SUBJECTIVE WELL BEING OF ADOLESCENT GIRLS IN THE CHILDREN’S HOME: CASE OF THRISSUR DISTRICT, KERALA, INDIA

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Abstract

A large number of poor and disadvantaged children without homes are given shelter in children’s home and shelter homes being run by various government and non-government organizations throughout India. These are distressed children who come from difficult circumstances that detach them from the joys of childhood. Adolescent girls in children’s home in general lack the information, skills, and access to services needed for positive outlook to life. The subjective well being inventory is designed to measure feelings of well being or ill being as experienced by an individual, or a group of individuals, in various day-to-day life concerns. Article is an attempt to compare the subjective well being of the adolescent girls in the children’s home of Thrissur district (Kerala, India) with their background of admission to the children’s home.

Keywords: subjective well being, subjective well being inventory, adolescent girls, gender, India, children’s home.

Introduction

The family is a powerful determinant of a child’s emotional development because of the love, warmth, security, attention, acceptance, happiness and discipline – it provides the basic requirements for the healthy growth of child. The degree, to which the child develops to be a stable and responsible adult, depends on the basic satisfaction of these needs in his /her immediate environment. But due to various emotional, social and economic causes such as the absence of one or both parents due to death, separation or divorce, illegitimacy, chronic or contagious illness, broken family, extreme poverty etc., many children are deprived of parental and family care.
large number of poor and disadvantaged children without homes are given shelter in children’s home and shelter homes being run by various Government and non-government organizations throughout India. These are distressed children who come from difficult circumstances that detach them from the joys of childhood. These orphans require love, care, affection, warmth and education (Siddiqui, 1997). It is not possible for institutions or children’s home with their limited resources to give the children all the things they need. Further the most important of all there are no adequate opportunities in such institutions to form enduring emotional relationships which are basic to the adaptation of an individual’s personal and social needs. As a result their basic needs will be thwarted and they grow up with poor mental health. This article is an attempt to examine the well being of the inmates of the children’s home especially, adolescent girls from different backgrounds and to identify any significant difference in the well being of these adolescent girls.

**Situation of children and adolescents in children’s home in India**

Roman Catholic Christians were the first to start institutions for destitute children in India. They opened such institutions in Hyderabad in 1850 and in Madras in 1855. Religion gave them the impetus for starting children’s home and care homes (Padmam, 2003). The children’s home of Kerala – India’s southernmost state – are dominated by female children. Abandoned by their parents or rescued from the streets, these victims of a male-biased culture rely on charitable organizations and state resources to support them. Almost always, it is girls who are left in the cradle. Healthy boys are only deserted in India if born to single mothers; boys left by a married couple are the disabled ones. Not all abandoned girls come from families too poor to feed them, however. Some have been found with a neatly packed bag containing a change of clothes, milk formula and disposable nappies (Fordham, 2008).

Adolescent girls in children’s home in general lack the information, skills, and access to services needed for positive outlook to life. Besides, the problems related to age, orphan adolescents especially girls face problems through lack of parental affection especially mothers individual attention and loving care and exposure to ground realities. Lack of psychological interaction and absence of specialized care are disadvantages of most institutions. The effects of childhood institutional mistreatment are numerous and the impact on an individual’s life can be extensive and can carry across generations.

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Concept of subjective well being

Diener et al. (1997) found that, “A person is said to have high subjective well being if he/she experiences life satisfaction and frequent joy and only infrequently experience unpleasant emotion such as sadness and anger. A person is said to have low subjective well being if he/she is dissatisfied with life, experiences little joy and affection and frequently feels negative emotions such as anger or anxiety”.

Subjective well being is defined as people’s evaluations of their own lives. Such evaluations can be both cognitive judgments, such as life satisfaction, and emotional responses to events, such as feeling positive emotions. Subjective well being is thus an umbrella term that refers to several separable components (Diener, 2002):

- life satisfaction and satisfaction with life domains such as marriage, work, income, housing, and leisure;
- feeling positive affect (pleasant emotions and moods) most of the time;
- experiencing infrequent feelings of negative affect (such as depression, stress, and anger);
- judging one’s life to be fulfilling and meaningful.

According to Nagpal and Sell (1992), subjective well being is a composite measure of independent feelings about a variety of life concerns in addition to an overall feeling about life in positive and negative terms. Not surprisingly, general well being in its positive affect and to a somewhat lesser degree, in its negative affect, appears to be stable over time, to the extent that it can be called a personality trait. The subjective well being inventory is designed to measure feelings of well being or ill being as experienced by an individual, or a group of individuals, in various day-to-day life concerns.

Methodology of the study

Objective: The objective of this study was to compare the subjective well being of the adolescent girls in the children’s home with their background of admission to the children’s home of Thrissur district, Kerala, India, using eleven subjective well being components.

Design: A descriptive research design adopted for this study.

Universe: The universe of the study consists of all the adolescent girls in the age group of 13-15 years residing in the children’s home in Thrissur district, Kerala, India.
Sampling: The study sample consisted of 140 adolescent girls from 8 children’s home of Thrissur district. The sample was selected using simple random sampling.

Data collection and analysis: Standardized scale to rate the subjective well being by the subjective well being inventory developed by Nagpal and Sell (1992), is used to measure an individual’s mental status regarding overall feeling about life.

