CHAPTER - V
FINDINGS, IMPLICATIONS, SUGGESTIONS, SUMMARY AND CONCLUSION

The data collected are processed and systematically analyzed. A brief summary of the important findings of the present study are presented in this chapter. Moreover, the implications of the present study, suggestions social work intervention and for future exploration in this area of research are also discussed.

For the purpose of statistical testing the following null hypothesis were formulated by the researcher.

I) Findings Related to Hypotheses

Null hypothesis for research hypothesis – 1

There is no significant relationship between level of overall stress and the level of insecurity feeling of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship between the level of overall stress and the level of insecurity feelings of the respondents. Hence the null hypothesis is rejected (Table 56).

Null hypothesis for research hypothesis – 2

There is no significant relationship between level of overall stress and the level of anxiety of the respondents.

Karl pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship between the level of overall stress and the level of anxiety of the respondents. Hence the null hypothesis is rejected (Table 56).
**Null hypothesis for research hypothesis – 3**

There is no significant relationship between level of overall stress and the level of overall depression of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is no significant relationship between the level of overall stress and the level of overall depression of the respondents. Hence the null hypothesis is accepted. (Table 56).

**Null hypothesis for research hypothesis – 4**

There is no significant relationship between the level of overall stress and the overall mental health of respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is no significant relationship between the level of overall stress and the level of overall mental health of the respondents. Hence the null hypothesis is accepted. (Table 56).

**Null hypothesis for research hypothesis – 5**

There is no significant relationship between level of insecurity feelings and the level of anxiety of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship between the level of insecurity feelings and the level of anxiety of the respondents. Hence the null hypothesis is rejected. (Table 56).

**Null hypothesis for research hypothesis – 6**

There is no significant relationship between level of insecurity feelings and the level of overall depression of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship
between the level of insecurity feelings and the level of overall depression of the respondents. Hence the null hypothesis is rejected. (Table 56).

**Null hypothesis for research hypothesis –7**

There is no significant relationship between level of insecurity feelings and the level of overall mental health of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship between the level of insecurity feelings and the level of overall mental health of the respondents. Hence the null hypothesis is rejected. (Table 56).

**Null hypothesis for research hypothesis –8**

There is no significant relationship between level of anxiety and the level of overall depression of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship between the level of anxiety and the level of overall depression of the respondents. Hence the null hypothesis is rejected. (Table 56).

**Null hypothesis for research hypothesis –9**

There is no significant relationship between level of anxiety and the level of overall mental health of the respondents.

Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is a significant relationship between the level of anxiety and the level of overall mental health of the respondents. Hence the null hypothesis is rejected. (Table 56).

**Null hypothesis for research hypothesis –10**

There is no significant relationship between level of overall depression and the level of overall mental health of the respondents.
Karl Pearson’s co-efficient of correlation test was applied to test the above hypothesis and it is inferred that there is no significant relationship between the level of overall depression and the level of overall mental health of the respondents. Hence the null hypothesis is accepted. (Table 56).

**Null hypothesis for research hypothesis –11**

There is no significant difference among the age of the respondents with regard to overall mental health.

One way analysis of variance was applied to test the above hypothesis and it is inferred that there is no significant difference among the age of the respondents with regard to overall mental health. Hence the null hypothesis is accepted. (Table 48).

**Null hypothesis for research hypothesis –12**

There is no significant association between respondents types of orphanhood and overall mental health

Chi square test was applied to test the above hypothesis and it is inferred that there is no significant association between respondents’ types of orphanhood and overall mental health. Hence the null hypothesis is accepted. (Table 51).

**Null hypothesis for research hypothesis –13**

There is no significant association between respondents’ duration of stay in this institution and overall mental health

Chi square test was applied to test the above hypothesis and it is inferred that there is no significant association between respondents’ duration of stay in this institution and overall mental health. Hence the null hypothesis is accepted. (Table 52)
Null hypothesis for research hypothesis –14

There is no significant difference between gender of the respondents with regard to overall mental health.

