CHAPTER III

Research Methodology
CHAPTER III
RESEARCH METHODOLOGY

Introduction

This chapter describes the methods followed to achieve the goals of the study. It includes the statement of the problem, significance and scope of the study, aim of the study, the objectives, hypotheses, the research design, operational definitions, sampling, tools of data collection and statistical design.

Research methodology is a way of systematically solving the research problem. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them (Kothari, 1985).

The researches conducted related to the present study have been reviewed and presented in the previous chapter as a conceptual base for this empirical study. In accordance with the aim of this investigation, the insights gained from the researches have been utilized to deductively explore the psychosocial wellbeing of adolescents and the ways in which adolescents in institutional care differ from adolescents in parental care.

In view of the formulated objectives for this investigation, a deductive quantitative approach was followed. “An investigative process of contrasting, comparing, replicating, cataloguing, and classifying what is under study is the trademark of quantitative methods” (Wholey et al., 1994). A deductive quantitative approach deals with data that are different from the feelings and thoughts of the researcher. The data in quantitative research are usually expressed in numbers and the data are regarded as stable and reliable.

The present investigation focuses on a better understanding of the psychological, emotional and social wellbeing of the institutionalized adolescents in the milieu of their institutional care and in comparison with their counterparts in parental care. The results of the research have implications for understanding of the psychosocial wellbeing of adolescents in general and particularly for children and adolescents in institutional care.
as well as institutional management and programmes that are implemented in these institutions.

**Statement of the Problem**

A hallmark of any society or state should be a deep concern to ensure that every child is cared for. Children should be guaranteed an atmosphere where they can grow up healthy and safe and utilize all opportunities to bloom to the best of their potential.

The family is the most desirable environment for the development and wellbeing of children (UNCRC, 1989). It is the place where the children enjoy close bonds with their parents, siblings and relatives, where they receive unconditional love, care and nurturance, where they learn to face the challenges of life and develop their potential.

The parents who have the primary responsibility for the upbringing of their children, provide them love, security, good education and training for holistic personal growth and development of potentialities. They nurture in them discipline of character, sense of self-worth, wellbeing, personal responsibility, good adjustment to oneself and others and a commitment to their society, country and humanity. The young who are raised in this kind of environment grow up to be healthy, responsible, and industrious citizens.

It remains a fact that there are a sizable number of children in the world and in our country, India, who have the same dreams for their own future but whose daily realities make those dreams seem forever out of reach. They are those disadvantaged children, deprived of their family environment due to parental death, desertion, divorce, separation or abandonment; those from situations where parents are unable to discharge their parental responsibility on account of reasons like extreme poverty, ill health or disturbed mental status; those who leave their home and parents due to a variety of reasons and live on the streets, take to begging, rag-picking or child labour and those who are victims of exploitation, abuse, harm, and ill-treatment. The stories of their deprived condition, social degradation, mocking hunger, brutal exploitation and inhuman treatment, abuse by the adults in the place where they live, and conditions in which they live will put any civilized society to shame.
Protecting children from suffering, harm, ill-treatment, abuse, neglect and deprivation, and ensuring they have the care and protection they need to keep them safe from harm and opportunity for growth and development are major responsibilities of the State. Multiple route maps are followed for social rehabilitation of these children. The priority is given to reintegration of the child into the family either by repatriation, family sponsorship, and adoption or foster care. However, though not ideal, in many situations these children have to be provided institutionalized care. The Government has assumed the responsibility for care of destitute and orphaned children by creating ‘Institutions’ or ‘Homes’.

As the article 3(1) of the UNCRC (UNCRC, 1989) have emphasized, the best interests of the child should be the primary consideration in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies.

Prevention of separation of a child from his/her biological parents or guardians and minimizing institutionalization, child’s reintegration with biological parents and/or guardians and family reintegration constitute the most desirable permanent solutions. International standards provide that family solutions must be a priority. When family reintegration prove impossible within an appropriate period, or be deemed contrary to the child’s best interests, other options have to be envisaged (Draft Guidelines on Adoption of Indian Children without Parental Care, Government of India, 2008). When even the best efforts to place children in non-institutional care do not succeed, the next alternative left is to place such children into appropriate care institutions keeping their best interest in mind.

Children in institutional care, face a number of challenges influencing their social, psychological, and emotional well-being. Often without responsible, caring adults looking out for them and their best interests on a consistent basis, they are among those most likely to be neglected. They may have also suffered significant emotional losses as a result of the circumstances that lead to their removal from their families of origin.
Adolescents is one of the most challenging and tough transitions that anyone has to engage in. The events of this crucially formative phase can shape an individual’s life course and thus the future of the whole society (Carnegie Council on Adolescent Development, 1992). Adolescence being a distinct and critical stage in psychosocial development with its characteristic behavioural and emotional challenges, the institutionalized adolescents face unique challenges.

Increasingly, programmes for disadvantaged children are addressing not only their material and educational needs, but their psychosocial needs as well. Yet there has been little research on their psychosocial well-being. It has become now clearer that enriched environments, stable relationships and scientific institutional programming can have a therapeutic effect on the adolescents of an institution. But the disruptive effects of parental neglect or absence of parental care, abuse and abandonment cannot easily be erased in few years of institutionalization (Carnegie Corporation, 1999).

The care-giving environment also contributes to the adolescent’s overall well-being. The environment encompasses both the physical space in which the adolescent resides, as well as the characteristics of the care-giving environment. Factors such as caregiver involvement, the level of stress in the home, attention and care provided for the psychosocial needs and the lack of monetary and other material resources may influence the quality of the home setting for the child.

India continues to use institutionalization as a method of providing services to children in difficult circumstances. Although internationally it is now an established fact that institutionalization is not in the best interest of the child, yet, in countries like India, where the number of children in need of care and protection is very high and the non-institutional methods of care are not well-developed, the institutionalization of children will continue till alternatives are identified (Study on Child Abuse India, 2007). Thousands of children in India currently live in institutions called orphanages, children’s homes, juvenile homes and the like. In Kerala alone, there are 1,412 orphanages or such institutions offering protection to 70,120 children across the State (The Hindu, 2008).

The present research focuses on the socio-demographic characteristics, and some key correlates of psychosocial well-being among institutionalized adolescents. The five
major areas selected for the study are security, self-esteem, adjustment, academic interest, and general wellbeing. The association of these variables with socio-demographic variables as well as the associations between themselves has been investigated within the general framework of their psychosocial wellbeing.

