A STUDY TO ASSESS THE BEHAVIORAL PROBLEMS AMONG ORPHANS IN SELECTED ORPHANAGES AT MADURAI AND IN A VIEW TO IMPART THE TEACHING PROGRAM REGARDING SELECTED COPING STRATEGIES

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

APRIL - 2012
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“GITTERING GLADDIOLEUS
ABSTRACT

“A study to assess the behavioral problems among orphans, in selected orphanages at Madurai and view to impart teaching program regarding selected coping strategies” was undertaken by Mrs.R.Nivedita bharathi in partial fulfillment of the requirement of M.SC nursing under the TamilNadu DR. M.G.R Medical University, Chennai, in the year 2012.

OBJECTIVES

1. To identify the behavioral problems among orphans
2. To determine the association between behavioral problems and selected demographic variables.
3. To impart teaching program to the children on selected coping strategies for Behavioral problems.

Review of literature of the study was prepared more relevant to the study. The conceptual framework for the study was based on modified Johnson’s behavioral model. The nature of the study design is descriptive design. A total number of samples were 100 included in the study by using convenient sampling technique. The tool was given to experts for content validity and reliability of the tool was calculated by split half method r = 0.95. The main study was carried out at Christian mission service, Trust abort and Social welfare centre for orphans and destitute. The data collected and tabulated, analyzed and interpreted by using descriptive inferential statistics result showed there was 37 members were having behavioral problems out of 100 samples.
The chi-square value of sex (16.53) had significant association, there was no significant association between other variables. The study suggests that the nurses should have attention towards the orphans in the community. The study concluded that the males are having more behavioral problems than the females.
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CHAPTER I

INTRODUCTION

We worry about what a child will become tomorrow, yet we forget that he is someone today. - Stacia Tauscher.

“I have come to realize more and more that the greatest disease and the greatest suffering is to be unwanted, unloved, uncared for, to be shunned by everybody, to be just nobody [to no one].” - Mother Teresa

Child is the father of man (Wordsworth). Children are a sort of light that guides the adults through the darkness and leads them through the right path. They considered individual who brings glory and glitter to the family.

The children are the new buds that are going to be the blossoms of future. However, there are innumerable orphan children in our country who get any love and affection neither from the adults nor from the adults. A major characteristic of society in the present century is the unprecedented increase of the psychological and sociological problems of orphans. Many children and adults are unable to measure up to acceptable standards. The psychological problems of the orphans can cause emotional problems, social disorders, unnecessary tension, and consequent unhappiness.

In the worldwide, It is estimated that there are between 143 million and 210 million orphans worldwide (UNICEF report 2005) every day 5,760 more children become orphans. 2,102,400 more children become orphans in Africa alone. Approximately 250,000 children are adopted annually, but Each year 14, 505,000 children grow up as orphans and age out of the system by age sixteen, Each day 38,493 orphans age out of sixteen, Every 2.2 seconds another orphan ages out of sixteen with no family to belong
to and no place to call home. In Russia and the Ukraine, studies have shown that 10% to 15% of these children commit suicide before they reach age eighteen. These studies also show that 60% of the girls become prostitutes and 70% of the boys become hardened criminals.

Another Russian study reported that of the 15,000 orphans aging out of state-run institutions every year 10% committed suicide, 5,000 were unemployed, 6,000 were homeless and, 3,000 were in prison within three year.

According to Bertran .D. Russel (1971): It is not difficult to make a healthy and happy child, most of the children will be happy if their minds and bodies are properly tended. Happiness in childhood is necessary to the production of the best type of human being.

According to Harden, length of time spent in orphanage has long-term deleterious effect on the child’s emotional and behavioral development. Institutionalized children may have difficulty informing meaningful relationship that has been seen well into adolescence.

Fries and Pollak, mentioned that children who had spent at least the first years of their life in institution care were likely at age 16 to have more emotional and behavioral problems than other children, and more disruptions in their lives.

Mental Health Research in India is a project pertains to abnormal psychosocial situations in family and other social environment of children. The psychosocial factors were familial over involvement, the disturbance in other family members, discordant interfamilial relationship, inadequate is tent parental control, stress in school environment. It found that abnormal psychosocial factors were more associated with conduct disorder Enuresis, simple phobia, stammering, attention deficit hyperactive disorder, oppositional deficient disorder.
Studies show that children who receive adequate parental supervision are less likely to engage in criminal activities. Dysfunctional family settings characterized by conflict, inadequate parental control, weak internal linkages and integration, and premature autonomy are closely associated with juvenile delinquency.

The family is considering as the cradle of personality. Home is the only place where all the needs of a growing child can meet. It is clear from the evidence that at home and in the parent-child; relations are to be find the crucial roots of character, which make for acceptable or unacceptable adjustment to the realities of life in society. A feeling of belonging is vital to the healthy development of the child. A child is the future leader of the community and the true welfare of the community depends upon the health and welfare of the child.