‘Z’ test was applied to test the above hypothesis and it is inferred that there is no significant difference between gender of the respondents with regard to overall mental health. Hence the null hypothesis is accepted. (Table 53)

II) Salient Findings of the Present Descriptive Study

a) Findings related to socio demographic factors, opinion about peers, caretakers, orphanage

1. Nearly one-fourth of the respondents (23.3%, 23.1%, and 22.5%) are in the age of 14 years, 13 years and 15 years respectively.
2. Majority of the respondents (60.6%) are female.
3. Nearly half of the respondents (49.2%) have stayed at girls orphanages.
4. Nearly three-fourth of the respondents (66.7%) lived in rural area before being admitted to this institution.
5. More than one-fourth of the respondents (28.6%) are studying in 10th standard.
6. Vast majority of the respondents (88.1%) are studying in Tamil medium.
7. More than half of the respondents (54.7%) are studying in Government aided school.
8. More than half of the respondents (51.7%) are paternal orphan.
9. More than one-third of the respondents’ parent (35.3%) died due to the dreadful disease like cancer, TB, Fever etc.
10. More than one-third of the respondents (34.2%) say that they are too young to feel for their parents death.
11. Nearly half of the respondents (49.2%) were admitted to this institution between the age group of 9 to 12 years.
12. Nearly half of the respondents (48.9%) stay in this institution for a period of 1 to 4 years.
13. More than one-third of the respondents (36.7%) were admitted to this institution because of their parents’ death.
14. More than one-third of the respondents (37.8%) are referred by their mother to be admitted to this institution.
15. Majority of the respondents who are paternal orphans (69.4%) belongs to nuclear family.
16. More than half of the respondents who are paternal orphans (50.1%) have upto 4 members in their family.
17. More than half of the respondents who are paternal orphans their mothers (57.0%) are construction workers.
18. Nearly half of the respondents who are paternal orphans their mothers (41.9%) monthly income is Rs. 2001-Rs.2500.
19. More than half of the respondents who are maternal orphans (57.6%) hail from joint family system.
20. Nearly half of the respondents who are maternal orphans (45.5%) have upto 4 members in their family.
21. More than half of the respondents who are maternal orphans their fathers (53.5%) are construction workers.
22. Nearly one-third of the respondents who are maternal orphan their fathers (30.6%) monthly income is Rs.2001-Rs.2500 and Rs.2501-Rs.3000 respectively.
23. Out of 31.1% of respondents who have sibling, vast majority of the respondents’ siblings (83.8%) do not stay along with the respondents.
24. Out of the 83.8% of respondents, majority of the respondents (65.2%) sibling stay along with their parent.
25. Nearly one-third of the respondents (31.9%) family members or guardians visit the orphanage once in four month.
26. Majority of the respondents (68.1%) visit their family members or guardians once in a month.
27. Vast majority of the respondents (80.3%) had communication with their family members or guardians.

28. Vast majority of the respondents (76.4%) had received economic help from their family members or guardians.

29. Vast majority of the respondents (85.6%) were not stigmatized by the society.

30. Majority of the respondents (82.5%) do receive respect from the society.

31. More than half of the respondents (53.1%) do not face health problems.

32. Out of 53.1% of respondents who faced health problems, more than one-third of the respondents (34.3%) have headache.

33. Vast majority of the respondents (78.3%) do not receive any sponsor other than the Government funds.

34. Out of 21.7% of the respondents who receive sponsor, nearly half of the respondents (42.3%) receive sponsors from their relatives like uncle, cousin, grandparents etc.

35. Nearly half of the respondents (48.6%) say that relationship with their roommates was satisfied to greater extent

36. More than half of the respondents (53.1%) say that their peer groups accept them to some extent.

37. More than half of the respondents (58.3%) say that their peer groups help them when they were in need to some extent.

38. Nearly half of the respondents (48.9%) say that their care takers extents love and affection to them to greater extent.

39. More than half of the respondents (54.2%) say that they have friendly relationship with the caretakers to some extent.

40. Nearly half of the respondents (46.4%) say that their care takers are very strict and harsh in giving punishment to some extent.

