CHAPTER II

Review of Literature
CHAPTER II
REVIEW OF LITERATURE

Introduction

The review of related literature is an essential aspect of the planning of a study, the objective of which is to justify the rationale behind a study. It provides an overview of historical perspective, development, deviations and departures of research in that area and also guides to identify the methods appropriate to the problem under investigation. Moreover, the success of any research depends upon the understanding and familiarity of the investigator with the studies and literature related to the topic. Since effective research is based on past knowledge, the review of literature also helps to eliminate duplication of what has been explored by other researchers in the same field. Review of literature therefore, is a valuable guide to defining the problem, recognizing its significance, suggesting and promoting data gathering devices, selecting appropriate study design and sources of data. This helps to sharpen the understanding of the problem area and provides a background for the research project. The review of related literature also helps providing placement and direction for the study to be filled into the existing body of knowledge. Hence review of literature forms an inevitable part of any research study.

Through the literature reviewed in the context of the present study, the investigator has tried to review the theoretical aspects which have a close relation with the study. The researcher also reviewed the different other studies related to the problem under investigation.

Adolescence is widely recognized as a transitional period between childhood and adulthood (Grotevant, 1998). It is a complex period which brings with it developmental maturity and certain new problems which centre on the biological, psychological and social aspects of the adolescent personality. This chapter focuses on studies on adolescents in general and on institutionalized adolescents and the various aspects of their psychosocial wellbeing. Adolescence has drawn major attention in recent times because of the great significance it has on developmental aspects and future health and
wellbeing of an individual. Many studies have provided information on the various aspects of specific adolescent mental health problems and psychosocial wellbeing.

Recently, Indian society too has been giving increasing attention to child welfare, and to the disadvantaged children also called ‘children at risk’, who have no means and responsible people to look after them. Their living conditions are far below acceptable standards and there remain a wide gap between them and the rest of the children in the society. The institutionalized adolescents, who are part of the disadvantaged children, form a considerable portion of the child population of our country. In the pursuit to progress and development, the country cannot overlook the conditions of these resourceful young and their problems. The nation has a duty to bring them up economically, socially, politically, culturally, morally, physically, mentally and spiritually to a better state of life. They have to be provided equal care and opportunities in all spheres of life.

The reviews collected by the investigator concerning the problem selected are classified into:

a. Studies Related to the Overall Psychosocial Wellbeing of Adolescents
b. Studies on Children and Adolescents in Institutional Care
   i. Studies Conducted Abroad
   ii. Studies Conducted in India
c. Security/Insecurity of Adolescents
d. Self-esteem of Adolescents
e. Adjustment of Adolescents
f. Academic Interest of Adolescents
g. General Wellbeing of Adolescents

Studies Related to the Overall Psychosocial Wellbeing of Adolescents

Moodie (1940) from his long clinical experience concludes that behaviour difficulties in children such as truancy, stealing and dishonesty are mainly due to the thwarting of psychological needs of security and affection.
Head (1949) in his study found that the high-class pupils are socially accepted in school situation, for they manifest, both in speech and in action, behaviour acceptable to teachers. According to him the social behaviour of children is related functionally to the position their families occupy in social structure of the community. He emphasized the importance of environment in behaviour problems.

Maslow (1954) notes that autonomy or independence is a characteristic of self-actualizing people – people who makes the most of themselves. Such people are relatively free of their physical and social surroundings. Although they are dependent on their environment for the satisfaction of basic needs, once these needs have been met, they rare free to go their own way and develop their potentialities. These people are self-contented and not easily upset by environmental adversities.

Carroll (1956) asserts that because of the inadequate attention given to the emotional needs of the children, the school has contributed to the development of behavioural disorders. It is partly responsible for the high frequency of mental disease.

The need for detecting and identifying children with incipient and maladjustive tendencies have been stressed by many. Crow and Crow (1951), and Carroll (1956) stress the need for in-service as well as orientation courses for teachers which will enable to appreciate the problems of the child; acquaint with the values of individual instruction, and make them more sympathetic towards the need of attitude development. These courses will help them to have a sound knowledge of the tenets of mental hygiene.

Lamert (1972) explained how official labeling by society might produce an increase in behaviour problems, because the individual’s self-concept (a psychological construct) was changed by interaction with agents of social control (a social psychological process) and by the stigmatization of societal labeling.

Bowlby and Bender (1978) emphasized that any severe disturbance of parent-child relationship in infancy is bound to affect personality and this may lead to delinquency.
The pattern of problems of adolescent girls in urban India was assessed by Gupta and Gupta, (1980). A group of 500 girls (between 14-18 years of age) were administered the Indian version (a quantitative dimension was added) of the Mooney Problems Checklist. Adolescence was observed to be a period of calm transition from childhood to maturity. The most prominent problem areas were social, personal, and school related. Areas of least concern were physique and health, courtship, sex, and marriage.

In India various studies have revealed that 5% to 35% children suffer from some kind of maladjustment, which is termed as neurosis. These types of behaviours are more in school settings (Verma, 1981; Metha & Kumar, 1985). Mental health and success are closely related. Emotionally maladjusted students often exhibit symptoms of impaired efficiency in learning and in problem-solving situations.

Researches indicate that the mental health status of children deprived of parental care is low and there is significant relationship between mental health status of children and the degree of parental deprivation. The mental health status of completely deprived (maternal and paternal) children is the lowest (Reddy, 1987; Steinhausen et al., 1987).

Estimates in India indicate that about 7% of all family units likely to have dependent children, are single parent family units, where one parent is absent due to death, divorce or separation. In over 80% of these cases, death of the spouse is the cause of single parenthood and more than 70% of the single parents are women (India: Office of the Registrar General, 1991).

It has been also noted by developmental theorists that intimate peer “cliques” is important for adolescent socio-emotional growth (Youniss & Haynie, 1992). Social support would thus be protective as it could help bolster an individual’s self-worth. Both parental and peer support appeared to contribute to adolescents’ general psychological wellbeing, with parental support being somewhat more effective (Berndt, 1992). Parental support has been a protective factor against adolescent problem behaviour, based perhaps on parent-child attachment or parental socialization (Barrea et al., 1993).
Bijstra, et al., (1994) discussed the relationship between social skills and four indicators of psychosocial functioning: self-esteem, wellbeing, coping and social support. An adolescents’ sample of 660 (aged 13-16 years) responded to a series of self-report measures that referred to these several domains. Correlational and regressional analysis showed that the social skills measure and the different psychosocial measures were clearly related. Furthermore, after the social skills measure that led to the identification of 3 subgroups (Subassertives, Assertives and Indifferents), these group also showed distinguishable profiles in the different psychosocial profiles.

Sood and Misra (1995) investigated the home environment and problem behaviour in children and found that prolonged separation from the fathers affect boys more in comparison with girls and that the boys exhibit more behavioural problems. The absence of fathers who act as role models for the boys is considered to be the main cause for this phenomenon.

It has been estimated that 1% of children and adolescents suffer from obsessive disorder and further 1% of adolescents suffer from eating disorders (Kurtz et al., 1996). Problems such as suicide, conduct disorders, alcohol and drug abuse, depression, and attention deficit disorder are all increasingly common among young people and there are increasing levels of abuse and neglect (Rutter & Smith, 1995; Zubrick, 1998; Zubrick et al., 2000). Moreover, mental disorders (notably depression) are appearing at a younger age and they seem to be increasing in severity (Zubrick, 1998; Zubrick et al., 2000).

Demographic characteristics such as economic and social status of the family (Lam, 1997); paternal education (Nord, 1998); the emotional environment at home (Bronzaft, 1996); and the motivation of the family towards the child’s education (Cooksey & Fondell, 1996) were found to be essential factors that help the child to make use of his potential in a maximum productive way. Familial relationships have played an important part in helping the adolescent to have positive mental health (Cook et al., 2002).

examples. Social adjustment was one of the major tasks of growing up. The author took up the issues like needs and concerns, areas of interests and dispute, and relationship with the parents, siblings, friends, peers and opposite sex. She highlighted the situational analysis in relation to India’s changing socio-economic scenario. Situations like working mothers, absence of fathers and single parenting are commented upon. Lastly, some solutions to the ‘danger signals of maladjustment’ like mental illness, overdependence on defense mechanism, regression, martyrdom, unreasonable homesickness were provided.

Sharma (1999) in his book “Understanding adolescence,” analyzed adolescence as one of the most important developmental stage by explaining childhood and the physical, sexual, and psychological maturation during adolescence. It highlighted health problems, (e.g., obesity, anorexia-nervosa, anaemia in puberty), as well as psychological problems, (e.g., clumsiness, swinging moods, irritability). It also discussed intellectual development in relation to linguistic, musical, mathematical-logical, visual-spatial, bodily-kinesthetic, and interpersonal and intrapersonal intelligence. Social environment and attitude of the parents affect in cognitive development, creativity, moral values, religious beliefs, and political understanding. Personality development depends upon family, community, peers, school, and media. Differences in male and female adolescent personality were due to differences in rearing and socialization. Economically affluent urban parents want their sons to take up the career of their choice, whereas girls get married as soon as a suitable match is found. Economically lower-class parents force their sons to opt for fathers’ occupations, whereas girls are forced to marry as they reach puberty. The book further enumerates the policies and laws for adolescents in India. Issues like early marriage, social violence and crime, mental retardation and identity crisis at adolescence were raised.

Verma and Larson (1999) addressed in their study the question of whether Indian adolescents experienced greater emotional swings than their parents. The study also examined the gender differences, causal factors, and correlates of emotionality among adolescents. Participants were 8th graders (51 girls and 49 boys) from urban middle class families and their parents. A volunteer group recruited through schools provided self-reports on their activities and emotions following the procedures of Experience Sampling Method. Adolescents and their parents provided 13,674 reports on their experience when signalled at random times by alarm watches over one week.
Additional information on family, peer, stress management, and mental health variables was collected through questionnaires. Adolescents reported significantly more negative states and extreme positive emotional states than their parents. Negative states of adolescents were related to school stress and inversely related to family and peer variables. Significant inverse correlation was observed between rates of negative emotions and mental health. Discussing the role of various familial, peer, and social factors in adolescents' wider emotional swings, the researchers caution that negative emotions among adolescents should not be dismissed as normative and should be taken seriously as a sign of distress.