Lindgren (1968) says, “When a pupil thinks other pupils do not like him, his mental health is likely to be less positive than when he feels he is liked”. Caring for love and affection, recognition etc., love is innate in most of the individuals. When an individual has a feeling of belonging, his needs for love and recognition are gratified. He is in a position to enjoy the cordial relationship with people in general. This relationship will lead to better adjustment both within himself and with his group.

According to DSMN in US, behavior problems are as follows, Attention deficit disorder about 2 to 5% of the children may suffer from this. This is usually overactive, aggressive, inattentive, and impulsive. Conduct disorder are often judged as a bad child because of their behavior like delinquency, and refuse to obey the rules, around 5% are affected. ODD is another major problem in that they argue and annoy with others.
According to the Rutter 1995 behavior problem’s prevalence rate in India is 5-150/1000.

In India, the prevalence is about one to two of total children has some underlying psychiatric problems had attached some stigma to the orphans.

**NEED AND SIGNIFICANCE**

Orphans have existed in all societies and in all the times. The pattern of their protection is differed from society to society and from time to time and dependent on the contemporary social attitudes towards them almost all societies.

A child who does not experience the warmth of love and sympathy of parents feels that he or she is unwanted and tends to develop behavioral problems. Young people have mental disorder and behavior problems that are painful. These problems called as the disorders that will cause stress. The accurate estimation of epidemiological data indicates 12-15% are having mental disorder and average around 29% of the world children are having emotional problems and other mental problems. Out of the group, 6-19% are seriously emotionally disturbed who need the intensive psychiatric care (Davis et al 1998) India.


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(Malhotra 1992) The behavior problems in children are monumental one. Children under 15 years of age constitute approximately one third of the world population. Among them 5-15% are affected with the some type of behavior problems.

Shenoy, kapan, kaliaperumal 1996 showed that 18 - 30% children had psychological problems. The number of children attending child and adolescence psychiatric unit of mental health center is ranges from 45- 80 per month and 500 to 600 new cases are attend in outpatient department per year in India.

Bhatia et al in 2000 conducted a study on behavior disorders among aged 3 to 5 years in India, the result showed that 20% had behavior problems.

Cantwell reviewed the literature on attention deficit disorder in the previous 10 years and found prevalence was 3%to 5% of schoolchildren.

A survey shows that children between 10-12 years of age with attention deficit hyperactivity disorder were 12-86%.

In India prevalence of attention deficit hyperactivity disorder is among 10% boys and 5 % of elementary schools. ODD is 35% and conduct is 95%, Conduct disorder is common during childhood and adolescence. It was estimated that 6% to 16% of boys and 2 to 9% girls under the age of 18 years were affected. The disorder is more common among boys than among girls and ration ranges from 4 to 1

Silverstein (1991) and Emery et al. (1993) says in his study Consequences of Maternal Employment, "The experience of physical or psychological abuse .during childhood can have a long term and deleterious effect upon the person's social development and emotional well-being". Maltreatment of children places them at an increased risk of
developing a variety of psychological problems including anxiety, low self-esteem, behavior disorders, educational backwardness, and distorted relationships with peers and adults.

McDonacgh et al. (1967) found orphans shows the symptoms of mental disorders.

Dev (1996) says. “In India the majority of the chronic disorders affecting children and adolescents in developed countries consist largely of psychological, social, and educational problems”.

In an extensive review of literature, the investigator came across many studies related to prevalence of behavioral problems among schoolchildren. However, many studies conducted in the problems among schoolchildren, and comparative studies on childhood behavior problem in relation to parenting style. Hence, the investigator felt that there is very fewer studies in the behavioral problems among orphans so the investigator preferred to do a study on behavior problems among orphans at orphanages at Madurai.
STATEMENT OF THE PROBLEM

A study to assess the behavioral problems among orphans, in selected orphanages at Madurai and view to impart teaching program regarding selected coping strategies.

OBJECTIVES

1. To identify the behavioral problems among orphans
2. To determine the association between behavioral problems and selected demographic variables.
3. To impart teaching program to the children on selected coping strategies for Behavioral problems.

HYPOTHESIS:

There will be a significant association between selected demographic variables and behavior problems of orphans.

OPERATIONAL DEFINITIONS:

Behavioral problem:

In this study behavioral problem refers to a child who behaves in a way Hyperactive, attention deficit, deviation in conduct, like that they behave other than the expected social norm for several months or longer that causes problems for them and others as measured by behavior checklist based on the checklist categorized under age group 12-18yrs, both gender.

Orphans:

In this study orphans are children under 18 years, who has lost one or both parents ‘or whose parents’ were not to them known and residing in nongovernmental organization.
**Coping strategies:**

In this study coping strategies refer to the specific efforts, both behavioral in addition, psychological, that people employ to master, tolerate, reduce, or minimize stressful events. Such as to improve concentration, tips to build relationship, anger management and master manners to deal with others.

**ASSUMPTIONS:**

1. Items in the questionnaire will be adequate to assess behavioral problem
2. The children will respond honestly to the questionnaire employed to the data Collection
3. The children participate in the study willingly

**DELIMITATION**

1. The study setting was only private orphanages
2. Only age of 12 to 17
3. Sample selected by convenience sampling
CHAPTER – II

REVIEW OF LITERATURE

According to B.T. BASAVANTHAPPA (2001), the review of literature is defined as a broad, comprehensive, in depth systematic and critical review of scholarly publications, unpublished scholarly materials, audiovisual materials and personal communications.