41. More than half of the respondents (55%) say that they are satisfied with their orphanage to greater extent.
42. More than half of the respondents (56.1%) say that their orphanages have basic facilities to greater extent.
43. Vast majority of the respondents (70.3%) say that their orphanages had regular visiting doctor.
44. Majority of the respondents (66.4%) say that their orphanages do not have counsellors.
45. Cent percentage of the respondents (100%) says that their orphanages do not have professional social worker to help them.
46. Majority of the respondents (63.9%) say that their orphanages do not give soft skills programme for them.
47. More than half of the respondents (58.6%) say that their orphanages do not give life skills oriented programme to them.

b) **Findings related to the key variables: overall stress, insecurity feelings, anxiety, overall depression and overall mental health**

1. Nearly half of the respondents (46.4%) have medium level of overall stress.
2. Nearly half of the respondents (49.2%) have medium level of insecurity feeling.
3. Nearly half of the respondents (46.7%) have medium level of anxiety.
4. Nearly half of the respondents (49.4%) have medium level of overall depression.
5. More than one-third of the respondents (39.4%) have medium level of overall mental health.

C) **Findings related to significant association / difference / with reference to level of stress**

1. There is a significant association between the respondents types of orphanhood and stress in the dimensions of low level of stress management skills, meaningless thoughts and overall stress. However there is no significant association between the respondents types of
orphanhood and stress in the dimensions of generalized stress, career and academic stress, stress prone tendency, irritability, easy going personality, negative mood state, physical symptoms of stress and apprehensive behaviour.

2. There is a significant association between respondents’ duration of stay in this institution and stress in the dimensions namely low level of stress management skill and physical symptoms of stress. However, there is no significant association between the respondents duration of stay in this institution and stress in the dimensions namely generalized stress, career and academic stress, stress prone tendency, irritability, easy going personality, negative mood state, meaningless thoughts, apprehensive behaviour and overall stress.

3. There is a significant difference among the respondents age with regard to stress in the dimensions such as generalized stress, stress prone tendency, irritability, low level of stress management skill and overall stress. However there is no significant difference among the respondents age with regard to stress in the dimensions of career and academic stress, easy going personality, negative mood state, meaningless thoughts, physical symptoms of stress and apprehensive behaviour.

4. There is no significant difference among respondents domicile before being admitted to this institution with regard to their various dimensions of stress namely generalized stress, career and academic stress, stress prone tendency, irritability, easy going personality, low level of stress management skill, negative mood state, meaningless thoughts, physical symptoms of stress, apprehensive behaviour and overall stress.

5. There is a significant difference among the respondents educational qualification with regard their various dimensions of stress namely generalized stress, stress prone tendency, irritability, low level of stress
management skills, negative mood state, physical symptoms of stress and overall stress. However, there is no significant difference among the educational qualification of the respondents with regard their various dimensions of stress namely career and academic stress, easy going personality, meaningless thoughts and apprehensive behaviour.

6. There is a significant difference between the respondents gender with regard to the stress in the dimensions of low level of stress management skill and apprehensive behaviour. However there is no difference between the respondents gender with regard to the stress in the dimensions of generalized stress, career and academic stress, stress prone tendency, irritability, easy going personality, negative mood state, meaningless thoughts, physical symptoms of stress and overall stress.

7. There is a significant difference between respondents by the presence of counsellor with regard to the stress in the dimension of physical symptoms of stress. However, there is no significant difference between respondents by the presence of counsellor with regard to the stress in the various dimensions namely generalized stress, career and academic stress, stress prone tendency, irritability, easy going personality, low level of stress management skill, negative mood state, meaningless thoughts, apprehensive behaviour and overall stress.

