



A STUDY OF EMOTIONAL WELL- BEING AND COPING OF ADOLESCENTS LIVING IN CHILD CARE HOMES OF KATHMANDU VALLEY

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INTRODUCTION



- Many mental health problems emerge in late childhood and early adolescence.
- At the same time children are also highly resilient and find ways to cope and move forward in the face of hardship and suffering (United Nations High Commissioner for Refugees, 2012)



- Subjective wellbeing can be a good predictor of psychological and mental health state of adolescents.
- WHO recommends enhancing social skills, problem-solving skills and self confidence can help prevent mental health problems

BACKGROUND



- Gorkha Earthquake, 2015, with the death toll of more than 8000 lives and over 700,000 homes lost.
- NGOs and INGOs have been providing the living space for underprivileged, homeless children and orphans with the supervision and monitoring from Central Child Welfare Board (CCWB)



- The Constitution of Nepal, 2015 has clearly articulated the fundamental rights of the child under section 39 of part 4 of the constitution but its implementation is questionable.
- There are 16,886 children living in 566 child care homes in Nepal. Among the children, 8,313 are boys and 8,216 are girls.
- According to Central Child Welfare Board in Kathmandu valley alone there are 10,102 children living in the 351 child care homes.

OBJECTIVES



The objectives of the study are:

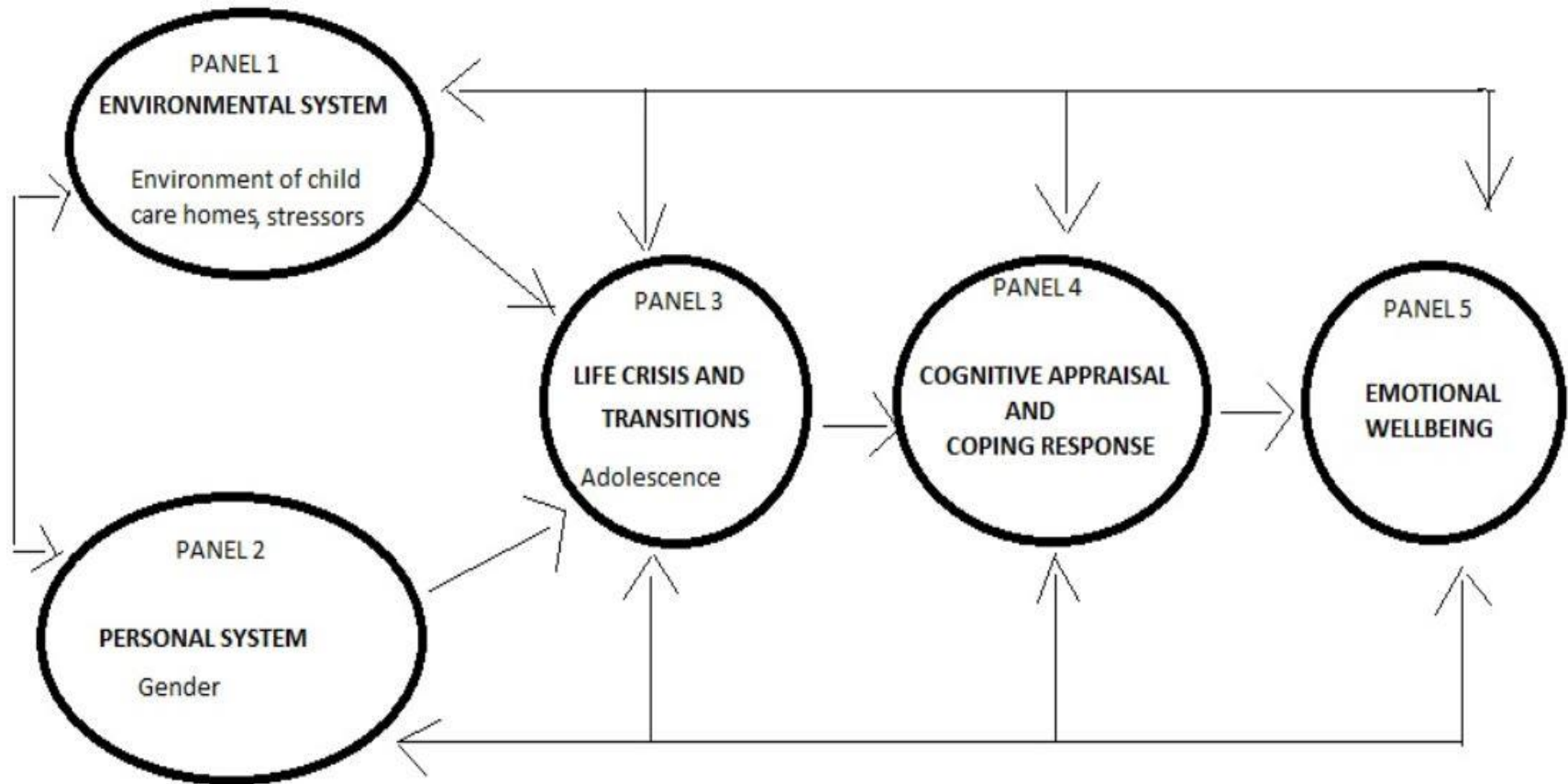
- 1) To assess the emotional wellbeing of the adolescents living in child care homes in Kathmandu valley.
- 2) To identify the coping strategies adopted by the children living in child care homes.
- 3) To analyze gender differences in emotional wellbeing and coping strategies adopted by these children