Verma et al., (2002) made a study on the time use profile of Indian adolescents; examined their subjective states during schoolwork; and evaluated whether youth who spent more time in leisure experience had fewer negative emotions and better mental health. The sample of 100 urban, middle class adolescents studying in class VIII responded to the Experience Sampling Method wherein the subjects carried alarm watches for one week and provided 4,764 reports on their activities and subjective states at random times. The Child Behaviour Checklist (Achenbach et al. 1991) was administered to gather information on internalizing and externalizing problems among adolescents. The time use profile indicated that adolescents spent one-third of their working time in school related activities, with the girls spending more time than the boys. Negative subjective states were reported during schoolwork as reflected by the low affect state, below average activation levels, lower feelings of choice, and high social anxiety among the subjects. These negative states were more frequent during homework. The subjects, who spent more time doing homework, experienced lower average emotional states and more internalizing problems, reported higher academic anxiety and lower scholastic achievement.

Georgouleas and Besevegis (2003) investigated on the adolescents' views of their relations with their parents. The aim of the study was to portray various aspects of the way the Greek children view their relations with their parents. The sample consisted of 123 boys and 152 girls aged 13-17 years. Children were asked to characterize their parents as authoritative, authoritarian, or permissive and to evaluate various aspects of their family life with their parents. They were also asked to report on the frequency of conflicts with their parents and the emotional climate of their home. Results indicated
that the vast majority of children characterized their parents as authoritative, while less than one tenth characterized them as authoritarian. There were slight differences due to the gender of both parents and children. The aspects of life that most often evoked conflicts between children and their parents were children’s performance at school, staying out late, and use of language. Finally, the majority of children reported that they considered they get along quite well with their parents.

Sharma and Mahajan (2006) investigated mental health risk of adolescents in single parent families. Their study indicated that adolescents who had better mental health status were better adjusted and achieved more in schools.

Premalatha (2009) made a study on the “Psychosocial challenges of children- A need for social work intervention for achieving Millennium Development Goals.” She states that the change in life styles, breaking of joint family system, easy access to information, exposure to new life styles and habits, competition, conflicting values, clash between traditional and modern cultures have created confusion and challenges for young children and adolescents. The study reveals that professional social workers play a vital role in helping children and adolescents in schools. The psychosocial intervention programmes such as casework, group work, life skill education and counselling by school social workers proved to empower the children and adolescents to meet the challenges and problems they faced.

Studies on Children and Adolescents in Institutional Care

Studies Conducted Abroad

Bonny (1960) opines that when children who are openly rejected in all sorts of cruel ways, come to school, they are likely to be shown one of the two extreme types of adjustment depending upon his temperament and out of home circumstances. Either he is likely to be very submissive and coupled with strong feelings of defeat or unworthiness or he is likely to be hyper-aggressive and full of hostility which he compulsively releases on school situation.

Egmound (1960) in his doctoral study with 640 elementary school children found that boys who achieve some self-esteem and recognition by being able to influence
other boys come close to actualizing their potential from boys who are not able to gain esteem and recognition through influencing other boys. For girls, Egmound found that those who were liked by their classmates actualized their potential rather fully, while those who were disliked by very few tended to actualize their potential less fully.

Slawson (1965) found that delinquent boys did not gain scores comparable to those non-delinquents in abstract intelligence.

Arkoff (1968) revealed in the study “Adjustment and Mental Health” that the problem families constitute destitution, deprivation, delinquency, disease, general failure to observe the minimum standard of their community, etc. These families may fail to cope with the basic problem of living, such as finding employment, maintaining a home or feeding, clothing and caring for their children. There may be desertion by a parent, excessive drinking, fighting and disorder.

In the book “Orphans of the Living,” Dewar (1968) describes about the greatest human grief apart from death, lost love and forlorn children, children in mourning for phantom parents. Death is the ultimate brutality, for the bereaved it is final, but orphans secure in past love might be regarded as fortunate compared with illegitimate and abandoned children for whom separation is a continuing desolation in life.

The plight of solitary deserted children in an institution would arouse spontaneous reason and bring warm-hearted offers to give the child the love of real home. When there is a group of children in an institution of any kind their very number anaesthetizes emotions and their problems cease to be individually human and urgent, becoming instead primarily a matter of administration. The emptiness of their separate plights becomes observed and situational welfare takes over, effectively insulating the conscience of those moved to help from personal involvement. The good intentioned can now join a committee and help the institution to run efficiently, the fund of pity which might have removed the need for the homeless been subtly channeled found its performance.

It is true of children to say that trouble shared is trouble diminished. This is the appearance that the present day institutions offer. The reality is a large number of human
Chapter II
Review of Literature

tragedies, made the more piteous because the victims are too young to conform to each other and then not old enough to have understood the separation that has forfeited of parental love.

Every human being possesses a claim to life and death and to the necessities of life including proper medical services. The 1948 UN Universal Declaration of Human Rights thus proclaims, “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance” (Art.25) and the Preamble of the WHO constitution states that the employment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

In the opinion of Bottom (1970) to those who face the awesome task of educating the disadvantaged children, success lay in using the human needs as a springboard to learning. The deprived child is a paradox to many who teach him overcoming their impoverished background appears to be an overwhelming task as put it – “you need the wisdom of Solomon, the patience of Job and the strength and endurance of Samson” (Bottom, 1970).

Youngleson (1973) 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. The data gleaned from the social adjustment inventory confirmed that institutionalized children are less well adjusted and that they manifest less self-esteem compared with a control group.

Research not only fails to show that children with serious emotional problems benefit from orphanage setting but they also show that children's emotional and
behavioural status worsens. It has been found that even in small, well-run institutional settings, children develop a range of negative behaviours, including aggression and indiscriminate affection toward adults. On the other hand, alternatives to residential care for children with serious emotional problems - day treatment programs (in which children and youth receive intensive treatment services in a non-residential environment) and specialized family foster care (in which children live with foster parents who are specially trained and supported to work with children who have serious emotional or behavioural problems) - have been found to achieve extremely positive results for children for whom residential care previously was considered the only alternative (Schutjer, 1982; Chamberlain & Weinrott, 1990).

Rhodes and Paul (1978) view special education as an education as an alternative to regular education programme from which the socially and emotionally vulnerable cannot make profit. Their major hope is that the disadvantaged in the regular class room can successfully adapt to the special curriculum.

Rossetti and Maria (1978) proposed an explanation for the link between environment, malnutrition and role of mental development. The basic assumption is that malnutrition and socio-economic conditions interact leading to slow mental development by undermining the establishment and maintenance of “Syntonic,” “Synchronic” and “Reciprocal” relationship between the child and the mother. In a deprived social environment, the child will rarely find a person prepared to ‘syntonize’ (to tune in) and be stimulating and responsive to his or her behaviour. Because of the malnutrition and other ailments, the children are often biologically less able to be stimulated and responsive to their care-giver, they show apathy, irritability, and loss of interest in the social environment. The combination of these conditions creates a cycle of interaction deprivation which inhibits intellectual development.

Tizard & Hodges (1978) compared 65 of the institutionalized and formerly institutionalized children (from the 1975 study) to a similar group of working class, non-institutionalized children. Their study suggested that a policy of allowing parents to leave their children in institutions for a number of years might not be in the best interests of the child. It seemed more likely that the common difficulties of many of the restored (reunified) and adopted children were due to their institutional experiences, perhaps in
interaction with genetic or biological factors. It was likely that the ex-institutional children often had problems at school, and of a particular kind, than children adopted in infancy, and that an explanation simply in terms of the effects of maternal stress before and after the child’s birth is not adequate. Significant differences were found between institutionalized or previously institutionalized children and their non-institutionalized counterparts on total problem behaviours and anti-social scores. Deviations included restless behaviour, poor peer relations, disciplinary problems and disruptive attention-seeking behaviour among children who had been institutionalized.

American psychologist Berman (1979) called the institutional life of children as a state of ‘chronic emotional deprivation’. The lack of privacy existing in the institutions as compared to family setting has multiple ramifications on the child’s experience ultimately his ability to control his life. He also envisages that in their attempt to cope with these deprivations and neglect in the social setting in which these children are raised, they react with feeling of hopelessness and they exhibit strong dependency wishes. In addition to aggressive behaviour, Berman also found cases of neurosis, psychosomatic symptoms and other character disorders. The psychological problems commonly observed among these children are neurosis, nightmares, inability to adjust in school, deceit, stealing and aggressive behaviour.

Bush (1980) randomly selected 370 dependent and neglected children, aged 10 to 18, from the population of such children in a large metropolitan area. 269 of the 370 children surveyed had lived in an institution at some point, representing 100 different institutions. The study found that the children did not consider institutions supportive places to reside. The children who were living in institutions at the time they were interviewed felt less comfortable, loved, looked after, trusted, cared about, and wanted than children in any other form of surrogate care or than children who had been returned to their original families. The data strongly suggested that institutions are the least adequate form of substitute care. The children interviewed did not like living in institutions, and their comments included criticism of institutions for the absence of some essential qualities of parental care. The children clearly preferred other forms of surrogate care, which scored considerably higher on those prized qualities. Their comments indicated a wide gap between the blueprint for institutions found in professional writing and the reality of institutions as the children perceived it.
Even youth placed in institutions as teenagers fare more poorly than youth whose care is provided by foster families. *Triseliotis (1983)*, among other researchers, found that institutionalized youth have greater social impairment, exhibit more coercive interactions with adults, and consider themselves (when compared to youth in foster family care) less loved, less looked after, less trusted, and less wanted. Orphanages meet the needs of seriously disturbed children. Many children have such serious emotional and behavioural problems that they cannot live in a family environment. The only real alternative for them is to be placed in an orphanage where they can be closely supervised around the clock.

Care in orphanage settings consistently been shown to have long-term psychological and social effects on children into adulthood. Studies by *Quinton et al., (1984)* and others have demonstrated that individuals placed in orphanages early in their lives are at greater risk when they reach adulthood, of living in poverty, developing psychiatric disorders, having difficulties in interpersonal relationships, and having serious problems parenting their own children. The lack of opportunities for close, consistent, and caring relationships with adults in institutional settings has a significant impact on children into adulthood.