8. There is a significant difference between respondents by life skills programme conducted in the orphanage with regard to stress in the dimensions namely generalized stress, irritability, negative mood state and overall stress. However, there is no significant difference between the respondents by life skills programme conducted in the orphanage with regard to stress in various dimensions namely career and academic stress, stress prone tendency, easy going personality, low level of stress
management skill, meaningless thoughts, physical symptoms of stress and apprehensive behaviour

d) Findings related to significant association / difference / with reference to level of insecurity feelings

1. There is no significant association between the respondents types of orphanhood and duration of stay in this institution and insecurity feelings.
2. There is no significant difference among the respondents age, domicile before being admitted to this institution and educational qualification with regard to insecurity feelings.
3. There is no significant difference between the respondents by the gender presence of counsellor and life skills programme conducted in the orphanage with regard to insecurity feelings.

e) Findings related to significant association / difference / with reference to level of anxiety

1. There is a significant association between respondents’ duration of stay and anxiety. However, there is no significant association between the respondents types of orphanhood and anxiety.
2. There is a significant difference among the respondents domicile before being admitted to this institution and educational qualification with regard to anxiety. However, There is no significant difference among age of the respondents with regard to anxiety experienced by them.
3. There is a significant difference between the gender of the respondents with regard to anxiety experienced by them. However, there is no significant difference between the respondents by the presence of counsellor in the orphanage and life skills programme conducted in the orphanage with regard to anxiety.
f) Findings related to significant association / difference / with reference to level of depression

1. There is no significant association between types of orphanhood of the respondents and depression in various dimension namely apathy, sleep disturbance, pessimism, fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic preoccupation, indecisiveness and overall depression.

2. There is no significant association between the respondents’ duration of stay in this institution and the various dimensions of depression namely apathy, sleep disturbance, pessimism, fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic preoccupation, indecisiveness and overall depression.

3. There is no significant difference among age of the respondents with regard to the various of depression namely apathy, sleep disturbance, pessimism, fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic preoccupation, indecisiveness and overall depression.

4. There is a significant difference among respondents’ domicile before being admitted to this institution with regard to the dimension of depression namely fatigability. However there is no significant difference among respondents’ domicile before being admitted to this institution with regard to the dimension of depression namely apathy, sleep disturbance, pessimism, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic preoccupation, indecisiveness and overall depression.

5. There is a significant difference among educational qualification of the respondents with regard to the dimensions of depression namely apathy,
sleep disturbance and pessimism. However, there is no significant difference among educational qualification of the respondents with regard to the dimensions of depression namely fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic preoccupation, indecisiveness and overall depression.

6. There is a significant difference between gender of the respondents with regard to depression in various dimensions namely apathy, sleep disturbance, pessimism, fatigability, irritability, social withdrawal and self-centeredness, self-dislike, self-acquisition, somatic preoccupation, indecisiveness and overall depression. However there is no significant difference between gender of the respondents with regard to depression in the dimensions namely dejected or sadness and self-harm.

7. There is no significant difference between respondents by the presence of counsellor conducted in the orphanage and life skills programme conducted in the orphanage with regard to with regard to various dimension of depression namely apathy, sleep disturbance, pessimism, fatigability, irritability, social withdrawal and self-centeredness, dejected or sadness, self-dislike, self-acquisition, self-harm, somatic preoccupation, indecisiveness and overall depression.

**g) Findings related to significant association / difference / with reference to level of mental health**

1. There is a significant association between respondents’ types of orphanhood and in the various dimensions of mental health namely perception of reality and environmental mastery. However there is no significant association between respondents’ types of orphanhood and mental health in the various dimension namely positive self-evaluation,
integrity of personality, autonomy, group-oriented attitude and overall mental health.

2. There is a significant association between respondents’ duration of stay in this institution and the various dimensions of mental health namely autonomy and environmental mastery. However, there is no significant association between respondents duration of stay in this institution and the various dimension of mental health namely positive self-evaluation, perception of reality, integrity of personality, group-oriented attitude and overall mental health.

3. There is a significant difference among the age of the respondents with regard to the dimension of mental health namely perception of reality. However there is no significant difference among the age of the respondents with regard to the dimensions of mental health namely positive self-evaluation, integrity of personality, autonomy, group-oriented attitude, environmental mastery and overall mental health.

4. There is a significant difference among the respondents domicile before being admitted to this institution with regard to various dimensions of mental health namely positive self-evaluation, integrity of personality and overall mental health. However, there is no significant difference among the respondents domicile before being admitted to this institution with regard to various dimensions of mental health namely perception of reality, autonomy, group-oriented attitude and environmental mastery.

