

COMPARISON OF RESILIENCE BETWEEN MALE AND FEMALE ORPHAN CHILDREN

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Abstract

The present study was undertaken with the objective to investigate resilience among orphan children and to compare the level of resilience based on age and gender. The sample consisted of 120 orphan children, 60 each boys and girls in the age group of 10-17 years were selected using purposive sampling technique from three orphanages in Chennai. The Connan-Davidson Resilience Scale briefer 10 item version was used to assess the resilience of the selected children. The results showed that most of the orphan children faced social isolation, social and cultural discrimination. The comparison of resilience characters based on age showed majority of the older children exhibited resilience characters better than the younger ones. Majority of the girls found to have high level of resilience (40%), compared to 48% of boys who had low level of resilience. Most of the older orphan children (65%) found to have high level of resilience than younger children (7%). There existed a significant difference in resilience of older children and girls than

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older age group and boys ($p<0.001$). The research observed the need of continuous psychological interventions in the form of individual counseling and moral support from caretakers, teachers and volunteers to help in improving the level of resilience among orphan children.

INTRODUCTION:

Resilience refers to good mental health and developmental outcomes, despite exposure to significant adversity[1]. Resilience denotes adaptive processes that support adjustment, with such adjustment being bolstered by social-cultural ecology in which children develop [2]. Resilience can be looked at the individual, family and community level. Individual resilience refers to the ability of a person to successfully adapt to or recover from stressful and traumatic experience [3]. Every individual is born with resilience attributes, but the ability to improve is provided by nurturing family and social environment [4].

Children and adolescents have a potential to develop their resilience. Resilience is a key factor in children's ability to cope with and survive adversity [5]. There are many factors associated with resilience, but Gilligan1998) [6] suggests three fundamental building blocks: (1) a secure base, whereby the child feels a sense of belonging and security; (2) good self -esteem, which is an internal sense of worth and competence; and (3) a sense of self -efficacy, that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations. Preadolescent stage is a period of important developmental changes, which includes biological events of puberty. The attainment, development and sustainment of resilience strengths and assets during pre-adolescence are paramount to facilitate and ensure positive development during adolescence. Gender differences, which develop at an early age and continue into adolescence, influence the manner in which individuals attain resilience [7].

Children or adolescents at risk thus have the potential to promote their resilience throughout the course of their lives [8] [9]. According to Riley and Masten (2005) [1] when young people

develop resilience, they are able to cope with, adapt to, and recover from even the most substantial challenges. Many children develop or learn to overcome difficulties and grow up to lead productive lives and become resilient through protective factors despite serious hardships.

The official definition of an orphan is a child aged zero to 17 years whose mother, father, or both have died. There are, however, other children who are referred to as social orphans even though one or both their parents may still be alive but who have been unable to perform parental duties because of illness or acute poverty among other reasons [10]. Parental separation or rejection at the time of conflict or forced migration had been shown to affect levels of resilience and psychosocial well-being later in life [11]. Children exposed to institutional care often suffer from “structural neglect” which may include minimum physical resources, unfavorable and unstable staffing patterns, and social-emotionally inadequate caregiver-child interactions [11]. Due to the problems related to residential care, it becomes crucial for orphan children to associate positive developmental outcomes with resilience [13].

Resilience appears as an investment area in order to provide tools particularly to institutionalized or socially deprived people. These tools will enable them to maximize their intra-psychic resources in interacting with their environment and with the adversities they face [14]. Promoting resilience is therefore critical as this may contribute to the prevention of negative outcomes for orphan youths. Since the importance of developing resilience is widely recognized for the orphan children, the present research was taken to study the level of resilience and compare it based on age and gender.

Objectives of the Study

1. To study the level of resilience among orphan children.
2. To compare the level of resilience between male and female orphan children.
3. To compare the level of resilience between younger and older orphan children.

Research Method

Sample Selection

A total of one hundred and twenty orphan children, 60 each boys and girls in the age group of 10-17 years were selected using purposive sampling technique from three orphanages in Chennai.

Tool Used

To study the level of resilience among orphan children, the Connell-Davidson Resilience Scale [15] briefer version ie the 10 item version (score range 0-40) was selected. The scale consisted of 10 items to measure the ability to cope with adversity. The scores ranged from 0 (not true at all) to 4 (true nearly all the time) higher scores reflecting greater resilience. The questionnaire was slightly modified to suit the Indian context. To check the reliability of the tool, a pilot study was conducted among 40 orphan children, 20 each boys and girls. The Cronbach Alpha value for reliability was found to be 0.82, hence the same tool was used for the main study.

