



Mental Health Status of Children of Kashmir: A Study from Anantnag District

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ABSTRACT The present study has been undertaken to assess mental health among children (12 -18 yrs) from 'intact' and 'disrupted' families of Kashmir belonging to district Anantnag and to study gender based differences in mental health status. The sample comprised 60 children from intact families (30 girls and 30 boys) and 60 children from disrupted families (30 girls and 30 boys). The tool used for the study was "Mental Health Battery." The findings revealed that children from 'disrupted' families have lower mental health status as compared to those from 'intact' families. Higher mental status was found among boys as compared to girls. Two way ANOVA reveals significant family and gender type differences between children from 'intact' and 'disrupted' families. Results obtained from "t" test also showed significant inter and intra group differences.

INTRODUCTION

Family plays an important role in the life of children, as it is the first basic unit to which the child comes in contact with. According to ecological model of Urie Brofenbrenner (Papilla and Odds 1995), development of child takes place through interactions of micro (immediate family), meso (school, relatives and friends), exo (related meso systems) and macro systems (related macro systems). The essence of family lies in parent -child relationship. Both father and mother perform an essential role in child development and absence of one in child's life affects overall development of child. According to Ortese (1998), a child whose mother and father are present will be taken care of and socialized in best possible way. This is due to the fact that socialization depends on both. Parents playing complementary roles in bringing up the child. The two- parent family has traditionally been assumed to offer a better environment for child's development than a single parent family (Winnicott 1965; Lidz 1983; Amatao and Keinth 1991). Studies conducted on children living in single parent/disrupted families have shown effects on their development. Studies on father-child relationship suggest that the presence of a father in home significantly influences the development of a child (Agulanna 1999). Few studies (Shiff 1998 and Pratiba sood 2006) have shown that adolescents from father- absent families were emotionally less competent when compared to their counterparts in two-parent families. Further, the adolescents from

the two- parent family have been observed to be statistically more encouraged by positive emotions than compared to those from one- parent homes. Sharma (2002) has studied that family disruption negatively affects child's growth and development due to deprivation of love and care. In a study conducted by Sharma (2003), it has been shown that the children from single parent families experienced stress, but they were not less disciplined, troubled or engaged in juvenile delinquency when compared with children from married households.

The current study was undertaken to study the effect of family disruption on mental health status of children in Kashmir. The state of Jammu and Kashmir has been engulfed in political disturbance as a result of which a large number of children have been rendered as orphans. There are other children also who in spite of living within intact families are still experiencing indirect consequences of this disturbance.

The present study was undertaken to assess:

1. The effect of family disturbance on the mental health of children living in disrupted families and comparing their mental health status to that of children from intact families.
2. The gender based differences in the mental health of children belonging to the above two groups.

METHODOLOGY

Sample: The subjects were chosen so as to have a complete set fulfilling the criteria for the

study. Accordingly the sample used can be defined by the following criteria:

Locale: The study was carried out in Anantnag district of Kashmir province of Jammu and Kashmir. The data for the study were collected in the year 2007.

Children from Disrupted Families: Those children who have faced family disruption in the form of death of their fathers within the last five years due to disturbances (from the date from which this study was commenced).

Children from Intact Families: Those children who have not faced any direct consequences of disturbances in the form of death of their fathers.

Age Group: Children in the age group of 12-18 years were chosen for the study.

Sample Size: The study was conducted on a total of 120 children with 60 belonging each to the 'intact' and 'disrupted' families. Further, there was an equal gender distribution within each group, that is, 30 boys and 30 girls within each group.

Sampling Technique: Purposive sampling technique was used for collecting the data.

Tool Used: The mental health status of the sample group was analyzed by using the "Mental Health Battery" scale devised by Singh and Sen Gupta (2000).

Statistics: The statistics applied on the data comprises of ANOVA, T- test, Mean and SD. The levels of significance were obtained at highly significant (p -value < 0.01), significant ($p < 0.05$) and insignificant (p -value > 0.05). Data analysis was performed using IBM SPSS Statistics 18 software.

RESULTS

Age: The mean age of boys and girls from intact families were same (13.7) and that of boys

and girls from disrupted families were 14.8 and 14.4 respectively.