5. There is a significant difference among educational qualification of the respondents with regard to the dimensions of mental health namely perception of reality and group oriented attitude. However, there is no significant difference among the educational qualification of the respondents with regard to various dimensions of mental health namely
positive self-evaluation, integrity of personality, autonomy, environmental mastery and overall mental health.

6. There is a significant difference between gender of the respondents with regard to the dimension of mental health namely group oriented attitude. However there is no significant difference between respondents’ gender with regard to the dimensions of mental health namely positive self-evaluation, perception of reality, integrity of personality, autonomy, environmental mastery and overall mental health.

7. There is no significant difference between the respondents by the presence of counsellor with regard to various dimensions of mental health namely positive self-evaluation, perception of reality, integrity of personality, autonomy, group-oriented attitude, environmental mastery and overall mental health.

8. There is a significant difference between respondents by life skills programme conducted in the orphanage with regard to dimension of mental health namely integrity of personality. However, there is no significant difference between respondents by life skills programme conducted in the orphanage with regard to dimension of mental health namely positive self-evaluation, perception of reality, autonomy, group-oriented attitude, environmental mastery and overall mental health.

**Implication of the Present Study**

The present study investigates about the four significant psychological correlate such as stress, anxiety, insecurity feelings, depression and the mental health status of adolescent orphans. The relationship of these variables among themselves as well as their association with socio-demographic variable of the respondents is investigated. The major finding of the study and the conclusion drawn from them indicates that the adolescent orphans in orphanages have
significantly medium level of overall stress, anxiety, insecurity feelings, overall depression and overall mental health.

It was also found from the analysis of the data that variable anxiety and insecurity feeling have a negative significant relationship with the overall mental health of adolescent orphans. The variables overall stress, overall depression have no significant relationship with the overall mental health. However, anxiety and insecurity feelings have positive significant relationship. Overall stress and overall depression do not have significant relationship. Thus it is obvious that anxiety and insecurity feeling have no contribution and concomitant effect on one another as well as on the overall mental health of the adolescent orphan. The psycho social intervention programme must be organized to enhance the psychological correlates like stress, anxiety, insecurity feelings, depression and mental health.

The analysis of the data further indicates that among the adolescent orphans who are in institutional care nearly half of the respondents have medium level of overall stress, anxiety and overall mental health followed by low level and high level; nearly half of the respondents have medium level of insecurity feelings followed by high level and low level; nearly half of the respondents have medium level of overall depression followed by low and high level respectively. Institutionalized adolescent orphans perceive medium level of overall stress, anxiety, insecurity feelings, overall depression and overall mental health because of inadequate institutional environment. Hence there is an urgent need to look into the various aspects of institutional care and bring about appropriate changes to make this alternative system of care satisfying to meet the need of adolescent orphans in care. This has to be realized by administrator, planning commissions, policy makers and all stakeholders responsible for the welfare and development of adolescent orphans. Emphasis should be given to enhance the mental health status while planning the programme for adolescent orphans.
The study portrays that there is no trained counsellor and social worker in the institution to help the respondents. Hence special attention must be taken to appoint either a counsellor or professional social worker in all the institutions. Early identification and intervention of adolescent orphans with problematic behaviour will enhance mental health status.

It is now recognized that good mental, physical and emotion health is a fundamental and supporting component of positive mental health in adolescent orphans. There are strong links between the emotional health of the adolescent orphans and their personal, social development and academic performance. At the same time they need the provision of health, supportive and stimulating environments with a clear focus on and commitment to help them have high mental health.

The study implies that the single parents, teacher and caretakers are very influential figures in adolescent orphan life and thus they help to enhance the security feeling in them. Child friendly schools can be created to reduce the academic stress among the adolescent orphans. In schools special attention should be given to extra-curricular activities and co-curricular activities which can serve as therapeutic measure to reduce the anxiety and depression.

In order to enhance the life style of adolescent orphans there is a need for imparting life skills education to them, to adopt positive behaviours that enables individual to deal effectively with demand and challenges of everyday life. An integrated approach like vocational training, life skill training, soft skills training, recreational, sports and cultural activities should be given to adolescent orphan. This approach may channelize the energy of adolescent orphans for self-enhancement, self-direction and to have security feeling about their future, reduce stress, anxiety and depression.