Given the fact that very few researchers have gathered data on the psychosocial wellbeing of institutionalized adolescents and the conviction that the value of these young disadvantaged and their wellbeing for the welfare and prosperity of the society and the nation is very fundamental, the researcher decided to assess in detail the psychosocial correlates of wellbeing among them. Further the researcher wanted to bring to the attention of government authorities, officials, social workers, psychologists, organizations for children’s welfare and development, care-givers, and other stakeholders and every adult citizens at large the importance of ensuring the wellbeing of the institutionalized adolescents who fall in the category of the most disadvantaged. Hence the study is titled “Psychosocial Correlates of Wellbeing among Adolescents in Institutional and Parental Care”

The present study is done in the City of Kochi which is the industrial city of Kerala. The large number of orphanages and inmates show clearly that institutionalization is still a major alternative in Kerala for taking care of children and adolescents who are in need.

In the present study the investigator makes an earnest endeavour to assess the psychosocial wellbeing of institutionalised adolescents and find out the association among selected variables in contributing to their psychosocial wellbeing. These measures were selected because they collectively capture critical domains of adolescent functioning. To draw attention to the rationale of the problem under study and to make it more obvious and realistic a comparison is made between institutionalised and non-institutionalized adolescents.

**Significance of the study**

Institutionalized children and adolescents existed in all societies. The pattern of this care differed from society to society and from time to time and depended on the
contemporary social attitudes towards them. Almost all societies had attached some stigma to the disadvantaged children. The institutions or ‘homes’ protect children from external threats and provide them the physical safety, food and even opportunities for growth such as education or vocational training yet the psychosocial care is largely at stake.

In comparison with child in parental care, the institutionalized child who does not experience the continuous warmth of love and attention of parents would feel that he or she is unwanted and tends to develop several personal, social, psychological, moral and educational problems. Such a child tends to behave indifferently and develops isolation, anger, fear, insecurity feelings, poor self-concept, adjustment problems and so on which will affect their overall feelings of wellbeing.

Today, even normal person cannot adjust fully with the various life situations. The problem is more acute in the case of institutional adolescents. They are at the mercy of others and remain a constant target of isolation and exploitation. They live in denial of rights and opportunities. They are treated as unwanted or burden to society. They may often be quiet, fail to respond, fail to gain weight as he should in spite of good food, sleep badly and show no initiative. Institutional child does not learn the meaning of love in his/her mother’s arms. They often grow up unable to give or receive affection.

The future of a nation rests on its children, especially the adolescents. Their wellbeing is an important indicator of a country’s state of affairs. Their talent and capabilities have to be nurtured, with out which we will only have a skewed mode of growth. In many a developing country, this sensitive group is treated with callousness and indifference. There are many reasons for it such as the dissolution of the joint family system, nuclearisation of the families and consumerism sans moral growth. (Krishnakumari, 2006)

Development in India has brought in its wake a great divide in terms of monetary and social benefits. Therefore children inhabits in drastically varied circumstances. While the affluent child has a plethora of material comforts, the deprived child inherits only wants and desires.
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 is a time of vast change and risk, amidst the many societal conditions that today’s adolescent’s are exposed to. Consequently, service providers, researchers, parents, and others are seeking answers to promoting and thus measuring well-being.

Research on the wellbeing of institutionalized adolescents that provide clear indicators, both positive and negative, should provide a candid picture of the state of youth and whether current times yield a population of adolescents in calamitous straits or flourishing progression. This study investigates the influence of selected variables on adolescent well-being. It seeks to examine predictors of adolescent well-being, and the relationships of socio-demographic variables with adolescent well-being. The use of multiple measures yields a more comprehensive picture of this construct. The researcher was able to use multiple measures (insecurity feelings, self-esteem, adjustment problems, academic interest and general wellbeing), advancing earlier methodological designs used in wellbeing research.

Psychological well-being in adolescence is an increasing field of study. Deepening in its knowledge during this period of life can be of a lot of help to the designing of more appropriate prevention programs aimed to avoid or reduce the problems adolescents might be experiencing. Personality and psychological factors studied in the investigation are important variables which determine the adolescents’ emotional as well as social adjustments (i.e. psychosocial wellbeing).

The findings of the study will be of immense help for national and international mental health professionals, child and youth welfare specialists, policy makers and researchers in the future. The findings of the study will contribute to the theoretical structure of care-giving system for children and adolescents in India and in particular in Kerala for planning and implementing integrated development strategies and for making policy decisions.

The research is designed to help government, child welfare institutions, counselling psychologists, social work professionals and psychotherapists in future to
find answers for some of the issues related to institutionalized adolescents’ psychosocial wellbeing.

**Scope of the Study**

The present study aims to find out the psychosocial wellbeing of institutionalized adolescents in Kochi. The revelations the study brings forth are expected to give deeper insight into the various psychosocial factors of wellbeing among adolescents in institutional care in comparison with the adolescents in parental care.

Though the study is conducted in the geographical entity of Kochi, the biggest city of Kerala State, it has wide applications in different States of India, other Nations and world at large. The study would help government, lawmakers, officials, NGOs and all persons working for the welfare and development of institutionalized children and the society as a whole to become aware of the importance of catering for the psychosocial wellbeing of the disadvantaged children in institutions, who constitute a sizable number in developing countries. The study would also be of help to the various authorities of institutions for the care of children and adolescents to know the present status and functioning of institutions/homes and pitfalls if any, in the care provided. The findings of the study can thus help the authorities and care-givers of the institutions reform the practices and provide appropriate care in keeping with the best interest of the children and adolescents. This should elicit a move to show greater humanitarian consideration and responsibility towards the children in institutions not only in providing for the basic needs but also their psychosocial needs.

The investigator wishes to know if there is any difference in the correlates of psychosocial wellbeing selected for the study among adolescents in institutional and parental care. It is thereby intended to suggest measures to promote the psychosocial wellbeing correlates in the adolescents.

It is also hoped that the findings of the study would give insights into the deep psychosocial deficits the institutionalized children experience and would enable the authorities to organize adequate programmes and intervention strategies for the overall wellbeing of institutionalized adolescents and help them to become assets for the
prosperity of the nation and the world. While endeavouring to help the institutional adolescents, the psychosocial problems they face and the remedial interventions to promote their psychosocial wellbeing, should be the major concern of social workers. An accurate perspective by professionals of the difficulties, needs and factors of wellbeing of institutionalized adolescents would help professionals become responsive to the real concerns and this will promote their continued involvement in the intervention process.