Time Elapsed Since Parental Loss: 63.3 percent of boys and 70 percent of girls from disrupted families have experienced paternal loss for five years, 16.6 percent boys and 10 percent girls for four years, 10 percent boys and 10 percent girls for three years. The rest of boys and 6.6 percent girls have lost their fathers two years before while as 3.3 percent girls have lost their father few months before.

Mental Health Status

Levels of Mental Health Status: From Table 1 it is clear that majority (36.66) of children from intact families have good mental health followed by children who have average (35 percent), excellent (15 percent) poor (8.33 percent), and very poor (5 percent) mental health. Gender wise difference in case of children from intact families reveals that majority (60 percent) of boys have good mental health followed by boys who have average (23.33 percent) and excellent (16.66 percent) mental health. In case of girls from intact families, majority (46.66 percent) fall in the level of average mental health followed by girls who have poor (16.66 percent) mental health. Equal percentages (13.33 percent) of girls have excellent and good mental health, whereas lowest percentages (10 percent) of girls have very poor mental health.

Majority of children from disrupted families fall in the category of very poor mental health (46.66 percent) followed by children who have poor (38.33 percent), average (8.33 percent) and good (3.33 percent) mental health. Gender wise differences in case of children from disrupted families have shown that majority (66.66 percent) of boys fall in the level of poor mental

Table 1: Levels of mental health status among children on the basis of family structure and gender

Levels	Children from intact families			Children from disrupted families			χ^2 analysis
	Boys n=30	Girls n=30	Total N=60	Boys n=30	Girls n=30	Total N=60	
Excellent	5(16.66)	4(13.33)	9(15)	-	-	-	CIF CDF**
Good	18(60)	4(13.33)	22(36.66)	2 (6.66)	2 (6.66)	4 (3.33)	BIF GIF*
Average	7(23.33)	14(46.66)	21(35)	3(10)	2 (6.66)	5 (8.33)	BDF GDF**
Poor	-	5(16.66)	5 (8.33)	20(66.66)	3(10)	23(38.33)	BDF GIF**
Very poor	-	3(10)	3 (5)	5(16.66)	23(76.66)	28(46.66)	BDF GIF** GDF BIF** GDF GIF**

**P ≤ 0.01 (highly significant), *P ≤ 0.05 (significant). CIF: children from intact families, CDF: children from disrupted families; BIF: boys from intact families; GIF: girls from intact families; BDF: boys from disrupted families; GDF: girls from disrupted families

health followed by boys who have very poor (16.66 percent), average (10 percent) and good (6.66 percent) mental health. Whereas majority (76.66 percent) of girls from disrupted families have very poor mental health followed by girls (10 percent) who have poor mental health. Equal percentages (6.66 percent) of girls have good and average mental health.

Chi-square analyses have revealed that there is significant difference between different groups on the levels of mental health status on the basis of family structure and gender.

General Description of Mental Health Status: From Table 2 it is clear there are differences in the mean score of mental health of children from intact families and those from disrupted ones. Children from intact families have higher mean scores on mental health as compared to children from disrupted families. While in case of both families, boys and girls are not on the same line in their mental health mean scores, a higher mean score can be seen for boys as compared to girls. The mean score follows the order: boys from intact families > girls from intact families > boys from disrupted families > girls from disrupted families.

Table 2: Mean and SD values of mental health status

Gender	Family type	Mean	Std. Dev.	N
Male	Intact	88.23	8.90	30
	Disrupted	76.50	8.92	30
	Total	82.36	10.63	60
Female	Intact	83.10	7.87	30
	Disrupted	70.86	5.76	30
	Total	76.98	9.21	60
Total	Intact	85.66	8.72	60
	Disrupted	73.68	7.97	60
	Total	79.67	10.27	120

Gender and Family Type Differences: The values obtained from the two-way ANOVA indicate that there are gender and family type differences in the mental health. The F value obtained for the differences in the mental health status of children from intact and disrupted families based on gender is 13.67 which is significant at 0.01 level (Table 3). 0.01 is a highly significant value, therefore it can be concluded that there are reasonably high differences in the mental health status of the boys and girls belonging to the two studied groups (Intact and Disrupted). Again the F value obtained for the second main effect viz. family type is 67.77 which is also significant at 0.01 level pointing

towards significant family type differences in the mental health of children from intact and disrupted families.

