Primary School Education

The vast majority of orphans lack the proper education needed to be admitted to the secondary educational facilities, or they drop out quickly if they manage this feat due to the pressures of providing for themselves without proper support.

Few Jobs (including menial ones) are Available

Eastern Europe will be struggling to emerge from communism for many years. In Ukraine, nearly 28% of the population lives below the poverty line and there are few jobs for anybody – least of all for teenage orphans.

No Support System

Once a child is released from the orphanage, they are completely on their own. Basic survival drives their actions, leading many into abusive situations and destructive behaviors.

The Stigma of Being an Orphan

Stereotypes and stigma run very deep in Eastern Europe. Common thinking is that if the orphan's parents did not want the child, something must

be very wrong with the child. The orphan is not only ill-prepared to integrate back into society; he/she is also rejected by society. It is no surprise to discover that there is a very high suicide rate (over 10%) in newly released orphans and that they are the prime targets of the human slave traders and sex traffickers. More than half are recruited to a life of crime or prostitution, and 30% become addicted to alcohol and other drugs during their first year of living independently. Forced labor, sexual slavery or a life in the streets leading to crime, prostitution, alcohol and drug abuse is the destiny of most of these young people.

Education Ministry.,[2010]

Characteristics of Low Self-Esteem

- They lack social skills and self-confidence, which makes them avoid social life.
- They have a disturbed and depressed appearance most of the time.
- They suffer from eating disorders such as anorexia leading to obesity, which is harmful for their body.
- They suffer from negative thoughts and fail to recognize their potential.
- They fear criticism and take compliments negatively.
- They are afraid to take up responsibilities.
- They are afraid of forming their own opinion.
- They live a pessimistic lifestyle.

Netrajit Laishram., [2011]

SYMPTOMS OF LOW SELF ESTEEM

Identified a number of behaviors manifested by the individual with low self esteem. There are

- ❖ Loss of appetite
- ❖ Weight loss
- ❖ Constipation or diarrhea
- ❖ Sleep disturbances [insomnia or difficulty in falling or staying asleep]

- ❖ Hypersomnia
- ❖ Compliance of fatigue
- ❖ Poor posture
- ❖ With drawal from activities
- ❖ Decreased libido
- ❖ Decreased in spontaneous behavior
- ❖ Expression of sadness ,anxiety, or discouragement
- ❖ Expression of felling of isolation being unlovable, unable to express or defend oneself, and too weak to confront or overcome difficulties.
- ❖ Fearful of angering others
- ❖ Avoidance of situations of self disclosure or public exposure
- ❖ Difficulty initiating new activity
- ❖ Tends to stay in background ,be a listener rather than a participant
- ❖ Sensitivity to criticism ;self –conscious
- ❖ Express feeling of helplessness
- ❖ Various complaints of aches and pains
- ❖ Expression of being unable to do anything good or productive;
Expression of felling of worthlessness and inadequacy
- ❖ Expression of self-deprecation, self-dislike, unhappiness with self.
- ❖ Feeling that anything one does will fail or be meaningless
- ❖ Rumination about problems
- ❖ Seeking reinforcement to others ,making efforts to gain favors, but failing to reciprocate such behaviors
- ❖ Seeing self as a bur don to others
- ❖ Demanding reassurance but not accepting it
- ❖ Angry at self and others but unable to express these feelings directly
- ❖ Decreased ability to meet responsibilities
- ❖ Decreased interest ,motivation, concentration
- ❖ Decrease in self care, hygiene.

Driver., [1976]

RISK FOR SITUATIONAL LOW SELF ESTEEM

Definition

At risk for developing negative perception of self worth in response to a current situation.

Townsend. C. Mary., [1991]

Risk factors

- Developmental changes
- Disturbed body image
- Loss
- Social role change
- History of learned helplessness
- History of abuse, neglect
- Failures/rejections
- Physical illness

Townsend. C. Mary., [1991]

MANAGEMENT

Tips to Fight Low Self-Esteem Issues

- ✓ Always avoid negative situations.
- ✓ Try to get into a company of positive people.
- ✓ Use a journal to record the positive things happening around you.
- ✓ Always have positive thinking.
- ✓ Do not hesitate to seek help in difficult times.
- ✓ Seek professional assistance to deal with serious problems.

Have a dream

Firstly must have a dream, a definite purpose. Already discovered that a dream is the foundation of success.

Have a plan

Your plan is your road map to success. It takes to you from where you are now, to where you want to be. When you fail to plan, you plan to fail. If the dream is the foundation, then the plan is the architect's drawing. The how to step by step instructions as to how you will achieve your dream.

Willing to work hard

Successful people don't always need to work hard, but the key word is "willing". When work hard at doing something the end result is always that much more enjoyable.

They don't take no for an answer

Nobody has any right to stop you from achieving your dreams. Tell to yourself can do something.

They are focused

By concentrating on the goals and objectives.

They learn how to get things done

To succeed takes action, need to do what it takes. Expanding the knowledge is essential in achieving. Never waste time.

Netrajit Laishram., [2011]

3. OVERVIEW OF SELF ESTEEM TRAINING

DEFINITION

Self Esteem training is defined to stretch the both mental health and emotions, such as healthy Vs unhealthy relationships, assertiveness skills, empowerment and goal settings.

Training Services., [2004]

BENEFITS OF SELF ESTEEM TRAINING

- ★ Know the strengths and abilities.
- ★ Expressing every day feelings and reactions.
- ★ Enjoying being unique-like everyone else.
- ★ Building relationships by being with friends and trusting others.
- ★ Building confidence by getting to know your body and senses.

Sher Barbara., [1998]

SELF ESTEEM TRAINING ACTIVITIES

Hobbies

Get a hobby. Doing something to enjoy and boosts the self-esteem. Feel as though accomplishing a goal. Instructors usually offer lessons once a week in half an hour to full hour sessions.

Katie Dean., [2011]

Exercise

Physical activity releases endorphins in the brain and gives that "feel good" mood. Motivate to go for a Walk.

Katie Dean., [2011]

Songs and Dances

In group action songs and dances taught by the researcher. The orphans repeat the actions.

Benefits

It helps to remove their hesitations.

Duration

One hour

Kapur Malavika and Uma. H., [2006]

SELF ESTEEM GAMES

Hero

Invite the participants to form a circle and to act out the fantasy or true – life hero or heroine of his or her choice .May be it’s soccer player carried on the shoulders of admiring fans who are grateful for the winning score.

Benefits

It helps to know their goals.

Duration

One hour

Sher Barbara.,[1998]

Gotta Have a Dream

Encourage the participants to Imagine the life at 15yrs,25yrs,45yrs or 85yrs all four and tell each other about it.

Benefits

It helps to know their future and goals.

Duration

One hour

Sher Barbara., [1998]

When you get up in the morning

When you get up in the morning

When you get up in the morning

When you get up in the morning

Show us what you do
Sing the song together and to do the activities.

Benefits

It helps to give enjoyment.

Duration

One hour

Sher Barbara[1998]

Clap the same

One person claps a simple beat or a certain number of claps and the others imitate that clap.

Benefits

It helps to give enjoyment.

Duration

One hour

Sher Barbara[1998]

Fancy dress competition

To take a goal, become going to teacher, doctor according to that to wear dress and act.

Benefits

It helps to ventilate their goals and achieve their goals.

Duration

One hour

Sher Barbara[1998]

Musical drawing

Put on some music .Give and get the pleasure of letting the music “take u away.

Benefits

Helps to promote self esteem aspect of drawing

Duration

One hour

Sher Barbara[1998]

PART-II

SECTION-A: STUDIES RELATED TO PREVALENCE OF ORPHANS

Ssewamala et al., [2009] a randomized clinic trial studied 268 adolescent orphans in their final year of primary school from fifteen comparable primary schools in Chennai, and found that at ten months post-intervention, adolescents who had participated in an economic empowerment intervention had significantly better self-esteem and self-rated health measures than the control group. Girls reported greater increases in self-esteem than boys. Self-esteem was positively correlated with self-rated health functioning, and adolescents with increased self-esteem were found less likely to intend to engage in risky sexual behaviors. The economic intervention focused on increasing assets for families and provided workshops on asset-building and planning, monthly meetings with mentors on life planning, and a Child Development Account (CDA) for each adolescent with a 2:1 match of contributions that could be used for “secondary education, vocational training and/or for a small family business”. The study participants had an average age of 13.7 years. The proportion of study participants who were paternal, maternal and double orphans was 41%, 19% and 40%, respectively.

Mermin et al., [2008] the study was to accelerating treatment access for adults with children can reduce the number of orphans, improve pediatric mortality and social well-being. A prospective cohort study with 1,373 HIV-positive and 4,601 HIV-negative household members (over 70% respondents were women) conducted from 2001-2005 in Goa. It showed that access to antiretroviral therapy (ART) and co- trimoxazole prophylaxis treatment program led to large reduction in mortality among HIV-positive adults living in resource-poor settings and in the rate of orphanhood. Compared with no intervention, ART and co-trimoxazole were associated with a 95% reduction in mortality in HIV-positive adult participants, an 81% reduction in mortality in their uninfected children younger than 10 years and a 93% estimated reduction in orphanhood. During the study periods households were visited every week

by lay trained paid providers who resupplied medicine and monitored drug adherence, hospital admissions, potential symptoms of drug toxicity, death of a household member in the preceding 7 days, and orphanhood. No routine clinic visits were scheduled after enrollment and home-based care and services were provided, which greatly helped in overcoming the problem of inability of ART-eligible people to access routine health services due to poverty or poor transportation.

Sreevidya et al., [2008] the study was the Programs that promote the strength of families and offer family-centered integrated economic, health and social support result in improved health and education outcomes for orphans. A study done in India with 312 HIV-positive children and 2,278 HIV-affected children (including those not on ART) showed that after providing free clinical care (including ART), nutritional supplements and community-based support to HIV-positive children for 12 months, pediatric quality of life score among HIV-positive and affected children improved significantly in all domains – physical, social, emotional and educational, with no differences by sex. The program also resulted in a significant increase in the proportion of HIV-affected children aware of their parent’s status (from 16% to 25%) as well as an increase in the proportion of HIV-positive children aware of their parent’s status (from 12% to 19%) and their own HIV status (from 10% to 20%). Among HIV-positive children who were enrolled in school at baseline, 95% continued going to school at 12 months. The proportion of affected children (one or both parents HIV-positive) who missed more than five school days per month significantly decreased.

Ble et al., [2007] The study was Highly-active antiretroviral therapy (HAART) with good nutritional intake and regular medical care can improve health and survival of HIV-positive children in resource-poor settings. A study with 103 (61 male, 42 female, age range: 3-127 months) institutionalized HIV-infected orphaned children in Kerala showed that after one year of being on

HAART, children with severe malnutrition and declined CD4 values had significant increases in their CD4 counts. Their CD4 cell percentages increased from 10.3 to 25.3 percent and absolute count, from 310 to 660/mm³. Their nutritional status improved significantly. Two out of 27 untreated children became eligible for antiretroviral treatment. The study also showed that institutionalized children who do not meet the criteria for treatment can be safely monitored for immunological status with no mortality and no difference in clinical events compared to treated children in the short-term. HAART can be effectively used for HIV-positive children in resource poor settings along with good nutritional intake and regular medical care.

Figen Gürsoy, Müdriye Yıldız Bıçakçı, Emel Orhan, Sema Bakırcı, Seyhan Çatak, Özlem Yerebakan., [2011] Research was conducted on 126 adolescents including 63 adolescents living in orphanage, New Delhi and 63 voluntary adolescents between ages 13-18 attending sixth, seventh and eighth grades and first, second, third and fourth grades. Adolescents from orphanage and others participating the research are equal in terms of number, age and sex. There is a significant difference between scores of self-concept of adolescents who live in orphanage and those who do not live in orphanage according to their place of living ($U=1519.000$, $p<.05$). There is a significant difference between self-concept scores of adolescents living in orphanage according to the sex ($U=344.00$, $p<.05$); while there is not any significant difference between self-concept scores of the adolescents who do not live in orphanage according to the sex ($U=360.500$, $p>.05$).

Malobika Bhattacharya, K. Rajeshwari and Romit Saxena., [2009] the study was to find the demographic and Clinical Features of Orphans and Nonorphans at a Pediatric HIV Centre in New Delhi, North India. Objective of the study to determine the prevalence of orphanhood among HIV positive children and to compare their social and demographic and clinical characteristics with that of HIV-positive non-orphans. Data was collected from

148 children registered at the antiretroviral (ART) clinic of a tertiary care hospital in Delhi, on their demographic profile, HIV status of parents, orphan status and cause of parental death, mode of transmission of the infection, current caregiver, school enrolment and clinical and immunologic parameters of HIV infection at presentation. The age of the children ranged from 11 month to 13 yr with a median age of 7 yr. The male to female ratio was 1.5:1. In 73 children (49.3%) one or both parents had expired, out of which 41 children (56.2%) had lost their father (paternal orphans), 22 (30.1%) their mother (maternal orphans) and in 10 children (13.7%), both parents had expired (complete orphans) (Fig. 1). The causes of parental death were tuberculosis (30%), HIV encephalopathy (19.7%), diarrhoea (14.8%), hepatitis (13.7%), bacterial pneumonia (8.2%), septicemia (4.9%), severe anaemia (2.1%) and not known (6.6%). All the non-orphans were living with their parents. The surviving parent was the primary caregiver in the majority of the orphaned children (86.8%), followed by maternal aunt and uncle and grandparents. One child was staying at an institutional facility run by an NGO. Most of the parents in both groups were HIV-positive.

Youngleson, M., (2003) Compared 24 institutionalized children and a matched control group, matched exactly for age, sex, religion, school performance, ordinal position of birth, and parental socioeconomic status. The study's subjects were high school students between ages 15 and 17 who had been in a children's home. All had been institutionalized since early childhood, with the age at which they were separated from their mothers ranging from 21 months to 7 years 10 months.

J Trop Pediatr J., [2008] the study was to find the prevalence of orphans among HIV infected children--a preliminary study from a pediatric HIV centre in Western India. The aim of this study was to determine the prevalence of orphaned HIV-infected children in Mumbai, India and analyze whether orphanhood affects care of these children. This study is a retrospective analysis of prospectively collected data of 147 HIV-infected children referred

to our pediatric HIV clinic at B. J. Wadia Hospital for Children (Mumbai, India). All children underwent a detailed history and clinical examination. Transmission of HIV was determined by parental HIV status, history of blood transfusion or sexual exposure. Orphan status was determined by verbal autopsy of parent death (either mother or father or both). Factors affected by orphan status such as follow up, caregiver, antiretroviral treatment and age of the child when orphaned was determined. Fifty nine (40%) HIV-infected children were orphans. In 28 children (19%), father had died; in 20 children (13.6%), mother had died; in 11 children (7.5%) both parents had died and in 2 children (1.4%), parents death status was not known. Cause of death was AIDS in 19 parents (38%) and TB in 21 parents (42%). The mean age of the child when mother had died was 5.6 +/- 2.2 years; when father had died was 7.08 +/- 3.5 years and when both parents had died was 10.9 +/- 2.4 years ($p < 0.0001$). There was no statistical difference in follow up ($p = 0.48$) or initiation of antiretroviral therapy ($p = 0.04$) in orphaned and nonorphaned children. In orphaned children, grandparents (5.4%) and aunts (4.8%) took responsibility of taking care of the children. Only two children (1.4%) were put in orphanages. Prevalence of HIV-infected orphans is high (40%). However, there is no difference in HIV care between orphans and nonorphans.

SECTION: B STUDIES RELATED TO PROBLEMS OF ORPHANS.