The socio demographic variables of this study as well the findings of the key variables have strong evidence for social work practice and interventions
towards the mental health of institutionalized adolescent orphans. Female respondents are more than male respondents and paternal orphans are more compared to maternal orphans and double orphans. Majority of the respondents hails from rural area before being admitted to the orphanage and more number of respondents join the institution between 9 to 12 years followed by 13 to 16 years. Dreadful diseases, HIV/AIDS and accidents seem to be the major reason for parental death. Parents’ deaths, poverty of single parent, desertion are some of the major reason for institutionalization. Majority of the paternal orphans are from nuclear family and majority of the maternal orphans are from joint family.

Hence instead of caring orphans in the orphanages all efforts should be made to strengthen the family and community to provide care and prevent the increase of adolescent orphans and also alternative care like adoption and foster care can be promoted. Based on the findings following suggestion are proffered.

Social Work Interventions

• Intervention has been the important essence of social work. The social workers’ intervention with the institutionalized adolescent orphans will significantly play an important role to help the single parents, guardians, teachers, school authorities, institutional authorities to understand and deal effectively with the adolescent orphan problems.

• Social worker can identify the psychosocial problems of adolescent orphans like stress, anxiety, depression, adjustment problems and insecurity feelings at institution as well as in school level and conduct the case study of the individual by suggesting suitable alternative if possible.

• The group of problematic adolescent orphans can be helped with the group work techniques like group psychotherapy, training groups and psycho drama with the assistance of psychologist and psychiatrist.
• The intervention programme could be organized at institutional level, community level, and school level to improve the quality of life of the adolescent orphans.

• The special intervention programme can be focused towards the enhancement of mental health among adolescent orphans.

• Networking and sharing information, expertise and good practices between the institutions will be of great help of them. The social worker can be a liaison between these institutions which will augment the mental health of institutionalized adolescent orphans.

• The family intervention programme by the social workers help the single parents and guardians to understand adolescent orphans problems and help them to overcome their problems.

• Community based intervention can be organized through prevention programme among communities to sensitize single parents, guardians and neighbours about the problems of adolescent orphans.

• The special awareness programme can be conducted by the social worker like a stakeholders meeting at state level, national level and international level for the enhancement of mental health of adolescent orphans.

• The social work trainees can be placed in the orphanages during their field work training period. They can organize soft skills programmes and life skills programme to the adolescent orphans.

• Social worker could be appointed in the institution to respond effectively by applying the methods of social work.

• Every institution should have multi-disciplinary team including professional social worker, psychologist, psychiatrist and care takers to handle the adolescent orphans’ problems.

• Behavioural modification therapy and cognitive therapy can be used by the social worker to bring constructive changes in adolescent orphans’ behaviours.
• Career counselling and Vocational counselling by the social worker help the adolescent orphans with insights in the various career opportunities.

• The social worker can organize special training programme for single parents, guardians, teachers and caretakers to know the psychosocial status of adolescent orphans.

• Social worker mainly works for the alternative care for institutionalized orphans like adoption and foster care. The integration of orphans in the institutional care who have single parents and into their family by giving necessary support should be carried out on a priority basis.

SUGGESTIONS

The present study has expressed several suggestions in different areas pertaining to adolescent orphans’ life. They are as follows:

Suggestions to the Authorities of Institutions / Orphanages

Adolescent orphans need to be provided with congenial home atmosphere in their institution. So the authorities of the institution should take special efforts in providing them.

• In this study respondents belong to the institutions which do not organize soft skills and life skills programme. The authorities of the institution should take steps to organise soft skills and life skills programme to the adolescent orphan. It helps them to mould their personality and reduce the growth of psychological problems.

• None of the institution in this study has trained caretakers. So they were not able to handle the adolescent orphans’ problems. The institution should appoint trained caretaker who are specialized in adolescent psychology. If they have care takers, special training should be given on regular basis to the care taker to understand the adolescent orphans psychology.
The authorities of the institution should motivate the single parent and guardians for active participation in the orphans’ progress. It helps to avoid isolation of orphans in the institutions.

