METHODOLOGY

Introduction

This chapter deals with the methods to achieve the goals of the study in a scientific manner. Research methodology is a way of systematically solving the research problems. In it we study the various steps that are generally adopted by researchers in studying their research problem along with the logic behind them. (Kothari, 1985)

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

A well prepared methodology is essential for a social work research. The accuracy of a research depends on the perfection of methodology. The present investigation focuses on a better understanding of the psychological correlation and mental health of institutionalized adolescent orphans in the milieu of their institutional care.

Need for the study

Institutionalized adolescent orphans exist 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. Their talent and capabilities have to be nurtured, without which they will only have a skewed mode of growth.

Normally adolescent is said to be a transition age, a period of change, a problem age, a time of search for identity, a dreaded age, a time of unrealism and a threshold of adulthood. These characteristics will be faced by the adolescent orphan also, with much struggle and pain due to lack of family support and parental care. Adolescent orphan lack family network, loses their identity, respect and are also stigmatized. Parents are the most fundamental agent of social stabilization in the lives of adolescents. They have the inalienable primary responsibility to provide the material, intellectual and psychosocial support to their offspring but to an adolescent orphan all these needs are met by the institutions as the regular course of work. Generally parents and elders in the family are the role models to the younger generations but the adolescent orphans will not have familial role model to follow and develop insecurity feeling about their future when they are away from the institution.

Adolescent orphans in institutions are the special group of children who are generally deprived and prone to develop psychological problems even reared in well run institution. Institutionalization of adolescent orphans in long term and in early childhood increases the growth of psychological impairment and make them economically unproductive adult. The environment in the institution also contributes to the adolescent orphans’ low mental health. The environment encompasses both the physical space in which the adolescent orphan resides as well as the characteristics of care giving environment. Factors such as care takers participation, the level of security in home, attention and care provided for the psychosocial needs, lack of monetary and other material resources may influence the quality of the adolescent orphans.
Adolescent orphans come to orphanages not according to their own wish but their destiny brings them there. The health problems of adolescent residing in orphanages are complex and clearly related to the sub-standard living conditions in the institutions. They also face some of the challenges in their life like emotional neglect, lack of educational opportunities, stigmatization, lack of family support especially parental care and deprivation of rights.

The findings of the study will be of immense help for national and international mental health professionals, child and youth welfare specialists, and also future researcher to know the present status of psychological correlates and their level of mental health of adolescent orphans. Further the findings of this study will also help the authorities and care takers of the adolescent orphans in the institutions to reform the practices and provide more importance to enhance their mental health status.

Therefore, this study is based on the psychological correlates of adolescent orphans, which throws light on the socio-demographic conditions, stress, insecurity feelings, anxiety, depression and mental health status of institutionalized adolescent orphans.

**Statement of the problem**

The family is the most desirable environment for the development and wellbeing of children and adolescents (UNCRC, 1989), it is a place where the children and adolescent enjoy close bonds with their parents, siblings and relatives, where they receive unconditional love, care and nurture, where they learn to face the challenges of life and develop their potentials. The parents have the primary responsibilities of upbringing 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 commitment to their society, country and humanities. The young who
are raised in this kind of environment grow up to be healthy, responsible and productive citizens.

It remains a fact that there are a sizeable number of adolescents in the world and especially in India who have the same dreams for their own future but whose daily realities make those dreams seem forever out of reach. They have become orphan due to parents death and desertion, those from situations where single parents and other family members are unable to discharge their responsibilities on account of reasons like extreme poverty, ill health and disturbed mental health. When the orphans have no one to care them, they are institutionalized. Institution is a place where the orphans stay otherwise called as orphanage. The Government has assumed the responsibility for care of orphans by creating or sponsoring ‘Institutions’ or ‘Homes’.

The orphans who are institutionalized may face physical, social, psychological and emotional problems. They may have also suffered significant emotional losses as a result of the circumstances that lead to their removal from their families of origin.