*Cohen (1986)* examined the quality of care in 33 Los Angeles group homes for adolescents. He looked at issues such as the normalization of youths, institutionalization, treatment goals, continuity of care, and the qualifications of group home staff. Quality of care became more difficult to assess as one moved beyond basic care. A particularly troubling problem for group homes was the availability and retention of qualified, caring, and competent staff. The reported low salaries and the highly demanding nature of the work with little opportunity for advancement appeared to be the primary causes of the high turnover rate.

Manifestation of anxiety due to behavioural problems among children aged 6-17 years was given a psycho-educational education by *Kubiak (1988)*. High relationship was observed between community crime level and the manifestation of anxiety.
Hodges & Tizard (1989) studied 39 of the formerly institutionalized children (now adolescents) from the 1975 & 1978 studies. They compared each ex-institutionalized adolescent with a comparison 16-year-old who was matched based on sex, one- or two-parent family, occupational classification of primary income earner, and position in family. There was evidence that, as a group, ex-institutional children had more behavioural and emotional difficulties than comparison children. Children who had spent at least the first 2 years of their life in residential care were likely at age 16 to have more social and emotional problems than other children, and more disruptions in their lives.

Barrotallas and Denitz (1990) criticized the ‘institutional’ part of the treatment as merely for custody and control. There is agreement that these institutions are having prison like facilities, where the inmates are crowded together, and are not conducive to successful rehabilitation. The youthful inmates in such institutions, they add, are influenced by the negative innate subculture and the atmosphere is one of violence, intimidation and sexual exploitation.

Triseliotis & Hill (1990) studied 124 adults reared in adoptive, foster, and residential care. Focus on older, hard to place children. The residential group had been cared for in institutions for an average of 11 years. They noted that those who were adopted and, to a somewhat lesser extent, those formerly fostered experienced more intimate, consistent, caring, and closer attachment to their caregivers, compared with those who grew up in residential establishments.

The findings of the investigation, “The intellectual, social and nutritional status of children in an Ethiopian orphanage” arranged by Aboud et al., (1991) reveal the following: The orphans fail to develop the Leadership Qualities. The majority of children are from the rural areas. They are kept away from taking up leadership of their own villages or areas. The inmates have no contact with others outside the compound wall. The progress of children lies in having involved with a view to becoming responsible and to develop coming forward to experience a sense of belongingness and becoming active by recognizing themselves, as important persons each taking up a leadership role. Children’s participation and involvement, and opportunity to develop their potentialities to become each one a leader individually are not satisfactory. Usually the inmates in the
orphanages have the notion that they are not ‘born leaders’ or ‘that the leadership does not belong to them. They have the notion that they have to depend on others.

In the study “Romania’s Poor Orphans” by Peter (1991) reveals that there are many internal and external psychological changes in emotion. Normally emotion cannot be recognized from their external signs, though with practice some of the emotions can be recognized. In practice we know that our emotions make an impression of others. Thus we try to conceal our basic emotion as hate, fear, etc. Culture requires us to conceal our basic emotions and it is the emotions which reveal to us the profundity of thoughts in another person’s mind. Though people make an effort to conceal their emotions at some juncture it becomes necessary to make a complete exhibition of his love. Sometimes another person’s behaviour necessarily takes an exhibition of anger.

Zoccolillo et al., (1992) compared 171 people who had been in group-cottage children’s homes to 83 in a comparison group. Comparison group subjects had parents with mental health problems and came from inner city neighborhoods similar to the ones where former children’s home residents had lived. They found that even holding conduct disorder in childhood constant, the fact of being reared in an institution (a variable that indexed a range of adversities) increased the risk of pervasive social dysfunction in adult life.

Colton (1992) compared 12 children’s homes to 12 specialized foster homes. Study focused on children 12 years old or older. Residential caregivers were found to make far greater use of inappropriate and ineffective techniques of control than special foster parents. The children’s homes were generally found to be markedly less child oriented than the special foster homes. Such findings appear to confirm that the role of residential caregivers involves a heavy emphasis on control and supervision; they further suggest that a greater degree of familiarity, reciprocity and social closeness characterized relations between special foster parents and foster children than existed between residential caregivers and the youngsters they looked after.

In his studies on “The Lost Generation,” Vicki (1992) tries to find out the causes of the low self-esteem of orphans in the orphanages. The study revealed that 86% of the orphans in the orphanages were from the rural community. They have a very low opinion
about their own selves and have no concept of appreciating themselves. They accept suffering and not willing to come out of their human conditions. They have no respect for themselves and feel that they deserve to be living like this. They do not like their own potentialities and strength but experience only the one cursing their own spontaneity and creativity. They do not recognize the power with in themselves which if they become aware of, can bring about changes in their own lives and the situation around them.

Jackson (1993) documented the thinking of successful African Americans regarding value education as an approach for improving social and academic changes of ‘at risks’ students. The result shows that values and character education will improve the cognitive learning of ‘at risk’ students while reducing their socially deviant behaviour. The results also challenge the reticence of educators and policy makers to provide values and character education in public high schools.

Fuhrmann and Munchel (1995) found a number of problems related to the staffing of institutional settings, including limited training, lack of appropriate supervision, few opportunities for professional advancement, and the need for staff to better understand the needs of children and appropriate discipline techniques. Most child care staff do not have professional backgrounds, and unlike foster parents, they are not subject to rigorous screening prior to providing care for children.

Frank et al., (1996), in their article “Infants and young children in orphanages: One view from paediatrics and child psychiatry” explored 100 years’ of paediatric and child psychiatry research covering five areas of potential biologic and social risk to infants and young children in orphanage care. They found that the evidence from the paediatric and child psychiatry literature made clear that orphanages were neither an effective nor a humane mode of assistance to infants and families. Infants and young children are uniquely vulnerable to the medical and psychosocial hazards of institutional care, negative effects that cannot be reduced to a tolerable level even with massive expenditure.

The available data from all sources consistently indicated five areas of risk to infants and young children in orphanage care: (1) infectious morbidity, (2) nutrition and growth, (3) cognitive development, (4) socio-affective development, and (5) physical and
sexual abuse in the institution. Institutions are inherently unsuitable for the emotional needs of human infants, even if one optimistically assumes that physical and sexual abuse of institutionalized infants and young children could be largely prevented.

In a study, Johnson (1996) tried to analyze the impact of parental divorce on young adult development. A multivariate analysis was done to determine the efforts of parental divorce on the attainment on the development of young adulthood. The survey consisted of 354 students less than 30 years of age. The major findings were: (1) the parental divorce may interfere with the attainment of some of the development tasks of young adulthood, namely, differentiation from parents and forming differentiated relationship with significant peers; (2) the quality family functioning may be essential for young adult task attainment, regardless of parental mental status; and; (3) the timing of divorce, age at the time of divorce, frequency of contact with non-custodial parents and ethnicity will affect the young.

There are many studies done outside India to explore the problems related to health. The abstract of the study of Patrick is that seeking to defend themselves from charges by a human rights organization thousands of orphans in China’s State-run orphanages die each year from deliberate starvation and neglect. The Chinese officials opened the doors of Shanghai orphanage to foreign journalists on January 8, 1996. Hundreds of well-fed children at the orphanage were living in what appeared to be a healthy and nurturing environment, and the facility’s former director denied charges that some orphans had been deliberately singled out for maltreatment and death (Patrick, 1996). One editorial discusses a new Human Rights Watch Asia report that details how Chinese orphans were routinely starved to death to rid society of its unwanted citizens. China refutes the claim and the Editorial hopes the report is proven wrong but it expresses doubts that such is the case (Joseph, 1996).

Shuyun, a physician in China who worked with the Chinese orphans but left the country in order to expose the abuse of these orphans have reported that many Chinese orphans received poor care and were allowed to die. It is reported that horrifying conditions in the orphanages of China make them virtual death camps. The horrible conditions at several orphanages in China, in which children die of malnutrition are discussed (Carrol 1996).
Berrick et al., (1997) used data from California's Foster Care Information System, University of California, Berkeley, with the records of up to 52,613 children examined. The archive includes all children in foster care in California since January 1988. The study focused on children under age six. Group homes in this study included child caring institutions with six or more beds, including residential treatment, but excluding hospitalization. The study found that compared with a primary placement in foster homes, group care for young children results in less stability, lower rates of adoption, and a greater likelihood of remaining in care. Given that placement into group care costs much more, provides less stability of care giving, and does not increase the likelihood of adoption, very young children should not be placed in group care.

Character education was interwoven throughout the existing curriculum of an elementary education programme to explore its influence on the social behaviour of children. Results analyzed by Jacobi (1997) indicated that the programme did have a positive influence and empowerment upon the primary and intermediate age students but reflected very little empowerment for the 7th and 8th standard students.

Another study was done by Nambi and Sengends (1997) on psychological extent of orphanhood - a study of orphans in Rakai district. The main objectives were: (a) To identify the emotional support given by adopted children; (b) To realize the school teachers and adopted parents in handling the psychological problems of children; (c) To know the relationship between their psychological problems and environment.

This study consisted of a sample of 193 children in Rakai district of Uganda. The main findings were the following:

- Adopting parents and schools had not given the emotional support needed to these children.
- Most adopting parents lack information on the problem and are therefore unable to offer emotional support and school teachers do not know how to identify physical and social problems and consequently fail to offer individual and group attention.
Most orphans risk powerful cumulative and often negative effects as a result of parent’s death thus becoming vulnerable and predisposed to physical and psychological risks.

Most children lost hope when it becomes clear that their parents are helpless or sick or died and when they are adopted, many of them felt angry and depressed.

**Chamberlain & Reid (1998)** studied 79 boys aged 12-17 years with histories of previous out-of home placement and serious and chronic delinquency. The boys in the study were referred for community placement and randomly assigned to either multidimensional treatment foster care (MTFC) or group care. Multidimensional treatment foster parents were trained to use structured behaviour management techniques, to closely supervise the boys’ whereabouts, and to be in contact with school staff. Each boy participated in weekly individual skill building therapy, and the boy’s biological family or another caring adult was involved in the program. Case managers were on call 24 hours per day, 7 days per week to help MTFC foster parents with questions, concerns, or problems. Group care programs had from 6 to 15 youths in residence and used shift staff. The majority of group care boys attended individual and group therapy, and most attended in-house schools.