Alice Behrendt & Serigne Mor Mbaye [2008] The study was to investigate the Psychosocial Impact of Parental Loss and Orphanhood on Children .A Cross Section Study in the North West Region of Cameroon. The age range of the participating children was from 8 – 18 years (n=33). We compared four sub-samples: orphans, children without a mother, children without a father and non-orphans. All quantitative and qualitative data from the individual interviews were analyzed. In the scope of the individual interviews we assessed socio-demographic data including the family situation, distressing life events and their impact, emotional wellbeing, coping and resilience as well as mental health and neuropsychological functions. Orphaned boys are more

likely to present a suicide risk than non-orphan boys. In general, suicidality was low for non-orphans and children having lost a father, but high for orphans and girls having lost a mother. Certain mental disorders such as post traumatic stress disorder (28%) and depression (45%) were highly prevalent in the total sample. Girls (36%) were significantly more likely to have changed their home since childhood than boys (12.5%) ($\chi^2(1) = 12.90$; $p \leq 0.01$). The proportion of the girls who had changed their residence did not differ significantly among the four groups ($\chi^2(3) = 0.78$; $p > 0.05$). Among boys, change of residence was more common among orphans than among the other three groups, however, just above the limit of statistical significance ($\chi^2(3) = 7.61$; $p > 0.05$).

Amuthoni., [2011] the study was to assess the common Psychological disorders among institutionalized children in rural and urban settings in Kenya. A cross-sectional descriptive method design was adopted. Quantitative methods were employed using self-administered questionnaires for the children to identify emotional disorders. The teacher-rated Rutter's scale for the identification of emotional and behavioural problems was also used. The representative study sites for both urban and rural were selected using purposive sampling. Six hundred and seventy three children aged 8 years and above were interviewed. Orphans had high levels of psychological distress with a statistically significant difference on separation anxiety subscale ($p = 0.021$). Total orphans had a higher prevalence of depression. Children in the rural setting were twice more likely to suffer from psychological disorders than the children in the urban setting. There were statistical differences for obsessive compulsive disorder and panic disorder subscales ($p = 0.031$ and $p = 0.040$ respectively). Focus groups discussions revealed that staff in the orphanages cannot easily identify psychological disturbances. Children in institutions have emotional and behavioral problems that need to be identified and managed. Children suffer from depression and other co-morbid illnesses such as obsessive compulsive disorder, generalized anxiety disorder, separation anxiety and social phobia as early as 8 years and these ought to be recognized

early to prevent debilitating psychiatric illnesses later in adulthood. This study concluded that parental deprivation either through death or separation from significant attachment figures was a major factor affecting the psychological well-being of a child.

Taylor, Francis., [2010] the study was to investigate the determinants of HIV risk and used it to generate specific hypotheses regarding the effect of country-level HIV prevalence on the sexual risk experience of orphans. Orphans in countries with high HIV prevalence would experience increased sexual risk, compared to non-orphans, due to pressure on the extended family network, which is primarily responsible for the care of orphans in sub-Saharan Africa, resulting in poorer standards of care and guidance. Used our theoretical framework to develop specific hypotheses regarding the relationship between orphanhood and sexual debut and HIV infection. Female sample, 1767 orphans were initially selected. The sample clusters were small, especially since only one eligible adolescent per household was included in the data-set. The clusters ranged in size from 1 to 15 female adolescents, with 44% containing only one or two adolescents. Thus matching non-orphans could not be found for 325 (18.4%) of the selected orphans. These orphans were dropped and the final sample contained 1442 orphans matched to 1442 non-orphans (total = 2884). Amongst the orphans, 18.4% were maternal orphans, 58.5% were paternal orphans and 23.2% were double orphans. About 28.2% had started sex and 3.3% were infected with HIV. Amongst non-orphans, 25.3% had started sex and 3.0% were infected with HIV.

Admin., [2011], the study was to compare the Self-Esteem and Academic Performance of Orphaned and Non orphaned Children. In this study, samples of 155 subjects were randomly selected from three schools in Masaka, Uganda. Study purpose is that deprivation caused by loss of parents seems to affect self-esteem. This may affect the orphans' academic performance. Therefore for the purpose of this research, it is sought to investigate into self-esteem and academic performance of children. It covered 153 participants from

three primary schools. Primary five and six children were randomly selected because they had left the childhood stage and no longer do things unconsciously. So their self-esteem had developed. Their concentration to examinable subjects like social studies, mathematics, science and English had developed. From these subjects children's performance was obtained. 180 children had to participate, 90 orphaned and 90 non-orphaned but the number reduced after the self-esteem inventory because some fell within the median. $df=153$ $p=0.005$ $t_{obs}=t_{Cv}$ N =Number of subjects X =Mean score on the self-Esteem inventory, df =degrees of freedom, t_{obs} =value observed, t_{Cv} =Critical value SD =Standard Deviation. A t-test for independent groups was used to compare the means of the different groups (orphaned and non-orphaned). The comparison Means and Standard deviation indicates that non-orphaned children demonstrate a higher self-esteem than the orphaned children. The results revealed that the difference between self-esteem of orphaned and non-orphaned children is significant. (0.05 level of significance, $df=153$). More specifically, non-orphaned children have a significantly higher level of self-esteem than the orphaned children.

Devi Prasad, B., [2009] the present study was to assessed the inter-connected factors associated with orphan child abuse to develop a comprehensive understanding of the phenomenon; evaluated the magnitude and forms of child abuse; aimed to sensitize the public about the serious danger of prevalence of orphan child abuse, especially child sexual abuse in society; The child abuse is an increasing trend in India. Around 40 million children under the age of 14 years are estimated to suffer from abuse and neglect around the world. India has a large child population and many children are vulnerable to abuse, exploitation and neglect. The survey was carried out across 13 states and covered a sample size of 12,447 orphan children. Boys, as compared to girls, were equally at risk of abuse, and persons in trust and authority were major abusers. 70% of the abused child respondents never reported the matter to anyone. It was observed that two out of every three children were physically abused. Out of 69% children who were physically abused in 13 sample states,

54.68% were boys. It was found that over 50% children in all the 13 sample states were being subjected to one on the other form of physical abuse, 88.6% were physically abused by parents, 65% school going children reported facing corporal punishment, and 50.2% children worked 7 days a week. 53.22% children reported that they faced one or more forms of sexual abuse, and 21.9% children reported facing severe forms of sexual abuse. Children in Assam, Andhra Pradesh, Bihar and Delhi reported the highest incidence of sexual assault. In 83% cases parents were the abusers and 48.4% girls wished they were boys. The study on Child Abuse/ Child Sexual Abuse. child sexual abuse conducted among 2211 students (847 boys and 1364 girls) from schools in Chennai Corporation zone revealed that 939 children had faced at least one form of sexual abuse at some point of time, and 48% of the boys had been abused. The forms of sexual abuse prevalent were touching children's private parts (603), exhibitionism (384), forcing or tricking children to watch pornography (371), making children touch the offender's private parts (226), made to remove clothes (83), oral sex (131), and sexual intercourse (81).

Yasmin Nilofer Farooqi., [2009] The current research investigated differences in self-esteem of orphan children and children living with both parents in their homes. The sample was composed of 150 children (75 children from orphanages and 75 living with both parents in their homes). Non - probability purposive sampling technique was used. Children living with both parents were drawn from different private schools and orphan children were drawn from orphanages of Lahore city of Pakistan. Jonathan Berent's Selfesteem Scale (1994) was individually administered to all the research participants. The children in orphanages reported lower degree of self-esteem than children living with their parents ($t = 2.66$, $df = 148$, $*p < .01$). The findings further suggest no significant gender difference in selfesteem of the orphan children and the children living with both parents ($t = -.54$, $df 148$, $p > .05$).

SECTION:C STUDIES RELATED TO SELF ESTEEM TRAINING ON SELF ESTEEM AMONG ORPHANS.

Jackie Frost and Stuart J. McKelvie., [2005] The study was conducted to find the Relationship of Self-Esteem and Body Satisfaction to Exercise Activity for Male and Female Elementary School, High School, and University Students in Canada. 127 male and female students who were classified as high or low exercisers completed questionnaires that measured global self-esteem, body satisfaction, and body build. Data were gathered in the context of a larger-scale study of self -esteem and body satisfaction as a function of sex and of age. They were drawn from a larger sample of 227. Test materials were administered in counterbalanced orders. A demographics questionnaire asked questions about age, sex, height, weight, desired weight, and exercise activity. Self-esteem was measured with the Culture-Free Self Esteem Inventory (Battle, 1981). A higher score indicates better self esteem. Battle (1981, 1991) reports that test-retest reliability ranges from .70 to .92. Body satisfaction was measured with the Body Cathexis Scale .Lower score indicates better body satisfaction. For the Body Cathexis Scale, Secord and Jourard report that split-half reliability is .81. For self-esteem, the main effect of exercise activity was significant, $F(1, 115) = 7.83, p = .006$ ($MSe = 16.05$), and it did not interact with either of the other variables ($p's > .45$). Self-esteem was higher for high exercisers than for low exercisers ($Ms = 20.75, 18.72$).

Kirupa.P., (2010) the study adopted the true experimental design with two group pre test and post test design. Simple random sampling by lottery method was used to divide the experimental and control group of the 40 first year general nursing and midwifery students who had fulfilled both inclusion and exclusion criteria. The study was conducted in mangalore, Karnataka. The multidimensional self esteem questionnaire .The intervention consists of six sessions for six days duration with each session of 45 minutes per day. Intervention sessions include the competency, global, moral and self concept, social, family, body and physical appearance domain. Total duration of

sessions was 270 minutes for the six days. In the pre test 95% (19) were in the moderate level of self esteem and 5%(1)were in low self esteem in experimental group and in control group 100% (20) were moderate self esteem. In the post test after administration of planned intervention of self esteem in the experimental group 80% (16) were in the high self esteem and 20% (4) were in the moderate level of self esteem. Experimental group shows that higher level of self esteem in the post test than the control group.

Stephanie J. Hanrahan., [2005] The purpose of this study was to determine if a self esteem training program based on sport psychology could enhance the self esteem and coping strategies of adolescent Mexican orphans. Adolescents N = 34 (14 girls and 20 boys) completed the Self-Perception Profile for Adolescents and the Satisfaction With Life Scale and were invited to take part in 15 sessions involving discussions and activities related to optimal activation, concentration and attention, imagery, self-talk, time-management, and self-confidence. Each session also contained active games, the majority of which were designed to develop teamwork, communication, and trust. Thirty participants attended between 5 and 13 sessions each, and 26 of those completed the questionnaires a second time at the end of the program. There was a significant increase in both self esteem and coping strategies. Thirty four of the adolescents in Cuernavaca volunteered to participate in a three week daily program advertised to teach skills that would help them with sport, work, music, or any other area of achievement. Ages ranged from 15 to 20 with a mean of 17.09 years. They had been an average of 6.97 years (range 1.16 to 16 years). Participants were studying tourism (n = 10), computers (n = 10), childcare (n = 6), electronics (n = 5), or accounting (n =3) The program contained 15 sessions of approximately 90 minutes each, with separate sessions for girls and boys. Sessions were held on weekdays for three weeks. The program resulted in significant increases in coping strategies ($t(24) = -2.92, p = .008$), self esteem ($t(25) = -2.37, p = .026$), and physical appearance self-concept ($t(24) = -2.29, p = .031$). The mean increase in coping strategies was

.33 on a 5 point scale. Those who only attended one or two sessions the mean increase was only .05 between pre-test and post-test. Self esteem was increased an average of .30 on a 4-point scale for those who attended five or more sessions. Although the program specifically focused on coping strategies, self esteem and physical appearance self-concept, it appears these programs effectively increased scores in these variables.

SECTION:D STUDIES RELATED TO SELF ESTEEM TRAINING ON COPING STRATEGIES AMONG ADOLESCENT ORPHANS.

Abbas Hedayiet Muhammed and Hemen Ahmed Abdulrahman., [2004] Impact of traumatic events on coping strategies and their effectiveness among Kurdish children Participants were 153 Kurdish children (49% girls and 51% boys). The mean age for boys was 12.26 years (SD $\frac{1}{4}$ 0.14) and for girls 11.95 years (SD $\frac{1}{4}$ 0.15), with no gender difference, $F(1, 151) \frac{1}{4}$ 2.23, Of these children, 73 were living in orphanages and 80 were living with family members. There were no gender, $w_2(153) \frac{1}{4}$ 0.33, or age, $F(1, 151) \frac{1}{4}$ 0.30, differences between these two groups. The severity of psychological symptoms differed $F(6, 144) \frac{1}{4}$ 6.57, $p < .0001$, and orphan–nonorphan status, Wilks' Lambda $F(6,144) \frac{1}{4}$ 6.63, $p < .0001$. Girls reported more sleeping difficulties, $F(4, 151) \frac{1}{4}$ 25.89, $p < .0001$, and posttraumatic, $F(4, 151) \frac{1}{4}$ 8.22, $p < .005$, and somatic, $F(4,151) \frac{1}{4}$ 6.06, $p < .01$, symptoms than boys. Orphan children reported all psychological symptoms significantly more than nonorphans. An interaction analysis further specified that gender differences were found especially among orphan children, Wilks' Lambda $F(6, 144) \frac{1}{4}$ 2.13, $p < .05$. Post-traumatic symptoms, $F(1, 149) \frac{1}{4}$ 9.15, $p < .001$, and sleeping difficulties, $F(1, 149) \frac{1}{4}$ 4.54, $p < .035$, were especially high among orphan girls as compared to orphan boys. In fact, orphan and nonorphan boys did not differ in their posttraumatic symptoms ($M \frac{1}{4}$ 1.79, $SD \frac{1}{4}$ 0.08 and $M \frac{1}{4}$ 1.71, $SD \frac{1}{4}$ 0.08, respectively), while the orphan girls ($M \frac{1}{4}$ 2.28, $SD \frac{1}{4}$ 0.08) had a higher level of symptoms than the girls from intact families ($M \frac{1}{4}$ 1.74, $SD \frac{1}{4}$ 0.07). Teaching children effective and new ways of coping, symptom

management, and social-cognitive strategies constitute an important body of clinical and community interventions among war-traumatized children (Yule, 2002). Our results provide support for interventions that promote coping strategies among orphans.

Sr. Anne Jose.,(2007) This study assessed the adolescent psychosocial competence promotion programme on self esteem and adjustment of ninth standard adolescents. 15 sessions programme. The mean self-esteem scores of the experimental and control groups on pretest were 86.9 and 84.83 with standard deviations of 11.08 and 10.09 respectively. The mean self-esteem scores of the experimental and control groups on post test test were 105.41 and 89.67 with standard deviations of 10.33 and 10.74 respectively. The experimental group scored significantly higher on the post test compared to their pre test ($t_{(109)}=22.65, p<0.001$). The experimental group scored significantly higher on the post test on the comparison with the post test scores of the control group ($t_{(223)}=11.20, p<0.001$) also. These findings indicate that the programme was found to be beneficial for adolescents in promoting their self esteem and adjustment to different situations in life.

CHAPTER - III

RESEARCH METHODOLOGY

Methodology of study includes approach and design of the study, setting of the study, population, criteria for sampling, sample size, instrument and scoring procedure, developing and testing of the tool method of data collection and data analysis.

RESEARCH APPROACH

The research approach selected was evaluative approach, for evaluating the effectiveness of self esteem training to improve the level of self esteem and coping strategies among adolescent orphans.

RESEARCH DESIGN

The research design selected for the study was pre experimental one group pre test and post test design.