Review of literature is a key step in research process. It refers to an extensive, exhaustive and systematic examination of publication relevant to research project. Literature review can serve a number of important functions in the research process like providing sources of research ideas, orientation to what is already known, information on the research approach In addition to, provision of conceptual context.
STUDIES RELATED TO CHILDHOOD BEHAVIOURAL PROBLEMS

Gupta et al (2001) studied 957 schoolchildren in Ludhiana by using rutter behavior scale which was completed by their class teachers 45% of them were having problems. In which 36.5% had significant problems. 59.6% were classified as antisocial, 27% as neurotic disorder while 13.5 were labeled as mixed emotion and conduct disorder.

Savitha et al (2002) studied prevalence of psychiatric disorders in schoolchildren in Chandigarh aged 4 – 11 yrs, by using Rutter behavior scale. Disorder was higher in the age group 6-7 years lower at ages 4-5 years. The most prevalent disorder seen was non-organic enuresis followed by conduct disorder (1.14%) In addition, hyperkinetic disorder found to be 0.94%, and mixed was 20%.

The prevalence of behavior problem in India has be revealed by different author which shows there is rise in prevalence rates from 9.5% by Chacko 10.5% by Raju et al 36.5% by Gupta et al (2000).

Srinath (2000) conducted an epidemiological study of child and adolescent psychiatric disorders in urban and rural area. It explored 12% of disorder was present among 4-16 years age group children.

Saramma (1999) studied the behavior problems faced by the schoolchildren of separated parents. The major variables used were behavior of schoolchildren. Design was descriptive. The sample size was 60 schoolchildren. The instrument used for the study was questionnaire. The method of data collection was structured interview. The statistical test used was descriptive and inferential statistics. The research findings revealed that 30% of schoolchildren are having behavioral problems.
Mallika Rajadurai (1997) conducted study on the manifest behaviors among school-children aged 6-12 years restricted to bed in hospitals. The major variables used were behavior of school age Children. Random sampling technique was used. The instrument was checklist of four-point scale with 50 behavioral items suited to hospital situation. Descriptive inferential statistics analysis was used. Only 46.7% to 40% of children showed severe deviation in behavior both in coping response. This indicates that even short-term restriction in bed will increase the levels of deviation in behavior.

Deivasigamani (1990) conducted epidemiological study in India among 155 children 4th, 5th, and age group between 8-12 years. The conduct disorder was 11.3% nocturnal enuresis 14.30% hyperkinetic 1.72%.

Uday shanker (1958) has conducted study among 140 juvenile delinquent at Delhi. He found that the age of offenders ranged from 7-19 were the larger group, 80 out of 140 were between age of 13, and 15 years, there were 108 children between 12 to 16 years. Thus, he found that in the period of adolescence the delinquency is the highest. In rural of 11%, Slum of 10.6%, and urban 13.5%.

Thabet, AA, Vostanis, P. (2007) studied about the mental health problems among Orphanage Children in the Gaza Strip. This study compared the behavioral problems of children living in village and orphanages. The study was a cross-sectional survey of 330 children, aged 4–16 years, and assessed their behavioral problems by using the strengths and difficulty questionnaire (SDQ), Multivariable models were built, using generalized estimating equations (GEE) regression approach, to identify factors inde-pendently associated with behavioral problems. The overall prevalence of behavioral problems was 33%. On univariate
comparison, they found that groups did not differ in their overall behavioral problems, while they were significantly different on the peer problem scale (P = 0.026).

Taanila A (2004) studied the prevalence of behavioral and emotional problems among schoolchildren; the major variables used were family types, family size, and birth order. The study was a Prospective cohort study the sample size was 9357 schoolchildren. The sampling technique used was convenience sampling. The instrument used for the study was questionnaire, Rutter scale. Chi-square inference and odds ratio were used. 14.3% scored above the cut-off point indicating probable psychiatric disturbance, boys more often than girls (or 2.6, 95% cl 2.3 – 3.0). Behavioral problems (9.2%) were more common than emotional ones, (4.1%) only children had highest prevalence of behavioral problems. Children in very large families had the lowest. Living in a very large family was a protective factor that against behavioral problems among boys and not among the girls. The single parent always higher risk of emotional problems.

United Arab Emirates nationals (2004) aged 6-8 years schoolchildren assessed with rutter parent questionnaire. The statistical test used was chi-square. Of these children, 11.8% had behavioral disturbance. The prevalence of conduct disorders was higher among boys emotional problems were higher in girls. Unspecified chronic life difficulties, parental distress in relation to their children, family history of psychiatric disturbance and alcoholism and drug use in a family were associated (p<.05) with behavioral problems.

Anderson (1968) in a study of adolescent offenders at the national training school, Washington found that over half of them came from lacking a father he concluded that the
loss of father and the lack of father surrogate were of crucial importance in the socialization failure of these youth.

