Peer group support intervention in dealing with internalizing and externalizing behavioral problems of orphan children in Kashmir

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Abstract
The present study was experimental in nature which aimed to study the role of peer support group intervention on behavioral problems of orphan children’s. The purposive sampling technique was used to collect the sample of 32 orphan children from four orphanages of two districts of Kashmir. The pretest and post-test data were collected from the given sample. After the collection of pre-test data, peer support group intervention was given two experimental groups and two groups were taken as control groups. After the peer support group intervention post-test data were collected and analyzed for difference. Three instruments viz: Anxiety, Depression and stress scale developed by Bhatnagar, Aggression scale developed Bhardwaj and strengths and difficult developed by Robert Godwin scale were used to collect the data. Finding revealed significant difference were found of peer support group intervention on behavioral problems among the orphan children. The results recommended that Steps should be taken by the authorities of orphanage to arrange the counseling session by the counseling psychologists and enable them to live healthy life.

Key words: peer support group intervention, internalizing behavioral problems, externalizing behavioral and orphan children


Introduction
Children population shares an important section of our society. The children of we today are the future generation of tomorrow; as they are the one third of the total population in the country. They are the forerunners of our society. A child can blossom like a fragrant, who can shine in all aspects of life, if provided a constructive climate. The expedition in the life of a child involves the vital elements of child protection, child survival, and child development. Everyone in our life shares childhood experience. Childhood is one important life experience that we share and the development of human beings it plays main role. But unfortunately there are growing numbers of orphan children and also very less attention has been provided to this sensitive and culturally stimulating population. Childhood has been regarded as a vital stage from which to proceed into adulthood; it has been observed as the “golden phase” of an individual’s life. According to John Locke (1963) “a child is referred as tabula rasa, from which they could learn through experience and develop rationally into the adult world”. During childhood mind is free from the disturbance of the world, when fairies are as real as fires, when fables are true, and reality is constantly
invented. Childhood is time when seeds are sowed in the children and nourished or watered with loving hands of our parents. Family and parent are the main socializing institution of our society. Parent’s helps to learn valuable social norms and values among children and these norms and values helps to develop relations within the other members of the society. It’s the parents who inspire their children to probe to the world. Those children who developed the deficiency of love and feelings in childhood first develop inferiority complex which means they develop this feelings that I am lower and inferior than other in the society and to suppress this complex he does certain acts to show others that I am superior to others. Love, mercy and kindness are feelings which are present in abundant inside human being which have been thoroughly analyzed by human psychologists. These feelings are present inside every human being and the best representation of these feelings is between parents and children. The relationship, attachment present between parents and child is an outcome of these innate feelings. Parents are not educated or trained to express these feelings, but it they are present in both parents and child by birth and are not present in others towards the same child (Naqvi, 2014). However, this delicate garden of childhood gets scathed and fragmented when the undeveloped child unexpectedly is thrown into an eccentric world with no genetic caregiver to look up to due to myriad reasons. The inner self of the young soul weeps intensely and searches frantically for a warm hand, a warm touch, a caress. The children needs much support at that age to deal with physical and emotional development from their parents. Due to the expiration of parents, the children may become the victim of many psychological disorders. For a growing child attachment and impact with the parents and siblings is imperative and if he/she lost this relation because of orphan hood will add up to their psychological problems.

Unfortunately there are number of orphans in India is growing day by day at alarming rate and particularly in Kashmir. Additionally, the tendency of institutionalizing them is disseminating with no trouble in the society, because of the own customary means of rehabilitation and care/support. The increment is due to the change in social and cultural environment since after the World War II and due to the ongoing conflict in the world. Orphan exists in every age and in every civilization of the world. A joint report of HIV/AIDS, UNICEF Development (2002), said that there are around 1.7 billion orphans world. Sub Saharan African countries has both the highest number and share of orphans in the world i.e. 11.9%, followed by Asia contributes 6.5% orphans. Worldwide, global thinkers are battling to discover sustentation and upkeep solutions for a probable 153 million children who have lost their one or both parent. Due to high death rate among young adults, because of conditions like HIV/AIDS, malaria, tuberculosis, pregnancy intricacy, combat wars and natural disasters are to blame for the outsized and mounting number of orphans. First followed by their parental illness and after their loss, the children are directly affected, as it confines their contact to vital social services and challenges their likelihood of survival and future.