PRE TEST	INTERVENTION	POST TEST
O_1	X	O_2

Collection of demographic data

- O_1 – Pre test assessment of level of self esteem and coping strategies among adolescent orphans.
- X – Explaining and performing self esteem training activities such as Self esteem training was given for 26 days which includes action songs, fancy dress competition, musical drawing, games, storytelling, psycho drama, and music listening for the duration of 1 hr/day daily in the evening.
- O_2 – Assess the level of self esteem and coping strategies among adolescent orphans in post test.

SETTING OF THE STUDY

The study was conducted in St. Aloysius orphanage home which is situated in Dharapuram. It has both boy's orphanage home and girl's orphanage home separately but in the same campus. It has the facilities such as rest rooms, prayer room, store room, study hall, play ground and bath rooms. In boy's orphanage home 2 common rest rooms are there in that each student have separate cot. A well ventilated chapel is in the entrance of the orphanage home. In store room they keep their materials. A long study hall which is well furnished and well ventilated. In side of the boy's orphanage home a large play ground is there. In front of the boy's orphanage home R.C church is there.

Girl's orphanage has the facilities such as rest rooms, prayer room, store room, study hall, play ground and common bath rooms. In girl's orphanage home 2 common rest rooms are there in that each student have separate cot. A well ventilated chapel is in the entrance of the orphanage home. In store room they keep their materials. A long study hall which is well furnished and well ventilated. In front of the girl's orphanage home large play ground is there. The orphanage home is run by the RC Institution. There are totally 46 boys and 104 girls in the orphanage home. In that 33 boys and 67 girls are having low self esteem with inadequate coping.

POPULATION

The target population selected for the study was adolescent orphans.

SAMPLE

Samples were adolescent orphans with low self esteem and inadequate coping.

CRITERIA FOR SELECTION OF SAMPLE

INCLUSION CRITERIA

- ❖ Adolescent orphans with the age group of 10-19 years.
- ❖ Both male and female adolescent orphans.
- ❖ Adolescent orphans with low self esteem.

EXCLUSION CRITERIA

- ❖ Who are not willing to participate.
- ❖ Absentees.
- ❖ Who are physically ill.

SAMPLE AND SAMPLING

SAMPLE SIZE

A sample of 100 adolescent orphans who met the inclusion criteria were selected for the study.

SAMPLING TECHNIQUE

Purposive sampling technique was used to select the samples for the study.

INSTRUMENT AND SCORING PROCEDURE

The instrument consists of 3 sections.

PART I

It consists of demographic data such as age in years, Sex, religion, supportive system, education, duration of stay and hobbies.

PART II

Rosenberg self esteem scale

It includes Rosenberg self esteem scale. It is a standardized instrument with 4 point likert scale which consists of 10 questions. Out of which 5 questions have positive scoring and 5 questions have negative scoring. The highest score for the test is 30 and the lowest score is zero.

Scored as follows: Items 1, 2, 4, 6 and 7 have positive scoring. Strongly agree =3, Agree=2, Disagree=1, Strongly disagree=0. Items 3, 5, 8, 9 and 10 have negative scoring.

PART III

K. Matheson & H. Anisman., [2001]

Coping strategies survey scale was used to assess the coping level of adolescent orphans. It is a standardized instrument with 4 point likert scale which consists of 46 positive items. The highest score for the test is 138 and the lowest score is zero.

Scored as follows: Always=3, Often=2, Sometimes=1, Never=0

SCORING INTERPRETATION

PART II

Rosenberg self esteem scale

The highest possible total score for the whole test would be 30 and the lowest possible score for the test would be zero. Totally 5 questions have positive scoring and 5 questions have negative scoring.

Scored as follows

Items 1, 2, 4, 6 and 7 have positive scoring.

Strongly agree	=	3
Agree	=	2
Disagree	=	1
Strongly disagree	=	0

Items 3, 5, 8, 9 and 10 have negative scoring.

Strongly agree	=	0
Agree	=	1
Disagree	=	2
Strongly disagree	=	3

LEVELS OF SELF ESTEEM	SCORE	PERCENTAGE
Low self esteem	0-14	0-47%
Normal self esteem	15-25	48-83%
High self esteem	26-30	84-100%

PART III

Coping strategies survey scale

K. Matheson & H. Anisman, [2001]

Totally 46 positive questions. The highest possible total for the whole test would be 138 and the lowest possible score for the test would be zero.

Scored as follows

Always	=	3
Often	=	2
Sometimes	=	1
Never	=	0

LEVELS OF COPING	SCORE	PERCENTAGE %
Inadequate coping	0-44	0-32%
Moderately adequate coping	45-103	33-75%
Inadequate coping	104-138	76-100%

VALIDITY AND RELIABILITY OF THE TOOL

VALIDITY OF THE TOOL

The validity of the tool was established in consultation with one psychiatrist, one clinical psychologist and three nursing experts in the field of psychiatric nursing. The tool was translated in to Tamil.

RELIABILITY OF THE TOOL

Rosenberg self esteem scale

The reliability of the Rosenberg self esteem scale was established by testing equivalence. Inter rater method was used to assess the equivalence where the Karl Pearson's formula was used and found to be reliable ($r=0.98$).

Coping strategies survey scale

K. Matheson & H. Anisman, [2001]

The reliability of the Coping strategies survey scale was established by testing equivalence. Inter rater method was used to assess the equivalence where the Karl Pearson's formula was used and found to be reliable ($r=0.9$).

PILOT STUDY

The pilot study was conducted for a period of 15 days in Lister home, Dharapuram. The researcher obtained written permission from the institution and oral permission from the participants prior to the study. The purpose of the study was explained to the subjects prior to the study.

On the first day pertaining to the demographic variable was collected by self administered questionnaire. Pre test was conducted to the participants by using Rosenberg Self esteem scale and coping strategies survey scale. 10 Samples were taken for the pilot study by using purposive sampling technique based on inclusion criteria. Explained and performed self esteem training activities such as action songs, fancy dress competition, musical drawing, games, storytelling, psycho drama, and music listening was given for 13 days for the duration of 1 hr/day daily in the evening. On 15th day post test was conducted using the same scale. The post test mean scores and standard deviation of self esteem 23.5 (SD \pm 2.0) was higher than the pre test mean scores and standard deviation 11.1 (SD \pm 1.19). The 't' value was 22.96 which was significant at < 0.05 level. The post test mean scores and standard deviation of coping strategies 82.3 (SD \pm 7.73) was higher than the pre test mean score and standard deviation 42.2 (SD \pm 2.53). The 't' value was 18.39

which was significant at < 0.05 level. The pilot study findings revealed that the study is feasible and practicable to conduct main study.

DATA COLLECTION PROCEDURE

The data collection period was 5 weeks. The researcher obtained written permission from the institution and oral permission from the participants prior to the study. The purpose of the study was explained to the participants. On the 1st day and 2nd day demographic variables and pre test data was collected by self administered questionnaire method using 4 point likert scale - Rosenberg Self esteem scale and coping strategies survey scale from orphan boys and girls in St. Aloysius orphanage home, Dharapuram.

After the pre test 100 Samples were taken based on the inclusion criteria who are all having low self esteem and inadequate coping by using purposive sampling technique. In that 33 boys and 67 girls are had low self esteem with inadequate coping.

The 67 girls were separated as two groups, 33 in one group and 34 in another group.

Explained and performed self esteem training activities such as action songs, fancy dress competition, musical drawing, games, storytelling, psycho drama, and music listening was given for 26 days for the duration of 1 hr/day daily in the evening. On 29th and 30th day post test was conducted using the same scale.

The collected data were analyzed using descriptive and inferential statistics.

DATA ANALYSIS

The data collected were analyzed by using descriptive and inferential statistics. The statistical methods used to analyze the data were as follows.

S. No	Data Analysis	Method	Purpose
1.	Descriptive statistics	Frequency percentage	To describe the demographic variables of orphans.
		Mean, standard deviation	To assess the pre test and post test level of self esteem and coping strategies among orphans.
2.	Inferential statistics	Paired 't' test	To evaluate the effectiveness of self esteem training on self esteem and coping strategies among orphans.
		'Chi' square test	To find the association between the post test scores of self esteem and coping strategies with their selected demographic variables.

PROTECTION OF THE HUMAN SUBJECTS

The research proposal was approved by the dissertation committee. The written permission was obtained from the in charge of orphanage home and oral consent was obtained from each participant by explain the purpose of the study before collected the data. Confidentiality and privacy was maintained throughout the study.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collection to evaluate the effectiveness of self esteem training on low self esteem and inadequate coping among orphans in St. Aloysious orphanage home, Dharapuram.

ORGANIZATION OF THE DATA:

The data has been tabulated and organized as follows:

Section - A: Description of demographic variables.

Section - B: Pre test and post test level of self esteem among orphans

Section - C: Pre test and post test level of coping strategies among orphans

Section - D: Comparison of pre and post test level of self esteem among orphans.

Section - E: Comparison of pre and post test level of coping strategies among orphans.

Section - F: Association between post test scores of self esteem among orphans with their selected demographic variables.

Section - G: Association between post test scores of coping strategies among orphans with their selected demographic variables.

SECTION A: Description of demographic variables**TABLE 1:** Frequency and percentage distribution of demographic variables among orphans.

n = 100

S. NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	Age in years		
	10– 12 years	25	25
	13 – 15 years	58	58
	16– 19years	17	17
2.	Sex		
	Male	33	33
	Female	67	67
3.	Religion		
	Hindu	55	55
	Christian	39	39
	Others	6	6
4.	Supportive system		
	Any one of the Parent	44	44
	Relatives	14	14
	Others	42	42
5.	Education		
	Middle school	39	39
	High school	41	41
	Higher secondary	20	20
6.	Duration of stay		
	1month – 1year	31	31
	1year – 2 years	39	39
	Above 2 years	30	30

7.	Hobbies		
	TV	20	20
	music	9	9
	Games	58	58
	Others	13	13

Table: 1 depicts the distribution of demographic variables among orphans with low self esteem and inadequate coping.

Regarding Age, majority 58 (58%) of the orphans with low self esteem and inadequate coping were in the age group of 13to 15 years, 25 (25%) were in the age group of 10 to 12 years and 17 (17%) were in the age group of 16 to 19 years (Fig.2).

Regarding sex, majority 67 (67%) of the orphans were females, 33 (33%) were males. (Fig.3)

Regarding religion, majority 55(55%) of them were Hindus, 39(39%) were Christians and 6(6%) were belong to other religion. (Fig.4)

Regarding Supportive system, majority 44 (44%) of them were receiving support from any one of the parent, 42(42%) were receiving support from other sources and 14(14%) were receiving support from their relatives. (Fig.5)

Regarding education, majority 41(41%) of them were studying High school education, 39 (39%) were studying middle school and 20 (20%) were studying higher secondary education. (Fig.6)

Regarding Duration of stay in orphanage home, majority 39 (39%) were staying for 1year-2years, 31 (31%) were staying for below 1year and 30 (30%) were staying more than 2 years. (Fig.7)

Regarding Hobbies, majority 58(58%) were interested in games, 20(20%) were interested in watching television, 9 (9%) were interested to listening music and 13 (13%) were having other type of hobbies. (Fig.8)

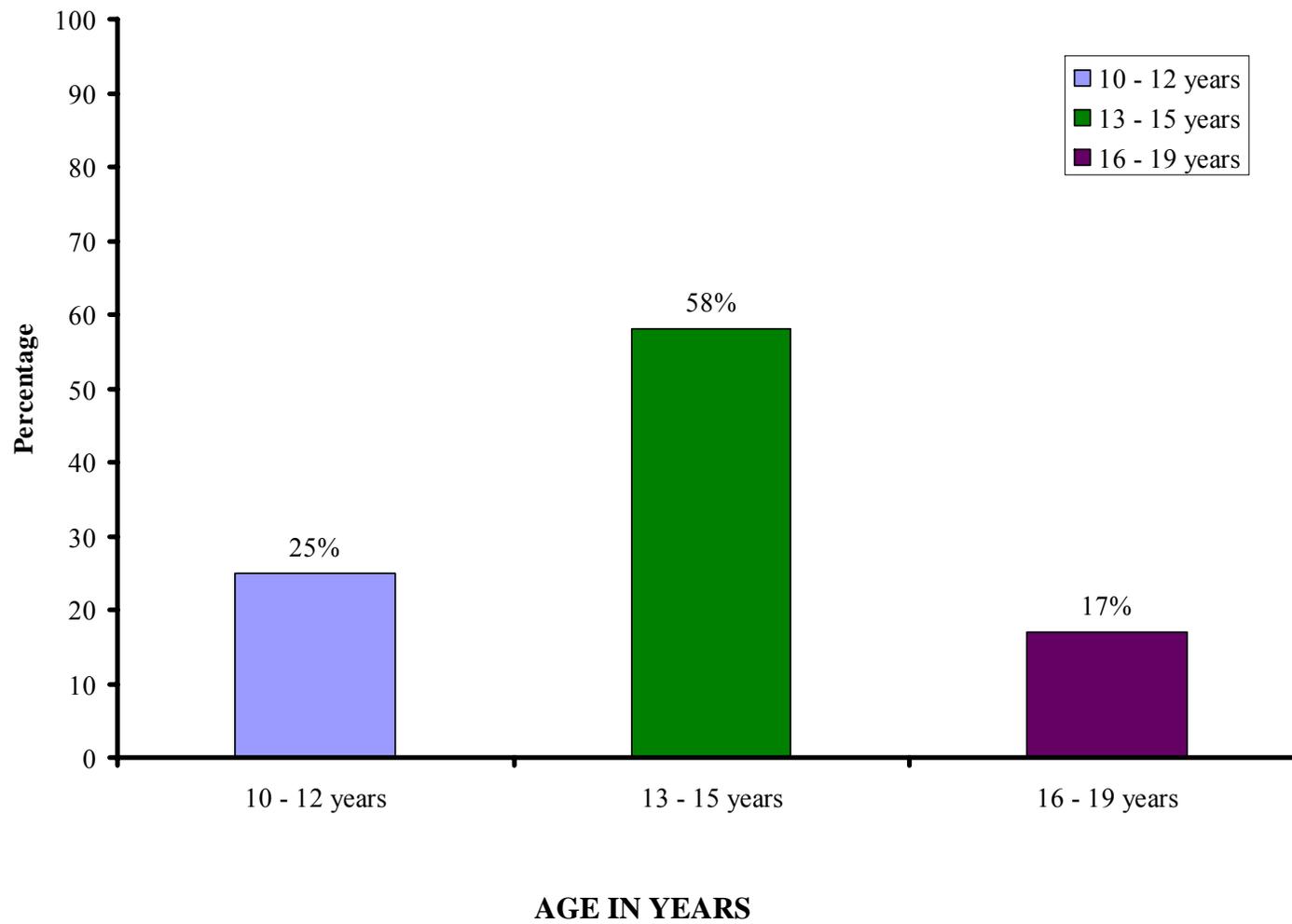
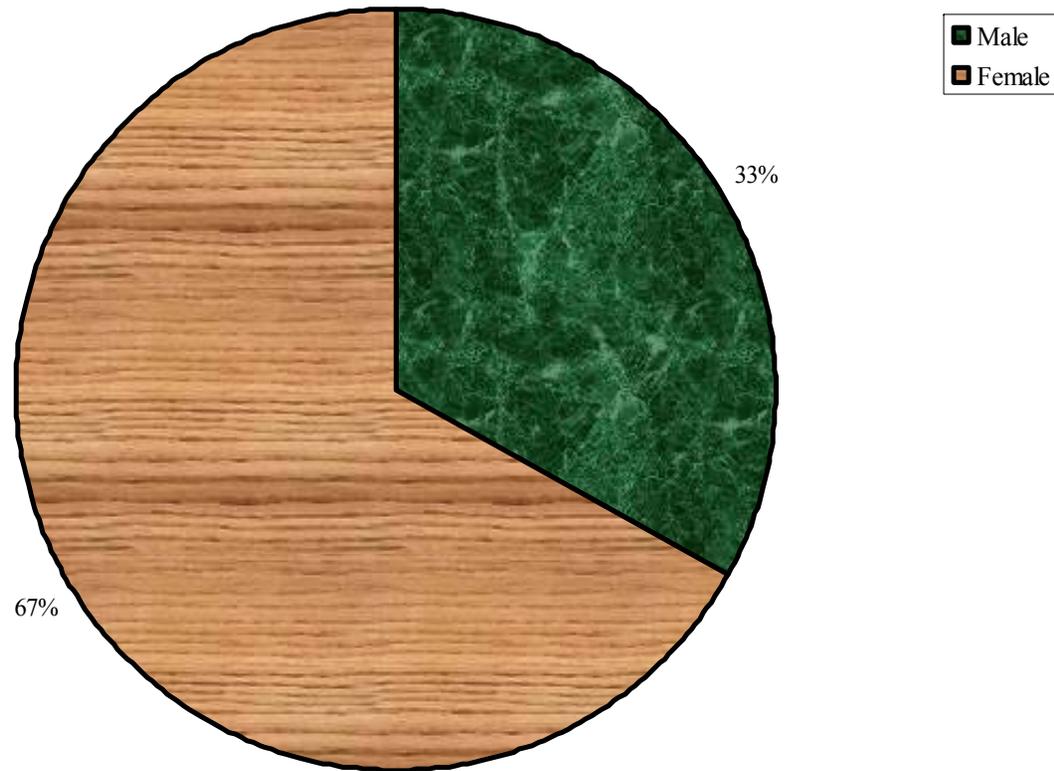