Adolescence being a distinct and critical stage in psychosocial development with its characteristic behavioural and emotional changes the institutional adolescent orphans faces unique challenges. In the institutions the caretakers are not able to provide support to the adolescent orphans problems because of poor knowledge about their problems and inability to handle such issues. The general assessment is that, when adolescents are placed in institutions at a younger age and stay for long periods of time, there is an increased risk of developing social and behavioural abnormalities. They may develop poor growth, deficit IQ, diminished brain activity and emotional reactivity like stress, anxiety, depression and develop poor mental health.

Sometimes the institutions may be the breeding grounds for many psychological problems in adolescent orphans which is said to be the only resort
for orphans. Parental loss exposes the adolescent orphan to the long term psychological disturbance. It’s greater among the adolescent who have lost the parent of their same sex. Institutionalized orphans have negative outcomes of their behaviour because of inadequate caregiving, lack of stimulation and the absence of a consistent caregiver.

In this study the researcher has concentrated on some of the psychological variables namely stress which leads to insecurity feeling which in fact leads them to become anxious and depressed. Finally, these psychological correlates may lead to growth of mental health problem among adolescent orphans.

Aims and Objectives
1. To find out the level of stress experienced by the institutionalized adolescent orphans.
2. To understand the insecurity feeling of the institutionalized adolescent orphans.
3. To know the level of anxiety experienced by the institutionalized adolescent orphans.
4. To measure the level of depression faced by the institutionalized adolescent orphans.
5. To find out the level of mental health of the institutionalized adolescent orphans.
6. To suggest the suitable measures to enhance the psychological wellbeing that promotes mental health in adolescent orphans.

Research Design
The aim of the present study is to describe some of the psychological variables experienced by the institutionalized adolescent orphans like stress, insecurity feelings, anxiety, depression and mental health along with the socio-demographic factors and their opinion about peers, caretakers and orphanages. It is also an attempt to test the relationships, difference and associations of
variables upon which hypotheses are formed. Hence descriptive design is adopted.

**Hypotheses**

1. As the level of overall stress increases the level of insecurity feeling of the Institutionalized adolescent orphans also increases.
2. Higher the level of overall stress higher the level of anxiety.
3. As the level of overall stress increases the level of overall depression also increases.
4. There is a significant relationship between the level of overall stress and the overall mental health of Institutionalized adolescent orphans.
5. Higher the level of insecurity feeling higher will be the level of anxiety.
6. As the level of insecurity feeling of the institutionalized adolescent orphans increases the level of overall depression also increases.
7. There is a significant relationship between insecurity feeling of the institutionalized adolescent orphans and overall mental health.
8. Higher the level of anxiety higher the level of overall depression.
9. There is a significant relationship between the level of anxiety and overall mental health.
10. There is a significant relationship between the level of overall depression and overall mental health.
11. There is a significant difference among the age of the institutionalized adolescent orphans with regard to overall mental health.
12. There is a significant association between institutionalized adolescent orphans types of orphanhood and overall mental health.
13. There is a significant association between institutionalized adolescent orphans duration of stay in this institution and overall mental health.
14. There is a significant difference between gender of the institutionalized adolescent orphans with regard to overall mental health.
**Inclusive Criteria**

1. Institutionalized adolescent orphans between the age group of 13 to 17 years were only included.

2. Institutionalized adolescent orphans from the Government aided orphanages were only included.

**Universe of the Study**

The Universe of the present study consist of 1021 adolescents orphan between the age group of 13 years-17 years in 11 Government aided orphanages, in Tiruchirappalli District.