India is a second largest country after china having almost 1.2 billion population and a large section of this population lives below poverty line. This poverty gives impetus to the rise of the destitute population. India assumes large section of children population, one in five children in the world lives in India and among them large number are orphaned or destitute children. According to the a study on orphaned and neglected children done by international charity of orphaned and abandoned children found that India is domicile of 20 million orphan children, a digit probable to mount by 2021. The figure of 18 million children work or survive on the streets of India and a large number involved in law breaking functions like drug trafficking, violence related to gang, prostitution and drug trafficking; but among these children’s large number are orphans.(Shrivastava, 2007). Most of these children have been run down by their parents. In reality among these children’s only 0.3 per cent are those whose
parents are deceased. Many of these children are under institutional care. There is no appropriate data on the exact figure of institutionalized children but one estimate by an organization, which has worked across ten states and more than 100 districts of India, places the number at 4.5 million children (Aangan Trust, 2010). These children are placed under institutional care so that their necessities and requirements can be fulfilled and they can bag better health and well-being. However, all the time this may not be the result. Parents are the direct source of love, care and protection of children. Children’s are impacted directly by the bereavement experience and the loss of key parenting figures in their crucial developmental years. Loss of the parents can have catastrophic effect on child outcomes (Cluver, Gardner, & Operario, 2007).

Jammu and Kashmir is the state, which comprises huge residents of orphan population mostly because of the armed conflict since 1990,s. As cited in Bhat, et al., (2015) a study done by the Save the Children a UK based child rights organization, exposed that Jammu and Kashmir has 2, 14,000 orphans and it also states that 37% of them orphaned due to the armed conflict. The study further revealed that children who have lost one or both of the parents due to the natural death are 55% and because of other reasons are 8%. As cited in Naqshbandi et al., (2012) a report submitted by the “Ignored Orphans of Jammu and Kashmir”, under the Human Rights section published in Kashmir December 2011, mentions that there are 600,000 children whose parents are died.

Orphans are one of the most assailable children in the society; they live in the state of continual abuse, abandon, fright. Hence when admitted them into the safe new home i.e. in orphanage which can be trust is not enough itself to modify the damage forced by early abnormal stress on the developing nervous system (Hughes 1999). One in every five children experience mental disorder and two requires mental health intervention out of five, but they are struggling to receive the mental health service. As cited in (Lassi, et al., 2010) that it is estimated by 2020, there will be increase in childhood disorders of neuropsychiatry problems to over 50% and will become one of the five most common causes of death, disability and morbidity among children. Parental loss can exposes a child to long-term psychological disturbances, and it can be much more if the parent is of the same sex (Rutter, 1966.)

**Internalizing behavioral problems**

Inner directed, over controlled behaviors that cause emotional distress in the self are classified as internalizing disorders. A person who has the internalizing behavioral problems keeps their problems internally and will not let them to come in expressive way. The behaviour that is clear in those with internalizing behavioral problems are anxiety, loneliness, withdrawal and depression. When the person has larger burden of these problems, many issues like withdrawal from society, ideation of suicidal behaviour and sadness and other unexplained physical symptoms come into the life of individual (DiMaria, 2014).

**Externalizing behavioral problems**

In contrast, behavioral disorders that create conflict within the environment or with others are categorized as externalizing disorders (Achenbach & Rescorla, 2001). Algozzine (1977) characterized “externalizing behaviors as “disturbing” to others in the social environment and internalizing behaviors as “disturbing” to the individual” (Siu, 2007). Externalizing behavior problems are constellation of behaviors characterized by rebelliousness, violent behavior, destructiveness, concentration problems, impulsivity or hyperactivity.

