Impact of Parenthood on the Mental Health of Secondary School Students: A Comparative Study of Orphan and Non Orphan Students of Kashmir Valley

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ABSTRACT

The death of a parent permeates into all aspects of a child's life. He experiences a decline in health, nutrition, psychological well-being and educational performance (UNAIDS/UNICEF/USAID, 2004; UNICEF, 2003). Research in this area is important because the death of a parent is a risk factor for the development of psychosocial issues in children (Bauman & Germann, 2005). In fact, children who experience the death of a parent(s) are at twice the risk of suffering from a psychiatric disorder than children who have two live parents (Rutter, 1966). As is true for most of the Indian states, there is a general lack of mental health research in Kashmir (Hussain, 2007). Keeping these facts in view the investigator felt the need for carrying out the study of mental health status among orphan secondary school students in comparison with non orphan secondary school students of Kashmir valley. The sample of the present study consists of 210 secondary school students (131 Orphan) and (79 Non orphan) taken from different schools and orphanages. The age of the sample group ranges from 13 to 17 years with mean age of 15 years. Purposive sampling technique was used for research purpose. For measurement of mental health among orphan and non orphan adolescents, mental health scale developed by Alpana Sen Gupta and Arun Kumar singh (1983) was used. For studying the difference between the groups t-test was used. For assessing levels mental health among sample group quartiles were used. Result findings suggest significant differences

in mental health status between the two groups. Orphans were found at the lower side of mental health status both facet wise and overall mental health status. Orphans scored comparatively lower numbers on Emotional stability, Adjustment, Self concept, Intelligence, Security and Autonomy.

Key words: *Orphans, Non Orphans, Parenthood, Mental Health, Emotional stability, Adjustment, Self Concept, Intelligence, Security and Autonomy.*

Introduction

The current research suggests that about 50% of all life time mental disorders begin before the age of 14 years. Worldwide prevalence rates for child and adolescent mental disorders are around 10-20%, with similar types of disorders seen across cultures (Kessler, 2005). A survey of 1,535 primary school children drawn from schools in Bangalore city found that 18% and 15% suffered from psychological disturbance and learning disability, respectively (Shenoy, Kapur, & Kaliape-rumal, 1998). Symptoms of depression can be seen in 10-15% of children and adolescents (United States Department of Health and Human Services, 1999). Females in the United States are almost twice as likely to be depressed as males (Brent & Birmaher, 2002; Reus, 2000). Orphan hood could lead to an increase in depression and poor mental health in children though several means. A qualitative study performed in Cape Town, South Africa identified risk factors for poor mental health among orphan adolescents included the type of relationship with the new caregiver and his family, movement from home and potential separation from siblings, poverty, an inability to attend school, and related stigma (Cluver & Gardner, 2007). Just living under stress, as everyone in Kashmir do, is enough to cause mental disorders among adolescents (Hamidullah, 2007). Suicide rates are rising, primarily among teenagers (Marghoob, 2006).

Current research suggests that orphan hood has a negative impact on a child's mental health (Wild, 2001). Several studies investigating emotional problems in orphans reported that orphans are more likely to suffer from poor mental health, including post-traumatic stress, depression, and anxiety than non-orphans (Nambi, 1997). A study investigating the psychological health of orphans found that they were at a heightened risk for suffering from anxiety, depression, and anger (Atwine et al., 2005). Similarly, a study in Uganda reported that orphans felt sad and hopeless during parental illness (Sengendo & Nambi, 1997). Orphans also described being both angry and depressed concerning their subsequent adoption (Sengendo & Nambi, 1997). Research also indicates that orphans are more likely to suffer from post-traumatic stress, suicidal thoughts,

and behavioural or conduct problems than nonorphans (Marghoob et al., 2006; Cluver et al., 2007; Cluver & Gardner, 2006). Research in African countries & United States has found orphaned children to be more likely to suffer from internalizing problems such as depression and anxiety (McGregor et al. 2002; Pivnick & Villegas, 2000; Forehand et al., 1998; Forehand et al., 1997). Orphans showed significantly higher scores for feelings of hopelessness, distress, internalizing of mental problems and suicidal ideation (Atwine et al. 2005, Chatterji et al. 2005, Frances Gardner et al., 2007,V Makame et al. 2001, Bhargava et al. 2005).