It is well-established now that institutionalization of any sort would not be helpful to children and adolescents and instead could be detrimental to them. The findings of the study will be critical for the view that deinstitutionalization and alternative methods of sheltering disadvantaged children who have to be separated from the parents and own family environment because of various reasons have to be ensured. It would throw light on the role of adoption and foster care which are widely found to provide a family environment for the young children or adolescent and the need to promote such alternative care-giving system for the best interest of the children or adolescents.

In general, considering the paucity of research studies on this topic, the findings of the study will give much needed information for parents, guardians, care-givers, teachers, policy makers, child welfare administrators and professionals, social workers, counsellors, rehabilitation professionals and researchers on the psychosocial wellbeing of adolescents in institutional care and the various factors that contribute or are detrimental to it. The findings of the study will also give directions for further research in this or similar areas. In short, the investigator expects that the results of the study would be of immense use to adolescents in institutional care as well as to all concerned with their wellbeing and development.

Aim

The aim of the study is to assess the psychosocial correlates of wellbeing among adolescents in institutional and parental care in Kochi.
Chapter III

Research Methodology

Objectives

1. To study the socio-demographic characteristics of the respondents.

2. To assess the level of insecurity, self-esteem, adjustment problems, academic interest, and general wellbeing among adolescents in institutional and parental care.

3. To study the gender differences if any with respect to the selected psychosocial variables among adolescents in institutional and parental care.

4. To find out the association if any between selected socio-demographic variables and key variables namely insecurity, self-esteem, adjustment problems, academic interest and general wellbeing among adolescents in institutional and parental care.

5. To find out the correlation among the different psychosocial wellbeing variables of adolescents in institutional and parental care.

6. To give suitable suggestions to enhance the psychosocial wellbeing of adolescents in institutional care.

Variables

Independent Variables

1. Age
2. Sex
3. Religion
4. Caste
5. Education
6. Domicile
7. Family size
8. Number of siblings
9. Birth order
10. Fathers’ education
11. Fathers’ occupation
12. Mothers’ education
13. Mothers’ occupation
14. Income of the family
15. Family support
16. Peer support
17. Academic achievement

**Dependent Variables**

1. Insecurity
2. Self-esteem
3. Adjustment problems
4. Academic interest
5. General wellbeing

**Research Hypotheses**

1. Higher the age of the adolescents in institutional care lower will be their insecurity level.
2. Higher the age of the respondents in parental care lower will be their insecurity level.
3. A significant association exists between the various castes of the adolescents in institutional care and their self-esteem.
4. A significant association exists between the various castes of the adolescents in parental care and their self-esteem.
5. There is a significant association between the maternal occupation of the adolescents in institutional care and their overall adjustment problems.
6. There is a significant association between the maternal occupation of the adolescents in parental care and their overall adjustment problems.
7. A significant difference exists between the paternal occupations of adolescents in institutional care with regard to their academic interest.
8. A significant difference exists between the paternal occupations of adolescents in parental care with respect to their academic interest.
9. Female adolescents have a higher level of insecurity when compared with the male adolescents with respect to those in institutional care.
10. Female adolescents in parental care have a higher level of insecurity when compared with their male counterparts.
11. Male adolescents in institutional care have higher level of overall adjustment problems than the male adolescents in parental care.

12. The general wellbeing among female adolescents in parental care is higher than among female adolescents in institutional care.

13. Lower the level of insecurity higher will be the level of self-esteem with respect to adolescents in institutional care.

14. Higher the level of self-esteem, lower the level of overall adjustment problems among adolescents in institutional care.

15. As the overall adjustment problems decreases the academic interest increases with regard to the adolescents in institutional care.

16. There is a significant relationship between the academic interest of the respondents in institutional care and their general wellbeing.

17. As the level of insecurity of the adolescents in parental care decreases their level of self-esteem increases.

18. Higher the self-esteem of the adolescents in parental care lower will be their overall adjustment problem.

19. As the adjustment problem of the adolescents in parental care decreases their academic interest increases.

20. There is a significant relationship between the academic interest and general wellbeing of the adolescents in parental care.

21. The insecurity feelings will be higher among the adolescents in institutional care when compared with the adolescents in parental care.

22. There exists a significant difference between the self-esteem of adolescents in institutional care and parental care.

23. Adolescents in institutional care will have higher adjustment problems when compared with the adolescents in parental care.

24. Adolescents in parental care will have greater academic interest than the adolescents in institutional care.

25. The general wellbeing will be higher in adolescents in parental care than in their counterparts in institutional care.
Conceptual and Operational Definitions

The important terms are defined below under different sub-heads:

Adolescent

Adolescence is a critical period of human development. Though the beginning of adolescence is usually described in physiological terms, its duration and cessation are described in psychological terms. Neither permits a precise definition because of the range of individual difference in biological maturation and complexity of psychological process postulated (Sonpar, 1982).

The Oxford Concise Dictionary (Sykes, 1984:13) refers to adolescence as the period between childhood and adulthood. Adolescence can also be seen as "the period of growing up before adulthood, and the early teenage years" (Alswang & Van Rensburg, 1988). Internationally, the age group of 10-19 years is considered to be the age of adolescence. The WHO defines adolescents as persons between 10 to 19 years of age.

For the present study adolescents refers to girls and boys in the age group of 15 to 19 years and studying in XI or XII standards.

Adolescents in institutional care

A child temporarily or permanently deprived of his or her family environment, or in whose best interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the state. He or she is placed in institutional care in state or state approved institutions.

In the present study adolescents in institutional care refers to children within the age group of 15 to 19 years and are residing in institutions run by the state or approved by the state, within Kochi Corporation limit and studying in XI or XII standards.

Adolescents in parental care

In the present study the adolescents in parental care refers to the children within the age group of 15 to 19 years who are in the care of their parents or family and are
studying in the same higher secondary school and in the same class of the adolescents in institutional care selected for the study.

**Psychosocial Wellbeing (PSWB)**

According to Chaplin (1975) “psychosocial factors are factors pertaining to a social relation which involve psychological factors”. A person’s psychosocial well-being (PSWB) refers to his/her intrapersonal (i.e. internal), emotional and mental state (psycho-) and his/her interpersonal network of human relationships and social connections and functioning (-social). These two aspects of well-being are interrelated. Good or high psychosocial well-being is when one’s mental/emotional state and social relationships are predominantly positive, healthy, and adaptive. Poor psychosocial well-being or psychosocial distress is when these are mostly negative, unhealthy, or maladaptive.