The institution should provide special care in the areas of education, health, vocational training, employment placement and rehabilitation services to the adolescent orphan till they become independent.

There is no professional social worker in the selected institution. The institution should appoint social worker specialized in child welfare and psychologists in the team of staff in the institution. Case Work, Group Work, Psychotherapy and Counselling services should be provided to adolescent orphan regularly in the institutional care.

The institutional authorities should motivate the adolescent orphans to mingle with other adolescent in their school and bring them to the institution. It helps them to get new relationship outside the institution.

Suggestions to the Authorities of School

Most of the time adolescent orphans are in the school next to the orphanage. So the school authorities should also take some steps to help the adolescent orphans.

- The teachers should first understand the effect of orphan hood among the adolescents.
- The teachers need to establish rapport with the adolescent orphans outside the class room. It helps the adolescent orphans to develop good relationship with the teachers
- The teachers must give special attention including individual attention and group attention to the adolescent orphans those who perceived psychological problems.
- Special training should be given to the teachers to handle the adolescent orphans especially to identify the problems of orphans and helps them to overcome their problems.
• To the adolescent orphans peer group is influence more compared to other groups. School authorities should conduct special programme to handle peer pressure positively.

• The teachers should regularly meet the caretaker/ guardian/ single parent of the adolescent orphans to discuss the adolescent orphans’ problems and get their support to help the adolescent orphans.

Suggestions to the Single Parents/ Guardians

• The single parents must understand the single adolescent orphans’ problem and help them in a positive way to overcome their problem.

• The single parents try to manage their widow hood both psychologically and economically and support the single adolescent orphans in all the aspect.

• The guardians help the adolescent orphan not only in economical aspect. They should also provide psychological support to them.

Suggestions to the Central and State Government

• The Indian Government should establish proper measure to ensure the rights of the child in our country. It should also implement the provision to safeguard the adolescent orphan rights.

• Government should review the National Policy for children periodically and special attention should be given to the adolescent orphans.

• The Government can periodically review and monitor all the orphanages with regard to adolescent orphan care in the areas of trained staff, safety, health, development and admission criteria of orphans.

• The Government of India should provide large financial support for the orphanages that are already functioning effectively.

• The Government of India should relax some of the critical procedure in the child adoption. It helps to increase the number of adoption. This is
one of the best alternative cares to avoid long term placement of orphans in the institutions.

- The Government should also relax the procedure and expenditure for issue of birth certificate, adhar card, passport and other identity card to the adolescent orphans. It helps them to become an authorized Indian citizen after the institutionalization.

- If possible the Government should focus on re-uniting orphan children with their families. Strategies for intervention need to consider ways of strengthening families’ responsibility for their orphan children or else give sponsorship programme for them and foster placements as a last resort.

- The teachers, single- parents, guardians and care takers are often unable to analyse the psychosocial problems of the adolescent orphans. So the Government should establish or sponsor to establish more number of Child guidance and counselling centres to handle the adolescent orphan problems.

**Suggestions to the Society**

- The society should avoid the stigma toward the adolescent orphans and accepts them as they are.

- Motivation should be given to sponsor at least one orphan until they complete their education.

- The childless couple should be motivated to adopt the orphans.

- The couples with children can also adopt the orphan child and rear that child along with their own children.

- The eligible couple can also be foster parents. It helps the orphan to be out of institutional care.
SUGGESTION FOR FUTURE RESEARCH

• It would be desirable to conduct a comparative study to find out the psychosocial correlates of orphan and non-orphan adolescents.
• A comparative study can be done between adolescent orphans residing in Government orphanages and self-financing orphanages.
• The researchers can also use mixed methodology both quantitative and qualitative data to study the orphans problems.
• The experimental study can be done with the help of various social work interventions.
• The comparative study can be done on mental health among orphans in various alternative cares.
• Further study can be done including other psychosocial and personality variables.