About half of all life time mental disorders begin before the onset of adolescence. Worldwide prevalence rates for child and adolescent mental disorders are around 10-20%, with similar types of disorders seen across cultures (Kessler, 2005). Adolescents have a high rate of self-harm, and suicide is a leading cause of death in young people. A per the reports of W.H.O (2005) suicide accounted for a quarter of deaths in boys and between half and three-quarters of deaths in girls aged 10-19 years. Poor mental health is strongly related to other health and development concerns in young people notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health. The suffering, functional impairment, exposure to stigma and discrimination, and enhanced risk of premature death that is associated with mental disorders in young people has obvious public-health significance. It is obvious that 'no health is possible without mental health' and that mental health issues form an integral part of adolescent development. The effectiveness of some interventions (including primitive and preventive interventions) for mental disorders in this age-group has been established, although more research is urgently needed to improve the range of affordable and feasible interventions. Despite these findings, the gap in mental-health services for children and adolescents with mental disorders is evident in virtually all countries.

Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the American Psychiatric Association. The research shows significantly higher rates of mental health complaints among older adolescents, in particular girls, whereas the rates are almost unchanged among younger boys and girls. *(Shazia et al.1998, Khan et al. 1998, & Hagguist C. 2006).* Literature suggests that orphaned children may be abused and required to work more than their new caregiver's biological children *(Foster et al., 1997).* The various studies that highlight Significant predictors(indicators) of depression and lower mental health included socioeconomic status, adverse living conditions like poor residential setup, rigid

timetables, poor recreation facilities, poor nutrition, school attendance ,poor school functioning & so on *(Bhargava et al., 2005 , Rather et al.2006 . Su Yeong et al., 2009, Paul et al., 2009).*

Psychosocial Scenario of Orphan Adolescents in Kashmir

The Kashmir conflict, which killed near one lakh people since 1989, has sired a generation of children lost to hate and fear. They grow up in the no man's land between politics and war. These children and adolescents are often left to care for themselves or be raised by elderly grandparents or social organizations. There are about 20 orphanages in the Valley, with limited seats and even limited facilities, mostly run from rented, ramshackle buildings by local and a few non local NGOs. Margoob et al (2006) conducted a study to examine the opinion of, orphanages as a breeding ground for psychopathology. An orphanage for girls in Srinagar was surveyed by these psychiatrists, and using DSM IV guidelines screened children were evaluated for psychopathology. Children were in the age group of 5-12 yrs. They revealed PTSD as the commonest psychiatric disorders (40.62%), easily attributable to the prevailing mass trauma state of almost two decades. Next commonest diagnoses were MDD (25%) and conversion disorder (12.5%) Rather et al. (2006), conducted a study on four major orphanages located in Srinagar city, to assess the existing differences in available facilities and their impact on the psychological adjustment of these children. The UCLA loneliness scale was used to assess levels of loneliness, an indicator of psychological distress, among the resident children. High scores were associated with adverse living conditions, like poor residential setup, rigid timetables, poor recreation facilities, poor nutrition and lack of modern educational facilities. These facts could prove seminal in planning for better rehabilitation modules for orphans, especially in the wake of their exponential increase in the chronic conflict and disaster affected regions.

Due to the inadequacy of the support system, the most crucial problems the children faced after the death of their father included economic hardships (48.33%), psychological setback (22%), denial of love and affection (13.66%), and apathy by relatives and friends (08.66%), (Dabla, 2006). His (Dabla's) efforts showed that 86 of the 300 orphans he surveyed received financial help from relatives, 67 from government organizations, 36 from NGOs, and 24 from other sources like neighbours and well-wishers. But the rest, the single largest group of 87 orphans received no help at all. And consequently, as Dr. Dabla notes, most of them began to work in the carpet, handicrafts and agriculture sectors, which together employees at the very least 71,0009 child labourers. Further, the study says the assistance from the government took a long time in reaching; and though it was "more regular and durable", it was inadequate: "75 per cent of orphans showed dissatisfaction in this regard. The former Kashmir Divisional

Commissioner Khurshid Ganai (2007) estimates that the government would need around Rs 360 million per month if it were to provide an adequate financial relief - Rs 1,500 per family to the orphans ,Which it doesn't have.