In this study the psychosocial wellbeing of adolescents in institutional and parental care is assessed with regard to the contributing and concomitant factors of security/insecurity, self-esteem, adjustment, academic interest and general wellbeing.

**Correlates**

The term correlates literally mean ‘to establish relation or bring into relation with each other’ (Chambers 20th Century Dictionary, 1983).

In the present study, correlates refer to the selected variables that are related to or associated with psychosocial wellbeing. The dependent variables that are hypothesized as being related to psychosocial wellbeing in the study are: 1) security/insecurity feelings, 2) self-esteem, 3) adjustment, 4) academic interest and 5) general wellbeing. The independent variables that are hypothesized as being related to psychosocial wellbeing in the study are the selected socio-demographic variables such as gender, age, religion, type of family, etc.

**Security**

Horney (1964) defines ‘security’ as the need to feel safe from the dangers of a holistic and threatening world. Hence it involves freedom from fear, uncertainty and doubt.
Insecurity is a feeling of general unease or nervousness that may be triggered by perceiving oneself to be unloved, inadequate or worthless. A person who is insecure lacks confidence in their own value and capability, trust in themselves or others, or has fears that a present positive state is temporary and will let them down and cause them loss or distress by "going wrong" in future.

In the present study security/insecurity means the level of security/insecurity felt by the adolescents in institutional and parental care as measured by Security/Insecurity Inventory by Govind Tiwari and Singh (1975). It refers to the prevalence of emotional instability, feeling of rejection, inferiority complex, anxiety, isolation, jealousy, hostility, irritability, inconsistency and tendency to accept the worst. General pessimism or unhappiness in an individual is measured by the security / insecurity inventory developed by Govind Tiwari and Singh (1975).

**Less Insecure**

The individual who scores 51 and below in security/insecurity inventory of Govind Tiwari and Singh (1975) is termed as less insecure in this study.

**Highly Insecure**

The individual who scores 52 and above in security/insecurity inventory of Govind Tiwari and Singh (1975) is termed as highly insecure in this study.

**Self-esteem**

Self-esteem is believed to be the core concept in the dynamics of a healthy personality. In other words self-esteem is the way one feels about oneself, including the degree to which one possesses self-respect and self-acceptance. Self-esteem is the sense of personal worth and competence that persons associate with their self-concepts.

It is defined as an individual’s self-evaluation of his or her own worth. Coopersmith (1967) defined self-esteem as the evaluation an individual makes and customarily maintains with regard to himself (Coopersmith, 1967).
The term self-esteem in this study refers to the ten dimensions as measured by the Rosenberg Self-esteem Scale (1965).

**Low self-esteem**

The individual who scores 28 and below in Rosenberg Self-esteem Scale is termed as having low self-esteem in this study.

**High self-esteem**

The individual who scores 29 and above in Rosenberg Self-esteem Scale is termed as having high self-esteem in this study.

**Adjustment problems**

Adjustment consists of a psychological process by means of which the individual manages to cope with the various demands or pressures (Lazarus, 1963). It is a process of meeting the demands of the self on the one hand and adapting to the influences i.e. physical, social and environmental on the other hand. It refers to the state of harmonious living. It is a state of harmony not only within oneself but also with the environment.

Adjustment problems in this study refers to the prevalence of problems in the areas of health, emotion, self, home and social as measured in the adjustment problem inventory developed by Ramamurthy (1968).

**Low Adjustment Problems**

In the present study, the individual scores of 49 and below in the Adjustment Problems Inventory of Ramamurthy (1968) is termed as low adjustment problems. This means an individual who gets a score 49 or less has low adjustment problems.

**High Adjustment Problems**

The individual score of 50 and above in the Adjustment Problems Inventory of Ramamurthy (1968) is termed as high adjustment problems in this study.

**Academic Interest**

The variable academic interest is conceptualized as involving the adolescents’ attitude towards education in general, the importance of their studies in particular, their
interest in studies and the stress (fear and anxiety) related to their studies and examinations.

In the present academic interest means the level of academic interest felt by the adolescents in institutional and parental care as measured by Academic Interest Inventory by Thara Sebastian (1997).

**Low academic interest**

The individual score of 49 and below in the Academic Interest Inventory of Thara Sebastian (1997) is termed as low academic interest in this study.

**High academic interest**

The individual score of 50 and above in the Academic Interest Inventory of Thara Sebastian (1997) is termed as high academic interest in this study.

**General Wellbeing**

Ed Diener defines subjective wellbeing as being satisfied with life while feeling good. It is an overall appraisal of life, balancing the good and the bad. This concept of subjective wellbeing is close to Jeremy Bentham's classic definition of happiness as 'the sum of pleasures and pains'.

In the present study general wellbeing refers to the measurement of subjective wellbeing (Positive mental health) which includes happiness in life, sleeping well, feeling emotionally stable, relaxed, energetic and being cheerful, not easily depressed or irritated, having a sense of belongingness and being in good health as measured by S.S.K. Verma, A.C. Moudgil, Kuldip Kaur, Madan Pal, B.L. Dubey, D. Gupta in PGI Wellbeing Scale (1986).

**Low General Wellbeing**

The respondents who scores 14 and below in the PGI Wellbeing Scale of S.K. Verma, A.C. Moudgil, Kuldip Kaur, Madan Pal, B.L. Dubey and D. Gupta (1986) are termed as having low general wellbeing.
**High General Wellbeing**


**Pilot Study**

In the preparatory stage of the study, the researcher visited different children’s homes in Kochi city to finalize the setting of the study. All the children’s homes in Kochi city limit, which were recognized and approved by the Board of Control of the Orphanages and other Charitable Homes, Kerala, were considered and he met the chief functionary and staff of these centers who showed interest in the study and assured full support to facilitate data collection. The researcher also visited the schools from where non-institutionalized adolescents were selected for the study. During the visit the researcher interviewed a few adolescents to understand their problems. The pilot study enabled the researcher to finalize various important aspects, which could be incorporated in the study.

**Research Design**

A research design is the ‘blue print’ that enables the investigator to come up with solutions to problems and guides him or her in the various stages of research. It is a plan comprising the researcher’s decision about the procedure of collecting data, sampling and analysis of data for a given study, which aims to fulfill the purpose of the study without a wasteful expenditure of time, energy and money (Wilkinson and Bhandarkar, 1997).

Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. The descriptive design helps to portray accurately the characteristics of a particular group and diagnostic design helps to determine the frequency with which different variables are associated. In this study, the researcher has attempted to describe the characteristic problems faced by the adolescents in institutional and parental care, specifically with regard to the dimensions of security, self-esteem, adjustment, academic interest and general wellbeing. The association between variables has also been studied.
Given the nature of the study, a **descriptive cum diagnostic research design** has been adopted. The descriptive study comes under Passive observation Research Design (Ascher, 1994). It seeks to describe a field or a problem by using questionnaire of opinionnaire. Mostly empirical problems are investigated by this method. In using this approach many a times researcher gains insight into other aspects of the problem which otherwise may not be within the scope of his research performa. He also gains invaluable experience of conducting such enquiries systematically and accurately (Sadhu & Singh, 1980).

**Sampling Design**

Sample is a group of elements selected from a large, well-defined pool of elements. A sample is a subset of population (McBurney, 2001). The present investigation made use of the population study method and the stratified disproportionate sampling techniques.

**Universe of the Study**

Using the list given by the District Social Welfare Officer, all the children’s homes with in the Kochi Corporation limit were identified. From these homes the researcher found out the homes which were having children studying in 11th and 12th classes who formed the universe for the institutionalized adolescents. Their total number was 252. The universe for the adolescents in parental care was the total number of students other than the institutionalized children who were studying in the 11th and 12th in the higher secondary schools within the geographical limit of the Corporation of Kochi in which the institutionalized children were studying. Their total number was 4865.

**Sampling Framework**

With regard to adolescents in institutional care, the researcher used census method. The total number of adolescents who formed the universe i.e. studying in 11th and 12th classes was 252 and all of them were selected for the present study.

To select adolescents in parental care from the higher secondary schools in the geographical limit of the universe, the researcher used the stratified disproportionate
sampling method and chose an equal number of respondents from 11th and 12th classes from the same schools where the respondents in institutional care were studying ((Tables 1-4)).

The Inclusion Criteria
1. Adolescents currently studying in 11th or 12th standard.
2. Adolescents in institutional care within the geographical limit of Kochi City and adolescents in parental care who are studying in the same Higher Secondary Schools where the adolescents in institutional care are studying.
3. In the case of institutionalized adolescents, those who have been in the institutions for more than one year.

The Exclusion Criteria
1. Adolescents with mental retardation.
2. Adolescents with chronic physical illness.
3. Adolescents with major psychiatric illness.

Table 1
Institutions for boys and number of those studying in HSS

<table>
<thead>
<tr>
<th>SL No</th>
<th>Institution</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>XI</td>
<td>XII</td>
</tr>
<tr>
<td>1</td>
<td>Cochin Yatheemkana</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Don Bosco Welfare Centre, Palluruthy</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>KPAM Yatheemkana</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Mattancheri Yatheemkana</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>St. Francis Boys Home, Karuvelippady</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Bosco Nilayam, Veli, Palluruthy</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>Sacred Heart Boys House, Perumpadappu</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>
Table 2
Institutions for girls and number of those studying in HSS

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Institution</th>
<th>Girls XI</th>
<th>Girls XII</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Muslim Women’s Association, Puleppady</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Darul Banat Yatheemkana, Changanpuzha Nagar</td>
<td>8</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>St. Antony's Home for Girls, Kacherippady</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Mount Carmel Orphanage, Chathiath</td>
<td>12</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>5</td>
<td>Prathyasha Bhavan, Palluruthy</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>St. Theresa’s Orphanage, Ernakulam</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>7</td>
<td>St. Mary’s orphanage, F. Kochi</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>Infant Jesus Orphanage, Ponnuruny</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>Crescent Girls Orphanage, Payyappally</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Vatsalya Bhavan, Vaduthala</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>11</td>
<td>Mother of Life Orphanage, Mattancheri</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>St. Mary’s Convent Orphanage, Balikaram</td>
<td>11</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>81</strong></td>
<td><strong>63</strong></td>
<td><strong>144</strong></td>
</tr>
</tbody>
</table>

Table 3
Selected Higher Secondary Schools and total H.S. Students

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Higher Secondary Schools</th>
<th>Plus One</th>
<th>Plus Two</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
</tr>
<tr>
<td>1</td>
<td>Darul Uloom Vocational HSS</td>
<td>71</td>
<td>77</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>SDPY HSS, Palluruthy</td>
<td>171</td>
<td>203</td>
<td>201</td>
</tr>
<tr>
<td>3</td>
<td>St. Sebastian HSS, Thoppumpady</td>
<td>79</td>
<td>83</td>
<td>82</td>
</tr>
<tr>
<td>4</td>
<td>Govt.VHSS, Edappally North</td>
<td>65</td>
<td>61</td>
<td>46</td>
</tr>
<tr>
<td>5</td>
<td>EMGHSS, FortKochi</td>
<td>138</td>
<td>152</td>
<td>133</td>
</tr>
<tr>
<td>6</td>
<td>Santha Cruz HSS, Fort Kochi</td>
<td>92</td>
<td>62</td>
<td>99</td>
</tr>
<tr>
<td>7</td>
<td>St. Pius Girls HSS, Edappally</td>
<td>---</td>
<td>76</td>
<td>---</td>
</tr>
<tr>
<td>8</td>
<td>St. Antony’s HSS, Kacherippady</td>
<td>---</td>
<td>149</td>
<td>---</td>
</tr>
<tr>
<td>9</td>
<td>Lady of Mount Carmel HSS, Chathiath</td>
<td>---</td>
<td>32</td>
<td>---</td>
</tr>
<tr>
<td>10</td>
<td>Our Lady’s HSS, Chullikkal</td>
<td>75</td>
<td>75</td>
<td>74</td>
</tr>
<tr>
<td>11</td>
<td>St. Theresa’s HSS</td>
<td>---</td>
<td>300</td>
<td>---</td>
</tr>
<tr>
<td>12</td>
<td>St. Mary’s Anglo Indian HSS, F. Kochi</td>
<td>---</td>
<td>54</td>
<td>---</td>
</tr>
<tr>
<td>13</td>
<td>St. Jude HSS</td>
<td>22</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>14</td>
<td>MMO HSS, Payyappally</td>
<td>86</td>
<td>81</td>
<td>84</td>
</tr>
<tr>
<td>15</td>
<td>St. Mary’s HSS, Balikaram</td>
<td>---</td>
<td>205</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>79</strong></td>
<td><strong>1625</strong></td>
<td><strong>812</strong></td>
</tr>
</tbody>
</table>