Fig : 2 Percentage distribution of orphans according to their age in years



SEX

Fig : 3 Percentage distribution of orphans according to their sex

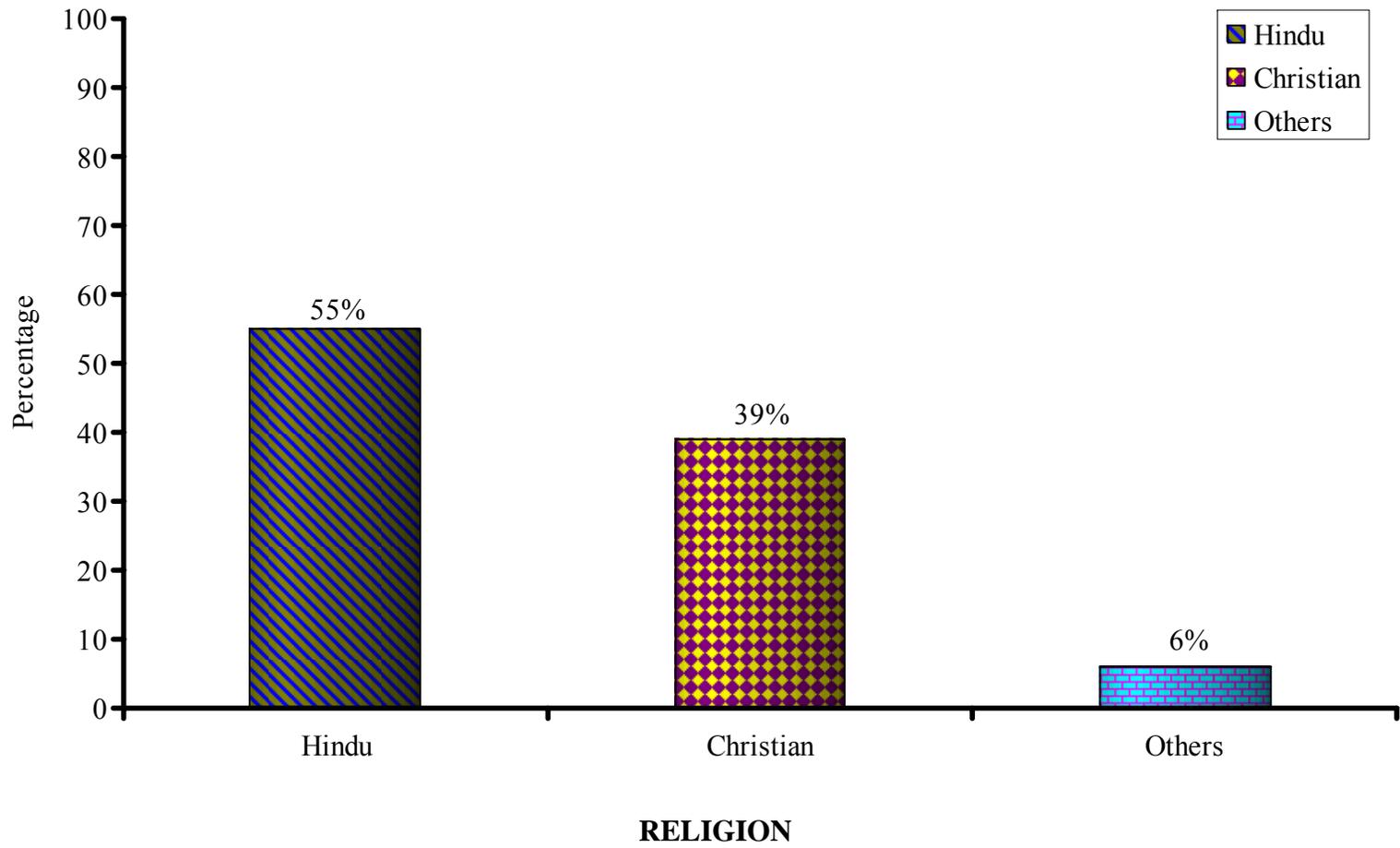


Fig : 4 Percentage distribution of orphans according to their religion

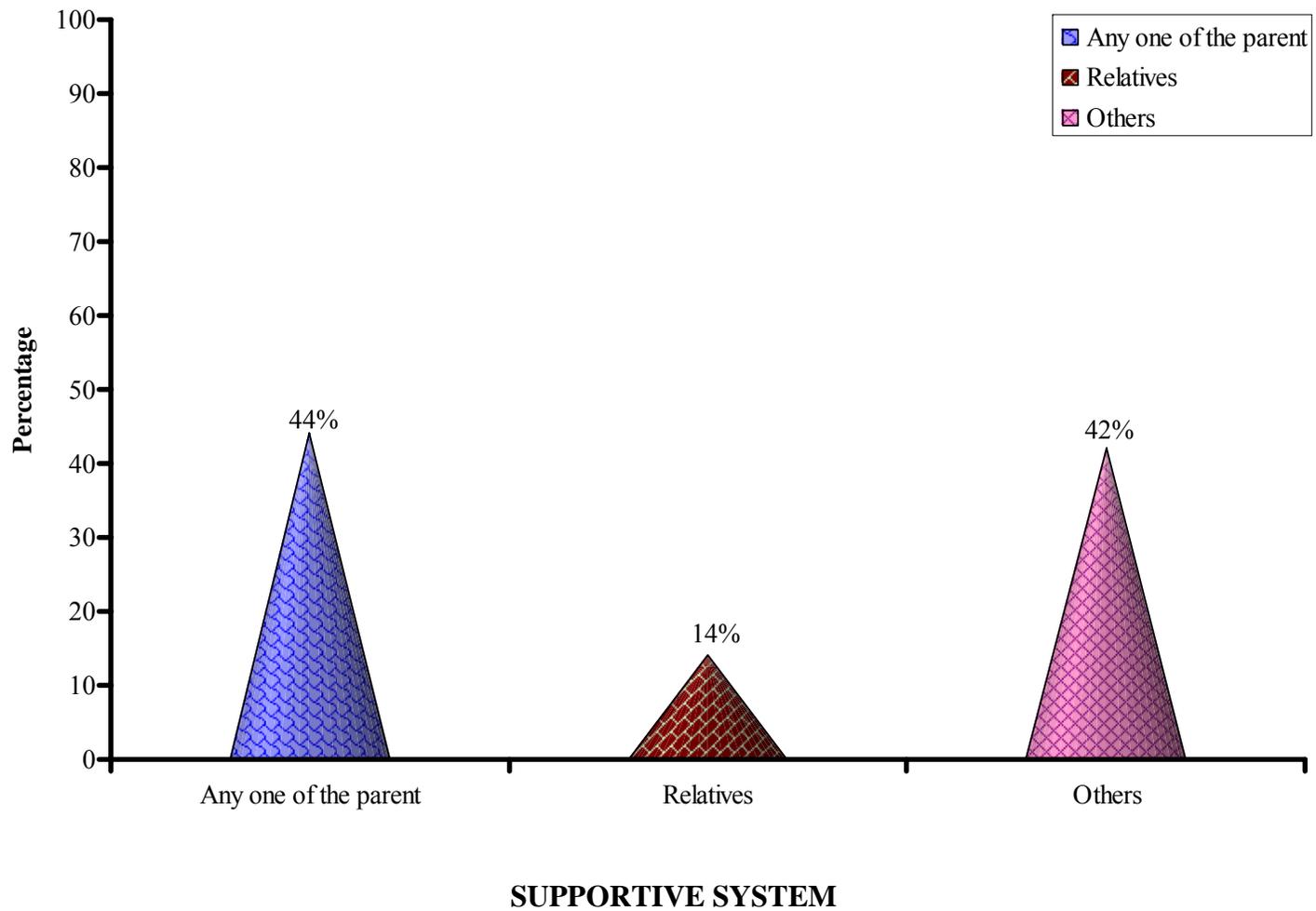


Fig : 5 Percentage distribution of orphans according to their supportive system

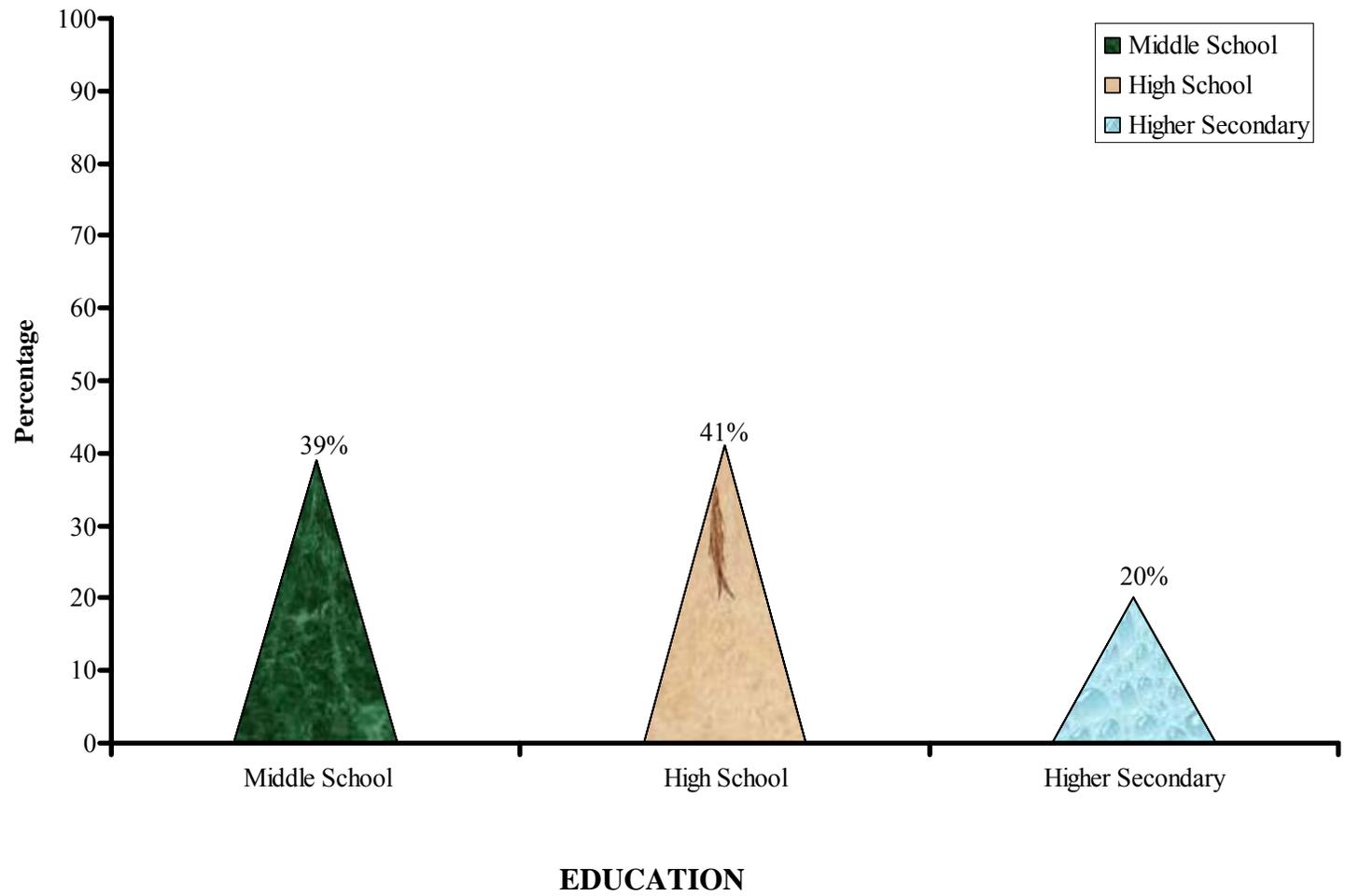


Fig : 6 Percentage distribution of orphans according to their education

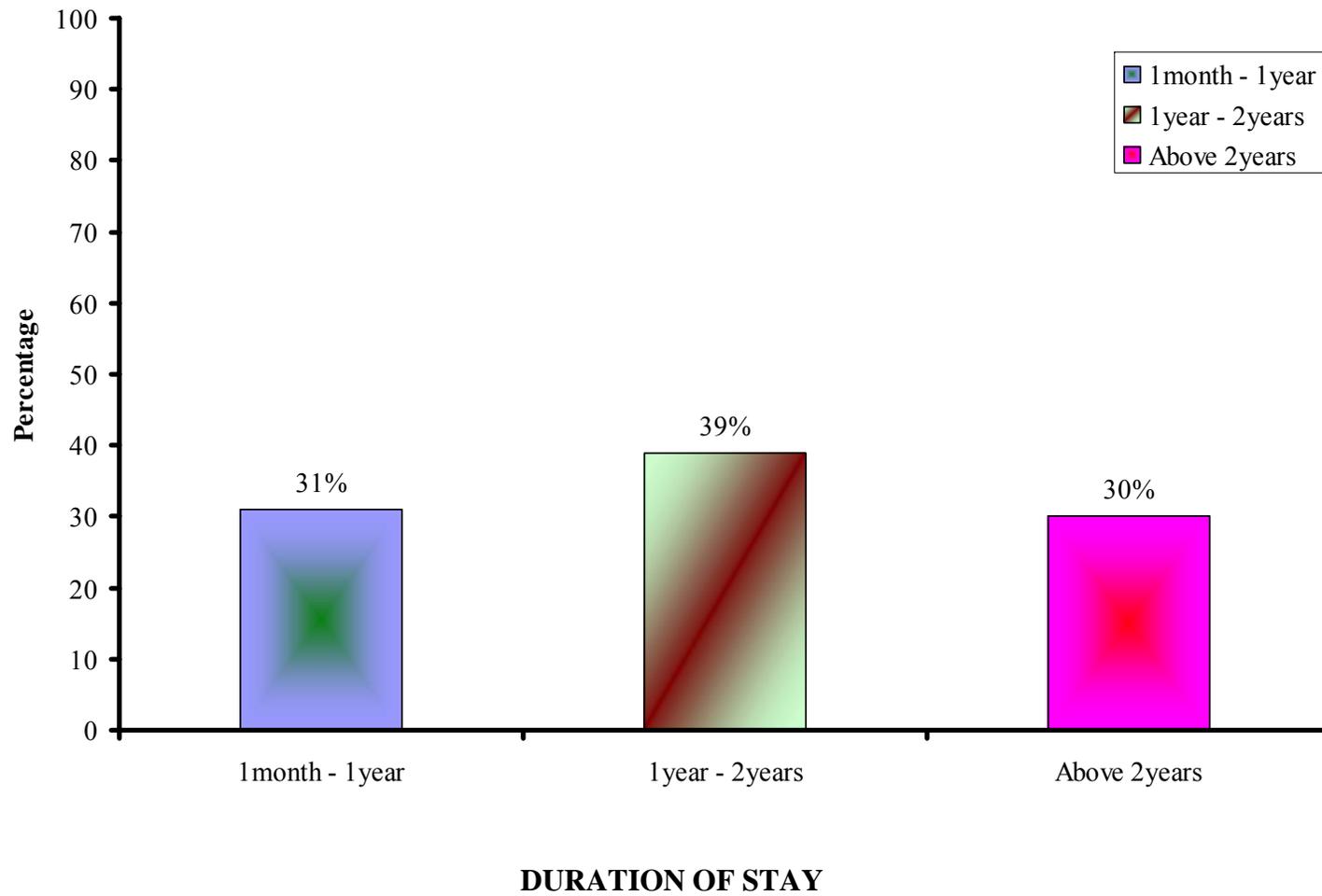


Fig : 7 Percentage distribution of orphans according to their duration of stay

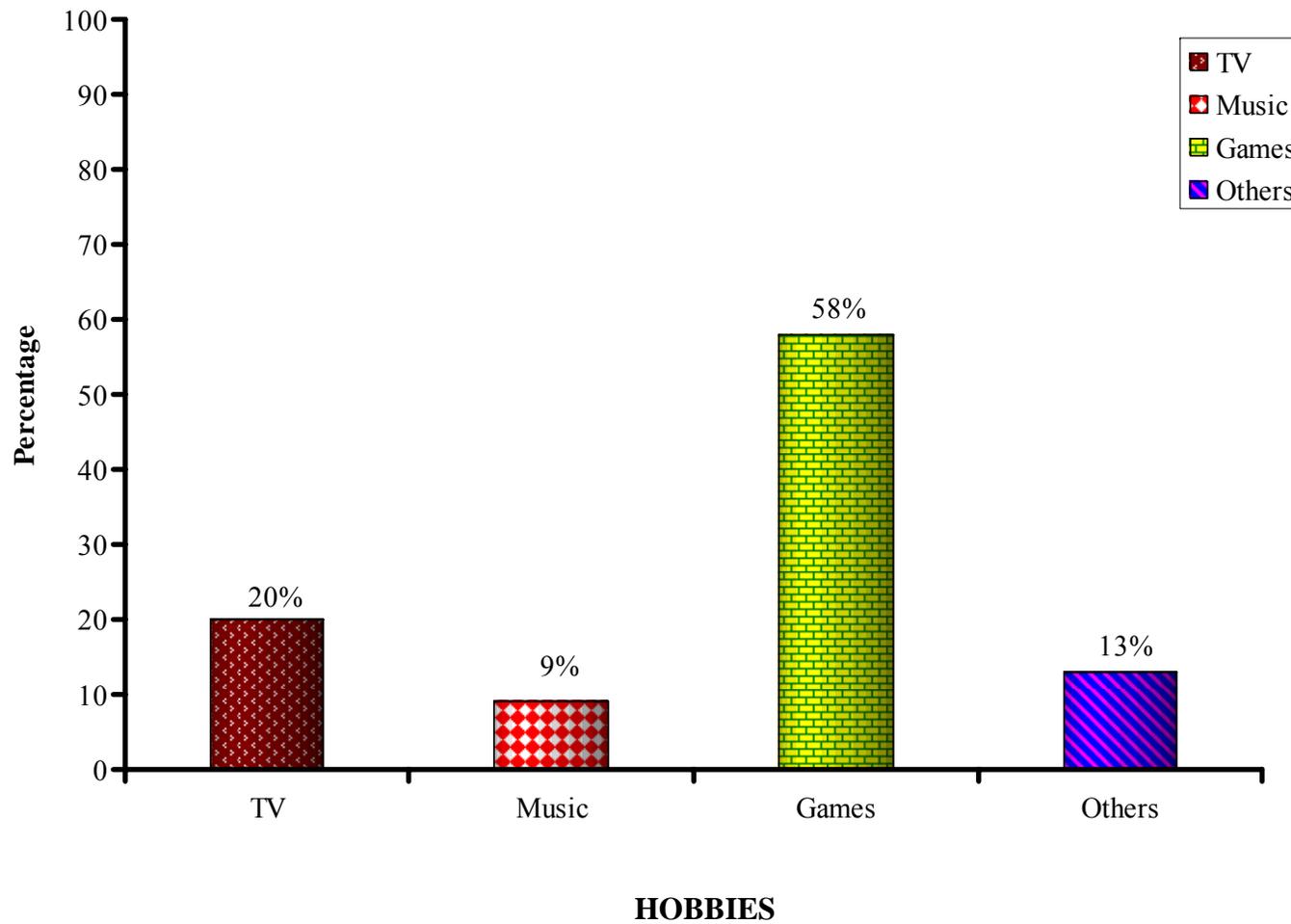


Fig : 8 Percentage distribution of orphans according to their hobbies

SECTION B: Pre test and post test level of self esteem among Orphans

TABLE 2: Frequency and percentage distribution of pre test and post test level of self esteem among orphans.

n=100

CATEGORY	PRE TEST		POST TEST	
	F	%	F	%
Low self esteem	100	100	-	-
Normal self esteem	-	-	87	87
High self esteem	-	-	13	13
Total	100	100	100	100

Table: 2 depicts that in the pre test all of them 100 (100%) had low self esteem where as in the post test 87(87%) had normal level of self esteem and 13(13%) had high self esteem. (Fig: 9)

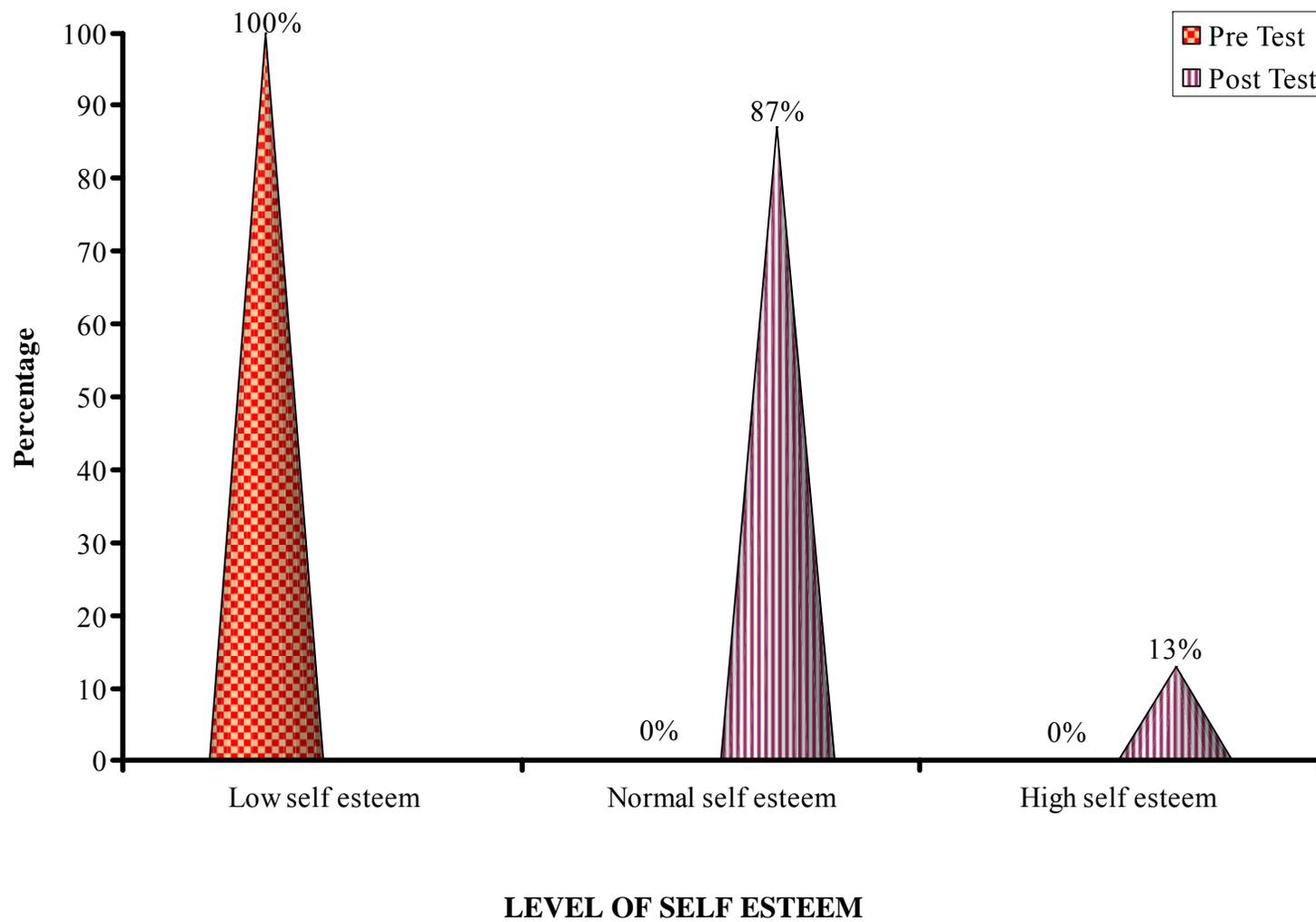


Fig : 9 Percentage distribution of pretest and posttest level of self esteem among orphans