Administration of the Tool:

Initially, after getting prior permission from the selected orphanages, a brief orientation was given to the participants. Then, the questionnaires were distributed to the participants, the doubts aroused were clarified and then the completely filled forms were collected back.

Statistical Analysis

The collected data was compiled, scored and statistically analyzed using percentage, mean and independent t-test fixed at a significance level of 0.05 to compare resilience among orphans.

Results and Discussion

The results of socio-demographic details is presented in Table-1

Table-1: General characteristics of the sample

Details	Boys (N- 60)		Girls (N- 60)	
	Frequency	Percentage	Frequency	Percentage
Age (years)				

7- 10	26	43	34	57
11- 14	20	33	19	31
15-18	14	24	7	12
Parental Status				
Both parents Dead	49	82	44	73
Mother Alive	4	7	2	3
Father Alive	7	11	14	24

It indicate that most of the orphan children were in the age group of 7-10 years, followed by 33% boys and 31% girls in 11-14 years and the remaining were in the age group of 15-18 years. Regarding the parental status, majority of them lost both their parents, while for 11% of the boys and 24% girls, their father was alive and mother was alive respectively for 7% and 3% boys and girls respectively.

. The findings on type of caregivers of the orphan children showed that majority of the boys (31) and girls (29) were living in the orphanage due to the death of both parents and they had no others to take care of them. 18 % of boys and 10% of the girls were cared and supported by their single parent either father or mother. The grand parental care and visits was higher for girl children when compared to boys. The rest were occasionally visited by their uncle, aunts or other relatives (Table-2).

Table-2: Type of Caregivers for Orphan children

Details	Boys (N-60)		Girls (N- 60)	
	Frequency	Percentage	Frequency	Percentage
Single Parent	11	18.3	6	10
Grandparents	8	13.3	11	18.3
Uncle	5	8.3	3	5
Aunt	2	3	4	6
Other relatives	3	5	7	12.3
None	31	52	29	48.3

. Table-3: Comparison of Resilience Characteristics (In percentage)

Resilience Characteristics	Boys (N-60)	Girls (N-60)	Younger Children (N-72)	Older Children (N-48)
Communication	47	58	38	60
Self esteem	42	32	42	48
Empathy	55	60	56	62
Help Seeking	47	63	78	36
Goals & Aspirations	53	57	40	72

With respect to the resilience characters depicted in Table-3, the girl children were found to have higher levels of communication, empathy, help seeking and goals for future and aspirations than boys, who were reported to have higher self esteem, when compared to girls. Similar results were also observed by Sun and Stewart, (2007) [16]. The comparison of resilience characters based on age showed majority of the older children exhibited resilience characters better than the younger ones. More positive connections with the inmates, teachers and others outside the institution were also found among older orphan children.

The following Figure-1 represents the data regarding the percentage distribution of male and female orphan children with regard to level of resilience.

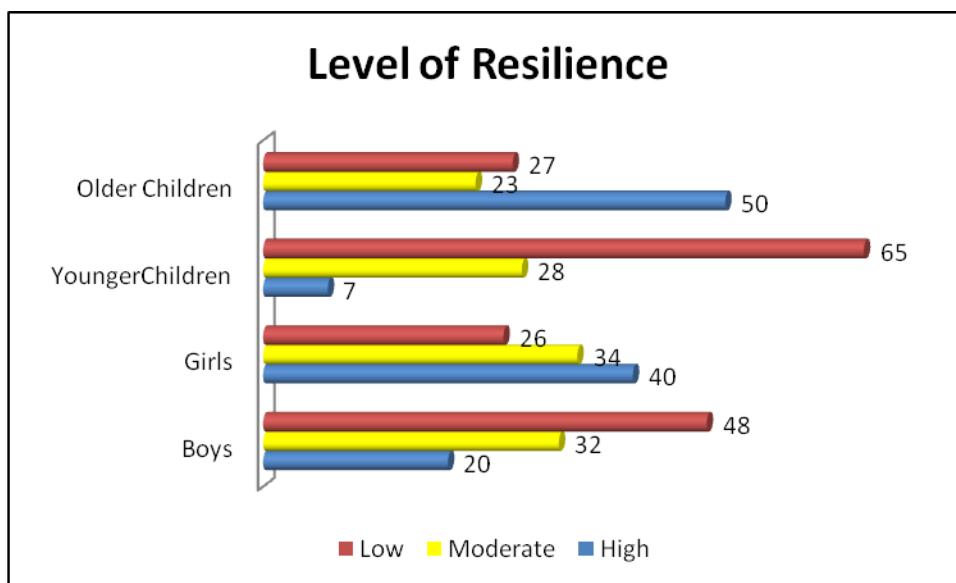


Figure-1: Level of Resilience

The level of resilience compared between boys and girls as well as younger and older orphan children showed that majority of the girls had high level of resilience (40%), compared to 48% of boys who had low level of resilience. Most of the older orphan children (65%) found to have high level of resilience than younger children (7%). The higher level of resilience among girls could be attributed to their inner strengths and interpersonal skills. The longer the stay in orphange right from their early age helps to develop maximum strength to face adverse conditions in life, which is why older children were found to be highly resilient than the younger children, similar result was also observed by Katyal, 2015 [10] & Almeida et al., 2014 [17].