119
### Table 4

Distribution of respondents from Institutions and corresponding number of respondents in parental care from various Schools

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Institution</th>
<th>Boys</th>
<th>Girls</th>
<th>Higher Secondary School</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>XI</td>
<td>XII</td>
<td></td>
<td>XI</td>
<td>XII</td>
</tr>
<tr>
<td>1</td>
<td>Cochin Yatheemkana, Pulleppady</td>
<td>6</td>
<td>5</td>
<td>Darul Uloom VHSS, Pulleppady</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Don Bosco Welfare Centre, Palluruthy</td>
<td>11</td>
<td>13</td>
<td>SDPY HSS, Palluruthy</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>KPAM Yatheemkana, N.Edappally</td>
<td>6</td>
<td>4</td>
<td>Govt.VHSS, Edappally North</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Muslim Yatheemkana, Mattancheri</td>
<td>5</td>
<td>5</td>
<td>EMGHSS, Fort Kochi</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>St. Francis Boys Home, Karuvellipady</td>
<td>9</td>
<td>7</td>
<td>Santa Cruz HSS, Fort Kochi</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Bosco Nilayam, Veli, Palluruthy</td>
<td>8</td>
<td>10</td>
<td>SDPY HSS, Palluruthy</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Sacred Heart Boys House, Perumpadappu</td>
<td>11</td>
<td>8</td>
<td>SDPY HSS, Palluruthy</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Muslim Women’s Association, Pulleppady</td>
<td>7</td>
<td>6</td>
<td>Darul Uloom VHSS, Pulleppady</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>Darul Banat Yatheemkana, Changanpuzha Nagar</td>
<td>8</td>
<td>5</td>
<td>St.Pius Girls HSS, Edappally</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>St. Antony’s Home for Girls, Kacherippady</td>
<td>6</td>
<td>3</td>
<td>St. Antony’s HSS, Kacherippady</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Mount Carmel Orphanage, Chathiath</td>
<td>12</td>
<td>7</td>
<td>Lady of Mount Carmel HSS, Chathiath</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>Prathyasha Bhavan, Palluruthy</td>
<td>7</td>
<td>5</td>
<td>SDPY HSS, Palluruthy</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
### Operational Design

#### Sources of Data

The researcher for the present study used the primary sources of information acquired through direct administration of the self-prepared interview schedule and standardized rating scales. Besides, the secondary sources such as the institutions' records and schools' records were looked into to ascertain the number of respondents in the institutions and in the classes in the schools.
**Instruments of Data Collection**

a. Interview Schedule for Socio-Demographic Information
b. Security/Insecurity Inventory (Govind Tiwari and Singh, 1975)
c. Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965)
d. Adjustment Problems Inventory (Ramamurthy 1968)
e. The Academic Interest Inventory (Thara Sebastian, 1997)

**Socio-demographic Schedule**

An interview schedule was used to collect the socio-demographic information such as age, gender, religion, family type, domicile, number of children in the family, parents' education, occupation, academic achievement, etc.

**Security/Insecurity Inventory (Govind Tiwari and Singh, 1975)**

This scale was prepared by Govind Tiwari and Singh (1975). It proved to be very much successful in the past three decades. As it was prepared in the Indian context, the relevancy of the scale is more suitable and accurate. The reliability and validity were already established by the author. In this case a higher score indicates higher insecurity feelings. The reliability coefficient of the tool was found to be 0.796 by the authors.

**Scoring Procedure**

There are three alternative choices in each item “Yes”, “No”, “Uncertain”. Only one alternative is to be chosen for one item. The marks should be allotted as mentioned below:

<table>
<thead>
<tr>
<th>Scoring will be</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Uncertain</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Positive questions include: 1, 2, 5, 7, 9, 11, 12, 14, 16, 20, 21, 22, 23, 27, 29, 30, 31, 32, 34, 35, 36, 44, 45, 47, 48, 50, 51, 55, 57, 59, 60, 62, 63, 64, 65, 66, 67, 68, 69, and 70.
Negative questions include: 3, 4, 6, 8, 10, 13, 15, 17, 24, 25, 26, 28, 33, 37, 38, 39, 40, 41, 42, 43, 46, 49, 52, 53, 54, 56, 58, and 61.

Using the median test the researcher arrived at the cut of scores for the present sample. A higher score indicates higher insecurity. If the total score is less than 52, the insecurity is classified as low insecurity and if the total score is 52 and above the insecurity is classified as high insecurity.

<table>
<thead>
<tr>
<th>Low</th>
<th>51 and below</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>52 and above</td>
</tr>
</tbody>
</table>

Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965)

Self-esteem was assessed using Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965). This scale measures the self-acceptance aspect of self-esteem. Originally developed to measure adolescent’s global feeling of self-worth, it was designed specifically with brevity and ease of administration in mind (Robinson and Shaver, 1973).

Self-esteem is defined as “the evaluation which an individual makes and customarily maintains with regards to himself, expressed as an attitude of approval or disapproval” (Rosenberg, 1965, p5). The RSES consists of ten items that are measured on a 4 point Likert scale, with 1 representing “strongly agree” and 4 representing “strongly disagree.” An example of an item on the RSES is, “On the whole, I am satisfied with myself.” In order to reduce the acquiescence effects the items were evenly divided between being worded positively and negatively in content. Five of the items are written negatively and thus must be reversely scored. An example of such an item is, “At times I think I am no good at all.” Higher scores represent more positive self-esteem. Several studies have demonstrated that a unidimensional factor structure underlies the RSES. It is recommended for a brief but psychometrically sound index of self-esteem.

Self-esteem, as defined by measures such as Rosenberg’s is a highly stable attribute not particularly amenable to change through a short-term intervention. Its wide
use with adolescents, high acceptance, and ease of administration made it especially useful for this study.

Silber and Tippet (1965) found that the scale correlated from 0.65 to 0.83 with several other self-esteem measures and clinical assessments. The same authors also found a test-retest correlation over two weeks of 0.85.