Boys ran away less frequently from MTFC than from group care, completed their programs more often, and were locked up in detention or training schools less frequently. MTFC boys had fewer criminal referrals than boys in group care from the time they were placed through the year after discharge from the programs. The linchpin in the MTFC intervention is not a therapist or social skills trainer but the foster parent. The foster family is carefully selected, trained, and heavily supported to monitor the youngster closely and continuously in the home, at school, and in the community. On the basis of the findings, it is becoming clear that developmentally appropriate, intensive, and individualized family focused treatment is both feasible and superior to group care at any point in the developmental trajectory of antisocial youngsters.

**Lucas (1998)** examined the effect of the family and home characteristics upon children’s academic performance, pace ethnicity, family-configuration and sibling group
size were found to have effect on the levels of academic performance, when the effects of the maternal cognitive performance and the home environment were controlled. Poverty remained a predictor of reading comprehension, growth rate scores, but not for mathematics performance. Maternal cognitive performance was the most powerful predictor of children’s reading and math capabilities.

**Bhalla (1999)** made a study on 30 Ethiopian orphan boys aged between 13-22. The investigator said that they have endured almost 15 years of physical, sexual and verbal abuse while under the care of “Terre Des Hommes” which runs homes for the Ethiopian orphaned by 1984 drought. The boys had planned to hire a lawyer and take the organization to the court. They accused the organization for providing little rehabilitation and care which contributed deep psychological problems.

Data reveal that rates of abuse are as high as or higher in residential settings than in family foster care (Myers et al., 1999; Hobbs et al., 1999). Several factors contribute to abuse of children in institutions - inadequate monitoring and inspections, staff feelings of powerlessness, policies that condone the control and restraint of children, lack of clarity of mission, and autocratic management.

The **U.S. Department of Health and Human Services (2000)** convened a meeting to develop specific recommendations for a National Action Agenda on Children’s Mental Health. 300 participants were invited, including mental health researchers and practitioners, professional organizations, health care providers, educators, family members, and others. The Prevention, Early Intervention and Community-Based Services panel examined evidence on the effectiveness of services for youth with mental health needs. They concluded that for youth who manifested severe emotional or behavioural disorders, the positive evidence for home and community-based treatments (e.g., multi-systemic therapy, intensive case management, treatment foster care) contrasted sharply with the traditional forms of institutional care, which could have deleterious consequences.

**Barth (2002)** examined the varied role that institutional care plays in child welfare services by reviewing numerous studies and reports. He described children served in group care programs, perceptions of group care, outcomes, placement stability
and re-entry, cost, and policy implications. His review showed that there was virtually no
evidence to indicate that group care enhanced the accomplishments of any of the goals of
child welfare services. It was not more safe or better at promoting development, not
more stable, did not achieve better long-term outcomes, and was not more efficient as the
cost was far in excess of other forms of care.

He further stated that there was no new or old evidence to indicate that shelter
care, or group care in general, was a sound approach to caring for most children entering
child welfare services. Group care should only be considered for those children who had
the most serious forms of mental illness and self-destructive behaviour. Group care
according to him was expensive and restrictive and should be used only when there was
clear and convincing evidence that the outcomes would be superior to those of foster care
and other community-based services.

**Altshuler and Poertner (2002)** administered (CHIP-AE), a new standardized
instrument, to 63 adolescents living in group homes or institutions in Illinois. The CHIP-
AE measured overall health and self-concept, emotional health and disorders, and
achievement of social expectations in education and/or employment. The study revealed
that youths living in group homes or institutions take more risks, have more threats to
achievement, and have poorer peer influences. The apparent inability of the system to
provide critically important functions and absence of a helpful adult in the place of the
parents were of concern. The study suggested that there was a crucial need to help these
youth connect with an adult who could provide needed support and guidance as these
youth integrate themselves into the community. The environment in which these youth
lived were not providing them with such adult guidance. Youths in the study appeared to
be doing well in terms of resilience and problem-solving skills, and feelings of safety.

**Maclean (2003)** examined the effects of deprivation by reviewing both the early
and more recent literature on studies of children who spent the first few years of life in
institutions. He exposed that findings across time and studies are consistent in showing
the negative impact of institutionalization on all aspects of children's development
(intellectual, physical, behavioural, and social–emotional). Results of studies showed,
however, that institutionalization, although a risk factor for less optimal development
does not doom a child to psychopathology. However, the impact of institutionalization is greater when coupled with risk factors in the post institutional environment.

**Leite and Schmid (2004)** examined the relationship between the institutionalization of needy children and adolescents and the resulting psychological suffering. Individuals who have been institutionalized for long periods suffer from increased fragility in psychological structure, becoming more vulnerable and at risk as a direct consequence of the treatment they receive in such institutions.

**Studies conducted in India**

**Sheth (1957)** analyzed some factors associated with juvenile delinquency in Bombay State. The study revealed: (i) Juvenile delinquency was highly correlated with all the indices of low income and with other social problems resulting from poverty. (ii) Gang maladjustment resulted from crowded housing conditions and led children towards delinquency. (iii) The employment of women was an important factor in the slackening of the family control and therefore, contributed to delinquency. (iv) A number of juvenile offenders were connected with street trades which were open to danger. (v) A majority of juvenile delinquents came from broken homes. (vi) Defective discipline in the home contributed to delinquency. (vii) Juvenile delinquents came from a demoralizing home and environment. (viii) Gang delinquency, organized or otherwise was not altogether absent. (ix) Absence of recreational facilities in the home and the locality drove children into delinquency. (x) The rise of motion pictures in juvenile delinquent activities was significant.

Another study by **Mariamma (1966)** on the education of children in the poor homes and reformatories in Kerala was to understand the problems of children living in the poor homes and reformatories. The investigator laid down the truth that the area of this problem attained the attention of research workers, administrators and social workers only after Indian independence. The children who lived in the poor homes had deep educational, social, cultural, moral and psychological problems. The population census in 1951 showed that there were as many as 50,000 persons in the country who have begging as their occupation; people become beggars due to poverty and lack of parental control.
Chapter II
Review of Literature

The study on the personal problems of adolescent girls led Sudha (1966) to conclude the following: (i) The personal problems affect their academic achievement adversely. The more the number of personal problems, the lower is the level of academic achievement.

Chhazed (1973) conducted a study on the problem of welfare of institutionalized children in Indore. The sample constituted 100 orphans between 1 & 16. The major findings were that most of the children were deprived of parental love and care, a few children came from divorced families, some were from hospitals & maternity homes, they are not looked after well in their respective schools and they lacked encouragement from the school authorities. Forty percent received physical as well mental punishment and the children were busy from 5am to 9pm in their routine daily life in the respective institutions.

Garhok (1973) made an investigation into the personality characteristics of orphans. The sample of the study comprised 200 subjects. Of these, 100 were orphans (50 males and 50 females) drawn from orphanages and prospective homes in the main cities of UP. The age range of the group is 13 to 15. The major tools used were Adjustment Inventory, Cattell’s High School Personality Questionnaire, Edwards Personal Preference Questionnaire, Personal Data Schedule and Raven’s Progressive Matrices. An attitude scale was developed by the investigator. The major findings were:
1. The personality make up of the orphans as a group was different from that of the non-orphans. The orphans showed psycho-neurotic trends in the forms of exhibition of more negative emotions, feelings of anxiety, inferiority, dejection, helplessness, insecurity, shyness, reserve, passivity, anxiety and emotional stability.
2. Orphans seem to acquire a feeling of hostility towards authority and society.
3. Orphans have a less positive attitude towards their elders and more negative attitude towards society than non-orphans.
4. Home, social adjustment and health adjustment were unsatisfactory among orphans.
5. Orphans’ personality was dominated by negative emotions.
6. Orphan boys as well as girls had a less positive attitude towards life, humanity and religion than non-orphans.

7. Less positive attitude towards religion, less cheerful, less co-operative and less social in comparison with non-orphans.

Mhaskar (1978) was interested on survey of institutions of homeless children in Maharashtra State (Bombay Division). The major findings were that voluntary institutions for the homeless children played an important role for meeting the needs of those children. Primary and secondary education was provided by these institutions and the available finance was inadequate and their expenditure was more than their income.

Kalra (1979) conducted an analytical study on child care. The findings of the study were: (i) There were 176 boys and 74 girls among whom 56.8% were mentally retarded. (ii) The maximum number of children came from the families of businessmen followed by the children of Grade II employees. (iii) Faulty rearing practices resulted in habit disorders, speech defects, personality problems, sleep defects and psychosomatic problems. (iv) Emotional deprivation on the part of the parents led to the problems of personality, habit and anxiety state and to a lesser extent, scholastic backwardness, psychosomatic problems and speech defects. (v) Socio-economic deficiencies of the parents mainly resulted in the problems of habit and sleep rather than other behavioural problems. (vi) Organic deficiencies led to various behavioural problems like scholastic backwardness, habit disorders, speech defects, feeding problems, antisocial activities more than other problems. (vii) Age showed significant difference but other factors like sex, birth order, family size and structure did not reveal significant relationship with children's behavioural disorders. (viii) Scholastic backwardness, habit disorders, speech defects, personality problems, and feeding problems were more prominent than the problems of sleep, psychosomatic problems, antisocial activities, anxiety, schizophrenia and functional fits. (ix) Organic deficiencies of children were the etiological factors of behavioural problems, next were faulty rearing practices, emotional depression SES deficiencies of the parents (in order). As a result of the scrutiny of etiological factors it was found that over-protection, rejection, strict discipline and lack of training led to faulty rearing practices, emotional deprivation was due to separation from the parents, lack of affection and sibling partiality; socio-economic deficiencies were due too maladjusted family, low economic condition and absence of recreational facilities, and
organic deficiencies were due to mental retardation and reaction to physical injury and ailment. Intelligence played an important part in determining different types of behavioural problems. (x) Antisocial behaviour and functional fits were observed in the male only. (xi) Children's behavioural problems never appeared alone but in clusters. Aggressiveness, rigidity, timidity and sensitiveness were common associated problems, fear of darkness, animal sounds and persons were common with children. (xii) Birth order (first born), family size, and structure, SES and parent's education did not play a significant role in causing behavioural problems. (xiii) One cause could lead to various behavioural problems, viz., overprotection could lead to enuresis and delayed speech development.