SECTION C: Pre test and post test level of coping Strategies among orphans

TABLE 3 : Frequency and percentage distribution of pre test and post test level of coping strategies among orphans

n=100

CATEGORY	PRE TEST		POST TEST	
	F	%	F	%
Inadequate coping	42	42	-	-
Moderately adequate coping	58	58	56	56
Adequate coping	-	-	44	44
Total	100	100	100	100

Table: 3 depicts, that in the pre test majority 58(58%) had moderately adequate coping 42(42%) of orphans had inadequate coping where as in the post test 56(56%) had moderately adequate coping and 44(44%) had adequate coping. (Fig.10)

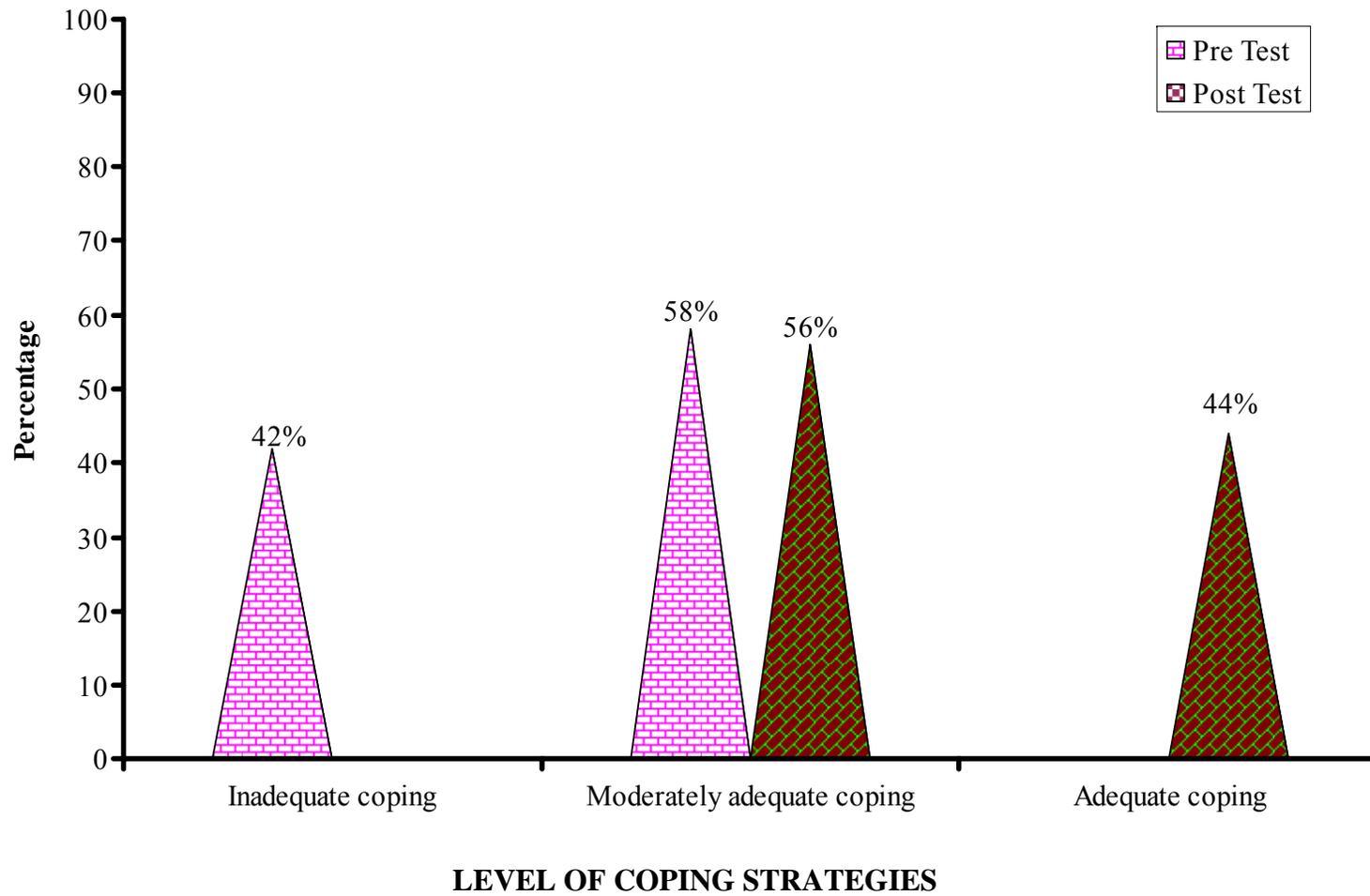


Fig : 9 Percentage distribution of pretest and posttest level of coping strategies among orphans

SECTION D: Comparison of pre and post test level of self esteem among orphans

TABLE 4 : Comparison of Mean, standard deviation and paired ‘t’ value of pre test and post test level of self esteem among orphans.

n=100

S. no	Variables	Mean	Standard deviation	Mean Difference	‘t’ value	Table value	Inference
1.	Pre test	9.57	1.87	12.44	10.2	1.96	Significant
2.	Post test	22.01	3.086				

df = 99

P<0.05

Table: 4 depicts that mean scores of Pre test and post test level of self esteem among orphans were 9.57 (SD \pm 1.87) and 22.01 (SD \pm 3.086) respectively. Mean Difference was 12.44 and the corresponding paired ‘t’ value was 10.2 which was significant at P< 0.05 level.