A survey conducted by Department of Education in Kashmir University (KU, 2009) revealed that orphans between age group of 0-6 and 6-14 live in a state of depression and dreariness. The survey further maintained that 2.5 lakh orphans in the age group of 5-14 years live in deplorable conditions. Report prepared by Department of Sociology in Kashmir University (KU, 2005) maintains that 57 percent of orphans live under contemptible conditions working as handicraft workers, 7 percent work as domestic slaves, 8 percent work as cleaners in automobiles, 9 percent work as Salesmen and 4 percent as hotel bearers in an unreceptive atmosphere and get meagre wages. National Crime Records Bureau (2001) reported 57 cases of crime against children in the state, including 4 murder cases, 4 rape cases, and 48 kidnapping cases, among others, during 2005. It stated that children were the disproportionate victims of the armed conflict. A report prepared by an NGO put the figure of orphans around 40,000 children. A study conducted by the Institute of Jammu and Kashmir Affairs stated that 57.3 percent of children have become fearful, 55.3 percent suffer from depression and 54.25 percent cannot sleep properly in Kashmir region. While in Jammu region, the corresponding figures were 51.17 percent, 25.98 percent and 41.17 percent respectively. In an independent unpublished study conducted by Sajad Ahmad (2007), a Freelance Researcher in association with Department of Social Work, Aligarh Muslim University, Aligarh and Awaan Society (J&K), it was revealed that the institutional rehabilitation of orphans fails to bring the desired results. Based on the random sampling of the orphans who passed out from different orphanages, the study followed a sample of orphanage pass outs from various orphanages, chosen randomly and revealed that 90% of the them fail to clear 12th class examination and 3 % of the representatives complete graduation 3% of them are in government services and 90 % of the those who are in government services are in Police Services.

Need of the Study

The war, the fear, the death and destruction, have taken a heavy toll on the mental health of the people of Kashmir valley. In 1990, about1700 men and women sought help in Srinagar at the psychiatric diseases hospital, now the number seeking help has increased to more than 60000, according to hospital records (Marghoob, 2006). Suicide rates are rising, primarily among teenagers. The present socio political scenario is producing a generation of orphaned children and adolescents in Kashmir. These children and adolescents are often left to care for themselves or be raised by elderly grandparents or social organizations.

According to a UNICEF report, more than one lakh children less than 18 years of age have been orphaned in the two-decade-long struggle in Kashmir valley.

The death of a parent permeates into all aspects of a child's life .He experiences a decline in health, nutrition, and psychological well-being (UNAIDS/UNICEF/ USAID, 2004; UNICEF, 2003). In addition to the need in research focusing on orphan health and nutrition, there is also a growing interest in the psychosocial effects of orphan hood on children living in Kashmir (Prof. Dabla, 2007). Research in this area is important because the death of a parent is a risk factor for the development of psychosocial issues in children (Bauman & Germann, 2005). In fact, children who experience the death of a parent(s) are at twice the risk of suffering from a psychiatric disorder than children who have two live parents (Rutter, 1966). Bauman & Germann (2005) report that there is lack of research investigating the consequences of being a double orphan and it is highly possible that double orphans may suffer from a high risk of experiencing a decline in mental health. As is true for most of the Indian states, there is a general lack of mental health research in Kashmir (Hussain, 2007). Keeping these facts in view the investigators felt the need for carrying out the study of mental health status among orphan secondary school students in comparison with non orphan secondary school students of Kashmir valley of Jammu and Kashmir state. Hence, the study entitled "Impact of Parenthood on the Mental Health of Secondary School Students: A Comparative Study of Orphan and Non Orphan students of Kashmir Valley" was formulated.

Objectives of the Study

1. To study the mental health status among secondary school orphans and non orphans students.
2. To compare mental health status between secondary school orphans and non orphans students.
3. To compare the mental health of secondary school students (orphans and non orphans) with respect to their various socio-demographic variables.