Another study by Pandey (1979) was aimed at the adjustment problems of boys in health, social, aesthetical and emotional areas. The findings of the investigation were: (i) Rural students secured better points in emotional, health and school adjustment areas. (ii) Urban students secured comparatively better marks in the aesthetic adjustment. (iii) Significant relationship existed between adjustment, the level of aspiration and achievement. (iv) Urban students were facing difficulty in adjustment in school health and emotional areas.

Sarkar (1979) wanted to find out the relationship between children's mental health, and their family characteristics, viz., family structure and family tension. The conclusions were: (i) Families today had mostly either autonomic (which means parents to be mostly independent) or mother dominant (mother is to be decision-maker mostly) family structure. (ii) The mentally unhealthy group of children had higher family tension than the healthy group. The family structure (excepting syncretic division of functions) was not related to the mental health of the children.

The study of Joshi (1980) aimed at investigating the educational problems of students belonging to scheduled caste and scheduled tribe of Baroda district. The major findings were: (i) Eighty five percent of the fathers were below 45 years of age and about eighty two percent had no education or had been educated up to class IV only. (ii) About 95% were small farmers or landless labourers. (iii) About 95% of the mothers had practically no education. (iv) The parents had a positive attitude towards education. (v) More than 65% had a poor assessment of the capability of their children to benefit
from education. (vi) A majority of the parents did not show much interest in the day-to-day school work of their children because of their educational level being very low. (vii) The children had no facilities for studying at home. (viii) The aspiration level of the students was lower than the average, showing lack of clarity about their future. (ix) The students suffered from the feeling of diffidence. (x) In spite of their poor sociological background, the students did not have a high level of feeling of rejection. (xi) The students of SC/ST had a rather clear image of their strengths and weaknesses and their perception of school was positive and better.

The study on emotional factors in the problem children in the age group of 7 to 12 years was an attempt by Yadav (1980) to assess the actual condition in which the problem children lived and behaved. The results of the study were: (i) The children indulged in all types of misbehaviour from sexual immorality to stealing and use of abusive language; (ii) Truancy was highest frequency; (iii) Among the factors responsible for this type of behaviour were family conditions like the separation of parents, low income and low education; (iv) The highest percentage of problem children was found among business class of society. Nuclear families had greater number of problem children than joint families. The main reason was attributed to father not having time to look after the children and therefore the children felt rejected; (v) Harsh treatment of parents and strict discipline led to maladjustment as against pampering. Tension and quarrels on many matters as well as on domestic work contributed to the problem behaviour; (vi) Home environment, drinking, smoking and gambling by parents also contributed to problem behaviour among children; (vii) The size of the family and the number of children in the family had serious effects on the character of children. Housing problem (shortage of accommodation) also gave rise to problem behaviour; (viii) The types of friends also played an important role in developing problematic behaviour.

Gupta (1981) conducted a study of parental preference in relation to adolescents’ personality adjustment and achievement. The findings of the study were: (i) Parents as a group tended to show varying parental preferences in different spheres. These preferences were primarily focused on higher academic achievement followed by the physical and social fields and tended to neglect influence of tradition, culture and Indian
social norms and (ii) The adolescent from joint families tended to exhibit significantly better educational, social and health adjustment and home adjustment.

Sharma (1981) conducted a comprehensive study on the mother-child relationship as a function of family size and socio-economic status among working house-wives of Meerut and mother-child relations scale by Tiwari were used. The main findings of the study were: (i) Working mothers had positive relationship in acceptance-rejection, encouragement-discouragement, democratic-autocratic, trust-distrust and tolerance-hostility dimensions to their children; (ii) Working mothers with a moderate family size used punishment to maintain discipline; (iii) In large size families children received more acceptance, love, encouragement and democratic attitude from their working mothers than the children of middle and small size families. In small size families children received punishment from working mothers; (iv) SES has significant effect on some mother-child relationship dimensions; high SES significantly promoted more acceptance, dominance, encouragement, love, democracy, trust and reward, but had significantly less trust in comparison to the other two levels of SES, middle and low; (v) High SES working mothers placed a very significant role in seven dimensions of mother-child relationship but the undue pampering and overprotection significantly contributed to several problems in their children; (vi) A working mother with middle or low SES seemed to be better because of a positive but balanced relationship between her and her children than those working mothers who had high SES. Low SES family working mothers with low SES sometimes showed hate and autocratic attitudes.

Singh (1981) conducted a study on the adjustment problems of the schedule caste and schedule tribe students in the residential schools of Rajasthan. The findings of the study revealed that (i) Cumulative record cards of the students over a 33 year period indicated an improvement in performance among 25.6%, decline in 28.9% and fluctuations in 5.9% students; (ii) Regarding their socio-economic background, the majority belonged to agricultural class with parents in rural areas and the family size varying from 5-8 members in large number of cases. Approximately 30% of the families were literate. The mother tongue of 65% was Hindi. Sixty four percent had been in residential schools for over three years; (iii) Responses on the study habit inventory revealed the presence of good study habits; (iv) The creative verbal ability test revealed complete lack of originality while fluency and flexibility scores 50.5 and 40.3
respectively; (v) Responses on the seven interest areas indicated a lack of crystallization of interest; (vi) With regard to their interpersonal values, a large proportion was conformists while a few possessed leadership qualities; (vii) The sample was of average intellectual ability on Raven’s Standard Progressive Matrices and well-adjusted on Rotter’s Incomplete Sentence Blank; (viii) the majority suffered from fear, anxiety, and lack of self-confidence; (ix) They had positive attitude towards others and schools, while towards the society, the elite group and the opposite sex they had negative attitudes; (x) Examination and scholarships also caused worry and anxiety; (xi) The majority had academic problems like poor handwriting, difficulties in English and mathematics, lack of book and food; (xii) They suffered from anxieties, uncertainty about future, unpleasant dreams, inferiority, indecision particularly regarding vocational and higher education, retention of scholarship and the like; (xiii) by and large they were free from health problems; (xiv) some listed partiality and biased attitude of teachers along with lack of recreational facilities as problems; (xv) Interview with heads, teachers and wardens indicated that the students were of average ability, having learning difficulties in English. The placement of human and non-human resources on the basis of role differentiation was also adversely affected. Achievement and ascription was operative with utter confusion. The actors were suffering from role conflict; (xvi) The interrelated units were disintegrated. Particularistic attitude was operated as the cost of universalistic norms and values.

Dutta (1982) investigated the personality characteristic of the orphans with reference to the orphanages in Assam. The random sample consisted of 94 orphans (50 boys & 44 girls) in the different orphanages Assam. Data were constituted using descriptive survey, case study, interview and observation method. Personality characteristics were treated as criterion variables and the deprivation in emotional, social and cultural aspects in the life of orphans as variant variables.

The major findings were: (i) Absence of parents was not the main cause in becoming orphaned. The causes were economic trauma, careless parents, mother’s/fathers remarriage, insane mother, death of mother, mothers’ malpractice/polygamy; (ii) Intensity of psychological disorder was seen more in higher age groups, and they had a low level of intelligence; (iii) Children living in orphanages suffered more from the deprivation in emotional, social and cultural aspects than those
living in home under parental care and affection; (iv) The prevailing environmental conditions in the orphanages were not satisfactory and had the absence of positive outlook in life; (v) The sign of neurotic phenomena and insecurity were found in orphans; (vi) They were introverts and suffered from the non-development of personality.

Nagar (1985) enquired the socio-psychological problems and personality patterns of the deprived children living in the destitute homes of Rajasthan. The sample consisted of 200 deprived children from 14 out of 47 homes of Rajasthan and 200 normal children. Sex-wise there was equal number of boys and girls. The major findings were that 75% of the deprived girl children were suffering from many problems. The deprived girls had more problems than boys. The normal children and the deprived children differed significantly in their problems. The deprived girls had more family problems and worried about their uncertain future, dowry and problems related to broken homes. The deprived children showed lack of adjustment with the environment. They did not accept group moral standards and they disregarded social rules. They had low mental capacity and could not handle abstract problems. They had low self-concept and they were unstable emotionally. They had shyness, guilt proneness, group dependency and high tension. The deprived girls had more super ego, more reserved, detached, critical, aloof, inactive and stiff than the deprived boys. The environment of destitute homes was not good.

Verma (1986) proposed an explanation on problem solving as related to intelligence and personality in socially deprived and non-deprived children for determining the objectives like the impact of social deprivation, intelligence, sex and two personality dimensions, namely extraversion and neuroticism on the problem solving ability of children.

The main findings of the study were: (i) Social deprivation was found to relate negatively to problem solving; (ii) Intelligence was found to relate positively to problem solving; (iii) Males were better in problem solving tasks than females; (iv) The interaction between deprivation, sex and problem solving also revealed significant difference in favour of non-deprived males over deprived females.
Jose (1995) conducted a study at Thiruvananthapuram city among 300 street children who were chosen as samples for the survey. They showed characteristics very much similar to that of street children in any other city in India. The main findings of the study revealed that nearly half (43%) of the street children in Thiruvananthapuram were boys. The male-female ratio of the street children was 7:1. Ethnically there were two main groups- Malayalees (57%) and Tamils (42%); religion-wise there were three major groups; majority (57%) were Hindus, remaining were Muslims (23%) and Christians (20%). In almost all cases, the mothers were working. Almost all (90%) of the male were coolie workers. Most females had an average 8 members (5-6 children) and do not have much affiliation to the parents.

Most children had daily bath. Majority of them have only one pair of clothes. They lived in unhygienic conditions. The common illnesses they suffered from were: 55% skin disease, 16% fever, 13% diarrhea, and 12% common cold. Immunity was very high among these children. Nearly 42% seldom got sick and 22% only seasonally. Most children did not have proper food at the proper time. When they fell sick many (32%) were their friends and assistance provided by government hospitals.

A vast majority of them lived in gangs. Almost all (96%) of the children have strong affiliation towards their friends. Almost all activity like play, work, recreation, and sleep were together. They did not have organized games or recreation. Some of them (33%) see as many as 4-6 movies per week. These films had a great influence in the life of these children.

Sixty three percent expressed their desire to return to school if given a chance. Majority (64%) also expressed their desire to learn a trade and get better employment and income. Their future ambitions were coloured by their experience on the street; 33% wanted to become policemen and film actors whereas 27% wanted to be employed. The remaining wanted to become leaders- political or other.