**Review of Literature**

It was found necessary to do survey on related literature, so that idea can developed what already has been done and to guide our study under useful lines. It will also advantage the researcher to find the gaps and methodologies by reviewing this related literature. Although very limited research has been conducted on this topic, still researcher manages to find important related studied of the topic.
Kumakech et al., (2009) conducted a research on 326 orphan children who was the victim of AIDS on the variable of psychosocial well-being in the Uganda schools. A Peer-group support intervention was set to given to these children to assess the improvement in the psychosocial well-being among these children. The study revealed that psychological problems like depressive symptoms, anger and anxiety symptoms were reduced when the sample was exposed to peer support group intervention. Evans et al., (2014) probe a study on the people who were suffering from severe mental illness and received the peer support. Result shows that peer support was related with possible positive effects on measures of improvement, empowerment and hope. Carter et al., (2015) performed a research on students of high school with severe disabilities. It was found that children who received the peer support show increased engagement in academic, more growth on individualized social goals, develop larger number of friendships, more interaction with peers, improvement in social involvement, and develop greater number of friendship with new students. Sledge et al., (2011) conducted a study to examine the achievability and efficiency of using peer support to reduce repeated psychiatric hospitalizations. The findings suggest that despite the study’s limitations, the use of peer support is a promising intervention to lower the repeated admission in psychiatric hospitals. Metel & Barnes (2011) explored a research on children who have lost their parents due to death and the effect of peer support on these children. The result probed that the improvement from the bereaved experiences like social isolation can be overcome with peer-group support intervention and it can also help to build up the coping strategies. Pfeiffer, et al., (2010) did a research on effectiveness of peer support interventions for depression. The study finds that peer support group results much improvement in depressive symptoms compared to usual care. A systematic review done on substance abuse and co-occurring mental illness by the Monica et al., (2010), the review find that peer group support is helpful for the people with mental illness and substance abuse .A systematic review done by the (Sokol et al., 2016) on the peer support intervention. The total 47 studies included in the review in which intervention was given child health, diabetes, mental health problems, maternal health and other chronic disease. The review finds that due to the flexibility of the peer support into different contexts had made it successful for health problems. Travis et al., (2010) probed a telephone based pilot study of mutual peer support intervention for depressive individuals. The result showed that participants found support and meaning of their life when interacted with their partners and telephone based mutual peer support found to be effective in dealing with depression, disability, psychological health and quality of life among the individuals suffering from these problems. Verhaeghe (2008) explored a research on the role of peer support from the recovery of mental illness. The sample of 595 clients was selected from the rehabilitation centers. Experiencing when support it was found that clients show positive comeback from the stigmatization and minimizes the negative thoughts of stigmatization. Rowe et al., (2007) demonstrated a study that group intervention and peer support reduces the criminality and substance abuse among individuals with severe mental health problems. The study compares the effect of two interventions i.e. peer support and group intervention on the sample of 114 adult with severe mental health issues. The result found that experimental group show high decrease of alcohol use than non-experimental group.

**Significance of Study**

It is a well-known fact that orphans lacks something as the normal children have. They lack the parental affection, love, support, and care, which may be the cause to rise of psychological problems of children living in orphanages. Due to the increase of both armed and civil violence a rapid growth of mental disorder has been seen in the adolescence population since last 20 years in the Kashmir valley and this violence has also left behind huge population of orphan children. Despite that less attention has been paid towards them
and very little research has been carried out in the area of orphan’s behavioral problem and the peer group support intervention. So it is mandatory to carry out a research on this neglected population of our society which can accomplish some of the restrictions of the earlier studies and can probe the behavioral issues and peer group support intervention to overcome of these problems of orphans being brought up in various orphanages. The present study will explore the behavioral problems of the orphan children in orphanages. The study will also attempt to the role of peer group support intervention in dealing with behavioral problems. Furthermore the study will attempt to compare the male and female behavioral problems. The present study will be pivotal in making a comprehensive policy for orphan children by developing an interventional model to deal with mental health issues of this neglected population.

**Objectives**
To investigate the effect of peer group support intervention in dealing with internalizing and externalizing behavioral problems of orphan children’s in Kashmir.

**Hypotheses**
1. There is no significant difference of peer support group intervention in dealing with internalizing behavioral problems of orphan children of Kashmir.
2. There exist no significant differences of peer group support intervention in dealing with externalizing behavioral problems of orphan children of Kashmir.