Hypotheses

On the basis of the objectives framed above, the following null hypotheses have been formulated:

1. H_{01}: There will be no significant difference in mean scores of Mental Health between orphan and non orphan *secondary school students.*
2. H_{02}: There will be no significant difference in mean scores of Mental Health between male orphans and male non orphan *secondary school students.*

3. H_{03}: There will be no significant difference in mean scores of Mental Health between female orphans and female non orphan *secondary school students*.
4. H_{04}: There is no significant difference in mean scores of Mental Health (both facet-wise and overall) between male non orphans and female non orphan secondary school students.
5. H_{05}: There will be no significant difference in mean scores of Mental Health between male and female orphan *secondary school students*.
6. H_{06}: There will be no significant difference in mean scores of Mental Health between rural orphans and urban orphan *secondary school students*.
7. H_{07}: There will be no significant difference in mean scores of Mental Health between rural Non orphan and urban Non orphan *secondary school students*.

Methodology

Sample

Sample: The sample of the present study consists of 210 secondary school students(131 Orphan) and (79 Non orphan) taken from different schools and orphanages. The age of the sample group ranges from 13 to 17 years with mean age of 15 years. Purposive sampling technique was used for research purpose. The detailed description of the group is given below.

Category	Male	Female	Total
Orphan	97	53	131
Non Orphan	100	50	79
Total	197	103	210

Tools used

To accomplish the objectives of present study, the following tools were used.

For measurement of mental health among orphan and non orphan adolescents, mental health scale developed by Alpana Sen Gupta and Arun Kumar singh (1983) was used. The scale consists of 130 statements distributed among six areas i.e., emotional stability, overall-adjustment, Security, Insecurity, Self-concepts, Autonomy and Intelligence.

Procedure

The subjects were contacted personally in their schools and orphanages. They were given directions, how to give the response on the scales. It was assured to the respondent that these responses will be kept confidential and will be

used only for research purposes. After motivating the respondents the questionnaires were distributed and necessary help was provided by the researchers where ever they needed.

Statistical analysis

For studying the difference between the groups t-test was used. For assessing levels mental health among sample group quartiles were used. In order to assess the mental health status levels of sample group, the subjects were divided into three levels (Low, Average and High) on the basis of obtained Quartile scores Q1 and Q3 as shown in table 1.

Table 1: Descriptive Statistics Mental Health Scores

Variables →	Mental Health						
	Emot-ional Stability	Overall Adjust-ment	Security/ Insecurity	Self Concept	Autonomy	Intelli-gence	Over all Mental Health
Minimum	2.00	10.00	3.00	3.00	3.00	5.00	51.00
Maximum	13.00	35.00	15.00	14.00	21.00	23.00	97.00
Q1	6.00	23.00	9.00	8.00	9.00	13.00	73.00
Q3	9.00	28.00	11.00	10.00	11.00	18.00	83.00

Table 2: Comparison of Mental Health Status Levels among Orphan and Non Orphan Secondary school students

Levels→	Low				Average				High			
Mental Health	Orphan		Non Orphan		Orphan		Non Orphan		Orphan		Non Orphan	
	Freq.	%age	Freq.	%age	Freq.	%age	Freq.	%age	Freq.	%age	Freq.	%age
Emotional Stability	51	34%	72	48%	73	48.66	54	36%	26	17.33	24	16%
Overall Adjustment	47	31.33 %	38	25.34 %	76	48.66%	89	59.34%	27	17.33 %	23	15.34 %
Security/ Insecurity	59	39.33 %	89	59.34 %	80	53.33%	0	0%	11	7.33%	61	40.66 %
Self Concept	40	26.66 %	48	32%	82	54.66%	74	49.34%	28	18.68 %	28	18.67 %
Autonomy	26	17.33 %	47	31.34 %	78	52%	72	48%	78	30.67 %	31	20.67 %
Intelligence	46	30.66 %	86	57.34 %	70	46.66%	27	18%	34	22.68 %	37	24.67 %
Overall Mental Health	42	28%	48	32%	68	45.33%	66	44%	40	26.67 %	36	24%