Irwin et al., (2000) made a study on coping efficiency and psychological problems of children of divorcees to find out their behaviour problems, coping problems, emotional adjustment and self-efficiency. The investigator revealed that these groups of children fail in active coping due to psychological problems. They were absent-minded
and many avoided taking the mental task of coping. Their emotional adjustment and self-efficiency were found to be very poor. Individual growth mode supported coping efficiency as mediating between active coping and psychological problems.

Mcgivering (2000) in his study on Kashmir’s orphaned thousands, gives an account of political violence in Jammu Kashmir which resulted in the occurrence of 100,000 orphans whose parents were killed by the crisis. Due to this turmoil, they became frightened and have deep psychological problems. They have seen their parents killed in front of them and they feel very threatened. Some had been paying day and night for their misfortune and may tend to become child labourers.

Sivaprasad (2003) conducted a study about the intervention programmes implemented in the juvenile homes in Kerala and found that they are effective only to a certain extent.

David and Michal (2005) studied about positive behavioural support (PBS) that emphasizes the importance of using proactive strategies for defining, teaching, and supporting appropriate students behaviours. Positive behaviour support is increasingly being used to create positive school environment. Numerous public schools have successfully adopted a PBS model. The purpose of the study was to provide data on the implementation of PBS in a juvenile justice setting.

Security/Insecurity of Adolescents

Insecurity is not an objective evaluation of one's ability but an emotional interpretation, as two people with the same capabilities may have entirely different levels of insecurity. Insecurity may cause shyness, paranoia and social withdrawal, or alternatively it may encourage compensatory behaviours such as arrogance, aggression, or bullying. Many people suffer a period of insecurity during puberty, which gives rise to a lot of the stereotypical behaviours of adolescents.

Several psychologists have stressed that a sense of security is essential for healthy growth and development. According to them, mental condition of an infant is directly related to whether or not he is loved and the infant gets his first feelings of
security by being handled gently or tenderly. Grant (1955) studying pre-school children corroborates saying that a calm, happy home life appears to be related positively with the child’s security, his cooperativeness and ability to play with the group and tends to be negatively correlated with nervous habits and sadistic behaviour.

According to Carroll (1956) emotional security is essential for physical and mental health. Persistent insecurity, according to him, keeps the organisms in a stirred-up state. Eventually, such a disturbed condition may result in both physical and mental disorders.

Kudermann (1975) studied the psychological needs and health maintenance of a group of 600 orphan children and concluded that they were deprived in their affection and security needs. A well loved child was found to be generally eager to participate in some responsible way. Insecurity has many effects in children’s life. There are several levels of it. It nearly always causes some degree of isolation as a typically insecure person withdraws themselves to some extent. The greater the insecurity felt, the higher the degree of isolation. Insecurity is often rooted in a person during their childhood years.

Eljo & Umesh (2009) conducted a study on “The insecurity feeling faced by adolescent school students”. The samples were 300 senior school students of IX to XII standards from three Higher Secondary Schools in Tiruchirappalli, Tamil Nadu. Govind Tiwari and Sing (1975) Security-insecurity Inventory was the tool used for the study. The findings of the study revealed that more than half of the respondents (53.7%) experienced high level of insecurity feeling.

Koyickal and Jebaseelan (2008) made an empirical assessment of the vulnerability of street children vis-à-vis the lives of children in institutional and parental care. A sample of 24 respondents each was chosen from three types of children namely street children, children in institutional care and children in the care of their parents. For the selection of sample the stratified disproportionate simple random method was used. An equal number of male and female respondents were selected from each category. Respondents belonged to the 15-18 age groups and the target area was the city of Kochi, in Kerala, India. The street children were those living on the streets of Kochi; the
institutionalized children came from two Children’s Homes in the City while the children in parental care were drawn from a Higher Secondary School in the city’s middle class neighbourhood. The ANOVA based on the different types of children and their insecurity level showed that there was a significant difference between the insecurity levels among the three groups of children. The street and institutionalized adolescents showed greater insecurity when compared with the adolescents in parental care.

Koyickal and Jebaseelan (2009) conducted an enquiry into the “Insecurity and adjustment problems among adolescents in institutional care.” The purpose of the study was to verify whether there were some differences in security and adjustment among orphans, children of separated parents and children having parents who were in institutional care and to investigate the extent to which gender was related to adolescent security and adjustment with regard to the three groups of children. The study sample was composed of 252 adolescents aged between 15 and 19 years (83 orphans, 61 from separated or divorced families and 108 having parents). Subjects completed the Security/Insecurity Inventory (Govind Tiwari and Singh, 1975) and Adjustment Problems Inventory (Ramamurthy 1968) and some socio-demographic items. The results showed that there was no significant difference with regard to insecurity and adjustment problems, between the three groups of adolescents. However, gender-wise assessment revealed that the female adolescents among all the three different groups except with regard to social adjustment had significantly higher insecurity and adjustment problems when compared with the male adolescents.

Self-Esteem of Adolescents

Self-esteem has been described as the judgments that we make about our own worth and the feeling associated with those judgments. Self-esteem is also viewed both as a personality trait and a psychological state. Self-evaluation is crucial to mental and social well-being. It influences aspirations, personal goals and interaction with others.

Various studies have indicated that above average levels of self-esteem are positively associated with greater acceptance of others (Swinn & Gerger, 1965), better adjustment (Williams and Cole, 1969), greater social effectiveness (Shranger & Rosenberg, 1970) and positively related to school environment (Purkey, 1970).
**Coopersmith (1967)** found that children who had the highest level of self-esteem were not the one’s who had been treated with unconditional positive regard, but were those of whom responsible behaviour and performance,, commensurate with their capacity, had been expected.

**Kakar (1967)** conducted a study on adjustment and self-acceptance of school students. He found that male students appear lower on self-acceptance as compared to females. **Sharma (1969)** studied sex as a source of variations in self-acceptance of adolescents. He also found that girls as a whole have significantly higher self-concept than boys. Again **Smart (1971)** in his study on sex differences found that Indian young girls are significantly higher in self-esteem. The sex difference at the older age levels was not significant with regard to self-esteem in the Indian sample. The study also found that Indian girls exceeded Indian boys in social orientation.

Studies on self-esteem were the first in which children rated their competence in a number of areas (**Harter, 1983**). **Rosenberg (1979)** favoured a dual model that includes measures of global self-worth and its hypothesized components. Increasing differentiation with age in self-perceptions across domains now has been well demonstrated (**Eccles et al., 1993; Marsh, 1989**).

Studies have shown that a child’s lack of self-esteem is associated with his/her ability to adjust to other children. **Sarawat (1989)** reported that the self-acceptant person does not think of himself as a paragon of perfection. Instead he is able to recognize his good features as well as his faults. The more the person accepts himself the better is his self and social adjustment.

Adolescence, being the stage of turmoil, is one of the periods in life of children, when self-esteem increases and is highly influenced by the environment. Studies by **Yabiku et al., (1999)**, have found that children have higher self-esteem when their parents are loving, supportive and deeply involved in their lives. Self-esteem has also been found to have a direct correlation with quality and strength of parent-child relationships. Children from families with poor communication methods or dysfunctional families tend to have low self-esteem and trouble finding their own identity (**Nunley, 1996**). Even though one’s self forms according to experiences and relationships with
families, school, work, etc., it is really a person’s perception of these experiences and relationships that have a greater impact on one’s self esteem (Mecca et al., 1989).

According to Holly (1987), self-esteem is influenced by culture, child rearing practices, achievement-related attributions and interactions with parents and teachers. Self-esteem has also been recognized as a predictor of social problems in the researches of psychological and social development.

Positive feelings about self during development have been argued to promote psychological wellbeing and stability (Harter, 1990). The importance of self-enhancement has been studied; it promotes mental health and psychological wellness (Cowen, 1994). Positive self-esteem has been associated with psychological wellbeing (Osborne, 1996).

Research indicates that the behaviours are not the result of low self-esteem, but rather the result of social rejection which leads to low self-esteem. In other words, self-esteem does not cause a person to behave a particular way; it is the result of poor social relationships (Rao, 1994).

Depression and self-esteem may be viewed as a vicious cycle. The inability to relate positively in social situations may lead to low self-esteem which leads to depression. The depression then leads to further inability to relate with others or be fully accepted in social groups which then adds to the feelings of low self-esteem (Davila et al., 1995).

Self-esteem is due to good relations with parents (Brown, et al., 1990; Field et al., 1995; Litovsky & Dusek, 1997; Walker & Green, 1986). Low self-esteem and depressions are associated with parental rejection and family dysfunction (Fleming & Offord, 1990; Robertson & Simons, 1989). A low self-esteem relatively influences the ability to make use of social support in a crisis, increases the risk for depression, and ways of recovery (Andrews & Brown, 1988; Brown et al., 1990).

Feldman and Elliot (1990) have reported that there is a direct relationship between the perception of social success and self-esteem. This success may include
confidence in appearance, academic ability, athletic ability, and social belonging. Self-esteem is then, a barometer of how well one is doing socially. It monitors the acceptance level of the people and groups in the surrounding environment.

Simmons et al., (1987) showed that young adolescents who experience a “pile up” of life changes show negative effects on their self-esteem, school grades, and participation in extracurricular activities. Low self-esteem has often being found among suicide attempters. The effect of self-esteem longitudinally found that low self-esteem predicted suicide attempts (Lewinsohn et al., 1994). Adolescents who are having higher self-esteem are better equipped to deal with hazardous events (Baumrind, 1991). Rutter (1990) has proposed that self-esteem serves as a general intervening mechanism in protective processes; as defined by Rutter, these processes interact with and protect from risk mechanisms.

Parental influences on self-esteem are reported by Feldman and Elliot (1990) who find that parents who model openness and acceptance of new ideas can have a positive effect on their child's self-esteem. Other parental factors include encouragement for children to form their own view points, as well as a secure family relationship to form a basis for exploration.

Bajpai (1998) studied the three dimensions of perceived, ideal and social self-esteem in a sample of 873 adolescents in the tribes of Madhya Pradesh. The study revealed significant effects of locale, sex and age of adolescents on self-esteem. Thus self-esteem regulation consists of general sense of liking oneself as a person, global self-esteem and domain specific self-esteem, based on how adequate adolescents feel in areas they consider important.