**Method**
The present study is experimental in nature.

**Participants**
A purposive sampling technique has been used to obtain the data from the orphanages. The sample of 32 orphan children (16 male and 16 female) were selected from the four orphanages of the district Budgam and Srinagar.

**Instruments**
Anxiety, Depression and Stress Scale developed by the Bhatnagar were used to collect the data. The scale consists 48 items divided into three sub scales-I. Anxiety, II. Depression and III. Stress. Another two scales Aggression (Bhardwaj) and strengths and difficult scale (Robert Godwin) consists 28 items and 25 items respectively were also used to collect the data.

**Procedure**
In order to conduct the present study, four orphanages were selected by the researcher. The study was conducted on the orphan children living in orphanages of Kashmir. A total sample of 32 orphan children were taken, with eight orphans from all four orphanages. First pretest data were collected from all 32 children’s as to assess the internalizing and externalizing behavioral problem. After the interpretation of pretest data, the sample was divided into groups. Two male groups and two female groups with 8 members each were made for the treatment. The intervention program was given in the orphanages. Each group received the six sessions with one hour of time daily after the pretest. Similarly, after providing the intervention program on the two experimental groups and let no intervention to control groups. Data were collected and analyzed to observe the effect of peer support group intervention on experimental groups internalizing and externalizing behavioral problems in comparison with control groups.

**Result**
In this part of paper, the result of the pre-test and post-test were compared to explore the effect of the peer support intervention on the internalizing and externalizing behavioral problems of orphan children. The raw scores were analyzed with the help of paired t-test in order to achieve the objective of the study. Detailed comparison of pre-test and the post-test result are presented in the below given table 1.
Table 1: Comparison of mean, SD, t-value and sig. level of pre-test and post-test of orphan children after the exposed to peer support group intervention.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>N</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>t-value</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalizing Behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Pre</td>
<td>9.78</td>
<td>32</td>
<td>2.24</td>
<td>.396</td>
<td>8.35</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>5.28</td>
<td>32</td>
<td>2.76</td>
<td>.488</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>Pre</td>
<td>9.16</td>
<td>32</td>
<td>2.72</td>
<td>.482</td>
<td>6.41</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>4.59</td>
<td>32</td>
<td>2.61</td>
<td>.462</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>Pre</td>
<td>8.75</td>
<td>32</td>
<td>2.47</td>
<td>.438</td>
<td>7.52</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>4.38</td>
<td>32</td>
<td>2.31</td>
<td>.408</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Pre</td>
<td>27.63</td>
<td>32</td>
<td>3.71</td>
<td>.656</td>
<td>13.67</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>14.38</td>
<td>32</td>
<td>3.26</td>
<td>.576</td>
<td></td>
</tr>
<tr>
<td>Aggression</td>
<td>Pre</td>
<td>81.09</td>
<td>32</td>
<td>10.03</td>
<td>1.773</td>
<td>5.55</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>64.88</td>
<td>32</td>
<td>13.91</td>
<td>2.458</td>
<td></td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Pre</td>
<td>3.59</td>
<td>32</td>
<td>1.50</td>
<td>.265</td>
<td>1.42</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>3.38</td>
<td>32</td>
<td>1.39</td>
<td>.245</td>
<td></td>
</tr>
<tr>
<td>Conduct</td>
<td>Pre</td>
<td>3.25</td>
<td>32</td>
<td>1.65</td>
<td>.291</td>
<td>1.93</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>2.88</td>
<td>32</td>
<td>1.34</td>
<td>.237</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Pre</td>
<td>5.16</td>
<td>32</td>
<td>2.27</td>
<td>.402</td>
<td>4.77</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>3.22</td>
<td>32</td>
<td>1.66</td>
<td>.294</td>
<td></td>
</tr>
<tr>
<td>Peer problem</td>
<td>Pre</td>
<td>4.06</td>
<td>32</td>
<td>2.17</td>
<td>.383</td>
<td>1.74</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>3.56</td>
<td>32</td>
<td>1.95</td>
<td>.345</td>
<td></td>
</tr>
</tbody>
</table>