The above table reveals that 34% of adolescent orphans show low level, 48.66% average & 17.33% high level of emotional stability. In comparison 48% of non orphans show low level, 36% average & 16% of high level of emotional stability. The table further reveals that 31.3% of adolescent orphans show low level, 48.66% average and 17.33% high level of overall adjustment. While as 25.34% of non orphans show low level, 59.34% average and 15.34% high level of overall adjustment. The table also reveals that 39.33% of adolescent orphans show low level, 53.33% average and 7.33% high level of security/insecurity. While as 59.34% of non orphans show low level, and 40.66% high level of security/ insecurity.

The table further reveals that 26.66% of adolescent orphans show low level, 54.66% average and 18.68% high level of self concept. While as 32% of non orphans show low level, 49.34% average and 18.67% high level of self concept. The table also reveals that 17.39% of adolescent orphans show low level, 52% average and 30.67% high level of autonomy. While as 31.34% of non orphans show low level, 48% average and 20.67% high level of autonomy. The table further reveals that 30.66% of adolescent orphans show low level, 46.66% average and 22.68% high level of intelligence. While as 57.34% of non orphans show low level, 18% average and 24.67% high level of intelligence. The table also reveals that 28% of adolescent orphans show low level, 45.33% average and 26.67% high level of overall mental health. While as 32% of non orphans show low level, 44% average and 24% high level of overall mental health.

Table 3: Comparison of Mean Scores of Mental Health (Facet Wise and Overall) Between Orphan and Non Orphan Secondary School Students

Variables	Groups	N	Mean	Std. Deviation	df	t-value
Emotional Stability	Orphan	150	7.587	2.109	298	0.631NS
	Non orphan	150	7.733	1.909		
Overall Adjustment	Orphan	150	25.213	3.653	298	0.530NS
	Non orphan	150	25.473	4.763		
Security/ Insecurity	Orphan	150	9.693	1.505	298	4.667**
	Non orphan	150	10.560	1.705		
Self Concept	Orphan	150	8.707	2.172	298	2.871**
	Non orphan	150	9.427	2.171		

Autonomy	Orphan	150	9.640	2.380	298	1.940NS
	Non orphan	150	10.127	1.943		
Intelligence	Orphan	150	15.080	3.035	298	3.311**
	Non orphan	150	16.400	3.825		
Overall Mental Health	Orphan	150	75.933	7.542	298	3.997**
	Non orphan	150	79.367	7.334		

Ns=insignificant **.P ≤ 0.01 Level of significance

Table 3 shows that the orphan and non orphan adolescents do not differ significantly in Emotional stability, Overall adjustment and Autonomy facets of mental health as their t-values (t=0.631, 0.530 and 1.940 respectively) were found insignificant even at p= 0.05 level. The orphan and non orphan adolescents showed significant difference on Security/Insecurity, Self concept and Intelligence (factors of mental health) as their obtained t-values (t=4.667, 2.871 and 3.311 respectively) are highly significant beyond p=0.01 level. The Overall mental health of non orphan group was found better than orphan group as the mean difference is highly significant (t= 3.997) beyond 0.01 level of significance.

Thus our null hypotheses H_{01} stands rejected.

Table 4: Comparison of Mean Scores of Depression and Mental Health between Male Orphan and Male Non Orphan Adolescents

Depression & M.H variables	Male Orphan/Male Non orphan	N	Mean	Std. Deviation	df	t-value
Emotional Stability	Orphan	97	7.69	2.08	195	.499NS
	Non orphan	100	7.55	1.87		
Overall Adjustment	Orphan	97	24.81	3.85	195	1.742NS
	Non orphan	100	25.77	3.84		
Security/ Insecurity	Orphan	97	9.60	1.37	195	4.747**
	Non orphan	100	10.53	1.35		
Self Concept	Orphan	97	8.37	1.95	195	2.318**
	Non orphan	100	9.05	2.14		
Autonomy	Orphan	97	9.61	1.51	195	1.408NS
	Non orphan	100	10.05	1.73		
Intelligence	Orphan	97	14.72	2.84	195	3.021**
	Non orphan	100	16.17	3.79		
Overall Mental health	Orphan	97	74.92	6.92	195	3.625**
	Non orphan	100	78.61	7.31		