Low self-esteem has been linked to numerous adolescent risk behaviours such as smoking, drug use, and sexual activity. Adolescents engaging in these risk behaviours may have subsequent health problems, such as alcohol and drug addiction, as well as teen pregnancy. Present treatment modalities for low self-esteem have not been optimally effective. Guided by the Roy Adaptation Model, our study used a descriptive, correlational design and examined the self-report of self-esteem on age group, gender,
exercise participation, smoking, parental alcohol usage, depression, and anger in a non-clinical, community sample of adolescents aged 12-19 (Modrcin-Talbott et al., 1998).

Unfortunately, the study of self-esteem has been plagued by problems of definitional ambiguities and inconsistencies (Demo, 1985). The theoretical underpinnings of research on self-esteem that were discussed in prior work (Spoth et al., 1996) focused on reflected appraisal (perceiving yourself as others see you) and self-attitudinal (evaluations of one's own behaviours) effects on mastery dimensions of self-esteem. Sense of mastery-esteem has been defined as the extent to which people view themselves as being in control of the forces that importantly affect their lives (Pearlin et al., 1981). Self-esteem mechanisms are likely to change as children advance through developmental stages (Spoth et al., 1996).

While self-esteem can lead to better health and social behaviour, poor self-esteem is associated with a broad range of mental disorders and social problems, both internalizing problems (e.g. depression, suicidal tendencies, eating disorders and anxiety) and externalizing problems (e.g. violence and substance abuse). An understanding of the development of self-esteem, its outcomes, and its active protection and promotion are critical to the improvement of both mental and physical health. Focusing on self-esteem is considered a core element of mental health promotion and a fruitful basis for a broad-spectrum approach (Mann et al., 2004).

Adjustment of Adolescents

Adjustment is considered important for the mental health/psychosocial wellbeing of adolescents. Adolescence is the period of intense socializing (Dube, 1991). It is at this stage that the social relationship attains heightened significance as young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world in general. This period is a dramatic challenge for the adolescent, as they require adjustment to the various predictable stressors and dramatic life changes in the self, in the family and in the peer groups. Early adolescence in this respect is the most critical period (Buchanan et al., 1992).
The conflicts and concerns that arise between an adolescent and his parents may not necessarily concern large issues, but day-to-day concerns which may be considered unimportant by parents. Differences of opinion between parents and adolescents may lead to inner conflicts in the latter. Other resentments may include relationship with siblings and between parents, financial matters, home responsibilities, etc. The parent-adolescent relationship has been subjected to increasing research. Self-esteem and problem behaviour are important aspects of adolescent functioning that are affected by the relationship with the parents. A review by Hall (1984) indicated that parent-adolescent conflict revolves around three primary concerns: communication difficulties, poor problem solving skills and poor negotiation skills. A good relationship with at least one parenting figure has been found to be a protective factor (Rutter, 1987). Several studies support the view that the degree of emotional involvement with parents is a predictor of problem behaviour in adolescents (Jessor & Jessor, 1977; Lassey & Carolson, 1980; Wiatrowski et al., 1981).

Youngleson (1973) investigated the need to affiliate and self-esteem in institutionalized children. He 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. The data gleaned from the social adjustment inventory confirmed that institutionalized children are less well adjusted and that they manifest less self-esteem compared with a control group.

Gupta and Gupta (1978) in their study on “Areas of adolescent problems and the relationship between them” among 500 college girls (between 14 and 18 years of age) in Lucknow administered the Mooney Problems Checklist (Indian adaptation). A maximum number of problems were observed in social, school, and emotional areas, and there was a positive correlation between the different areas of adjustment.

An investigation was carried out by Reddy (1979) intended to find out the adjustment areas and problems of concern to many of the adolescents in schools. Five hundred and forty students (between 13-16 years) equally distributed between the three
classes (VIII, IX, and X), the three localities and the two sexes, served as samples for the study. The instrument used in the study was a problem check-list developed by the author to assess the level of adjustment of adolescents, and similar to the Mooney Problem Check-list (Mooney, 1951). Results showed that most of the problems were in the area of academic adjustment, followed by future (educational and vocational) and personal adjustment.

**Chatterjee and Shah (1981)** examined in their study the relationship between perception of early parental behaviour and present adjustment of adults. The subjects were twenty male and female post-graduate students. The tools used were a locally devised rating scale and Bell’s Adjustment Inventory. The results highlighted the influence of the home environment and the pattern of interaction between parents and children on personality development and adjustment.

**Quinton (1987)** reviewed five studies that assessed the early adult adjustment of previously institutionalized children. He concluded that residential care was an unsatisfactory long-term option when children could not be looked after by their own parents. Stable placement through adoption or fostering was much preferred in order that a child might have a chance to form the long term affectionate relationships that was generally seen as important for normal social development. He further observed that their backgrounds had made them more vulnerable to the effects of hardships.

**Nagarathamma (1992)** studied the relationship between personality and delinquency proneness among the rural and urban high school students. The sample comprised 100 boys and 100 girls between the age rang of 14-16 years, from the rural and urban areas, belonging to the socially advantaged and disadvantaged families. The Delinquency Proneness Inventory and Personality Adjustment Inventory were tools used. Results, revealed significant differences between boys and girls for delinquency proneness, with boys being more prone towards delinquency compared to the girls. Adolescents from the socially disadvantaged group also showed significantly greater proneness towards delinquency, when compared to their socially advantaged counterparts. No differences were reported for adolescents from the rural and urban areas. Correlation values revealed a significant relationship between personality adjustment and delinquency proneness among the subjects.
Jain and Jandu (1998) assessed in their study the age and gender differences in school adjustment of adolescent boys and girls of employed and unemployed mothers in emotional, social, and educational sphere. Sample comprised of 240 students. Results revealed that: (1) girls of both working and non-working mothers had better overall adjustment than boys, with majority of the girls falling in the good and average category; (2) girls of non-working mothers had better social adjustment but lower educational adjustment than girls of working mothers; (3) boys of working mothers had better adjustment in only the social sphere as compared to boys of non-working mothers; (4) age and gender differences were prevalent with boys of working and non-working mothers, having less adjustment than girls at 16-18 years, particularly in the educational area. The results are discussed with regard to the quality of schooling experiences and lack of awareness among mothers about adolescent problems.

Mohan and Kataria (1998) examined the relationship between delinquency proneness, adjustment and Sattavic, Rajasic and Tamasic dimensions of the Trigun personality model. The sample consisted of school-going 280 male and 280 female adolescents in the age range 16-18 years. Measures used were Jesness Inventory to study delinquent behaviour, Bell's Adjustment Inventory to measure the adjustment level, and Trigun Personality Inventory to measure the three dimensions of personality. The findings of the study revealed that males scored significantly higher than females on delinquency proneness in the dimensions of social maladjustment, value orientation, immaturity, autism, alienation, repression and total score. High delinquency prone subjects (males and females) were significantly more maladjusted in the areas of home, health, social and emotional adjustment, than the low delinquency prone subjects. Female delinquents had significantly high maladjustment scores than male delinquents. Non-delinquents scored significantly higher on Sattavic Guna, such as devoid of undue desires, envy, and greed, than delinquents. High delinquency prone subjects scored significantly higher on Rajasic Guna such as greed, activity level, restlessness and Tamasic Guna such as inertia, crude, asocial, and quarrelsome behaviours, than those of the low delinquency prone groups. The authors stress on the need to modify counselling and socialization patterns for the promotion of health, and coping and adjustment skills among adolescents.
Islam and Kumari (2000) conducted a comparative study of adjustment and quality of school life in three religious groups. Hindu, Muslim and Christian subjects (180 boys and girls) in the age range of 15-17 years in class IX and XI formed the sample. The tools used for the study were Acculturation Scale (Celano and Tayler, 1992), Adjustment Inventory for School Students (Sinha and Singh, 1984), and Quality of School Life Scale (Epstien and Mcpartland, 1978). Results indicated that in the area of emotional adjustment religion showed a significant effect. For social and educational adjustment the main effects of religion, class, and interaction between religion and class, emerged significant. Acculturation was correlated significantly with educational adjustment in class IX and with emotional adjustment in class XI. Also for class XI students, educational adjustment, total adjustment, and emotional adjustment correlated significantly with commitment to teachers and quality of life in the Hindu and Muslim group. Similar results (excepting significant educational adjustment) were indicated for Muslim students in class IX.

Mahajan & Sharma (2006) investigated on the mental health risk of adolescents in single parent families. The findings indicated that adolescents who had better mental health status were better adjusted and they also achieved better in schools.

Academic Interest of Adolescents

Patterson and Reid (1975) reported that physically abused and neglected children in addition to having more difficulty with peers, tended to have greater difficulty in mastering academic skills, learned at a slower pace, and did not spontaneously improve without specific intervention.

The effect of student-teacher classroom interaction on the academic performance of students was studied by Mohanti and Pani (1979). Eighty eight grade students were exposed to four levels of student-teacher interaction, from minimal to maximal. Only the group exposed to the highest level of interaction showed significantly higher performance than the rest of the subjects.

Siddiqui et al., (1983) assessed the relationship of academic performance with intelligence, socio-economic status, and parental attitude. A sample of 200 students (100
high and 100 low achievers), 12-15 years age, were selected from 2 different schools of Aligarh city. Examination marks from the two previous years were taken to assess the scholastic achievement of each student. The investigators concluded that besides intelligence, various psycho-social factors are responsible for better or poor academic performance. Factors, such as socio-economic status, intelligence, and parental avoidance had a significant influence on performance, while parental acceptance did not play an effective role.

**Verma and Gupta (1990)** explored the basic academic pressures burdening the school going adolescent. The study also investigated whether there are any specific age and sex related stress factors and symptoms. The sample comprised of 60 students (12-15 years old), high on academic anxiety and matched on age, sex, and IQ. The subjects were administered an open-ended Interview schedule cum check-list, developed by the investigators. Results indicated that academic stress was caused due to the examination system, burden of home work, and attitudes of parents and teachers. The symptoms included a variety of indicators that were classified into physiological, psychological and behavioural.

Quality programmes in vocational resource centers related to the dropout rate of special needs population when studied by *Aguirre (1992)* supported the concept that the centre characteristics such as peer tutoring, counselling, computer programmes, parental participation and teacher ability were the services that helped to increase the retention level of at risk students.