Common health fund (1950) conducted a study on 500 persistent delinquents matched with 500 true non-delinquents; they found 3 very significant differentiating factors viz lack of attention of mother for the boy.

Soft (1950) Conducted a study on 102 conduct disorder boy aged between 15 years and 18 years at UK. He found how anxieties arising from unsatisfactory relationship in early childhood predispose the child to respond in an antisocial way to later stressor.

Bowlly (1946) First attempt was made on maternal deprivation in the study of 44 thieves, he concluded that deficiencies of personality development results from maternal deprivation which enhance the development of delinquency especially theft.
Symonds (1939) Reports suggestive correlations between the characteristics behavioral trends of children and parental tendencies to reject the child or over protect him.

Glueck (1950), Mecort, Mercod (1959), West, and Farrington (1973) have shown the association between extreme parental criticism, rejection, neglect and conduct disorder in children.
CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework is an organized phenomenon, which deals with concepts that are assembled by virtue of their relevance to a common theme. Conceptual schemes use concepts as building blocks. Conceptual framework can serve to guide research, which will further support theory development. Conceptual model attempted to represent the reality with its minimal use of words.

For the present study, the investigator has prepared the conceptual framework based on Dorothy E. Johnson’s behaviour system model. In that model, which springs from her belief, nursing is based on understanding of person and his/her response to change and stress and is therefore concerned with behavioural problem rather than the biological function.

Each individual or group community system that is composed of various subsystems the system function as a whole by virtue of the independence of its parts the system is more or less transitory resting state or equilibrium where it is a harmony with itself and with the environment.

This state can be disrupt by stresses, which are various internal and external stimuli that produce tension and result in a degree of instability or system imbalance on them such as the caregivers, parents, home environment etc the goal of nursing is to assist the individual to maintain the equilibrium.

In the present study, the children are viewed as a behavioural system. Which the state of disequilibrium the major course of these instability can be inadequate or inappropriate development of system or its parts that breakdown of internal regulatory or control
mechanism due to parental deprivation and consequent unfulfilled needs, exposure to noxious influences (abusive caregiver, and parents) and lack of adequate environment input.

Nursing is viewed as by Johnson as a external regulatory force that assist the system to regain its stability or equilibrium, which may be accomplished by

1. Repairing the structural unit through teaching
2. Temporarily imposing external regulatory or control measures
3. Providing essential environment or resources in various situation

Accordingly as depicted in the model, the system imbalance acts as a cue for nursing action this involves the orphans and other systems that might exert a positive and negative influences on them such as the caregivers, parents, and home environment etc.

These nursing actions are designed to maintain or restore behaviour system balance and stable and achieve a more optimal level of functioning with the environment interaction where possible or desirable thus fulfilling the goal of nursing as Johnson envisioned it.
Figure 1 CONCEPTUAL FRAME

Stimuli

- Parental deprivation
- Institutionalizing
- Lack of love
- Broken family
- Financial problems

Dependence

- Attachment
- Dependence
- Stress tolerance flexibility
- Aggression

Achievement

Balance, equilibrium

Elimination needs

(Not under study)

- Imbalance, disequilibrium leads to
  1. Withdrawal
  2. Hyperactive
  3. Aggression
  4. Poor academic performance
  5. Somatic complains
  6. Oppositional

Nursing role
- Maintain and restore by
  - Assessment
  - Observation
  - Education
  - Guidance
  - Counselling

MODIFIED JOHNSON’S BEHAVIORAL MODEL
CHAPTER III

RESEARCH METHODOLOGY

Methodology is the significant part in any study, which enables the investigator to project a blue print of the research undertaken. Research methodology is the systematic way to solve the research problems. The research methodology involved the systemic procedure by which the investigator starts from the initial identification of the problem to its conclusion.

This chapter includes research design, population, sample and sample size, sampling technique, sampling criteria, development of tool, and description of tools, content validity, and reliability, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH:

Non-experimental approach was considered appropriate for the present study.

RESEARCH DESIGN:

The research design is the overall blue print for conducting the study. The main purpose of the research design is to specify the approach by which the investigator planned to do the research. The present study is a descriptive study to assess the behavioral problems among orphans, in selected orphanages at Madurai and view to impart teaching program regarding selected coping strategies.

SETTINGS:

Polit and Hungler (2002) considering the availability of subjects, cooperation from the authorities, feasibility of time, money, and the material. The setting was selected at present study was orphanages at Madurai. (Christian mission service, Trust abort, Vidiyal, Social welfare centre for orphans and destitute)
POPULATION:

Polit and Hungler (2000) said that, “the entire set of population or subjects having some common characteristics”.

TARGET:

The target population is the children who are residing in orphanages at Madurai.

ACCESSIBLE:

Orphans at the age group of 12-17 years and who are all residing at Trust abort mission, Christian mission service, Vidiyal, Social welfare centre for orphans and destitute.

CRITERIA FOR SAMPLE SELECTION:

The study samples were selected by the following inclusion and exclusion criteria.

Inclusion criteria:

1. Orphans age at 12 to 17 years.
2. Orphans of both male and female
3. Able to communicate with Tamil and English

Exclusion criteria:

1. Not willing to participate in the study
2. Who are all mentally challenged

SAMPLE AND SAMPLE SIZE:

The study sample was 100 from orphans.