Subjective well being components that are measured through this study are the following:

1. General well being positive affect
2. Expectation-achievement congruence
3. Confidence in coping
4. Transcendence
5. Family group support
6. Social Support
7. Primary group concern
8. Inadequate mental mastery
9. Perceived ill-health
10. Deficiency in social contacts
11. General well-being—negative affect

The questionnaire contains 40 items; few items (4 questions) from the original scale are not applicable to adolescent girls. Through proper analysis those questions which are not suitable to adolescent girls life are selectively removed from the original list. All the values were added to get the total score. The maximum score is 120. Higher the score, higher is the subjective well-being of a person. The total score can be interpreted summarily in the light of three broad score ranges: 40-60, 61-80 and 81-120 to have an overall picture of the well-being status.

Results of the study

One way analysis of variance was done to compare the subjective well-being of the adolescent girls belonging to different background, and the results for comparison of each dimension of the subjective well-being are given in Table 1.

Table 1. Comparison of subjective well-being between backgrounds of the respondents

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Orphan</th>
<th>Broken family</th>
<th>Economically backward</th>
<th>F-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective well-being — positive affect</td>
<td>5.6</td>
<td>6.4</td>
<td>6.0</td>
<td>1.332 ns</td>
</tr>
<tr>
<td>Expectation achievement congruence</td>
<td>5.5</td>
<td>5.8</td>
<td>5.5</td>
<td>0.898 ns</td>
</tr>
<tr>
<td>Confidence in coping</td>
<td>6.2</td>
<td>6.5</td>
<td>6.6</td>
<td>0.588 ns</td>
</tr>
<tr>
<td>Transcendence</td>
<td>6.2</td>
<td>6.3</td>
<td>6.2</td>
<td>0.126 ns</td>
</tr>
<tr>
<td>Family group support</td>
<td>4.5</td>
<td>4.8</td>
<td>5.1</td>
<td>0.735 ns</td>
</tr>
<tr>
<td>Social support</td>
<td>6.4</td>
<td>7.0</td>
<td>7.0</td>
<td>0.711 ns</td>
</tr>
<tr>
<td>Inadequate mental mastery*</td>
<td>11.8</td>
<td>12.0</td>
<td>11.6</td>
<td>1.076 ns</td>
</tr>
<tr>
<td>Perceived ill health*</td>
<td>12.3</td>
<td>12.9</td>
<td>12.6</td>
<td>0.222 ns</td>
</tr>
<tr>
<td>Deficiency in social contacts*</td>
<td>6.2</td>
<td>5.8</td>
<td>6.2</td>
<td>0.166 ns</td>
</tr>
<tr>
<td>General well-being — negative affect*</td>
<td>6.4</td>
<td>6.3</td>
<td>6.5</td>
<td>1.394 ns</td>
</tr>
<tr>
<td>Subjective well-being pre test</td>
<td>72.3</td>
<td>75.6</td>
<td>74.7</td>
<td>0.369 ns</td>
</tr>
</tbody>
</table>

Notes:
ns - non significant
* - mean scores are computed after reversing the scores of each response

All F-values in Table 1 were found to be non significant indicating that there is no difference in subjective well-being and its different dimensions among the adolescent girls coming from different background. This implies that background of the respondents have no significant effect on the subjective well-being of that respondents.

This indicates that all inmates of the children’s home are satisfied with what they are
receiving from children’s home. When compared to their problems related to their backgrounds, the existing facilities in children’s home are more satisfactory. The long term stay and common routine of life made them feel togetherness. The outcomes of this study were found to be corresponding to the definition of subjective well being as the individual’s current evaluation of her happiness. Such an evaluation is often expressed in affective terms; when asked about subjective wellbeing, participants will often say, “I feel good” (Schwarz and Strack, 1999).

Discussion

The study shows that inmates are better in children’s home than in their home/houses. It means that they are deficient of exposure and have not understood of what they need in their future needs to be nurtured or educated for their coming years of life, which is very challenging, competitive, shrewd, business oriented, commercial and all with no emotions, but only of endurance the utmost strategy.

Authors here feel that they need inputs like present social scenario, courage, courage to face life, and finally street smartness and essential part of life to cope up with any circumstances. In addition to meeting basic needs, social workers need to help youth address issues related to grief, anger, rejection, acceptance, and moving forward with hope. Social workers can do interventions to improve health and nutrition, education, psychosocial support, economic strengthening, living environments, and children’s rights. By suitable applying the principles and techniques of case work group work, counselling, welfare administration, social work research, to the issues related to the adolescent girls in the children’s home, social workers can not only bring about prevention, but enhance their capacities for psycho social well being.

Conclusion

Subjective wellbeing refers to how people evaluate their lives. It is a composite measure of independent feelings about a variety of life concerns in addition to an overall feeling about life in positive and negative terms. It reflects the feelings of well being or ill being as experienced by an individual, or a group of individuals, in various day-to-day life concerns. The study was done in children’s setting given shelter and support to helpless girl children who were admitted in childhood days with various reasons like orphan, broken family and economic problems of the parents. The results show that, the institutional care is unprejudiced to the inmates of the children’s home. There
is no significant difference between the backgrounds of the respondents with the subjective well being. The inmates were experiencing financial difficulties in their families. And after some days of living in children’s home experiencing the facilities of free education, food, dress, and shelter, the inmates felt that they are secure, and comfortable in this new environment.

Those who were from the background of broken family felt peaceful, comfort, secure and feel overall spiritual environment in the children’s home. They also experienced love and care from the functionaries of the children’s home, also parental affection from the care takers, which they had not experienced at home, due to parental problem. In case of inmates with orphan background, inmates were provided with everything without discrimination. These facilities makes them feel, secure and happy with their peers and this may be the reason for the result of non significance of subjective well being with different background of the adolescent girls of the children’s home.

References