For items: 1, 2, 4, 6 and 7 scoring system will be

- Strongly Agree : 4
- Agree : 3
- Disagree : 2
- Strongly Disagree : 1

For items: 3, 5, 8, 9 and 10 scoring system will be

- Strongly Agree : 1
- Agree : 2
- Disagree : 3
- Strongly Disagree : 4

The researcher arrived at the cut of scores for the present sample applying the median test. A higher score indicates higher self-esteem. If the total score is less than 29 the self-esteem is classified as low self-esteem and if the total score is 29 and above the self-esteem is classified as high self-esteem.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>28 and below</td>
</tr>
<tr>
<td>High</td>
<td>29 and above</td>
</tr>
</tbody>
</table>

**Adjustment Problems Inventory (Ramamurthy, 1968)**

Adjustment Problems inventory developed by Ramamurthy (1968) has been used to find out the extent of adjustment problems in the dimensions of health, emotional, self, home and social. The same tool has been also administered to find out the overall adjustment problems. The reliability and validity of the scale was established by the author (Ramamurthy, 1968). The variability of the scale is found to be 0.855.
Scoring Key

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

The negative questions are 5, 12, 20, 33, 35, 40, 43 and 50. All other questions are positive.

Table 5
Items referring to Various Dimensions of Adjustment Problems

<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions</th>
<th>Item Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health</td>
<td>3, 6, 10, 14, 19, 22, 26, 31, 37, 48</td>
</tr>
<tr>
<td>2</td>
<td>Emotional</td>
<td>1, 7, 11, 23, 27, 29, 32, 38, 42, 45</td>
</tr>
<tr>
<td>3</td>
<td>Self</td>
<td>2, 16, 20, 24, 33, 39, 40, 43, 46, 49</td>
</tr>
<tr>
<td>4</td>
<td>Home</td>
<td>4, 8, 12, 15, 17, 28, 30, 34, 36, 47</td>
</tr>
<tr>
<td>5</td>
<td>Social</td>
<td>5, 9, 13, 18, 21, 25, 35, 41, 44, 50</td>
</tr>
</tbody>
</table>

The score indicates the degree of maladjustment (adjustment problems), a higher score indicating that the maladjustment is higher.

The researcher used median test to arrive at the cut off score for the five sub-scales and categorized each of them into two categories namely low adjustment problems and high adjustment problems. The total score of all the five sub-scales give the overall adjustment problems score.

Table 6
Classification According to Scores with regard to Various Dimensions of Adjustment Problems

<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health</td>
<td>7 and below</td>
<td>8 and above</td>
</tr>
<tr>
<td>2</td>
<td>Emotional</td>
<td>11 and below</td>
<td>12 and above</td>
</tr>
<tr>
<td>3</td>
<td>Self</td>
<td>9 and below</td>
<td>10 and above</td>
</tr>
<tr>
<td>4</td>
<td>Home</td>
<td>9 and below</td>
<td>10 and above</td>
</tr>
<tr>
<td>5</td>
<td>Social</td>
<td>9 and below</td>
<td>10 and above</td>
</tr>
<tr>
<td>6</td>
<td>Overall</td>
<td>49 and below</td>
<td>50 and above</td>
</tr>
</tbody>
</table>
The Academic Interest Inventory

The Academic Interest Inventory constructed by Thara Sebastian, 1997, consisted of items that reveal children’s attitude towards education in general, the importance of their studies in particular, their interest in studies, and stress related to their studies and examination.

The Inventory consisted of thirty five items, both positively and negatively worded ones. The first fifteen items had three response categories, namely, ‘Agree’, ‘Undecided’ and ‘Disagree’ and for the rest of the items the responses listed were ‘Always’, ‘Sometimes’, and ‘Never’. The sum of the scores of all the items gave the measure of academic interest of children.

Scoring

The scoring was done in such a way that higher score indicated better academic interest. The scores of the responses were two, one and zero for the responses: (a) Agree/Always, (b) Undecided/Sometimes, and (c) Disagree /Never for the positively worded items. The scores were in the reverse order for the negatively worded items. The sum of the scores of all the different items constituted the total score on the scale. The scoring key is given in the Appendix.

Scoring Key for all

Item numbers 2,3,4,7,8, 11, 12,13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 33, 34, and 35 are to be given scores of 0, 1, and 2 for the responses ‘Agree’/‘Always’, ‘Undecided/ Sometimes’, and ‘Disagree’/‘Never’ and the rest of the items are to be reverse scored.

Maximum Score = 70
Minimum Score = 0
Higher score indicates better academic interest.

The researcher arrived at the cut of scores for the present sample applying the median test. A higher score indicates higher academic interest. If the total score is less than 50 the academic interest is classified as low and if the total score is 50 and above the academic interest is classified as high.
Chapter III Research Methodology

<table>
<thead>
<tr>
<th>Low</th>
<th>49 and below</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>50 and above</td>
</tr>
</tbody>
</table>


To measure subjective well-being (Positive mental health), PGI General well-being scale developed by S. K. Verma, A. C. Mondgil, Karlip Kaur, Madan Pal, B. L. Dubey, D. Gupta (1986) was used. It comprises of 20 items. The reliability of the scale was found to be 0.7618 by the authors.

There are two alternative choices in each item “Yes” and “No”. The subject has to choose only one alternative. The marks are allotted as mentioned below:

- Yes : 1
- No : 0

The researcher used median test to categorize the scores into two categories namely low general well-being and high general well-being. A higher score indicates higher general wellbeing. If the total score is less than 15 the general well-being is classified as low and if the total score is 15 and above the general well-being is classified as high.

<table>
<thead>
<tr>
<th>Low</th>
<th>14 and below</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>15 and above</td>
</tr>
</tbody>
</table>

Reliability of the Scales for the Samples selected for the Study

The researcher applied the split-half (odd-even) reliability test to establish the reliability of the scales with regard to the samples selected for the study. The reliability co-efficient of the scales was found to be reliable for both categories of respondents namely those in institutional care and parental care as well as when they were taken together as one group as shown in the table below:
Table 7
Reliability co-efficient of tools used

<table>
<thead>
<tr>
<th>Tools used</th>
<th>Institutional Care Reliability (r)</th>
<th>Parental Care Reliability (r)</th>
<th>All Respondents Reliability (r)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security/Insecurity Inventory</td>
<td>0.856</td>
<td>0.849</td>
<td>0.811</td>
</tr>
<tr>
<td>Rosenberg Self-esteem Scale</td>
<td>0.706</td>
<td>0.810</td>
<td>0.757</td>
</tr>
<tr>
<td>Adjustment Problems Inventory</td>
<td>0.856</td>
<td>0.834</td>
<td>0.783</td>
</tr>
<tr>
<td>The Academic Interest Inventory</td>
<td>0.772</td>
<td>0.837</td>
<td>0.692</td>
</tr>
<tr>
<td>General wellbeing scale</td>
<td>0.788</td>
<td>0.850</td>
<td>0.833</td>
</tr>
</tbody>
</table>

Pre-test

The self-prepared interview schedule and rating scales were administered on a small sample of 20 respondents (10 boys and 10 girls) each, from among the respondents in institutional and parental care during the pre-test. The respondents were called together and were explained the process of data collection. This served to detect questions that did not generate information as intended or that were misunderstood. When this occurred, questions were modified or removed. The pilot interviews were further used to become familiar with the act of interviewing and to underwrite question relevancy. They were also used to estimate interview length. The total time to ascertain the responses from these respondents was found to be one hour. The final form of the interview schedule was thus established.