**Sampling**

The researcher adopted multistage random sampling method to select the samples. In Tiruchirappalli district under JJ Act 2000 there are 64 Orphanages (53 self supported orphanages and 11 Government Aided orphanages) during the 2012. By using simple random sampling method Government Aided orphanages were selected. The 11 Government Aided orphanages had 3 boys orphanages, 5 girls orphanages and 3 boys and girls orphanages. Out of the 11 orphanages again by using simple random sampling method 2 boys orphanages, 2 girls orphanages and 2 boys and girls orphanages were selected to collect the data. Since the number of adolescent orphans who fall between the age group of 13-17 years are few in number, census method was used and data was collected from all the 360 samples.
Sample Frame Work

Ethical concern

The consent form was distributed to all the adolescent orphans in the institution to elicit their permission to collect and also use to the data only for research purpose and also to assure that the data will be treated confidential.
**Pilot Study**

The research investigator made many visits to these orphanages to find out the possibility of carrying out the study. Discussions were made with the authorities, caretakers and adolescent orphans and explained the purpose and nature of the study. This helped the investigator to establish rapport with the respondents and made it possible to collect the required data in time.

**Tools of Data Collection**

The researcher used interview schedule method to collect data from the respondents. Before finalizing the tools of data collection, the researcher had discussions with the caretakers, authorities and expert in this field of study to finalize the relevant question and the areas to be explained in the present study. A survey of existing literature on the institutionalized adolescent orphan also helped the researcher to finalize the relevant tools for data collection.

**Description about the Tool**

The first part of the questionnaire covered the questions pertaining to the socio-demographic data and opinion of the respondents about peers, caretakers and orphanage. Added to this, the following standardized tools were also used to gauge the psychosocial correlates and mental health of the adolescent orphans.

**(i) Manual for Stress Scale**

Dr.Prerna Puri, Dr. Tejinder Kaur, & Prof.Manju Mehta (2001) have developed the schedule of recent experience with the purpose of increasing awareness of stressful events and their potential impact on the respondents with 34 items in 4 point scale. Scoring was done for each respondents according to the norms prescribed in the scale. The reliability of the tool based on the split half method is found to be 0.90.

There are three alternative choices in each item “Very often”, “Often”, “Sometime” and “Never”. The subject has to choose only alternative. The marks should be allotted as mentioned below:
- Very often - 4
- Often – 3
- Sometime - 2
- Never - 1.

Higher the score indicates, higher the stress. The stress consists of 10 dimensions as follows:

1. Generalized Stress
   14 items - 3, 7, 8, 9, 16, 17, 18, 21, 24, 27, 28, 32, 33, 34

2. Academic Stress
   4 items – 14, 15, 30, 31

3. Stress Prone Tendencies
   4 items - 20, 26, 29, 32

4. Irritability
   2 items – 6, 11

5. Easy Going Personality
   2 items -5, 13

6. Low Level of Stress Management Skills
   4 items – 3, 9, 10, 12

7. Negative Mode State
   2 items – 4, 25

8. Meaningless Thoughts
   1 item - 2

9. Physical Symptoms of Stress
   2 items – 22, 23
10. Apprehensive Behaviour
   2 items – 1, 9

The researcher used standard deviation to categorize the various dimensions scores into three categories namely low stress, moderate stress and high stress.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions of Stress</th>
<th>Low Level</th>
<th>Medium Level</th>
<th>High Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Generalized Stress</td>
<td>30 and below</td>
<td>31 – 39</td>
<td>40 and above</td>
</tr>
<tr>
<td>2</td>
<td>Career and Academic Stress</td>
<td>7 and below</td>
<td>8 – 11</td>
<td>12 and above</td>
</tr>
<tr>
<td>3</td>
<td>Stress Prone Tendencies</td>
<td>9 and below</td>
<td>10 – 12</td>
<td>13 and above</td>
</tr>
<tr>
<td>4</td>
<td>Irritability</td>
<td>4 and below</td>
<td>5 – 6</td>
<td>7 and above</td>
</tr>
<tr>
<td>5</td>
<td>Easy Going Personality</td>
<td>3 and below</td>
<td>4 – 5</td>
<td>6 and above</td>
</tr>
<tr>
<td>6</td>
<td>Low Level of Stress Management Skills</td>
<td>9 and below</td>
<td>10 – 11</td>
<td>13 and above</td>
</tr>
<tr>
<td>7</td>
<td>Negative Mode State</td>
<td>3 and below</td>
<td>4 – 5</td>
<td>6 and above</td>
</tr>
<tr>
<td>8</td>
<td>Meaningless Thoughts</td>
<td>2 and below</td>
<td>3 – 4</td>
<td>5 and above</td>
</tr>
<tr>
<td>9</td>
<td>Physical Symptoms of Stress</td>
<td>3 and below</td>
<td>4 – 5</td>
<td>6 and above</td>
</tr>
<tr>
<td>10</td>
<td>Apprehensive Behaviour</td>
<td>3 and below</td>
<td>4 – 5</td>
<td>6 and above</td>
</tr>
<tr>
<td>11</td>
<td>Overall Stress</td>
<td>81 and below</td>
<td>82 – 104</td>
<td>105 and above</td>
</tr>
</tbody>
</table>