METHOD OF SAMPLING:
In this study, non-probability sampling method Convenience sampling technique was used.

**TOOL DESCRIPTION:**

The interview schedule contains two parts.

**Section A:**

It contains demographic data like name, age, sex, type of orphan, parent’s education, income, and number of siblings, reason for residing, number of years residing at orphanage.

**Section B:**

It is structured interview schedule of 3-point Likert scale consisting 24 items to assess the behavioral problems.

The behavior problems are categories as given below.

1. Attention deficit hyper activity disorder
2. Conduct disorder
3. Oppositional defiant disorder

**SCORING PROCEDURE:**

**Part A:**

Coding is based on the demographic variables.

**Part B:**

Assess the behavioral problems, which is based on Likert type three-point scale, according to value obtained it is categorized. It has 24 items and are awarded very true=3,
somewhat true= 2, not true=1. Maximum score was 72. For the purpose of the study, the behavior problems classified as follows

<table>
<thead>
<tr>
<th>Scores</th>
<th>Behavior problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 0 – 36</td>
<td>No behavioral problem</td>
</tr>
<tr>
<td>Score 37 – 72</td>
<td>Behavioral problem presence</td>
</tr>
</tbody>
</table>

VALIDITY AND RELIABILITY:

The content validity of the tool was obtained from experts including mental health nursing experts. The experts were requested to check the relevance, sequence, and adequacy of the items in the tool. Based on their valid suggestions a few items were modified and final tool was prepared as per the suggestions and the advices given by the experts. The tool was drafted in English. A Tamil expert did the Tamil translation and language validity was done.

Reliability was established through split half method. The tool was administered to the 10 orphans. The Spearman-Brown Prophecy was calculated and the reliability was found .95.

DATA COLLECTION PROCEDURE:

The study was conducted a period of 6 weeks except on Sunday with 100 orphan population selected as subjects using a convenience sampling technique. Formal permission obtained from the authorities concerned. The purpose of study was explained to them, self-instruction was given to the samples, and the data was collected. The investigator assured the confidentiality of the responses. The study was conducted by structured interview schedule. It took 20 mts for an interview schedule for each person.
PLAN FOR DATA ANALYSIS:

The data were in the terms of objectives of the study using descriptive and differential statistics. The plan of data analysis was as follows.

1. Organize the data in master data sheet
2. Frequency percentage distributions were used to analyze the socio demographic data of orphan population.
3. Frequency and percentage distributions were used to assess the level of behavior problems among the orphans.
4. Chi square tests were used to determine the association between the behavior problems and selected demographic variables.

PILOT STUDY:

Pilot study was conducted on ten samples from the trust abort to evaluate the effectiveness and feasibility of conducting the main study. Confidentiality was maintained while collecting the data. Structured interview schedule was used to assess the selected behavior problems. The method of organizing the data, analysis method, statistical method to be employed and presentation data were formulated. The feasibility with regard to the availability of sample, cooperation of the samples and accessibility of setting and financial requirement was established. Pilot study helped the investigator to confirm the feasibility to carrying out the main study.

PROTECTION OF HUMAN RIGHTS:

Ethical considerations were taken in to account for the purpose of the study. The dissertation committee approved research proposal prior to the pilot and main study. Each
individual client was informed about the purpose of the study and the confidentiality was promised and ensured. The client had freedom to leave the study at his will, without assigning the reason.
CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

The analyses of the data were collected from samples of 100 orphans. The findings of the study are presented in this chapter under the following sections.

The data collected were analyzed and presented in the headings by using descriptive inferential statistics.

1. Distribution of demographic variables
2. Distribution of behavioral problems
3. Mean value of behavioral problems
4. Association between behavioral problems and demographic variables
### TABLE 1.a

**DISTRIBUTION OF ORPHANS BASED ON DEMOGRAPHIC VARIABLE**  
*N = 100*

<table>
<thead>
<tr>
<th>S.no</th>
<th>Demographic variables</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. 12–14 years (Early adolescence)</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>2. 15 – 17 years (late adolescence)</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Male</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>2. Female</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Type of orphans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Maternal</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>2. Paternal</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>3. Doubled</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 1.a reveals that among 100 orphans, majority of them 58 (58%) were in 12 – 14 years of age (early adolescents), regarding sex, majority of the orphans 61(61%) were males, and regarding type of orphans, majority 66 (66%) were of paternal type.
### TABLE 1.b

**DISTRIBUTION OF ORPHANS BASED ON DEMOGRAPHIC VARIABLES**

\[N = 100\]