**Sebastian (1997)** investigated the effects of parental pressure on achievement in school influence on adolescents' academic interest, actual academic achievement, self-esteem and creativity. The study revealed that the students showed fear and anxiety towards their studies and examination. Self-esteem, maternal education and parental attitude towards studies were found to be predictors of academic interest. Academic interest was found to be the strongest predictor of self-esteem.

**Budhdev (1999)** examined the effect of the mothers' occupation on the academic achievement of the children. The subjects (614 boys and 686 girls of working and non-working mothers) were studying in classes VIII, IX, and X. The results revealed that the
achievement scores of the children of working mothers were significantly higher than the academic achievement scores of the children of non-working mothers. Gender differences had indicated that the achievement scores of the boys of working mothers were higher than the achievement scores of the girls of working mothers. Also the children from the nuclear families and average/high family income groups, had significantly higher achievement than the comparative group with non-working mothers.

The level of academic stress among adolescents and the relationship of parental attitudes and parental aspirations with academic stress was investigated by Katyal and Vasudeva (1999). Adolescents (75 boys and 75 girls) aged 17-18 years studying in five randomly selected Government Model Senior Secondary Schools and their parents (150 fathers and 150 mothers) participated in the study. Results revealed that a majority of boys and girls experienced moderate to high levels of academic stress. Academic stress also increased with the hostility – rejection and authoritarian attitudes of parents. A positive correlation was also found between high parental aspirations and high academic stress. The authors concluded by pointing out to the excessive curriculum load, homework, an a highly competitive examination system, as possible reasons for the prevailing trend. The need for parents to give due consideration to the interests, potentialities, and aptitudes of the children rather than burdening them with unrealistic aspirations was discussed.

Niebuhr & Niebuhr (1999) conducted an empirical study of student relationship and academic achievement. The purpose of the study was to determine the degree of association between student relationships and student academic achievement. Measures of student relationships and achievement were obtained from a sample of 241 ninth-grade high school students. Both student-peer relationships and student-teacher relationships were measured by a questionnaire and student academic achievement was measured by grade-point average. Both student-peer and student-teacher relationships were positively correlated to student academic achievement, as measured by grade point average.

Sanders et al., (2001) reports that previous research has indicated that adolescents' relationships with their mother influence their academic expectations and achievement. In their study, 80 high school seniors from middle to upper socio-economic
status families completed questionnaires on behavioural and psychological aspects of adolescent life. Academic expectations were found to be highly correlated with academic achievement ($r = .60$). A stepwise regression analysis revealed that relationship with mother influenced academic expectations and achievement of the respondents.

The interplay between parenting, adolescent academic capability beliefs and school grades was investigated by Juang et al., (2002). The authors examined how aspects of parenting and adolescents’ cognitive ability predicted adolescent academic capability beliefs and school grades at 6th grade, which, in turn, predicted adolescent outcomes at 9th grade. Results suggested that parents, who demonstrated more warmth, engaged in more discussions concerning academic/intellectual matters, had higher school aspirations, reported more interest/involvement in schooling, had adolescents with higher capability beliefs at 6th grade, and related to better school grades for adolescents at 9th grade. The adolescents, who were characterized by the configuration of having above average ability, parental school involvement and capability beliefs, received the best school grades. In contrast, adolescents who were characterized by below average ability, parental school involvement and capability beliefs, demonstrated the worst school performance.

Wong et al., (2002) examined the hypothesis that students’ perceptions of teacher autonomy support, parent attachment, competence and self-worth would predict motivational orientation and achievement test performance. Male and female participants were 135 sixth-grade and 91 ninth-grade regular education students from a large, ethnically diverse school district. Stepwise regression analyses indicated that autonomy support, parent attachment, scholastic competence, and self-worth predicted the academic criterion variables. Interestingly, scholastic competence was a significant predictor in all of the regression models.

Plunkett et al., (2003) examined the relationship between gender, acculturation, parenting and adolescents’ academic outcomes in Mexican-origin immigrant families. Self-report survey data were collected from adolescents attending three high schools in Los Angeles. Correlation and multiple regression analyses were conducted on the 273 adolescents whose parents were both born in Mexico. Girls reported higher academic motivation and educational aspirations. Substantial support was found for the positive
relationship between mothers' and fathers' behaviours (ability to help, monitoring, and support) and adolescents' academic motivation. Substantial support was found for the relationship between mothers' and fathers' educational level, language spoken at home, and educational aspirations. Generation status was not related to the academic outcomes.

A longitudinal model of parent academic involvement, behavioural problems, achievement, and aspirations was examined for 463 adolescents, followed from 7th through 11th grades by Hill, et al., (2004). Among the higher parental education group, parent academic involvement was related to fewer behavioural problems, which were related to achievement and then aspirations. For the lower parental education group, parent academic involvement was related to aspirations but not to behaviour or achievement. Parent academic involvement was positively related to achievement for African Americans but not for European Americans. Parent academic involvement may be interpreted differently and serve different purposes across socio-demographic backgrounds.

Anzi & Owayed (2005) examined the relationship between academic achievement and the following variables: anxiety, self-esteem, optimism, and pessimism. The sample consisted of 400 male and female students in the Basic Education College in Kuwait. The salient findings of the investigation were the significant positive correlation between academic achievement and both optimism and self-esteem whereas the correlations were negative between academic achievement and both anxiety and pessimism.

**General Wellbeing of Adolescents**

The study of child and adolescent well-being indicators over the past 30 years has become front and centre in social science and developmental research. Adolescence being a time of vast change and risk, amidst the many societal conditions that today's adolescent's are exposed to, service providers, researchers, parents, and others are seeking answers to promoting and measuring well-being.

One of the most widespread findings in the wellbeing literature is that the subjective wellbeing consists of three primary components: positive affect, negative
Chapter II

Review of Literature

affect and life satisfaction (Andrews & Withey, 1976; Campbell et al., 1976; Diener, 1984). Positive affect consists of the pleasant emotions or feelings such as joy and happiness whereas negative affect consists of the unpleasant feelings or emotions such as anger or anxiety. Life satisfaction refers to a cognitive, judgmental process, a global assessment of one’s life as a whole (Diener, 1984). A number of investigators have now demonstrated that average levels of positive positive and negative affects are relatively independent of each other in people’s lives (Bradburn, 1969; Diener & Emmons 1984). Life satisfaction is only moderately related to positive and negative affect (Emmons & Diener, 1985a). Diener, et al., (1999) explained that subjective wellbeing is a broad category of phenomena that includes people’s emotional response, domain satisfactions and global judgments of life satisfaction. Each of the specific constructs needs to be understood in their own right.

In their study on “Psychological well-being of orphans,” Hasnain, et al., (2004) assessed psychological wellbeing of orphan and non-orphan males and females. For this a total of 120 subjects, among them 60 orphans and 60 non-orphans, and among each orphan and non-orphan group 30 males and 30 females studying in classes X-XII were taken on availability basis from different orphanages and schools of Delhi. They were administered Verma and Verma’s PGI ‘General Well-Being Measure’ (Verma & Verma, 1989). ANOVA revealed significantly poorer well-being in orphans than non-orphans. However, non-significant F-ratios for sex and for interaction of parental deprivation and sex were obtained. Both orphan males and females had significantly poorer psychological wellbeing than their counterparts. The results were discussed in terms of the importance of emotional warmth and psychological care given by parents in the development of psychological feeling of wellbeing in children.

Nansook (2004) investigated the role of subjective well-being in positive youth development and found that life satisfaction and positive affect would mitigate the negative effects of stressful life events and work against the development of psychological and behavioural problems among youth. Supportive parenting, engagement in challenging activities, positive life events, and high-quality interactions with significant others would contribute to the development of life satisfaction.
Karatzias et al., (2006) investigated the association between the personality constructs of self-esteem/affectivity and General Well-Being (GWB) in Scottish adolescents. A total of 425 secondary school pupils completed the P.G.I. General Well-Being Scale (Verma et al.,1983), the Hare Self-esteem Scale (HSES) (Hare, 1985), and the Positive and Negative Affect Schedule (PANAS) (Watson et al. (1988a)). Combined self-esteem, positive and negative affectivity, age and gender accounted for 49.7% of the total GWB variance, 24.9% of the physical well-being variance, 41.6% of the mood/affect well-being variance, 33.3% of the anxiety well-being variance and 44.3% of the self/others well-being variance. Home self-esteem was found the strongest predictor of mood/affect and self/others well-being domains as well as well-being total. It was also the second best predictor of anxiety well-being domain. School self-esteem was the strongest predictor of physical well-being, whereas negative affectivity was the strongest predictor of anxiety well-being domain. However age and gender were not significantly associated with GWB, total or domain specific. The study adds to previous evidence regarding the high association between GWB and personality factors in adult and adolescent populations.

Koyickal and Jebaseelan (2009) made an investigation into the “General wellbeing of adolescents in institutional and parental care.” Major findings of the study and the conclusions drawn from them indicated that the adolescents in institutional care were significantly lower in their feeling of general wellbeing, when compared with adolescents in parental care. The relationship between socio-demographic factors such as the age, gender, birth order, number of siblings, family size, parents’ education and occupation and general wellbeing were also explored. There was a highly significant difference in the general wellbeing between the male respondents in institutional and parental care as well as between the female respondents in institutional and parental care. The association between the various occupations of the fathers of respondents in institutional care and their general wellbeing was not significant. However, a significant association was found between the various occupations of the fathers of the respondents in parental care and their general wellbeing. It was also seen that the general wellbeing of the respondents in institutional care was having a significant association with the occupation of their mothers whereas there was no association seen between the occupation of the mothers and general wellbeing of respondents in parental care.
Conclusion

An exhaustive review of literature and research studies pertaining to various aspects of research problem has been made. The review gives comprehensive accounts of the overall psychosocial wellbeing of adolescents, and also about the psychosocial wellbeing of adolescents in institutional care and the correlates of psychosocial wellbeing selected for the present study. The review of the various studies and the literature related to the research study of the investigator was of great help and inspiration for the investigator. It gave greater understanding of the problem and its essential aspects. It helped the investigator to determine the objectives, formulating hypotheses, selecting the methods of the collection of data, in fixing the statistical techniques and the interpretation of the results. Thus the authoritative statement of Goode & Hatt (1952) that “the review of the related literature is a forerunner for the research worker and shows the way through which the newcomer should proceed” was indeed the experience of the researcher.