(ii) Security – Insecurity Inventory

The scale was prepared by Govind Tiwari and Singh (1975). It proved to be very much successful in the past two decades. As it is prepared in the Indian context, the relevancy of the scale is more proper and accurate. It has 80 items in
3 point scale. In this case a higher score indicates higher the insecurity feelings. The reliability of the tool is found to be 0.771.

**Scoring Procedure**

There are three alternative choices in each item “Yes”, “No” and “Uncertain”. The subject has to choose only alternative. 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 includes - 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, 70.

Negative questions includes - 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, 61.

The researcher used standard deviation to categorize the various dimensions scores into three categories namely

- **Low Insecurity Feelings** – 56 and below
- **Moderate Insecurity Feelings** – 57- 74
- **High Insecurity Feelings** – 75 and above.

(iii) **Manual For Sinha Anxiety Scale (Revised and Enlarged)**

Manual For Sinha Anxiety Scale developed by Prof. Durganand Sinha (1968) revised edition was used to find out the level of anxiety. It is a self-administering inventory with 100 items. It should be emphasized that there is no right or wrong answer to the statement. All the items have to be answered either positive or negative i.e., Yes or No. Each item which is checked as ‘Yes’ should be awarded the score of 1, ‘No’ should be awarded the score of 0. Higher the
score represent higher the anxiety. The reliability of the tool according to split half method is found to be 0.92

The researcher used standard deviation to categorize the various dimensions scores into three categories namely

- Low Anxiety – 30 and below
- Moderate Anxiety – 31- 39
- High Anxiety – 40 and above.

(iv) Manual for Depression Scale

The inventory was first formulated by Dr. Shamim Karim and Dr. Rama Tiwari in 1986 and consists of 96 item in the 5 point scale. This manual not only measures the depression in a respondent but also the degree of depression in a respondent. The reliability of the tool based on the split half method is found to be 0.862

There are five alternative choices in each item “Not at all”, “A little bit”, “Moderately”, “Quite a bit” and “Extremely”. The subject has to choose one alternative. The marks should be allotted as mentioned below:

- Not at all – 0
- A little bit – 1
- Moderately – 2
- Quite a bit – 3
- Extremely - 4

Higher the score indicates higher the depression. The depression consists of 12 dimensions as follows