<table>
<thead>
<tr>
<th>S.no</th>
<th>Demographic variables</th>
<th>Numbers</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td><strong>Level of Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Father’s Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Illiterate</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>2.</td>
<td>Primary</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>3.</td>
<td>Secondary</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>4.</td>
<td>Higher secondary</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>5.</td>
<td>Graduate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Mother’s Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Illiterate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Secondary</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>4.</td>
<td>Higher secondary</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>5.</td>
<td>Graduate</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1.b reveals the level of education of the parents in which majority of the fathers 48 (48%) have finished secondary education, and majority 49 (49%) of mothers have finished secondary education.
<table>
<thead>
<tr>
<th>S. no</th>
<th>Demographic variables</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>5.</td>
<td>Parents occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Father’s occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Coolie</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>2. Business</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3. Private</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>4. Others</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mother’s occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Coolie</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>2. Private</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>3. Housewife</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>4. Others</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 1.c reveals that among 100 orphans, majority 69 (69%) of fathers were working as coolie workers and regarding 70% of mothers were coolie workers.
TABLE 1.d

DISTRIBUTION OF ORPHANS BASED ON DEMOGRAPHIC VARIABLES

N = 100

<table>
<thead>
<tr>
<th>S.no</th>
<th>Demographic variables</th>
<th>Numbers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>6.</td>
<td>Family income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>&lt; 1000</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td>1000 – 2000</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>3.</td>
<td>2000 – 3000</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>4.</td>
<td>&gt; 3000</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>7.</td>
<td>Birth order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>1</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>2.</td>
<td>2</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>3.</td>
<td>3</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>4.</td>
<td>&gt; 3</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 1.d present the family income and birth order. Majority 42 (42%) were getting Rs 2000 – 3000/- as monthly income and regarding birth order, majority 44 (44%) were the first child in their family.
Table 1.e reveals that among 100 orphans, majority 53 (53%) are having only one sibling while seeing the reason for residing at orphanage, majority 93 (93%) of them were admitted due to financial problems. Regarding the no of years in residence majority 75 (75%) of them were present at the orphanages for nearly 1 – 5 years.
### Table 2

**Mean Value of Behavioral Problems**

<table>
<thead>
<tr>
<th>S.no</th>
<th>Behavioral problems</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Attention deficit hyperactive disorder</td>
<td>9.41</td>
<td>2.43</td>
</tr>
<tr>
<td>2.</td>
<td>Conduct disorder</td>
<td>15.58</td>
<td>3.77</td>
</tr>
<tr>
<td>3.</td>
<td>Oppositional defiant disorder</td>
<td>9.83</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Table 2 discussed the mean value and standard deviation of each disorder, in which conduct disorder is having high mean value (15.58) so it is inferred that the conduct disorder is high than other disorder.
Figure 2 shows that the distribution of the behavioural problem. Majority 24 (65%) were in the age group of 12 – 14 years (early adolescents).
Figure 3 reveals that majority 32 (86%) were male who had behavioural problems and only 13% females had behavioural problems.
Figure 4 shows that the distribution of behavioural problem based on their type of orphans. Majority 62(62%) were belonged to maternal type and 19(19%) were belongs to paternal and doubled type.
Figure 5 reveals that the majority number 54% children with father’s of secondary education having had behavioral problems and no behavioural problems present among fathers with graduate education.
Figure 6 reveals majority 46% children with mother’s of secondary education having had behavioural problems, and no behavioral problems present among mother with graduate education.
FIGURE 7

DISTRIBUTION OF BEHAVIOURAL PROBLEM BASED ON THEIR FATHER'S OCCUPATION

N = 37

Figure 7 shows that majority 70% of coolie workers children are having behavioural problems and there are no behavioral problems with fathers having business work.
Figure 8 reveals that majority 73% were having behavioral problems among coolie workers children and 3% having behavioral problems among other category workers.
FIGURE 9

DISTRIBUTION OF BEHAVIOURAL PROBLEM BASED ON THEIR BIRTH ORDER

N = 37

Figure 9 show that majority 46% of 1st children were having behavioural problems and Least 8% of them were coming more than the third order of sib ship.
FIGURE 10

DISTRIBUTION OF BEHAVIOURAL PROBLEM BASED ON THEIR NUMBER OF SIBILINGS

N = 37

Figure 10 shows that the majority 58% were having 1 sibling who have behavioral problems and least 8% of them had no siblings.
FIGURE 11

DISTRIBUTION OF BEHAVIOURAL PROBLEM BASED ON THEIR REASON FOR RESIDING

N = 37

Figure 11 discussed about that majority 95% who have behaviour problem were due to financial problems and only 5% were due to broken home.
FIGURE 12

DISTRIBUTION OF BEHAVIOURAL PROBLEM BASED ON THE NUMBER OF YEARS RESIDING

N = 37

Figure 12 explained that majority 70% of children who behavioral problems were residing at orphanage with 1 – 5 years and 3% were residing at orphanage for less than one year.
TABLE 3