HYPOTHESES



- 1) There is no gender difference in the measure of wellbeing
- 2) There is no gender difference in emotion focused coping
- 3) There is no gender difference in problem focused coping
- 4) There would be no correlation between emotion focused coping and wellbeing.
- 5) There would be no correlation between positive focused coping and wellbeing.

CONCEPTUAL FRAMEWORK



METHODOLOGY



Design:

- Quantitative
- Descriptive
- Cross Sectional Study Design

Settings:

- Six child care homes of Kathmandu Valley

Sample:

Age Cohort: (12-19)
Sample size: 102
Male: 50
Female: 52

Sampling Technique:

Purposive Sampling

Tools:

1. WHO-5 Wellbeing Scale
2. Brief COPE

SAMPLING DESIGN



| <u>Orgnization</u> | Male | Female | Total |
|--|------|--------|-------|
| Nepal Children's Organization (Bal <u>Mandir</u>) | 7 | 6 | 13 |
| Hope Rising Children Home | 6 | 0 | 6 |
| Nepal Youth Foundation (<u>Olgapuri</u>) | 14 | 18 | 32 |
| <u>Tiom</u> Laura Home | 20 | 25 | 45 |
| Father's Home | 4 | 0 | 4 |
| Nepal Deprived Women and Children <u>Upliftment Center</u> | 8 | 5 | 13 |
| TOTAL | 59 | 54 | 113 |

DATA ANALYSIS



- Statistical Package for Social Sciences (SPSS), version 21.
- Microsoft excel
- Descriptive analyses : means, standard deviations, Standard Errors etc.
- Hypothesis testing: independent samples t test and Pearson's r .



RESULTS



4.3 Descriptive Statistics

| | Sex | N | Mean | Std. Deviation |
|-----------|--------|----------|-------|----------------|
| WELLBEING | Male | 50 | 15.58 | 4.625 |
| | Female | 52 | 14.42 | 4.403 |
| | TOTAL | 1529/102 | 14.99 | 4.528 |