1. Apathy
   8 items – 1, 13, 14, 39, 50, 61, 78, 85
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Sleep Disturbance</td>
<td>2, 15, 28, 40, 51, 62, 63, 86</td>
</tr>
<tr>
<td>3</td>
<td>Pessimism</td>
<td>3, 16, 29, 41, 52, 64, 77, 57</td>
</tr>
<tr>
<td>4</td>
<td>Fatigability</td>
<td>4, 17, 18, 42, 53, 65, 78, 88</td>
</tr>
<tr>
<td>5</td>
<td>Irritability</td>
<td>5, 19, 30, 43, 44, 66, 79, 89</td>
</tr>
<tr>
<td>6</td>
<td>Social Withdrawal and Self-centeredness</td>
<td>6, 20, 31, 45, 54, 67, 68, 90</td>
</tr>
<tr>
<td>7</td>
<td>Dejected or Sadness</td>
<td>7, 21, 32, 46, 55, 69, 80, 91</td>
</tr>
<tr>
<td>8</td>
<td>Self-dislike</td>
<td>8, 22, 33, 47, 56, 70, 81, 92</td>
</tr>
<tr>
<td>9</td>
<td>Self-acquisition</td>
<td>9, 23, 34, 48, 57, 71, 82, 93</td>
</tr>
<tr>
<td>10</td>
<td>Self-harm</td>
<td>10, 24, 35, 49, 58, 72, 73, 94</td>
</tr>
<tr>
<td>11</td>
<td>Somatic-preoccupation</td>
<td>11, 25, 36, 37, 59, 74, 83, 95</td>
</tr>
<tr>
<td>12</td>
<td>Indecisiveness</td>
<td>12, 26, 27, 38, 60, 75, 84, 96</td>
</tr>
</tbody>
</table>
The researcher used standard deviation to categorize the various dimensions scores into three categories namely low depression, moderate depression and high depression.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions of Depression</th>
<th>Low Level</th>
<th>Medium Level</th>
<th>High Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Apathy</td>
<td>7 and below</td>
<td>8 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>2</td>
<td>Sleep Disturbance</td>
<td>8 and below</td>
<td>9 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>3</td>
<td>Pessimism</td>
<td>7 and below</td>
<td>8 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>4</td>
<td>Fatigability</td>
<td>8 and below</td>
<td>9 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>5</td>
<td>Irritability</td>
<td>8 and below</td>
<td>9 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>6</td>
<td>Social Withdrawal and Self-centeredness</td>
<td>7 and below</td>
<td>8 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>7</td>
<td>Dejected or Sadness</td>
<td>10 and below</td>
<td>11 – 15</td>
<td>16 and above</td>
</tr>
<tr>
<td>8</td>
<td>Self-dislike</td>
<td>7 and below</td>
<td>8 – 13</td>
<td>14 and above</td>
</tr>
<tr>
<td>9</td>
<td>Self-acquisition</td>
<td>8 and below</td>
<td>9 – 15</td>
<td>16 and above</td>
</tr>
<tr>
<td>10</td>
<td>Self-harm</td>
<td>6 and below</td>
<td>7 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>11</td>
<td>Somatic-preoccupation</td>
<td>8 and below</td>
<td>9 – 15</td>
<td>16 and above</td>
</tr>
<tr>
<td>12</td>
<td>Indecisiveness</td>
<td>9 and below</td>
<td>10 – 15</td>
<td>16 and above</td>
</tr>
<tr>
<td>13</td>
<td>Overall depression</td>
<td>105 and below</td>
<td>106 – 169</td>
<td>170 and above</td>
</tr>
</tbody>
</table>

(v) Mental Health Inventory

Mental health inventory was developed by Dr. Jagdish & Dr. A.K. Srinivastava (1983), which consist of 56 items in 6 dimensions. It has been designed to measure mental health (positive) of respondents. The reliability of the tool based on the split half method is found to be 0.73.

It consists of 56 items and the scoring is done in 4 point mode responses namely “Always”, “Often”, “Rarely” and “Never”. 83
Scoring will be | Positive | Negative |
---|---|---|
Always | 4 Marks | 1 Mark |
Often | 3 Mark | 2 Marks |
Rarely | 2 Marks | 3 Marks |
Never | 1 Marks | 4 Marks |

Higher the score indicates higher the level of mental health status. The mental health inventory consists of 6 dimensions as follows

<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions of Mental health</th>
<th>Items</th>
<th>Positive</th>
<th>Negative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Positive Self Evaluation</td>
<td>$1^<em>, 7^</em>, 13^<em>, 19, 23^</em>, 27, 32, 38, 45, 51$</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Perception of Reality</td>
<td>$6, 8, 14^<em>, 24^</em>, 35^*, 41, 46, 52$</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Integration of Personality</td>
<td>$2^<em>, 9^</em>, 15^<em>, 18^</em>, 20, 25^<em>, 28^</em>, 33, 36, 40, 47, 53$</td>
<td>1</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Autonomy</td>
<td>$3^<em>, 10^</em>, 29, 42, 48, 54$</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Group Oriented Attitude</td>
<td>$4, 11^<em>, 16^</em>, 21^<em>, 26, 30, 39, 43, 49^</em>, 55$</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>Environmental Mastery</td>
<td>$5, 12, 17, 22, 31, 34, 37, 44, 50, 56$</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