FREQUENCY AND CHI-SQUARE VALUES OF THE ASSOCIATION BETWEEN BEHAVIORAL PROBLEMS AND DEMOGRAPHIC VARIABLES

N = 100

<table>
<thead>
<tr>
<th>S.no</th>
<th>Demographic variables</th>
<th>No problem</th>
<th>Behavioral problems</th>
<th>No problems</th>
<th>Chi – square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>1. 12 – 14 years</td>
<td>34</td>
<td></td>
<td>24</td>
<td>#3.84</td>
</tr>
<tr>
<td></td>
<td>2. 15 – 17 years</td>
<td>29</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>2. Sex</td>
<td>1. Males</td>
<td>29</td>
<td></td>
<td>32</td>
<td>*16.53</td>
</tr>
<tr>
<td></td>
<td>2. Females</td>
<td>34</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3. Type of orphans</td>
<td>1. Maternal</td>
<td>43</td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Paternal</td>
<td>8</td>
<td></td>
<td>7</td>
<td>#5.99</td>
</tr>
<tr>
<td></td>
<td>3. Doubled</td>
<td>12</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>4. Level of education of parents</td>
<td>Father’s</td>
<td>1. Illiterate</td>
<td>20</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Primary education</td>
<td>7</td>
<td></td>
<td>7</td>
<td>#6.70</td>
</tr>
<tr>
<td></td>
<td>3. Secondary education</td>
<td>28</td>
<td></td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
TABLE 3 CONT…..

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Higher secondary</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>5. Graduate</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Mother’s

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Illiterate</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>2. Primary education</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>3. Secondary education</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>4. Higher secondary</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Graduate</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Occupation

Father’s

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coolie</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>2. Private</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>3. Business</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>4. Others</td>
<td>4</td>
<td>37</td>
</tr>
</tbody>
</table>

Mother’s

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coolie</td>
<td>43</td>
<td>27</td>
</tr>
<tr>
<td>2. Private</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>3. Housewife</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. Others</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

6. Family income

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &lt; 1000</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2. 1000 – 2000</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>3. 2000 – 3000</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>4. &gt; 3000</td>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>

# 1.87
Table 3 reveals that the association between the demographic variables and behavioral problems. There was no significant association between age, type of orphans, level of education of parents, occupation, family income, birth order, number of siblings, reason for residing, and number of years.
residing here, and number of years Residing. However, there is significant association between the sex and the behavioural problems
The purpose of the study is to assess the behavioral problems among the orphans. A descriptive study is found to be appropriate. The findings were discussed based on the study objectives.

**Objective 1: To identify the behavioral problems among orphans**

The study revealed that the rating scale was used to assess the behavioral problems among orphans. Among 100 children, 37 children were having behavioral problems in which 32 children were males and 5 children were females.

This study was consistent with study findings conducted by Makaya et al (2002) in the democratic republic of Congo, used interviews with 354 orphans conducted by clinical psychologist. They found that 20.1% were presented with behavioral problems and 34% had affective troubles, 27% had adaptation troubles, 39% were experiencing posttraumatic stress disorder. The investigator concluded that lack of attention, lack of love, and affection, and lack of control over their behavior, financial burden mainly influences the behavioral problems among orphans.

**Objective 2: To determine the association between behavioral problems and selected demographic variables**
The study reveals that there was significant association between the behavioral problems and sex. The obtained Chi – square value as 16.53, the males have more behavioral problems than the females, and there is no significant association between the behavioral problems and age, level of education of parents, occupation of parents, family income, birth order, number of siblings, number of years residing, reason for residing.

This study was consistent with study findings conducted at Delhi in which the prevalence of attention deficit hyperactivity disorder is among 10% boys and 5% of elementary schools. ODD is 35% and conduct is 95%, Conduct disorder is common during childhood and adolescence. It was estimated that 6% to 16% of boys and 2 to 9% girls under the age of 18 years were affected. The disorder is more common among boys than among girls and ration ranges from 4 to 1.

In this study the mean value of the conduct disorder is more (15.58) compared to other two disorders (attention deficit hyperactivity disorder, oppositional defiant disorder). This shows that the conduct disorder is more among orphans. so the investigator concluded basically that the females were emotionally immature and had poor coping skills than the males, so the emotional problems are common among females, in contrast with the behavioral problems among males. Due to lack of attention and lack of control by parents, others they might develop conduct disorder.
CHAPTER VI

SUMMARY AND RECOMMENDATION

The essence of any research project lies on reporting and findings. This chapter gives a brief account of the present study including conclusion drawn from the findings, recommendation, limitation of the study, suggestion for future studies and nursing implication.

SUMMARY OF THE STUDY

The primary aim of the study was to assess the behavioral problem among orphans with this, the following objectives were set.

1. To identify the behavioral problems among orphans
2. To determine the association between behavioral problems and selected demographic variables.
3. To impart teaching program to the children on selected coping strategies for behavioral problems.

Review of literature of the study was prepared more relevant to the study. The conceptual framework for the study was based on modified Johnson’s behavioral model. A nature of the study design is descriptive design. A total number of samples were 100 included in the study by using convenient sampling technique. The tool was given to experts for content validity and reliability of the tool was calculated by split half method $r = 0.95$. The main study was carried out at Christian mission service, trust abot, and, social welfare centre for orphans and
The data collected and tabulated, analyzed and interpreted by using descriptive inferential statistics.

SUMMARY OF STUDY FINDINGS

The major findings related to identify the behavioral problems. Among 100 orphans 37 (37%) were having behavioral problems, in that 32% were male and 5% were females. This implies that males are having high behavioral problems.