SECTION E: Comparison of pre and post test level of coping strategies among orphans

TABLE 5 : Comparison of Mean, standard deviation and paired 't' value of pre test and post test level of coping strategies among orphans.

n=100

S. no	Variables	Mean	Standard deviation	Mean Difference	't' value	Table value	Inference
1.	Pre test	46.96	11.17	54.66	50.456	1.96	Significant
2.	Post test	101.62	7.7931				

df = 99

P<0.05

Table: 5 depicts that the mean scores of Pre test and post test level of coping strategies among orphans were 46.96 (SD±11.17) and 101.62 (SD±7.7931) respectively. Mean Difference was 54.66 and the corresponding 't' value was 50.456 which was significant at P < 0.05 level.

SECTION F : Association of post test level of self esteem among Orphans with their selected demographic Variables.

TABLE: 6 Association of post test level of self esteem among Orphans with their selected demographic variables.
n=100

S. No	Demographic Variable	Level of self esteem				Chi-square	Table value	Inference
		High self esteem		Normal self esteem				
		F	%	F	%			
1.	Age in years							
	a) 10-12 yrs	4	4	21	21	0.0891	5.99 (df=2)	NS
	b) 13-15 yrs	6	6	52	52			
	c) 16-19yrs	3	3	14	14			
2.	Sex							
	a) Male	2	2	31	31	2.0969	3.84 (df=1)	NS
	b) Female	11	11	56	56			
3.	Religion							
	a) Hindu	6	6	49	49	5.9944	5.99 (df=2)	NS
	b) Christian	7	7	32	32			
	c) Others	-	-	6	6			
4.	Supportive system							
	a) Any one of the Parent	4	4	40	40	1.1142	5.99 (df=2)	NS
	b) Relatives	2	2	12	12			
	c) Others	7	7	35	35			
5.	Education							
	a) Middle school	5	5	34	34	0.0954	5.99 (df=2)	NS
	b) High school	5	5	36	36			
	c) Higher secondary	3	3	17	17			

6.	Duration of stay							
	a) 1 month – 1 year	3	3	28	28	3.3128	5.99 (df=2)	NS
	b) 1year – 2 years	8	8	31	31			
	c) Above 2 years	2	2	28	28			
7.	Hobbies							
	a) Television	3	3	17	17	0.4551	7.82 (df=3)	NS
	b) Music	1	1	8	8			
	c) Games	8	8	50	50			
	d) Others	1	1	12	12			

NS- Not significant S-Significant

P<0.05

Table: 6 The Chi square values were calculated to find out the association between the self esteem among orphans with their selected demographic variables revealed that there was no significant association with age, sex, religion, supportive system, education, duration of stay and hobbies among orphans.

SECTION G : Association of post test level of coping strategies among adolescent orphans with their selected demographic variables.

TABLE: 7 Association of post test level of coping strategies among adolescent orphans with their selected demographic variables

n=100

S. no	Demographic Variable	Level of coping strategies				Chi-square	Table value	Inference			
		Adequate coping		Moderately adequate coping							
		F	%	F	%						
1.	Age in years a) 10-12 yrs b) 13-15 yrs c) 16-19yrs	8	8	17	17	6.4998	5.99 (df=2)	S			
2.	Sex a) Male b) Female	11	11	22	22				2.2741	3.84 (df=1)	NS
3.	Religion a) Hindu b) Christian c) Others	26	26	29	29						
4.	Supportive system a) Any one of the Parent b) Relatives c) Others	19	19	25	25	0.0351	5.99 (df=2)	NS			
		6	16	8	8						
		19	9	23	23						

5.	Education							
	a) Middle school	12	12	27	27			
	b) High school	18	18	23	23	8.2578	5.99	S
	c) Higher secondary	14	14	6	6		(df=2)	
6.	Duration of stay							
	a) 1 month – 1 year	17	17	14	14			
	b) 1year – 2 years	17	17	22	22	2.4750	5.99	NS
	c) Above 2 years	10	10	20	20		(df=2)	
7.	Hobbies							
	a) Television	7	7	13	13			
	b) Music	3	3	6	6	12.73	7.82	S
	c) Games	28	28	30	30		(df=3)	
	d) Others	6	6	7	7			

NS-Non significant S - Significant

P<0.05

Table: 7 The Chi square values were calculated to find out the association between the post tests of coping strategies among orphans with their selected demographic variables revealed that there was no significant association with sex, religion, supportive system, duration of stay in orphanage home except for their age ($\chi^2=6.4998$) education ($\chi^2=8.257$) and hobbies ($\chi^2=12.7345$) significant at $P < 0.05$.

CHAPTER – V

DISCUSSION

The discussion chapter deals with description of sample characteristics and objectives of the study. The aim of this present study was to assess the effectiveness of self esteem training on low self esteem, inadequate coping among orphans residing in the St. Aloysious orphanage home at Dharapuram.

Description of demographic variables of adolescent orphans

Regarding Age, majority 58 (58%) of the orphans with low self esteem and inadequate coping were in the age group of 13to 15 years, 25 (25%) were in the age group of 10 to 12 years and 17 (17%) were in the age group of 16 to 19 years .

The study findings are consistent with the findings of **Figen Gürsoy, Müdriye Yıldız Bıçakçı, Emel Orhan, Sema Bakırcı, Seyhan Çatak, Özlem Yerebakan [2011]**Research was conducted on 126 adolescents including 63 adolescents living in orphanage, New Delhi and 63 voluntary adolescents between ages 13-18 .

Regarding sex, majority 67 (67%) of the orphans were females, 33 (33%) were males.

Regarding religion, majority 55(55%) of them were Hindus, 39(39%) were Christians and 6(6%) were belong to other religion.

Regarding Supportive system, majority 44 (44%) of them were receiving support from any one of the parent, 42(42%) were receiving support from other sources and 14(14%) were receiving support from their relatives.

Regarding education, majority 41(41%) of them were studying High school education, 39 (39%) were studying middle school and 20 (20%) were studying higher secondary education.

Regarding Duration of stay in orphanage home, majority 39 (39%) were staying for 1year-2years, 31 (31%) were staying for below 1year and 30 (30%) were staying more than 2 years.

The study findings are consistent with the findings of **Youngleson, M. (2003)**. Compared 24 institutionalized children and a matched control group, matched exactly for age, sex, religion, school performance, ordinal position of birth, and parental socioeconomic status. The study's subjects were high school students between ages 15 and 17 who had been in a children's home. All had been institutionalized since early childhood, with the age at which they were separated from their mothers ranging from 21 months to 7 years 10 months.

Regarding Hobbies, majority 58(58%) were interested in games, 20(20%) were interested in watching television, 9 (9%) were interested to listening music and 13 (13%) were having other type of hobbies.

This chapter attempts to discuss the findings of the study as per the following objectives

1. To assess the pre test and post test level of self esteem among orphans.
2. To assess the pre test and post test level of coping strategies among orphans
3. To compare the pre and post test level of self esteem among orphans.
4. To compare the pre and post test level of coping strategies among orphans.
5. To find the association between post test scores of self esteem among orphans with their selected demographic variables.
6. To find the association between post test scores of coping strategies among orphans with their selected demographic variables.

Objective: 1 To assess the pre and post test level of self esteem among orphans

The data analysis reveals that in pre test all of them 100 (100%) of orphans had low self esteem. In post test, however 87(87%) of orphans had normal level of self esteem and 13(13%) had high self esteem.

The findings are consistent with the findings of **Stephanie J. Hanrahan (2005)** that reported that there was a significant increases in self esteem ($t(25) = -2.37, p = .026$).

Objective: 2 To assess the pre test and post test level of coping strategies among orphans

In pre test majority 58(58%) had moderately adequate coping 42(42%) of orphans had inadequate coping where as in the post test 56(56%) had moderately adequate coping and 44(44%) had adequate coping where as none of them had inadequate coping.

The study findings are consistent with the findings of **Abbas Hedayiet Muhammed and Hemen Ahmed Abdulrahman [2004]** Impact of traumatic events on coping strategies and their effectiveness among Kurdish children Participants were (153) 73 were living in orphanages and 80 were living with family members. Kurdish children (49% girls and 51% boys). Orphan children reported all psychological symptoms significantly more than nonorphans. Teaching children effective and new ways of coping, symptom management, and social-cognitive strategies constitute an important body of clinical and community interventions among war-traumatized children (Yule, 2002). This results support for interventions that promote coping strategies among orphans.

Objective: 3 To compare the pre and post test level of self esteem among orphans.

The findings showed that the mean scores of Pre test and post test level of self esteem among orphans were 9.57 (SD±1.87) and 22.01(SD ± 3.086) respectively. The 't' value was 10.2 which was significant at P < 0.05 level.

The study findings are consistent with the findings of **Kirupa.P. (2010)** the study adopted the true experimental design with two group pre test and post test design. Simple random sampling by lottery method was used to divide the experimental and control group of the 40 first year general nursing and midwifery students who had fulfilled both inclusion and exclusion criteria. The study was conducted in mangalore, Karnataka. The multidimensional self esteem questionnaire .The intervention consists of six sessions for six days duration with each session of 45 minutes per day. Intervention sessions include the competency, global, moral and self concept, social, family, body and physical appearance domain. Total duration of sessions was 270 minutes for the six days. In the pre test 95% (19) were in the moderate level of self esteem and 5%(1)were in low self esteem in experimental group and in control group 100% (20) were moderate self esteem. In the post test after administration of planned intervention of self esteem in the experimental group 80% (16) were in the high self esteem and 20% (4) were in the moderate level of self esteem. Experimental group shows that higher level of self esteem in the post test than the control group.

H₁ : The mean post test scores of self esteem is higher than the mean pretest scores of self esteem among orphans was accepted

Objective: 4 To compare the pre and post test level of coping strategies among orphans.

This study findings showed that mean score of Pre test and post test level of coping strategies among orphans were 46.96 (SD±11.17) and 101.62 (SD±7.7931) respectively. The 't' value was 50.456 which was significant at P < 0.05 level.

The study findings are consistent with the findings of **Sr. Anne Jose.,(2007)** This study assessed the adolescent psychosocial competence promotion programme on self esteem and adjustment of ninth standard adolescents. 15 sessions programme. The mean self-esteem scores of the experimental and control groups on pretest were 86.9 and 84.83 with standard deviations of 11.08 and 10.09 respectively. The mean self-esteem scores of the experimental and control groups on post test test were 105.41 and 89.67 with standard deviations of 10.33 and 10.74 respectively. The experimental group scored significantly higher on the post test compared to their pre test ($t_{(109)}=22.65, p<0.001$). The experimental group scored significantly higher on the post test on the comparison with the post test scores of the control group ($t_{(223)}=11.20, p<0.001$) also. These findings indicate that the programme was found to be beneficial for adolescents in promoting their self esteem and adjustment to different situations in life.

H₂ : The mean post test scores of coping strategies is higher than the mean pretest scores of coping strategies among orphans was accepted.

Objective: 5 To find the association between post test score of self esteem among orphans with their selected demographic variables.

The Chi square values were calculated to find out the association between the self esteem among orphans with their selected demographic variables. Revealed that there was no significant association with age, sex, religion, supportive system, education, duration of stay and hobbies among adolescent orphans.

H₃ : There will be a significant association between post test scores of self esteem with their selected demographic variables among orphans was rejected.

Objective: 6 To find the association between post test score of coping strategies among orphans with their selected demographic variables.

The Chi square values were calculated to find out the association between the post tests of coping strategies among orphans with their selected demographic variables, revealed that there was no significant association with sex, religion, supportive system, duration of stay in orphanage home except for their age ($\chi^2=6.4998$) education ($\chi^2=8.257$) and hobbies ($\chi^2=12.7345$) significant at $P < 0.05$ level.

H₄ : There will be a significant association between post test scores of coping strategies with their selected demographic variables among orphans was accepted.

CHAPTER – VI
SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATIONS
AND LIMITATIONS

SUMMARY OF THE STUDY

The focus of the study was to assess the effectiveness of self esteem training on low self esteem, and inadequate coping among adolescent orphans residing in St. Aloysius orphanage home at Dharapuram. The design used for this study was pre experimental one group pre test and post test design. Conceptual framework for the study was based on modified Roy's adaptation model [1984] .The study is evaluate approach. The research design used for the study was pre experimental one group pre test and post test design. Purposive sampling technique was used to select the 100 samples who fulfilled the inclusion criteria. There are totally 46 boys in boy's orphanage home and 104 girls in the girl's orphanage home.

Pre test data was done by self administered questionnaire using 4 point likert scale - Rosenberg Self esteem scale and coping strategies survey scale from the orphans in St. Aloysius orphanage home, Dharapuram. In that 33 boys and 67 girls are had low self esteem with inadequate coping.

The 67 girls were separated as two groups, 33 in one group and 34 in another group.

Explained and performed self esteem training activities such as action songs, fancy dress competition, musical drawing, games, storytelling, psycho drama, and music listening was given for 26 days for the duration of 1 hr/day daily in the evening. On 29th and 30th day post test was conducted using the same scale.

The collected data were analyzed using descriptive and inferential statistics.

Major findings of the study

- ❖ Majority (58%) of the orphans belongs to the age group of 13 - 15 years.
- ❖ Majority (67%) of the orphans were females.
- ❖ Majority (55%) of the orphans belongs to Hindus.
- ❖ Majority (44%) of the orphans were supported by their one of the parent.
- ❖ Majority (41%) of the orphans were studying high school education.
- ❖ Majority (39%) of orphans were staying 1-2 years in orphanage home.
- ❖ Majority (58%) of the orphans hobby were watching Television.
- ❖ During pre test all of them 100 (100%) had low self esteem where as in the post test 87(87%) had normal level of self esteem and 13(13%) had high self esteem.
- ❖ During pre test majority 58(58%) had moderately adequate coping 42(42%) of orphans had inadequate coping where as in the post test 56(56%) had moderately adequate coping and 44(44%) had adequate coping.
- ❖ The mean post test scores of self esteem 22.01(SD±3.086) was higher than mean pre test scores of self esteem 9.57 (SD±1.87). Mean difference was 12.44 and the corresponding paired 't' value was 10.2 (table value 1.96) which was significant at P< 0.05 level. This indicates the effectiveness of self esteem training on low self esteem among orphans.
- ❖ The mean post test scores of coping strategies 101.62 (SD±7.79) was higher than the mean pre test scores of coping strategies at 46.96 (SD±10.75). Mean difference was 54.66 and the corresponding paired 't' value was 50.456 (table value 1.96) which was significant at P < 0.05 level. It indicates the effectiveness of self esteem training on inadequate coping strategies among orphans.
- ❖ There is no significant association between post test scores of self esteem and their selected demographic variables.

- ❖ Significant association was found between post test scores of coping strategies with their age ($\chi^2=6.4998$) education ($\chi^2=8.257$) and hobbies ($\chi^2=12.7345$).

The study revealed that the post test scores of self esteem and coping strategies was significantly improved after practicing self esteem training. Findings showed that practicing self esteem training regularly may improve the self esteem and coping strategies of orphans in orphanage home.

CONCLUSION

The present study assessed the effectiveness of self esteem training to improve the self esteem and coping strategies among orphans. The mean post test scores of self esteem 22.01(SD±3.086) was higher than mean pre test scores of self esteem 9.57 (SD±1.87). The paired 't' value was 10.2 (table value=1.96) showed that there was a significant difference between pre test and post test scores of self esteem among orphans (P<0.05) level. The mean post test scores of coping strategies 101.62 (SD±7.79) was higher than mean pre test scores of coping strategies 46.96 (SD±10.75) The paired 't' value was 50.456 (table value=1.96) showed that there was a significant difference between pre and post test scores of coping strategies among orphans at (P<0.05) level . The present study showed that the effectiveness of self esteem training to improve the self esteem and coping strategies among orphans.