Ns= Insignificant **.P ≤ 0.01 Level of significance, *.P ≤ 0.05 Level of significance

The above statistical variance table (4.17) presents an overview of the t-values of the mental health dimensions with respect to the state of orphan hood and non orphan hood of the male subjects. As depicted by the table, the t-values of security/insecurity(t=4.747),self-concept(t=2.318), intelligence (t=3.021)and Overall mental health(t=3.625) are significant even at 0.01 significant level, shows that security/insecurity, intelligence and Overall mental health between orphans and non orphan male adolescents differ significantly .However, the two groups do not differ significantly in Emotional stability(t=0.499), Overall adjustment(t=1.742) and Autonomy(t=1.408),as their t-values are insignificant at 0.05 level.

Thus our null hypotheses H02 stands rejected.

Table 5: Comparison of Mean Scores of Depression and Mental Health between Female Orphan and Female Non Orphan Adolescents

M.H variables	Female Orphan/Female Non orphan	N	Mean	Std. Deviation	df	t-value
Emotional Stability	Orphan	53	7.39	2.16	83	2.144**
	Non orphan	32	8.43	2.18		
Overall Adjustment	Orphan	53	25.94	3.16	83	1.624NS
	Non orphan	32	24.09	7.24		
Security/ Insecurity	Orphan	53	9.84	1.72	83	2.113**
	Non orphan	32	10.84	2.61		
Self Concept	Orphan	53	9.32	2.41	83	3.147**
	Non orphan	32	10.84	1.64		
Autonomy	Orphan	53	9.67	2.14	83	1.792NS
	Non orphan	32	10.62	2.67		
Intelligence	Orphan	53	15.73	3.27	83	.104NS
	Non orphan	32	15.65	3.64		
Overall Mental health	Orphan	53	77.77	8.32	83	1.505NS
	Non orphan	32	80.43	7.17		

Ns= Insignificant **.P ≤ 0.01 Level of significance, *.P ≤ 0.05 Level of significance

The table 5 presents an overview of the t-values of the mental health dimensions with respect to the state of orphan hood and non orphan hood of the female subjects. As depicted by the table, the t-values of Emotional stability (t=2.144), Security/insecurity (t=2.133) and self-concept (t=3.147), are significant even at 0.01 significant level, shows that Emotional stability, Security/insecurity, Self concept between orphans and non orphan female adolescents differ significantly. However, the two groups do not differ significantly in Overall adjustment (t=1.624), Autonomy (t=1.792), Intelligence (t=.104) and Overall mental health (t=1.505), as their t-values are insignificant at 0.05 level.

Thus our null hypotheses H_{03} stands accepted.

Table 6: Comparison of Mean Scores of Mental Health and Depression Between Male and Female non Orphans Adolescent

Variable	Male/ Female	N	Mean	Std. Deviation	df	t-value
Depression	Male	100	13.20	7.89	148	-.588NS
	Female	50	14.10	10.48		
Emotional Stability	Male	100	7.55	1.87	148	-1.673NS
	Female	50	8.10	1.95		
Overall Adjustment	Male	100	25.77	3.84	148	1.079NS
	Female	50	24.88	6.20		
Security/ Insecurity	Male	100	10.53	1.35	148	-.304NS
	Female	50	10.62	2.26		
Self Concept	Male	100	9.05	2.14	148	3.089**
	Female	50	10.18	2.04		
Autonomy	Male	100	10.05	1.73	148	-.682NS
	Female	50	10.28	2.32		
Intelligence	Male	100	16.17	3.79	148	1.042NS
	Female	50	16.86	3.87		
Overall Mental Health	Male	100	78.61	7.31	148	1.800NS
	Female	50	80.88	7.20		

Ns= Insignificant **.P ≤ 0.01 Level of significance, *.P ≤ 0.05 Level of significance

The above statistical variance table shows that Emotional stability between male non orphan and female non orphan adolescents has insignificant difference (t=1.673).The Overall adjustment between male non orphan and female non orphan adolescents show insignificant difference (t=1.079).The Security/Insecurity between male non orphan and female non orphan adolescents shows insignificant difference (t=.304).The Self concept dimension shows marked variance (t=3.089).The Autonomy dimension shows no variance (t=.682).The Intelligence dimension of our two groups is shows no significant variance(t=1.042).The Overall mental health of the two groups show no marked difference (t=1.800).