*False keyed items
- Negative items

24 32 56

The researcher used standard deviation to categorize the various dimensions scores into three categories namely low mental health, moderate mental health and high mental health.
<table>
<thead>
<tr>
<th>S. No</th>
<th>Dimensions of Mental Health</th>
<th>Low Level</th>
<th>Medium Level</th>
<th>High Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Positive Self Evaluation</td>
<td>20 and below</td>
<td>21 – 25</td>
<td>26 and above</td>
</tr>
<tr>
<td>2</td>
<td>Perception of Reality</td>
<td>16 and below</td>
<td>17- 21</td>
<td>22 and above</td>
</tr>
<tr>
<td>3</td>
<td>Integration of Personality</td>
<td>26 and below</td>
<td>27 – 31</td>
<td>32 and above</td>
</tr>
<tr>
<td>4</td>
<td>Autonomy</td>
<td>11and below</td>
<td>12 – 14</td>
<td>15 and above</td>
</tr>
<tr>
<td>5</td>
<td>Group Oriented Attitude</td>
<td>20 and below</td>
<td>21 – 23</td>
<td>24 and above</td>
</tr>
<tr>
<td>6</td>
<td>Environmental Mastery</td>
<td>19 and below</td>
<td>20 – 25</td>
<td>26 and above</td>
</tr>
<tr>
<td>7</td>
<td>Overall Mental Health</td>
<td>117 and below</td>
<td>118 – 141</td>
<td>142 and above</td>
</tr>
</tbody>
</table>

**Pre-testing**

To find out the suitability and flexibility of the questionnaire a pre-test was carried out among 15 adolescent orphans with both gender in one of the Government aided orphanages not included for the study. The responses were carefully scrutinized and analyzed since standardized tools had been used; there was no necessity to modify the schedule. However the investigator had to add questions pertaining to the personal and socio-demographic variable in some of the aspects. With the help of the pre-test the researcher got clear idea about the standardized tools.

**Data Collection Process**

The researcher collected the data from 6 selected Government aided orphanages in Tiruchirappalli district. The researcher went to all the selected orphanages individually and used interview schedule method for data collection. Before collecting the data the investigator gave detailed orientation to the respondents regarding the content, nature, purpose of the tools and also received signature in the consent form from all the respondents. Since the interview schedule was lengthy it took more than one and half hours to collect data from
one respondent. All the respondents were school student so the researcher collected the data only during holiday. It took 6 months to collect the significant data.

**Statistical Analysis of Data**

The data collected were carefully analyzed and processed with the help of SPSS package. Statistical tests such as mean, standard deviation, chi-square, one way analysis of variance, Z’ test, Karl Pearson’s co-efficient of correlation and trivariant analysis were applied to interpret the data to draw meaningful inferences. The one way analysis of variance was used to find out the significant difference among the groups. Students ‘Z’ test was used to find out the significant difference between two mean scores of two groups. The chi-square test was used to find out the association between two variables. The Karl Pearson’s co-efficient of correlation was used to find out the relationship between the variables stress, insecurity feelings, anxiety, depression and mental health. The trivariant analysis was also used to find out the influence of third variable on selected dependent variables.

**Operational Definition**

**Adolescent Orphans**

Adolescent between the age group of 13 to 17 years who had lost one or both parents and stay at the Government aided orphanages is called orphan adolescent in the study.

**Institution**

Institution is a place which gives residential care to the orphans and aided by the Government of India. It is otherwise called as an Orphanage.

**Psychological Correlates**

It refers to the psychological factors that affect the institutionalized adolescent orphans. The study restricts to certain psychological variables like stress, insecurity feelings, anxiety, depression and mental health.
Stress

It refers to a state of mental and emotional tension that occurs in an individual in response to certain events or situation.