Data Collection

Data was collected from the respondents through personal interviews. Literature survey and reference of journals gave more clarity for the researcher in determining the relevant tools of data collection. The collection of data was done from October 1st 2007 to 30th April 2008 by visiting the homes for children in Kochi Corporation Limit and from schools within the Kochi Corporation limit.
Processing of Data

The data were coded and tabulated using computer. A combined tabulation has been done for both the institutionalized and non-institutionalized adolescents for the purpose of comparative findings.

Data Analysis and Interpretation / Statistical Design

Analysis of the collected data after coding was subjected to both basic and advanced statistical procedures. This was due to the data's nature of involving both qualitative and quantitative variables. The SPSS (Statistical Package for Social Sciences) was used to analyze the data collected. Simple tables were prepared for the demographic data. Statistical analysis was done to analyze the hypotheses and objectives of the study.

Statistical techniques such as mean, standard deviation, median, chi-square, ‘z’ test, one way analysis of variance, and Karl Pearson’s co-efficient of correlation were applied to interpret the data to draw meaningful inferences. The mean and standard deviations were used for the quantitative data such as age, family size, number of siblings, family income and so on. The chi-square test was used to find out the association between two variables. The one-way analysis of variance was used to test the significance of difference between the means of three or more groups of data. Computation of ‘z’ value was used to test the significance of difference between the means of two groups of data. The Karl Pearson’s co-efficient of correlation was computed to find out the nature and intensity of relationship between the variables security/insecurity, self-esteem, adjustment problems, academic interest and general wellbeing. The same test was also used to find out the relationship between the personal data (age, family size, number of siblings, birth order, and family income) and the above mentioned variables. To present the data tables, graphs and interpretation have been used.

Problems Encountered by the Researcher

The researcher encountered the following problems while undertaking the investigation, which are enumerated below:

1. Since the researcher used interview schedule and collected data personally from all the respondents, it took a long time to collect data from the respondents.
2. The researcher also had to travel a lot from one institution/school to another as the institutions/schools were located in different parts of the city and the time had to be fixed according to the convenience of the respondents who were preparing for their final examinations.

3. The questions being about personal feelings and behaviour, some respondents were hesitant to give responses and so the researcher had to assure and convince them that their responses would be kept confidential.

4. Even though the respondents were higher secondary students they did not understand certain terms and concepts in the various scales used and hence the researcher had to clarify such concepts and terms to ensure they understood them clearly.

Limitations of the Study

Though the research has been properly planned and well executed, there are certain limitations, which are inherent in nature and are out of the control of the researcher. The effectiveness of the research study is felt only when the results are read along with the limitations and constraints faced during the course of the study. The present investigation titled as “Psychosocial Correlates of Wellbeing among Adolescents in Institutional and Parental Care” has certain limitations which are indicated below:

1. Geographical Area

Due to the vastness of the problem extending to vast areas in Kerala State and the limitations of resources the investigator limited the study to the geographical area of Kochi Corporation. The research was conducted in the Kochi Corporation area because this was the area in which the researcher lived and worked. Moreover, Kochi is the most populated and urbanized city of Kerala which has the highest number of orphanages/children’s homes. In conducting this research it was not an implied assumption that the results on these adolescents in this area of Kerala would be representative of adolescents all over the State. A larger representation from all parts of the state would have given more authenticity for wider generalizations of the findings. Nevertheless, some of these findings would most definitely indicate tendencies that could be applicable to other institutionalized adolescents in other contexts.
2. **Limitations of Sample**

   The sample of the present study consisted of only two hundred and fifty two (252) adolescents in institutional care and the same number of adolescents in parental care.

3. **Limitations of Variables**

   The present study contains five variables of the psychosocial wellbeing of adolescents. There are several other psychosocial variables that can also be made use for further study.

4. **Limited to Government Recognized Institutions**

   The present study is limited to inmates staying only in the institutions recognized and approved by the government. There are a number of other institutions which are managed by different private agencies and individuals not recognized and approved by the government.

5. **Limited to Higher Secondary Level**

   The present investigation is limited to the higher secondary level adolescents only. The research in the upper primary, secondary and college level can also be done for further study.

6. **Limited to Psychosocial Wellbeing**

   In the study, the researcher investigated the psychosocial wellbeing. Studies can be made in other areas of the life of institutionalized adolescents, to have an account of their mental health, spirituality, cultural aspects, moral aspects, etc.

7. **No Information from Parents / Teachers / Caretakers**

   The investigator made no attempt to interview the parents / teachers or caretakers of the respondents.

8. **Correctness of Personal Information could not be established**

   The correctness of the information provided by the respondents in the personal data could not be established.
Chapter III

Chapterization

The thesis consists of five chapters. The format of the thesis is as follows:

Chapter one is the introduction, which has been written carefully to cover the theoretical background, conceptual understanding and model and all adequate information that needs to be conveyed so as to introduce the present topic of research work.

Chapter two highlights the review of the background literature and the abstracts of the previous research findings, which had provided the baseline to proceed with this research work.

Chapter three describes the methodology, which is the backbone of the thesis, which depicts the method of study, description of the samples and sampling procedure, the tools used, the data collection procedures adopted and the statistical techniques used for the analysis of the data.

Chapter four discusses the analysis and interpretation of results, which stands as the brain baby of the research work that has been carried out.

Chapter five provides the salient findings of the present study. The implications, social work intervention and suggestions for future study are also discussed in this chapter. It is followed by Bibliography for which the pattern followed is that of the American Psychological Association (APA) and Appendices which give the tools used for the study.