IMPLICATIONS

The findings of the study have certain important implications for nursing service, education, administration and nursing research.

NURSING SERVICE

Nurse as the change agent, can introduce health teaching by using CD regarding self esteem training in all settings.

The nursing personnel need to be well equipped with adequate knowledge and practice regarding the self esteem training.

Nurse can implement the self esteem training in patients with psychiatric disorder.

Nurse can implement the self esteem training in psychiatric outpatient setting also.

NURSING EDUCATION

- Imparting the concepts of self esteem training to nursing students.
- Nursing students to do mini project regarding self esteem training. Nursing students can utilize the knowledge on self esteem training to give health education in the schools, hospitals, community and in orphanage homes and in all psychiatric settings.

NURSING ADMINISTRATION

- Nurse administrator can organize continuing nursing education program on self esteem training in all settings.
- Nurse administrator can organize in service education programmes for directing and motivating staff towards self esteem training.
- Nurse administrator can organize education program on self esteem training to the care givers of orphanage home.

NURSING RESEARCH

- The study finding can effectively be utilized by the emerging researchers.
- This study may provide a foundation to conduct studies on larger and different populations to strongly prove the efficacy of self esteem training.
- The study findings can be a baseline for further studies the patient with psychiatric disorder.

RECOMMENDATIONS

1. Comparative study can be done between the orphan adolescents in orphanage home and in adolescents within their family.
2. This similar study can be replicated on large samples there by findings can be generalized to a large population.
3. This study can be done by using time series design.
4. This study can be done by using the experimental and control group method.

LIMITATION

- ❖ Investigator found that it was time consuming.

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- <http://216.239.33.100/search?q=cache:HfSEuWOK1zAC:www.theweekly.com/subs/overcoffee.html+%22number+of+orphans+worldwide%22+&hl=en&ie=UTF-8>
- http://www.worldbank.org/afr/hd/wps/African_Orphans.pdf
- http://www.unicef.org/media/publications/children_on_brink.pdf
- SOS Children's Villages - USA is a 501(c)3 nonprofit organization with EIN Tax ID# 13-6188433. SOS Children's Villages - USA is the U.S. headquarters of SOS-Kinderdorf International.

APPENDIX – A



BISHOP'S COLLEGE OF NURSING

(C.S.I. Trichy - Tanjore Diocese)
C.S.I. Mission Compound, DHARAPURAM - 638 656,
Tiruppur District.

☎ Off: 04258 - 221224
223962

Fax : 04258 221224
E - Mail; principalbcn@sify.com

Ref: Bcn/123/Per.A/c/5/2011.

Date..21.05.2011....

To,
The Correspondent,
Lister home,
Dharapuram.

Respected Madam,

This is to certify that Ms. S. Angeline Lavanya is a bonafide student of our college doing her M.Sc.,(N) programme I year. As part of her requirement under, The Tamil Nadu Dr.MGR. Medical University, Chennai, she has to do a project on "A quasi experimental study to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphanage adolescents".

Kindly permit her to carryout the pilot study in your esteemed institution.

Thanking you,

Yours faithfully,

Permitted.
15.06.11.

Rmi
PRINCIPAL,
BISHOP'S COLLEGE OF NURSING
C.S.I.MISSION COMPOUND,
DHARAPURAM-638 656,
TIRUPUR DISTRICT.



BISHOP'S COLLEGE OF NURSING

(C.S.I. Trichy - Tanjore Diocese)
C.S.I. Mission Compound, DHARAPURAM - 638 656,
Tiruppur District.

☎ Off: 04258 - 221224
223962

Fax : 04258 221224

E - Mail; principalbcn@sify.com

Ref: Bcn/124/Per file/5/2011.

Date.....

21.05.2011

To,
The Correspondent,
R.C Orphanage home,
Dharapuram.

Respected Madam,

This is to certify that Ms. S. Angeline Lavanya is a bonafide student of our college doing her M.Sc.,(N) programme I year. As part of her requirement under, The Tamil Nadu Dr.MGR. Medical University, Chennai, she has to do a project on "A quasi experimental study to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphanage adolescents in St.Aloysius orphanage home, Dharapuram".

Kindly permit her to carryout a study in your esteemed institution.

Thanking you,

Permitted.

Rev.Fr.ALBERT NELSON V.F
S.LALOYSIUS CHURCH
NEARTHALUK OFFICE DHARAPURAM.PO
TIRUPUR-D1638656

Yours faithfully,

PRINCIPAL,
BISHOP'S COLLEGE OF NURSING,
C.S.I.MISSION COMPOUND,
DHARAPURAM-638 656,
TIRUPUR DISTRICT.

ATHMA INSTITUTE OF MENTAL HEALTH AND SOCIAL SCIENCES (AIMSS)



ATHMA EDUCATION AND RESEARCH FOUNDATION

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Web : www.aimss.in E.mail : athma07@gmail.com

CERTIFICATE

We certify *Ms. S. ANGELINLAYANVA*.....

of *BISHOP'S COLLEGE OF NURSING, CHHARRAPURAM*.....

has undergone training in Mental Health for a period of *C. SELF - ESTEEM TRAINING FOR B.DAD*
from *07.02.2011* to *19.02.2011*..... His/Her Participation & Knowledge

acquired is found to be Satisfactory Good Excellent

Dr. K. Ramakrishnan, M.B.B.S., DPM., FIPS.,
Director

APPENDIX – C

LETTER SEEKING EXPERT'S OPINION FOR VALIDITY OF TOOLS

From

Ms. S. Angelinlavanya,
M.Sc. (Nursing) II year,
Bishop's College of Nursing,
Dharapuram.

To

Respected Madam/Sir,

SUB : Requisition for content validity of tool

I am M.Sc. (Nursing) second year student of Bishop's College of Nursing, Dharapuram, under Dr. M.G.R Medical University, Chennai. As a partial fulfillment of my M.Sc.(N) Degree Program me, I am conducting a research on A study to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphans in St.Aloysious orphanage home, Dharapuram. One of the initial steps of the research study is to develop a tool. I am sending the above stated for content validity and for your expert and valuable opinion.

I will be very thankful to return it to the undersigned.

Yours sincerely,
(S. ANGELINLAVANYA)

Encl ;

1. Certificate of content validity
2. Statement of problem, objectives, operational definition, hypothesis
3. Description of the tool and tool for data collection
4. Self addressed envelope

APPENDIX – D
PSYCHIATRIC NURSING
LIST OF EXPERTS OF VALIDATION

- 1) **Prof. Dr. Ramachandra Ph.D., (N)**
Principal College of Nursing,
NIMHANS,
Bangalore.

- 2) **Mrs. Meera saravanan M.sc., (N)**
Professor,
Department of Psychiatric Nursing,
PSG College of nursing,
Coimbatore.

- 3) **Mrs.K.N. Jeyanthi Ph.D., (N),**
Lecturer ,
NIMHANS
Bangalore.

- 4) **Dr.I.Anand , MD, D.P.M**
Associate Professor,
Department of Psychiatry,
PSG Institute of Medical Science & Research
Coimbatore.

- 5) **Mrs.Anu Annamma Thomas. M.Sc., M.Phil**
Clinical psychologist,
Lecturer in clinical Psychology
Department of Psychiatry
PSG Institute of Medical Science & Research
Coimbatore.

APPENDIX – E

CERTIFICATE FOR VALIDITY

This is to certify that the self administered and attitude scale on “
A study to assess the effectiveness of self esteem training to improve the
self esteem and coping strategies among adolescents orphans in St.
Aloysious Orphanage home, Dharapuram” has been validated by me
and found appropriate with mentioned suggestions.

Signature :



Name

Dr. RAMACHANDRA
Principal

Designation

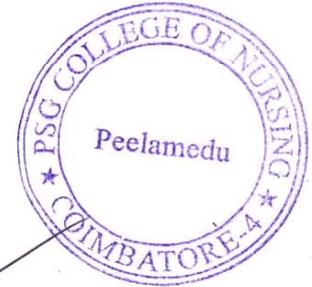
College of Nursing
NIMHANS
Hosur Road, Bangalore-560 029

College

:

CERTIFICATE FOR VALIDITY

This is to certify that the self administered and attitude scale on “
A study to assess the effectiveness of self esteem training to improve the
self esteem and coping strategies among adolescents orphans in St.
Aloysious Orphanage home, Dharapuram” has been validated by me
and found appropriate with mentioned suggestions.



Signature :

Name

Meera
: Hrs Meera Saravanan

Designation

: Professor

College

: PSG con
Coimbatore

CERTIFICATE FOR VALIDITY

This is to certify that the self administered and attitude scale on “
A study to assess the effectiveness of self esteem training to improve the
self esteem and coping strategies among adolescents orphans in St.
Aloysious Orphanage home, Dharapuram” has been validated by me
and found appropriate with mentioned suggestions.

Signature : *K. N. Jayanthi*

Name : K. N. JAYANTHI Ph.D

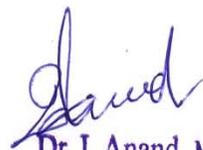
Designation : LECTURER.

College : **College of Nursing
NIMHANS (D.U.)
Hosur Road, Bangalore-560 029**

CERTIFICATE FOR VALIDITY

This is to certify that the self administered and attitude scale on “
A study to assess the effectiveness of self esteem training to improve the
self esteem and coping strategies among adolescents orphans in St.
Aloysious Orphanage home, Dharapuram” has been validated by me
and found appropriate with mentioned suggestions.

Signature :



Name

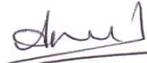
Dr. I. Anand, MD, DPM
Associate Professor, Department of Psychiatry
PSG Institute of Medical Sciences & Research
Peelamedu, Coimbatore - 641 004.

Designation :

College :

CERTIFICATE FOR VALIDITY

This is to certify that the self administered and attitude scale on “
A study to assess the effectiveness of self esteem training to improve the
self esteem and coping strategies among adolescents orphans in St.
Aloysious Orphanage home, Dharapuram” has been validated by me
and found appropriate with mentioned suggestions.

Signature : 
Name : ANU ANNAMMA
 : THOMAS
Designation : M.Sc., M.Phil. CLINICAL
 : PSYCHOLOGY,
 LECTURER IN CLINICAL
College : PSYCHOLOGY,
 DEPT. OF PSYCHIATRY,
 PSG IMS & R.

DEPARTMENT OF PSYCHIATRY
PSG INSTITUTE OF MEDICAL SCIENCES & RESEARCH
PEELAMEDU
COIMBATORE - 641 004.

APPENDIX – F

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation work, "A study to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphanage adolescents in St. Aloysious orphanage home, Dharapuram" done by Ms. Angelinlavanya, M. S c (Nursing) student of Bishop's College of Nursing , Dharapuram is edited for English language appropriateness by P. CHRISTOPHER GUNASEELAN.




Signature

P. CHRISTOPHER GUNASEELAN
M.A., M.Ed.,
P.G. Teacher (Eng),
C.S.I. Boys Hr. Sec. School,
DHARAPURAM - 638 657.

APPENDIX – G

CERTIFICATE OF TAMIL EDITING

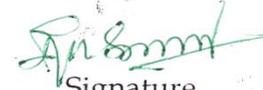
TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation work, "A study to assess the effectiveness of self esteem training to improve the self esteem and coping strategies among orphanage adolescents in St. Aloysious orphanage home, Dharapuram" done by Ms. Angelinlavanya, M. S c (Nursing) student of Bishop's College of Nursing , Dharapuram is edited for Tamil language appropriateness by D. SIRANJIVI MARY

Date :

Address:




Signature

த. சிரஞ்சீவிமேரி, எம். ஏ. எம். எட்.
குதுகலை தமிழாசிரியை,
சி.எஸ்.ஐ. பெண்கள் மேல்நிலைப்பள்ளி,
தாராபுரம் - 638 656.

APPENDIX – H
TOOLS

SECTION – I

DEMOGRAPHIC VARIABLES

Tick (✓) your answer

- 1) Age in years
 - a) 10 –12 years
 - b) 13–15 years
 - c) 16–19 years

- 2) Sex
 - a) Male
 - b) Female

- 3) Religion
 - a) Hindu
 - b) Christian
 - c) Others

- 4) Supportive system
 - a) Any one of the parent
 - b) Relatives
 - c) Others

- 5) Education
 - a) Middle school
 - b) High school
 - c) Higher secondary

6) Duration of stay

- a) 1 month to 1 year
- b) 1 year to 2 year
- c) Above 2 years

7) Hobbies

- a) Sports
- b) Music
- c) Games
- d) Others

ROSENBERG'S SELF-ESTEEM SCALE

Tick (✓) your answer

S. NO	STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I feel that I am a person of worth, at least on an equal plane with others.				
2.	I feel that I have a number of good qualities.				
*3.	All in all , I am inclined to feel that I am a failure				
4.	I am able to do things as well as most other people.				
*5.	I feel I do not have much to be proud of.				
6.	I take a positive attitude toward myself.				
7.	On the whole, I am satisfied with myself.				
*8.	I wish I could have more respect for myself.				
*9.	I certainly feel useless at times.				
*10.	At times I think I am no good at all.				

Score on the Rosenberg self-esteem scale

SCORING PROCEDURE

Items 1, 2, 4, 6, and 7

Strongly agree	=3
Agree	=2
Disagree	= 1
Strongly disagree	= 0

Items 3, 5, 8, 9, and 10 (which are reversed in valence)

Strongly agree	= 0
Agree	= 1
Disagree	= 2
Strongly disagree	= 3

LEVELS OF SELF ESTEEM	SCORE	PERCENTAGE
Low self esteem	0-14	0-47%
Normal self esteem	15-25	48-83%
High self esteem	26-30	84-100%

COPING STRATEGIES SURVEY SCALE

For each of the following activities, please indicate the extent to which you use this as a way of dealing with the event or experience you describe.

Tick (✓) your answer

S. No	In response to this event, have you	Never 0	Sometimes 1	Often 2	Always 3
1.	Accepted that there was nothing you could do to change your situation?				
2.	Tried to just take whatever came your way?				
3.	Talked with friends or relatives about your problem?				
4.	Tried to do things which you typically enjoy?				
5.	Sought out information that would help you resolve your problems?				
6.	Blamed others for creating your problems?				
7.	Sought the advice of others to resolve your problems?				
8.	Blamed yourself for your problems?				
9.	Exercised?				
10.	Tried to live a better life according to your religious beliefs?				
11.	Said what you felt no matter what others thought?				
12.	Gone over your problems in your mind over and over again?				
13.	Asked others for help?				
14.	Thought about your problems a lot?				

15.	Became involved in recreation or pleasure activities?				
16.	Worried about your problems a lot?				
17.	Tried to keep your mind off things that are upsetting you?				
18.	Tried to distract yourself from your troubles?				
19.	Avoided thinking about your problems?				
20.	Made plans to overcome your problems?				
21.	Told jokes about your situation?				
22.	Thought a lot about who is responsible for your problems (besides yourself)?				
23.	Told humorous stories etc. to cheer yourself or others up?				
24.	Told yourself that other people have dealt with problems such as yours?				
25.	Thought a lot about how you have brought your problems on yourself?				
26.	Decided to wait and see how things turn out?				
27.	Decided that your current problems are a result of your own past actions?				
28.	Gone shopping?				
29.	Asserted yourself and taken positive action on problems that are getting you down?				
30.	Sought reassurance and moral support from others?				
31.	Resigned yourself to your problems?				