Insecurity Feelings

Insecurity feelings in this study refers to the prevalence of emotional instability feeling of rejection, inferiority complex, anxiety, isolation, jealousies, hostility irritability and inconsistency.

Low Insecurity Feelings

The individual who scores upto 56 in security insecurity inventory of Govind Tiwari and Singh (1975) is termed as low insecurity feelings in this study.

Medium Insecurity feelings

The individual whose scores 57 to 74 in security insecurity inventory of Govind Tiwari and Singh (1975) are termed as medium insecurity feelings in this study.

High Insecurity Feelings

The individual whose scores 75 and above in security insecurity inventory of Govind Tiwari and Singh (1975) are termed as high insecurity feelings in this study.

Anxiety

It refers to a diffuse fear which is not restricted to define situations or objects and is subjectively experienced as dread apprehensions or tension and may arise in any situation.

Low Anxiety

The individual who scores upto 30 in manual for Sinha anxiety scale (1968) are termed as low anxiety in this study.
Medium Anxiety

The individual who scores 31-39 in manual for Sinha anxiety scale (1968) are termed as high anxiety in this study.

High Anxiety

The individual who scores 40 and above in manual for Sinha anxiety scale (1968) are termed as high anxiety in this study.

Depression

It refers to the feelings of hopelessness, despair, low self-esteem, worthlessness, guilt and withdrawal from others.

Mental Health

In this study Mental Health is a term used to describe the psychological wellbeing of the adolescent orphans who can cope with the stress and work productively.

Problems Encountered by the Researcher

The few problems encountered by the researcher are listed below

1. The first problem encountered is related to the identification of adolescent orphans. Because some of the orphanage have admitted non-orphans also. The researcher interacted individually with all the inmates and identified the adolescent orphans.

2. Most of the respondents are very poor in their ability to understand the schedule. The researcher took much effort to explain the standardized tools to collect data.

3. Realizing the easy going manner of the adolescents today, the researcher had to take all precautions to ensure that they took their task seriously and discharge it responsibly.

4. The normal tendency of the adolescent students in the age group of 13 to 17 years is to prefer the peer opinion to the individual opinion. This had to be encountered by the researcher in collaboration with the respondents.
5. The researcher acquired much pain to collect the data from the respondents based on their feasible time. Because all the respondents are school going adolescents.

6. The schedule is too long that the researcher had to put more concentration on getting correct response from the respondents.

Limitations of the Study

1. This study has confined itself to only 6 Government aided orphanages in Tiruchirappalli for easy accessibility, as few of the self-financed orphanages registered under JJ Act (2000) did not function effectively.

2. The present study has restricted itself to certain psychological variables like stress, insecurity feelings, anxiety, depression and mental health only.

Chapterisation

The present descriptive study is divided into five chapters.

The first chapter discusses introduction, the profile of orphan in India, developmental needs of adolescents, need of the adolescents orphans in the institutional care, factors responsible for orphanhood, challenges faced by adolescent orphans, influence of orphanhood on adolescents, manifestation of psychological problems in adolescent orphans, conceptual framework of the study, adolescent orphans and stress, adolescent orphans and insecurity feelings, adolescent orphans and anxiety, adolescent orphans and depression, adolescent orphans and mental health and relevance of social work.

The second chapter describes the studies related to stress, anxiety and depression, insecurity feeling, mental health and other variables.

The third chapter discusses the methodology adopted for the present study. It covers the need and importance, statement of the problem, aims and objectives, hypotheses, universe of the study, sampling and sample frame work, pilot study, tools of data collection, pre-testing, data collection process,
statistical analysis of data, operational definitions, problems encountered by the researcher and limitations of the study and chapterization.

The fourth chapter deals with the results and interpretation of data based on statistical measures to draw meaningful inferences and conclusion.

The fifth chapter presents the salient findings of the present study. The implications, social work intervention and suggestion, conclusion and summary were also discussed in this chapter.