Findings related to association between the behavioral problems and demographic variables. The demographic variables such as age, level education of parents, occupation, family income, birth order, number of siblings, reason for residing, number of years residing have no significant association with behavioral problems. There was significant association between the sex and behavioral problems.

CONCLUSION:

A majority (37%) have behavioral problems among 100 orphans mainly 32% of males were having behavioral problems. There is significant association between the sex and behavioral problems. The mean value of conduct disorder is high 15.58 SD 3.77 so the conduct disorder is more among the orphans. After assessing the behavioral problems, the teaching program was given on selected coping strategies. They felt very comfortable and co-operated well during the data collection.
NURSING IMPLICATION:

The study has the following nursing implication for nursing practice, nursing education, nursing administration, and nursing research.

Implication of nursing practice

1. Nurses have greater responsibility for health care of adolescence in the community.
2. Motivate and adopt the healthy life styles.
3. Nursing service should be child friendly to conduct health education program to solve different existing behavioral problems and suggest some desirable behaviors in the society.
4. It is the responsibility of the nursing personnel to provide guidance and counseling to the children.

Nursing education

1. Nursing students should be taught to help children with behavioral problems.
2. Nursing students should know the different behavioral problems of children and assess the behavioral problems by conducting school health education program.
3. Nursing students should know the different coping strategies, by implementing different strategies in to practice and follow up of them.

Nursing research

1. The study will be the valuable pathway for the further researcher.
2. The study findings will be helpful to expand the professional knowledge.
3. The study will serve as a valuable material for future investigator in the nursing field.
4. More studies are needed in this area.

RECOMMENDATION

1. Similar studies can be undertaken with large number of samples.
2. Similar study can be replicated with other institution.
3. Comparative study can be done with orphans and non orphans
4. Emotional problems can be studied
5. Comparative study can be done on emotional and behavioral problems.
6. Experimental study can be done on assess the behavioral problems and evaluating effectiveness of coping strategies.
Lesson plan
On
Coping strategies
CENTRAL OBJECTIVES:

After the teaching, the orphans will gain knowledge of selected coping strategies for the behavioral problems and will have positive attitude on it. They should apply it in day today life.

SPECIFIC OBJECTIVES:

THE ORPHANS ARE ABLE TO

1. Understand about the tips to improve their behavior in society
2. Enumerate the steps to improve concentration
3. List down the tips to improve self-control
4. Describe about the anger management
5. Explain the tips to building relationship
6. List out the manners and dealing with others
CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework is an organized phenomenon, which deals with concepts that are assembled by virtue of their relevance to a common theme. Conceptual schemes use concepts as building blocks. Conceptual framework can serve to guide research, which will further support theory development. Conceptual model attempted to represent reality with its minimal use of words.

For the present study, the investigator has prepared the conceptual framework based on Dorothy. E. Johnson’s behaviour system model. In that model, which springs from her belief nursing is based on a understanding of person and his/her response to change and stress and is therefore concerned with behavioural problem rather than the biological function.

Each individual or group community system that is composed of various subsystems the system function as a whole by virtue of the independence of its parts the system is more or less transitory resting state or equilibrium where it is a harmony with itself and with the environment.

This state can be disrupted by stresses, which are various internal and external stimuli that produce tension and result in a degree of instability or system imbalance on them such as the caregivers, parents, home environment etc. The goal of nursing is to assist the individual to maintain the equilibrium.

In the present study, the children are viewed as a behavioural system. Which the state of disequilibrium the major course of these instability can be inadequate or inappropriate development of system or its parts that breakdown of internal regulatory or control mechanism due to parental deprivation and consequent unfulfilled needs,
exposure to noxious influences (abusive caregiver, and parents) and lack of adequate environment input.

Nursing is viewed as by Johnson as a external regulatory force that assist the system to regain its stability or equilibrium, which may be accomplished by

1. Repairing the structural unit through teaching
2. Temporarily imposing external regulatory or control measures
3. Providing essential environment or resources in various situation

Accordingly as depicted in the model, the system imbalance acts as a cue for nursing action this involves the orphans and other systems that might exert a positive and negative influences on them such as the caregivers, parents, and home environment etc.

These nursing actions are designed to maintain or restore behaviour system balance and stable and achieve a more optimal level of functioning with the environment interaction where possible or desirable thus fulfilling the goal of nursing as Johnson envisioned it.
Figure 1  CONCEPTUAL FRAME

Stimuli

Attachment

Dependence

Achievement

Elimination needs
(Area not under study)

External stressors
- Parental deprivation
- Institutionalizing
- Lack of love
- Broken family
- Financial problems

Internal stressors
- Loneliness
- Insecurity
- Low self-confidence
- Fear

Stress tolerance flexibility

Aggression

Balance, equilibrium

Imbalance, disequilibrium leads to
1. Withdrawal
2. Hyperactive
3. Aggression
4. Poor academic performance
5. Somatic complaints
6. Oppositional

Nursing role
- Maintain and Restore by
  - Assessment
  - Observation
  - Education
  - Guidance
  - Counselling

MODIFIED JOHNSON’S BEHAVIORAL MODEL
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