Table-4: Comparison of Resilience of Orphan Children based on Gender and Age

Details		Mean SD	t-value
Age	Younger children (N=72)	23.5 ± 1.4	13.52**
	Older Children (N=48)	28.1 ± 1.7	
Gender	Boys (N-60)	27.8 ± 1.3	15.67**
	Girls (N-60)	32.5 ± 2.1	

**- Significant at $p<0.001$

A directly proportional relationship between increase in individual resilience factors and age was reported in several developmental studies. From the results presented in Table-4, it was noticed that the mean resilient score of older children was 28.1 ± 1.7 which was significantly higher than younger children (23.5 ± 1.4). It is similar to the study of [18] & [19] who have found increased resilience among institutionalized children as the child's age increases, where they attain mental maturity.

The resilience across sex shows, girls with higher resilience which is statistically significant between male and female children ($p<0.001$), which is in accordance with the study of [20], while is contrast to the study of [21] who observed an almost equal resilience score of male and female participants (40.05 for males and 40.21 for females). The higher rate of resilience among girl children could be due to the tendency of developing very good relationship with other

children which reduces the emotional symptoms, peer problems and total difficulties. Similarly, in a study of institutionalized children and young people, Moto et al., 2016 [22], [23] & [24] identified that males had more psychopathology and fewer resiliency factors when compared to females in institutional care.

CONCLUSION

Resilience is not static construct, rather changes over time. Resilience factors have greater importance for the protection of children and young people, such as positive self -esteem, talents recognized by others and cognitive skills. Caring relationships are the most critical factor in promoting a healthy and successful development for young people even in the face of multiple risks.

The present study identified low level of resilience among orphan children. Girls and older children were slightly more resilient than boys and younger children. As suggested by [25] & [26], this study too recommends continuous individual and group psychological intervention sessions and communication skill improvement programmes, thereby creating a sense of stability and continuity in life. A conducive environment can be created in the orphanages with the help of volunteers, teachers as well as the care takers to heighten the level of resilience among orphan children.

REFERENCES

1. Luthar SS¹, Cicchetti D, Becker B (2000).The construct of resilience: a critical evaluation and guidelines for future work. *Child Dev.* 2000 May-Jun;71(3):543-62.
2. Margaret O'Dougherty Wright , Ann S. Masten , and Angela J. Narayan (2013).Resilience Processes in Development: Four Waves of Research on Positive Adaptation
3. Riley, J.R. & Masten.A.S. (2005). Resilience in context. In Resilience in Children,Families, and Communities: Linking Context to Practice and Policy. R.D. Peters,B. Leadbeater & R. McMahon, Eds.: 13–25. Kluwer Academic/Plenum. NewYork.
4. Margaret B, Ted T, John D (2001). Resilience in Response to Life Stress: The Effects of Coping Style and Cognitive Hardiness 34:1.
5. Grotberg, E. H. (2003). Resilience for Today: Gaining Strength from Adversity. Greenwood, SC: Praeger Publishers.