SUMMARY OF THE PRESENT STUDY

The present descriptive study “Psychological Correlates and Mental Health of Institutionalized Adolescent Orphans” was conducted in the Government Aided Orphanages in Tiruchirappalli district. The aim of the present study is to find out the level of stress, insecurity feelings, anxiety and depression experienced by the adolescent orphans and to know the mental health status of adolescent orphans. Relevant tools for collecting the data were adopted to study the above mentioned dimensions with the help of interview schedule method. By using multistage random sampling method 360 respondents were taken from 6 different Government aided orphanages. The standardized tools were used in this study namely

1. Manual for Stress Scale by Dr.Prerna Puri, Dr. Tejinder Kaur, & Prof.Manju Mehta (2001)
2. Security Insecurity Inventory by Govind Tiwari and Singh (1975)
3. Manual For Sinha Anxiety Scale (Revised and Enlarged) by Prof.Durganand Sinha (1968)
4. Manual for Depression Scale by Dr. Shamim Karim and Dr. Rama Tiwari (1986)
5. Mental Health Inventory by Dr. Jagdish & Dr. A.K. Srinivastava (1983)

The study includes a review of literature related to stress, insecurity feelings, anxiety, depression and mental health. The study also described well framed research methodology and collected data were systematically processed, analyzed and presented in the form of tables and diagrams to draw meaningful inferences. In the present study the researcher has also adopted various statistical tests such as chi-square test, students Z test, one-way analysis of variance (F test), Karl Pearson’s coefficient of correlation test and trivariant analysis to arrive at meaningful conclusions.

The Major Findings of the Study are summarized below

1. Nearly half of the respondents (46.4%) have medium level of overall stress.
2. Nearly half of the respondents (46.7%) have medium level of anxiety.
3. Nearly half of the respondents (49.4%) have medium level of overall depression.
4. Nearly half of the respondents (49.2%) have medium level of insecurity feeling.
5. More than one-third of the respondents (39.4%) have medium level of overall mental health.

Based on the findings, suggestions are given for the authorities of institutions/ orphanages, schools, for the single parents/ guardians, for the Central and State Government and for the society. Further based on the social work perspectives the study implies to appoint social workers in orphanages, to organize life skills programmes to the adolescent orphans, to establish child friendly schools, to enhance the knowledge of teachers and institutional authorities about the orphan psychology, to establish counselling and
guidance centers with full facilities, to promote alternative care like adoption and foster care and to provide special training to the institutional authorities in order to understand the adolescent orphans problems which are given in detail.

CONCLUSION

Institutionalized adolescent orphans are there in all societies. The pattern of their care differs from place to place, time to time and depends on modern social attitude towards them. Most of the societies had expressed some stigma toward the adolescent orphans. The problem is more acute in the case of institutionalized adolescent orphans because they are treated as unwanted and also considered as a burden to the society. They are at the sympathy of others and remain a targeted person in the form of isolation and exploitation. They live in rejection of rights and opportunities. They often grow up unable to give or receive love and affection. The study on “Psychological correlates and mental health of the institutionalized adolescent orphans” provided a platform to understand the psychological problems based on selected variables such as stress, insecurity feeling, anxiety, depression and also about the mental health status of adolescent orphans who are in institutional care. It was found that nearly half of the respondents (46.4%) have medium level of overall stress, nearly half of the respondents (49.2%) have medium level of insecurity feeling, nearly half of the respondents (46.7%) have medium level of anxiety, nearly half of the respondents (49.4%) have medium level of overall depression and more than one-third of the respondents (39.4%) have medium level of overall mental health. Based on the findings of the study social work interventions and suggestions were given. Social work practitioners, academician and social activist have to play a major role to help the adolescent orphan those who have problems and create a barrier free environment for the development of adolescent orphans. Public awareness programme, advocacy for effective Government policies, legislations, rights of
vulnerable children, welfare schemes and their effective implementation are some of the valuable strategies that could be applied to bring about the advancement and progress of adolescent orphans status in the society. This study will be an eye opener for policy makers, child welfare administrator and authorities of orphanage for the care of adolescent orphan to take more steps for the betterment of conditions and services of those orphanages and ensure all aspects of adolescent development to receive proper attention and appropriate action. It is necessary that all the stakeholders working in the field of orphan cares will work in a group to ensure orphans wellbeing and development.