32.	Thought about how your problems have been caused by other people?				
33.	Been very emotional in how you react, even to little things?				
34.	Decided that you can grow and learn through your problems?				
35.	Told yourself that other people have problems like your own?				
36.	Looked for how you can learn something out of your bad situation?				
37.	Asked for God's guidance?				
38.	Kept your feelings bottled up inside?				
39.	Found yourself crying more than usual?				
40.	Tried to act as if you were not upset?				
41.	Prayed for help?				
42.	Gone out?				
43.	Held in your feelings?				
44.	Tried to act as if you weren't feeling bad?				
45.	Made humorous comments or jokes?				
46.	Taken steps to overcome your problems?				

SCORING PROCEDURE

Never	=0
Sometimes	=1
Often	=2
Always	=3

LEVEL OF COPING	SCORE	PERCENTAGE %
Inadequate coping	0-44	0-32%
Moderately adequate coping	45-103	33-75%
Adequate coping	104-138	76-100%

பகுதி - 1
சுய குறிப்பீடு

சரியான விடையை (✓) குறியிடவும்

1. வயது
அ) 10-12 வயது
ஆ) 13-15 வயது
இ) 16-19 வயது
2. பாலினம்
அ) ஆண்
ஆ) பெண்
3. மதம்
அ) இந்து
ஆ) கிறிஸ்தவம்
இ) பிறமதத்தவர்
4. உதவும் உறவுகள்
அ) ஏதேனும் ஒரு பெற்றோர்
ஆ) உறவினர்கள்
இ) மற்றவை
5. கல்வித் தகுதி
அ) நடுநிலைப்பள்ளி
ஆ) உயர் நிலைப்பள்ளி
இ) மேல் நிலைப்பள்ளி
6. தங்கியிருக்கும் காலம்
அ) 1 மாதம் முதல் 1 வருடம் வரை
ஆ) 1 வருடம் முதல் 2 வருடம் வரை
இ) 2 வருடத்திற்கு மேல்
7. பொழுதுபோக்கு
அ) தொலைக்காட்சி
ஆ) இசை
இ) விளையாட்டு
ஈ) மற்றவை

ரோசன் பெர்கன் சுய கௌரவ அளவுகோல்

தங்களின் பதில்களை (✓) குறியிடவும்

வ. எண்	பொருளடக்கம்	உறுதியாக நம்புகிறேன்	நம்புகிறேன்	மறுக்கிறேன்	திட்டவாட்டமாக மறுக்கிறேன்
1.	நான் மற்றவர்களைப் போலவே தகுதி உள்ளவன் என நம்புகிறேன்.				
2.	என்னிடம் நிறைய நல்ல பழக்கங்கள் உண்டு என நம்புகிறேன்.				
*3.	நான் தோற்றுப் போகிறவன் என நம்பத் தோன்றுகிறது.				
4.	மற்றவர்களைப் போலவே நானும் எல்லா வேலைகளையும் செய்ய முடியும் என நம்புகிறேன்.				
*5.	என்னைப் பற்றி பெறுமை கொள்வதற்கு ஒன்றுமில்லை என நம்புகிறேன்.				
6.	என்னைக் குறித்து நான் ஒரு நல்ல எண்ணத்தையே கொண்டிருக்கிறேன்.				
7.	என்னுடைய செயல்பாடுகளைக் குறித்து எனக்கு முழு திருப்தி உள்ளது.				
*8.	என்னைப் பற்றி நான் இன்னும் அதிகமான பெறுமை கொள்ள வேண்டும் என விரும்புகிறேன்.				
*9.	நான் ஒன்றுக்கும் பிரயோஜனமில்லை (உபயோகமில்லை) என சில சமயங்களில் நினைத்துக் கொள்கிறேன்.				
*10.	சில சமயங்களில் நான் நல்லவன்(ன்) அல்ல என நினைக்கிறேன்.				

கோப்பிங் முறையை கணக்கிடும் அளவுகோல்
கீழ்க்காணும் நிகழ்வுகளை எந்த அளவிற்கு நீங்கள் சந்தித்துள்ளீர்கள்
என்பதை (✓) குறியிட்டு காட்டவும்

வ.எண்	கீழ்க்காணும் நிகழ்வுகளுக்கு தங்களின் பதில்களை (✓) குறியிடவும்	எப்பொழுதும் இல்லை	சில சமயங்களில்	பல சமயங்களில்	எப்பொழுதும்
1.	தற்போது உங்களுக்கு ஏற்பட்டுள்ள நிலையை மாற்றவே முடியாது என்பதை ஒத்துக் கொள்கிறீர்களா?				
2.	உங்களுக்கு எந்தப் பிரச்சனை வந்தாலும் ஏற்றுக் கொள்ள முயற்சி செய்தீர்களா?				
3.	உங்களுடைய நண்பர்களிடம் உங்கள் பிரச்சனையை குறித்து பேசினீர்களா?				
4.	சந்தோசம் தரும் செயல்களை மட்டும் செய்ய முயற்சி செய்திருக்கிறீர்களா?				
5.	ஒரு பிரச்சனையை தீர்க்க பல வித யோசனையை நாடியிருக்கிறீர்களா?				
6.	உங்களுடைய பிரச்சனைக்கு மற்றவர்கள் தான் காரணம் என நினைத்திருக்கிறீர்களா?				
7.	உங்களுடைய பிரச்சனைகளை தீர்க்க மற்றவர்களிடம் அறிவுரை கேட்பீர்களா?				
8.	உங்களுடைய பிரச்சனைக்கு நீங்கள் தான் காரணம் என நொந்து கொள்வீர்களா?				
9.	உடற்பயிற்சி (செய்முறை) செய்திருக்கிறீர்களா?				
10.	மத நம்பிக்கை மூலம் நல்ல வாழ்க்கை வாழ முடியும் என முயற்சி செய்திருக்கிறீர்களா?				

11.	மற்றவர்கள் என்ன நினைத்தாலும் அதைப்பற்றி எனக்கு பிரச்சனை இல்லை என உணர்ந்து சொல்லியிருக்கிறீர்களா?				
12.	உங்களது பிரச்சனைகளைப் பற்றி மனதில் அடிக்கடி சிந்தித்துள்ளீர்களா?				
13.	பிறரிடம் உதவி கேட்டுள்ளீர்களா?				
14.	உங்களுக்கு அதிக பிரச்சனை இருப்பதாக நினைத்திருக்கிறீர்களா?				
15.	பொழுதுபோக்கு அல்லது மகிழ்ச்சிகரமான நிகழ்வுகளில் ஈடுபட்டிருக்கிறீர்களா?				
16.	உங்களது பிரச்சனையைக் குறித்து அதிக கவலைபட்டுள்ளீர்களா?				
17.	உன்னை பாதித்த விசயங்ளை முற்றிலும் மறக்க முயற்சி செய்ததுண்டா?				
18.	உங்களது பிரச்சனையிலிருந்து விடுபடுவதற்கு மாற்று வழி ஏதாவது முயற்சித்திருக்கிறீர்களா?				
19.	உங்களது பிரச்சனையை நினைத்துக் கொண்டே இருப்பதை தவிர்க்க முயற்சி செய்துள்ளீர்களா?				
20.	பிரச்சனைகளை மேற்கொள்வதற்கு திட்டமிட்டீர்களா?				
21.	உங்களது நிலையை குறித்து பிறரிடம் நகைச்சுவையாக கூறியுள்ளீர்களா?				
22.	உங்களது பிரச்சனைக்கு (நிலைக்கு) யார் காரணம் என்பதைக் குறித்து அதிகம் யோசித்திருக்கிறீர்களா?				
23.	உங்களையோ ,மற்றவர்களையோ மகிழ்விக்கும் படியான கதைகளைகளையோ நகைச்சுவைகளையோ கூறியிருக்கிறீர்களா?				

24	மற்றவர்களுக்கு வருவதைப் போல் தான் எனக்கும் வந்துள்ளது என நினைத்திருக்கிறீர்களா?				
25	இந்தப்பிரச்சனை எனக்கு எப்படி வந்தது என அநேக முறை நினைத்திருக்கிறீர்களா?				
26	இந்த நிலை எப்படையும் மாறும் என நினைத்து காத்திருக்காத்திருந்தீர்களா?				
27	இந்த நிலைக்கு உங்களுடைய கடந்த கால நிகழ்வுகள் தான் காரணம் என நினைத்திருக்கீர்களா?				
28	கடைக்கு சென்றதுண்டா?				
29	தன்னம்பிக்கையோடு பிரச்சனையை தீர்க்க முடியும் என்று எண்ணியிருக்கிறீர்களா?				
30	மற்றவர்களிடம் உறுதியையும், உதவியையும் நாடியுள்ளீர்களா?				
31	உங்கள் பிரச்சனைகளிடமிருந்து உங்களை விடுவித்துக் கொண்டுள்ளீர்களா?				
32	எப்படி மற்றவர்களால் இந்தப் பிரச்சனை உருவானது என யோசித்திருக்கிறீர்களா?				
33	சிறிய பிரச்சனைகளை கூட பெரிய அளவில் நினைப்பீர்களா?				
34	உங்கள் பிரச்சனைகளால் நல்ல விசயங்களை கற்றுக் கொண்டு உயர முடியும் என நினைத்திருக்கிறீர்களா?				
35	மற்றவர்களுக்கு இவ்வாறு பிரச்சனை இருக்கும் என்று நீங்கள் உங்கள் மனதுக்குள்ளேயே நினைத்ததுண்டா?				
36	உங்கள் பிரச்சனைகளால் நல்ல விசயங்களை கற்றுக் கொள்ள முடியும் என நினைத்திருக்கிறீர்களா?				

37	கடவுள் துணைக்காக வேண்டியது உண்டா?				
38	உங்கள் கவலைகளை உங்கள் மனத்துக்குள்ளேயே வைத்துக் கொள்வீர்களா?				
39	சாதாரணமாக அழுவதைவிட நீங்கள் அதிகமாக அழுதது உண்டா?				
40	நீங்கள் கவலையை வெளிக்காட்டாமல் இருக்க முயற்சித்தது உண்டா?				
41	உதவி என்று கடவுளிடம் வேண்டியது உண்டா?				
42	வெளியே சென்றது உண்டா?				
43	கவலையால் அமிழ்ந்து போயிருக்கிறீர்களா?				
44	நீங்கள் மனமுடைந்து காணப்பட்ட போது தீய எண்ணங்கள் வந்ததுண்டா?				
45	நகைச்சுவைகளையோ அல்லது நகைச்சுவையான செய்திகளையோ கூறியதுண்டா?				
46	உங்கள் பிரச்சனைகளிலிருந்து விடுபட முயற்சி செய்திருக்கிறீர்களா?				

ANSWER KEYS FOR ROSENBERG SELF ESTEEM SCALE

S. No	A	B	C	D
1	3	2	1	0
2	3	2	1	0
*3	0	1	2	3
4	3	2	1	0
*5	0	1	2	3
6	3	2	1	0
7	3	2	1	0
*8	0	1	2	3
*9	0	1	2	3
*10	0	1	2	3

SCORING

Positive score - 3, 2, 1, 0

* Negative Score - 0, 1, 2, 3

ANSWER KEYS FOR COPING STRATEGIES SURVEY SCALE

S. No	A	B	C	D
1	0	1	2	3
2	0	1	2	3
3	0	1	2	3
4	0	1	2	3
5	0	1	2	3
6	0	1	2	3
7	0	1	2	3
8	0	1	2	3
9	0	1	2	3
10	0	1	2	3
11	0	1	2	3
12	0	1	2	3
13	0	1	2	3
14	0	1	2	3
15	0	1	2	3
16	0	1	2	3
17	0	1	2	3
18	0	1	2	3
19	0	1	2	3
20	0	1	2	3
21	0	1	2	3
22	0	1	2	3
23	0	1	2	3
24	0	1	2	3
25	0	1	2	3
26	0	1	2	3
27	0	1	2	3
28	0	1	2	3

29	0	1	2	3
30	0	1	2	3
31	0	1	2	3
32	0	1	2	3
33	0	1	2	3
34	0	1	2	3
35	0	1	2	3
36	0	1	2	3
37	0	1	2	3
38	0	1	2	3
39	0	1	2	3
40	0	1	2	3
41	0	1	2	3
42	0	1	2	3
43	0	1	2	3
44	0	1	2	3
45	0	1	2	3
46	0	1	2	3

PRE TEST DATA COLLECTION

DAYS	TIME	ACTIVITIES	SIGNIFICANCE
1.	5.00pm- 6.30 pm	Pre test data collection for boys	To know about the level of self esteem and coping strategies of orphans.
2.	6.30pm- 8.00pm	Pre test data collection for girls	To know about the level of self esteem and coping strategies of orphans.

SELF ESTEEM TRAINING ACTIVITY SCHEDULE

DAYS	ACTIVITIES			SIGNIFICANCE
	BOYS	GIRLS		
	5.00pm-6.00pm	6.00pm-7.00 pm	7.00pm-8.00pm	
3	Action song (I move my thumb ticky)	Action song (I move my thumb ticky)	Action song (I move my thumb ticky)	To remove their hesitations and promote enjoyment.
4.	Action song (Good morning song)	Action song (Good morning song)	Action song (Good morning song)	
5.	Action song (Making melody song)	Action song (Making melody song)	Action song (Making melody song)	
6.	Action song (sari gama patha patu)	Action song (sari gama patha patu)	Action song (sari gama patha patu)	
7.	Action song (It's I will built a community)	Action song (It's I will built a community)	Action song (It's I will built a community)	

8	Action song (God loves you)	Action song (God loves you)	Action song (God loves you)	To remove their hesitations and promote enjoyment.
9	Story telling	Story telling	Story telling	To express their feelings.
10	Story telling	Story telling	Story telling	
11	Story telling	Story telling	Story telling	
12	Psycho drama practice	Psycho drama practice	Psycho drama practice	To express their feelings.
13	Psycho drama practice	Psycho drama practice	Psycho drama practice	
14	Psycho drama	Psycho drama	Psycho drama	
15	Musical drawing	Musical drawing	Musical drawing	To know their strengths.
16	Hero	Hero	Hero	It helps to take the role model.
17	Fancy dress computation	Fancy dress computation	Fancy dress computation	It helps to identify the future goals.
18	Gotta Have a Dream	Gotta Have a Dream	Gotta Have a Dream	It helps to know their future and goals.
19	When you get up in the morning	When you get up in the morning	When you get up in the morning	It helps to give enjoyment.
20	Clap the same	Clap the same	Clap the same	It helps to give enjoyment.
21	Music listening	Music listening	Music listening	It helps to divert the mind.
22	Nick name game	Nick name game	Nick name game	It helps to give enjoyment.

23.	Action song (Good morning song)	Action song (Good morning song)	Action song (Good morning song)	To remove their hesitations and promote enjoyment.
24.	Action song (I move my thumb ticky)	Action song (I move my thumb ticky)	Action song (I move my thumb ticky)	To remove their hesitations and promote enjoyment.
25.	Action song (Making melody song)	Action song (Making melody song)	Action song (Making melody song)	
26.	Action song (sari gama patha patu)	Action song (sari gama patha patu)	Action song (sari gama patha patu)	
27.	Action song (It's I will built a community)	Action song (It's I will built a community)	Action song (It's I will built a community)	
28.	Action song (God loves you)	Action song (God loves you)	Action song (God loves you)	

POST TEST DATA COLLECTION

DAYS	TIME	ACTIVITIES	SIGNIFICANCE
1.	5.00pm- 6.30 pm	Post test data collection for boys	To know about the level of self esteem and coping strategies of orphans.
2.	6.30pm- 8.00pm	Post test data collection for girls	To know about the level of self esteem and coping strategies of orphans.

APPENDIX – I
PHOTOS