Thus our null hypotheses H04 stands rejected.

Table 7: Comparison of Mean Scores of Mental Health and Depression between Male and Female Orphan Secondary School Students

Variable	Male/Female	N	Mean	Std. Deviation	df	t-value
Emotional Stability	Male	97	7.690	2.083	148	.817NS
	Female	53	7.396	2.160		
Overall Adjustment	Male	97	24.814	3.852	148	-1.823NS
	Female	53	25.943	3.164		
Security/ Insecurity	Male	97	9.608	1.373	148	-.936NS
	Female	53	9.849	1.725		
Self Concept	Male	97	8.371	1.959	148	-2.609*
	Female	53	9.320	2.146		
Autonomy	Male	97	9.618	2.510	148	-.149NS
	Female	53	9.679	2.146		
Intelligence	Male	97	14.721	2.849	148	-1.975*
	Female	53	15.735	3.276		
Overall Mental Health	Male	97	74.927	6.925	148	-2.238*
	Female	53	77.773	8.315		

Ns= Insignificant **.P ≤ 0.01 Level of significance, *.P ≤ 0.05 Level of significance

The above statistical variance table (8) presents an overview of the t-values of the mental health dimensions with respect to the gender among orphan adolescents. As depicted by the table, the t-values of Self-concept(t=2.609), Intelligence (t=1.975) and Overall mental health(t=2.238) are significant even at 0.01 significant level, shows that Self concept, intelligence and total mental health between male orphans and female orphan adolescents differ significantly However, the two groups do not differ significantly in Emotional stability(t=0.817), Overall adjustment (t=1.823), Security/Insecurity(0.936) and Autonomy (t=0.149), as their t-values are insignificant at 0.05 level.

Thus our null hypothesis H_{05} stands rejected

Table 8: Comparison of Mean Scores of Mental Health and Depression between Rural Orphan and Urban Orphan Secondary School Students

Variable	Rural/Urban	N	Mean	Std. Deviation	df	t-value
Emotional Stability	Rural	131	7.52	2.09	148	-.914NS
	Urban	19	8.00	2.24		
Overall Adjustment	Rural	131	25.31	3.76	148	.876NS
	Urban	19	24.53	2.83		
Security/ Insecurity	Rural	131	9.68	1.56	148	-.460NS
	Urban	19	9.84	1.12		
Self Concept	Rural	131	8.70	2.14	148	-.177NS
	Urban	19	8.79	2.43		
Autonomy	Rural	131	9.59	2.36	148	-.807NS
	Urban	19	10.05	2.53		
Intelligence	Rural	131	15.25	2.96	148	1.836NS
	Urban	19	13.90	3.39		
Total Mental Health	Rural	131	76.05	7.48	148	.511NS
	Urban	19	75.10	8.11		

Ns= Insignificant **.P ≤ 0.01 Level of significance, *.P ≤ 0.05 Level of significance

The above statistical variance table (4.23) presents an overview of the t-values of the mental health dimensions with respect to the domicile among orphan adolescents. As depicted by the table the mental health status do not differ between Rural and Urban orphan adolescents, as their t-values in Emotional stability(t=0.914), Overall adjustment(t=0.876), Security(0.460), Self concept(t=0.177), Autonomy (t=0.80), intelligence (t=1.830) and total mental health (0.511), are insignificant at 0.05 level.

Thus our null hypotheses H_{06} stands accepted.