6. Gilligan.R (1999).Enhancing the resilience of children and young people public care by mentoring their talents and interests Child and Family Social Work,4:187-196.
7. Steinberg. L and Eisengart.I.B (2009).Patterns of Competence and Adjustment Among Adolescents from Authoritative, Authoritarian, Indulgent, and Neglectful Homes: A Replication in a Sample of Serious Juvenile Offenders, J Res Adolesc. 2006 Mar 1; 16(1): 47–58. doi: [10.1111/j.1532-7795.2006.00119.x](https://doi.org/10.1111/j.1532-7795.2006.00119.x),PMCID: PMC2794135
8. Cyrilnik, B. (2010). *Early Attachment and the building of resilience: The theoretical basis of bereavement counselling.* Retrieved on November 13, 2014 from <http://www.sagepub.com/> Working-with-Bereaved Children-and-Young People.
9. Crawford ,E., M.O.D. Wright& A.S. Masten. 2006. Resilience and spirituality in youth. The Handbook of Spiritual Development in Childhood and Adolescence. P.L. Benson, E.C. Roehlkepartain, P.E. King, L. Wagener, Eds.: 355–370.Sage. Newbury Park, CA.
10. Katyal. S , (2015). “A study of resilience in orphan and non-orphan Children” *International Journal of Multidisciplinary Research and Development* , July, Volume: 2 (7): 323-327.
11. Siriwardhana,C, Abas. M, Siribaddana.S, Sumathipala.A, Stewart.R (2014). Dynamics of resilience in forced migration: a 1-year follow-up study of longitudinal associations with mental health in a conflict-affected, ethnic Muslim population, *BMJ*,Vol 5(2):<http://dx.doi.org/10.1136/bmjopen-2014-006000>.
12. Venâncio.M.H, Neto, M.V.C (2016). Resilience and self-concept of competence in institutionalized and non - institutionalized young people. Revista da AssociaçãoPortuguesa de Psicologia, Vol 30 (2), 61 -76.doi: 10.17575/rpsicol.v30i2.1122.
13. Divine, D. (2013). Growing Up in an Orphanage: Tales of Personal Resilience. *Hazard, Risk and Resilience*.New York: IHRR.
14. Yasin, G. M., & Iqbal, N. (2012). *Resilience, Self esteem and Delinquent Tendencies among Orphan and Non-Orphan Adolescents*, Ph.D, University of Sargodha.
15. Kathryn M. Connor, M.D.,and Jonathan R.T. Davidson, M.D (2011). “Development of a New Resilience Scale Depression and Anxiety, THE CONNOR-DAVIDSON RESILIENCE SCALE (CD-RISC), 18:76–82

16. Sun.J and Stewart.D (2007) "Development of population-based resilience measures in the primary school setting", Health Education, Vol. 107(6):575-599, <https://doi.org/10.1108/09654280710827957>.
17. Almeida. J, Cunha.M, Madureira.A, and Andrade.A, (2014). Protective resilience factors in institutionalised portuguese adolescents. Procedia - Social and Behavioral Sciences, 171: 276 – 283.
18. Hapunda, G (2016). Mental Health Situation and Resilience among Orphans and Vulnerable Children in Sub-Saharan Africa: A Review, International Journal of Emergency Mental Health and Human Resilience, 17(4),701 -70
19. Lauren G. Wild, Alan J. Flisher, Brian A. Robertson, (2011).Risk and Resilience in Orphaned Adolescents Living in a Community Affected by AIDS, Youth& society, Sage journals, May 27, 2011.
20. Nourian. M Mohammadi Shahboulaghi F ,Nourozi Tabrizi K ,Rassouli M ,Biglarian A. (2016). Resilience and Its Contributing Factors in Adolescents in Long-Term Residential Care Facilities Affiliated to Tehran Welfare Organization International Journal of Community Based Nursing and Midwifery , Oct , 4(4):386-396. (PMID:27713901 PMCID:PMC5045982)
21. Tefera, B and Mulatie, B (2014). Risks, protection factors and resilience among orphan and vulnerable Children (OVC) in Ethiopia: Implications for intervention, International Journal of Psychology and Counseling,Vol. 6(3) : 27-31, March, 2014DOI:10.5897/IJPC2013.0241 <http://www.academicjournals.org/IJPC>
22. Mota. C.P, Costa.M, Matos.M.P (2016). Resilience and Deviant Behavior Among Institutionalized Adolescents: The Relationship with Significant Adults, Child and Adolescent Social Work Journal, August 2016, Volume 33(4): 313–325.
23. Anja Pienaar, Zendré Swanepoel, Hendrik van Rensburg, Christo Heunis (2011). A qualitative exploration of resilience in pre-adolescent AIDS orphans living in a residential care facility, Journal des Aspects Sociaux du VIH/SIDA,VOL. 8 NO. 3 ,SEPTEMBER 2011:**128-131**.
24. Marinus H. IJzendoorn.V, Palacios.J, Edmund J. S., Barke.S, Megan R, Vorria.G.P, Robert B. McCall, LeMare.L, Marian J, Kranenburg.B, Natasha. A, Krol.D, and Juffer,F (2011). Children in Institutional Care: Delayed Development and Resilience, Monogr Soc Res Child Dev. Dec; 76(4): 8–30. doi: 10.1111/j.1540-5834.2011.00626.x

25. Walsh, F (2003). Family Resilience: A Framework for Clinical Practice. *Family Process*, 42, (1); ProQuest Psychology Journals.
 26. Yendork, J.S, Nceba Z and Somhlaba (2015). Do Social Support, Self-efficacy and Resilience Influence the Experience of Stress in Ghanaian Orphans? An Exploratory Study, *Child Care in Practice*. Volume 21 (2) <https://doi.org/10.1080/13575279.2014.985286> .
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