* Moderate level of wellbeing

Table 4.3 Descriptive statistics of coping scores

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---------------------------|-----|---------|---------|------|----------------|
| Planning | 102 | 2 | 8 | 6.54 | 1.325 |
| Positive Reframing | 102 | 3 | 8 | 6.36 | 1.333 |
| Instrumental Support | 102 | 3 | 8 | 6.36 | 1.356 |
| Active Coping | 102 | 3 | 8 | 6.32 | 1.408 |
| Emotional Support | 102 | 2 | 8 | 6.28 | 1.323 |
| Acceptance | 102 | 2 | 8 | 6.13 | 1.571 |
| Self Distraction | 102 | 2 | 8 | 5.62 | 1.535 |
| Denial | 102 | 2 | 8 | 5.62 | 1.535 |
| Religion | 102 | 2 | 8 | 5.34 | 2.127 |
| Venting | 102 | 2 | 8 | 5.29 | 1.614 |
| Self blame | 102 | 2 | 8 | 4.81 | 1.474 |
| Humour | 102 | 2 | 8 | 4.65 | 1.663 |
| Behavioural Disengagement | 102 | 2 | 8 | 3.89 | 1.495 |
| Substance Use | 102 | 2 | 8 | 2.35 | 1.040 |

TESTING HYPOTHESES I,II &III



Table 4.4 Independent Samples *t* test

| | t | Df | Sig. (2-tailed) | Mean Difference | Std. Error Difference |
|-----------|-------|-----|-----------------|-----------------|-----------------------|
| WELLBEING | 1.294 | 100 | .199 | 1.157 | .894 |

Table 4.7 Independent samples *t*- test

| | t | Df | Sig. (2-tailed) | Mean Difference | Std. Error Difference |
|----|--------|-----|-----------------|-----------------|-----------------------|
| PF | -2.977 | 100 | .004 | -1.580 | .531 |
| EC | -1.540 | 100 | .127 | -2.144 | 1.392 |

TESTING HYPOTHESES IV & V



Table 4.8 Pearson's r between emotion focused coping and wellbeing

| | | WELLBEING | EC |
|-----------|---------------------|-----------|--------|
| WELLBEING | Pearson Correlation | 1 | .300** |
| | Sig. (2-tailed) | | .002 |
| | N | 102 | 102 |

** . Correlation is significant at the 0.01 level (2-tailed)

Table 4.9 Pearson's r between problem focused coping and wellbeing

| | | WELLBEING | PF |
|-----------|---------------------|-----------|-------|
| WELLBEING | Pearson Correlation | 1 | .222* |
| | Sig. (2-tailed) | | .025 |
| | N | 102 | 102 |

*. Correlation is significant at the 0.05 level (2-tailed).

DISCUSSION & CONCLUSION



- Around one third of the adolescents reported unhappiness, low vitality, energy and mood.
- The individual difference in the score is quite interesting as these children had been facing nearly the same kind of environment yet had different responses.
- Could be some personality factors underlying the response to the event that produced such individual differences

- The adolescents were found to be using more problem focused coping frequently ($M=6.40$) while emotion focused coping ($M=5.12$) were also invariably used.
- Wide coping repertoire
- Emotion Focused coping is not much developed in adolescents and children

- Females were found to be using more problem focused coping significantly than male ($p < 0.05$), while there was no gender difference in emotion focused coping ($p > 0.05$).
- This conclusion defied the commonly held belief and expectations
- Testimony to the fact that gender stereotyped concept for role and socialization is changing

- There were positive correlations between problem focused coping and wellbeing ($r= 0.22, p= 0.025$) and similarly the similar correlations were found between emotion focused coping and wellbeing ($r= 0.300, p=0.002$).
- Against the usually held notion that emotion focused coping and wellbeing are negatively correlated

Possible implications



- Necessary for the child care homes to integrate mental health support system in their care approach
- Facilitation for the proper usage of internal resources at difficult situations
- Further researches necessary

ACKNOWLEDGEMENTS



- Central Department of Psychology, Tribhuvan University
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A white, hand-drawn style thought bubble sticker is centered on a brown corkboard. The sticker has a soft, irregular outline and a small tail at the bottom. The text 'Thank you!!' is written inside in a black, casual, handwritten font. The words are stacked, with 'Thank' on the top line and 'you!!' on the bottom line. The corkboard background has a natural, textured appearance with small, dark specks.

Thank
you!!