The table 1 revealed that the total mean of pre-test anxiety, depression and stress were exposed to 27.63 and the mean of same dimensions in the post-test were 14.38. Thus there is significant difference in the pre-test scores and the post test scores of the groups when met to peer support group intervention program. The total mean score of aggression in the pre-test and the post-test were 81.09 and 64.88 respectively , this again shows that there is significant difference in the mean scores of pre-test and post-test. Again the table shows the mean pre-test and post-test score of hyperactivity problem is 3.38 and 3.25 respectively, which means that is no significant difference of mean scores after receiving the peer support group intervention. Further the result shows mean difference of the conduct problems (pre-test M 3.25 and post-test M 2.88), emotional problems (pre-test M 5.16 and post-test M 3.12) and peer problems (pre-test M 4.06and post-test M 3.56). This shows that there is significant difference of the both score of pre-test and the post test, when followed by the peer support group intervention. In other words we can say that mean score of internalizing behaviour problems (anxiety symptoms, depression symptoms, stress symptoms and emotional problems) and the mean score of externalizing behaviour problems(agression, and conduct problems) except hyperactivity problems differ significantly after the exposure of peer support group intervention. A look at the figure 1 reflects the mean score of the pre-test and the post-test of orphan children.
Discussion

The result of the study indicate that follow up symptoms of internalizing behaviour problems (anxiety, depression and stress symptoms) and externalizing behaviour problems (aggression, conduct problems) show lower among the orphan children after the peer group support intervention. On the other hand the present study did not find the significant effect of peer support group intervention on the hyperactivity among the orphan children. It may be because the adolescence age of the children’s, during which hormonal flow is greater compare to other age of the life. The current study supports the earlier study done by Evans, et al., (2014) on peer support for people with severe mental illness. Peer support was associated with positive effects on measures of recovery, empowerment and hope. The study recommended that peer support activities should be introduced on daily bases in the orphanages, so that children can make best use of the shared experience provided by the same problem faced children. Carter et al., (2015) performed a research on the high school going children as to assess the academic performance of having severe disabilities. When provided peer support, it was found that children show increased academic engagement, develop greater number of friendships, more interaction with peers, increased social participation, and develop greater number of friendship with new students. This study again shows that the peer support is an effective tool that can be used in any situation or in any place to deal with problems facing human being. Another competing explanation is that the peer-group support intervention reducing recurrent psychiatric hospitalizations for patients at risk of readmission (Sledge, et al., 2011). Pfeiffer, et al., (2010) did a meta-analytic research on efficacy of peer support interventions for depression. Peer support intervention show greater improvement in depression symptoms than usual care. This study directly supports the present study that peer support can reduce the depressive symptoms. The present investigation has provided some implications for the policy makers, organizational body, teachers, wardens and students. The policy makers should give the due place to follow the peer support group intervention in the orphanages. Due to the sharing of common experience, problems, positive thoughts, negative thoughts and personal problems, an individual cannot feel isolation in the society. Organizational body of the orphanages should be providing the special training program to develop peer support skills, so that they can help to develop the coping among the orphan children.

Conclusion

Peer-group support based intervention may improve adjustment and decrease the psychological distress, particularly depression, anxiety, stress and aggression associated
orphan children in the adolescent age group. Peer group support intervention shows here the effectiveness and evidence of psychosocial support and care for susceptible section of our society i.e. orphan children. Due to the high level functional burden in this contemporary world peer support for depression, anxiety, stress and other psychological problems should also be studied because it is a low cost intervention and can be used in any in primary care or other settings where more recognized and expensive services are unavailable. How much is the important psychosocial support, rare and care for the orphan children is here revealed by the peer support group intervention.

**Recommendations**

Present study shows that children living in the orphanage are suffering from the internalizing and externalizing behavioral problems and the effect of peer group support on these behavioral problems. In order to prevent the orphan children from developing the serious other psychological problems. Steps should take by the authorities of orphanage to arrange the counseling session by the counseling psychologists and enable them to live healthy life.

To improve the living standards of orphan children government and non-governmental organizations should work together as to minimize the psychosocial problems of orphanhood. Recreational and academic facilities should be provided in the orphanages and orphan should be encouraged to participate in these activities.

The sample size of the present study was small. Further research should be done on large sample, which can cover all the orphanage of the valley for better understanding and to devise more effective intervention strategies.

**References**