Table 9: Comparison of Mental Health and Depression between Rural and Urban Non Orphans Secondary school students

Variable	Rural/Urban	N	Mean	Std. Deviation	df	t-value
Emotional Stability	Rural	79	7.89	1.88	148	1.20NS
	Urban	71	7.54	1.93		
Overall Adjustment	Rural	79	26.40	4.46	148	2.57**
	Uurban	71	24.43	4.90		
Security/ Insecurity	Rural	79	10.69	1.49	148	.936NS
	Urban	71	10.42	1.90		

Self Concept	Rural	79	9.69	2.24	148	1.612NS
	Urban	71	9.13	2.06		
Autonomy	Rural	79	10.03	2.12	148	-.58NS
	Urban	71	10.22	1.73		
Intelligence	Rural	79	16.53	3.57	148	.443NS
	Urban	71	16.25	4.10		
Overall Mental Health	Rural	79	81.10	6.52	148	3.145**
	Urban	71	77.43	7.73		

Ns= Insignificant **.P ≤ 0.01 Level of significance, *.P ≤ 0.05 Level of significance

The above statistical variance table (9) presents an overview of the t-values of the mental health dimensions with respect to the domicile among Non -orphan adolescents. As depicted by the table, the t-values in Overall adjustment (t=2.57) and Overall mental health (t=3.145) are significant at 0.05 level of significance. Hence the overall adjustment and Overall mental health between Rural and Urban Non–orphan adolescents differ significantly. However, Rural and Urban Non-orphan adolescents do not differ in Emotional stability (t=1.20), Security (0.936), Self concept (t=1.612), Autonomy (t=0.58) and intelligence (t=0.443), as they are insignificant at 0.05 level.

Thus our null hypotheses H_{07} stands rejected.

Conclusion

The war, the fear, the death and destruction, have taken a heavy toll on the mental health of the children and adolescents of Kashmir valley. The present unfortunate sociopolitical scenario is producing a generation of orphaned children and adolescents in Kashmir.

The present study was aimed to examine the mental health status among orphan and non orphan Secondary school students in Kashmir province of J & K state. After analyzing and interpreting the data, the following finding was found:

1. No differences were found between Orphan and non orphan secondary school students so for as their Emotional Stability, Overall Adjustment, and Autonomy are concerned.
2. Significant difference in Security/Insecurity, Self-Concept and Intelligence was found between Orphan and Non orphan secondary school students. Non orphans were found high on Security/Insecurity, Self-concept, and Intelligence in comparison to Orphans secondary school students.
3. It was found that the Overall Mental Health of Non orphan is better than Orphan secondary school students.

4. The results also reveal that there is significant difference in Security/ Insecurity, Intelligence and Overall Mental Health between male Orphans and male Non orphans. Non orphans were found high on Security/ Insecurity, Intelligence and Overall Mental Health in comparison to Orphan secondary school students.
5. No significant difference in Overall Adjustment, Emotional Stability and Autonomy was found between male Orphan and male Non orphan secondary school students
6. It was found that there is significant difference in Emotional Stability, Security/Insecurity, and Self-concept between female Orphans and female Non orphans. Non orphans were found high on Emotional Stability, Security/Insecurity, Self-concept in comparison to Orphan secondary school students.
7. No significant difference in Autonomy, Intelligence and Overall Adjustment was found between female Orphan and female Non orphan secondary school students
8. It was found that there is significant difference in Self-concept between male and female Non orphans. Female Orphans were found high on Self-concept in comparison to male Non orphan secondary school students.
9. No significant difference was found in Emotional Stability, Security/ Insecurity, Overall Adjustment and Intelligence between male and female Non orphan secondary school students.
10. No significant difference was found in Emotional Stability, Security/ Insecurity, Overall Adjustment and Autonomy between male and female Orphan secondary school students
11. No significant difference was found in Mental Health (both facet-wise and overall) between Rural and Urban Orphan secondary school students
12. It was found that there is significant difference in Overall Adjustment, between Rural and Urban Non orphans. Rural Non orphans were high on Overall Adjustment and Overall Mental Health in comparison to Urban Non orphan secondary school students
13. No significant difference was found in Emotional Stability, Security/ Insecurity, Self-concept, Autonomy and Intelligence between Rural and Urban Non orphan secondary school students.

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