Table 3: Summary of two-way ANOVA of mental health status of children

Source	Sum of squares	Degree of freedom	Mean square	F value
Gender	869.40	1	869.40	13.67**
Family type	4308.00	1	4308.00	67.77**
Interaction	1.87	1	1.87	0.029
Within error	7373.03	116	63.56	
Total	774325	120		

**P ≤ 0.01 (highly significant)

Inter and Intra Group Differences: Since significant gender and family type differences among children from intact and disrupted families were seen from their mean scores and two-way ANOVA, the data was further analyzed to find out the inter and intra group differences. The comparisons were made among seven categories. The inter group comparisons were between children from intact and disrupted families, boys from intact and disrupted families, girls from intact families and disrupted families, girls from disrupted families and boys from intact families and boys from disrupted families and girls from intact families. The intra group comparisons were between boys from intact families and girls from intact families, boys from disrupted families and girls from disrupted families. The comparisons show that there are highly significant and significant differences among all categories (Table 4). The results reveal highly significant difference in the mental health of children from intact families when compared with that of children from disrupted families (t= 9.50, P < 0.01). Table 3 also furnishes gender based differences in the mental health status of both groups. t -value obtained for boys and girls from intact families (t=2.32, p<0.05) and for the boys and girls from disrupted families (t=3.02, p<0.01) are found to be significant and highly significant at 0.05 and 0.01 level respectively.

The comparison between boys from intact and disrupted families came out with a 't' - value of 5.74 and p<0.01 which is significant at 0.01 level and indicates highly significant difference between the mental health of two. In case of girls from intact and disrupted families, t- value

Table 4: Showing differences among various categories of children from intact and disrupted families

<i>Description</i>	<i>Mean</i>	<i>SD</i>	<i>"t" values</i>
CIF v/s CDF	85.66	8.72	9.50**
	73.68	7.97	
BIF v/s GIF	88.23	8.90	2.32*
	83.10	7.87	
BDF v/s GDF	76.50	8.92	3.02**
	70.86	5.76	
BIF v/s BDF	88.23	8.90	5.74**
	76.50	8.92	
GIF v/s GDF	83.10	7.87	8.08**
	70.86	5.76	
GDF v/s BIF	70.86	5.76	9.55**
	88.23	8.90	
BDF v/s GIF	76.50	8.92	2.76**
	83.10	7.87	

**P ≤ 0.01 (highly significant), *P ≤ 0.05 (significant)

obtained ($t=8.08$, $p<0.01$) is also found to be highly significant at 0.01 level.

The 't'- value obtained for boys from intact families and girls from disrupted families ($t=9.55$, $p < 0.01$) is found to be significant at 0.01 level. Comparisons also reveal highly significant differences among girls from intact families and boys from disrupted families with a t- value ($t=2.76$, $p < 0.01$).

DISCUSSION

Family plays an important role in development of children and any disruption in family structure can affect the development of children. And if the change in family structure is in the form of a loss of an immediate member like parent of a child, the consequences are more drastic. The results of this study indicate that there is a significant difference in mental health of children from intact and disrupted families with the children belonging to disrupted families having a lower mental health. These significant differences are also seen within each gender from the two family structures. These findings can be explained by the fact that children brought up in single parent families face emotional, social and financial problems. These children remain deprived of love; care and warmth of one parent as compared to children from two parent families are brought under the care, guidance and emotional support of both parents. Families that lose their male members, who in some cases are the sole earners in the family, will have an impact on the whole family. The children in addition to the economic effects will

experience the psychological effects of the absence of a parent. Therefore, this can be an additional factor contributing to the declined mental health of the studied children. Earlier reports support these results. In a comparative study by Cummings et al. (2010) on the impact of political violence on children from single and two-parent families, it was reported that emotional security and adjustment problems were more negatively affected in children from single-parent families. Sharma (2002) in his study on children of disrupted families has reported that due to disruption of the family, the children faced problems emotionally, socially, financially as well as academically. In a similar study by Sood (2006), it has been reported that children from single parent families are emotionally less competent and are more affected by negative emotions than children from single parent families. Therefore, like other children, children belonging to the disrupted families of the Kashmir valley show negative effect on mental health as a consequence of parental loss.

A gender based difference in the mental health status could also be observed in our study with the girls from both families appearing to be having significantly lower mental health status as compared to boys. Various studies have reported similar results. Studies by Van Ommeren (2000) and Cardozo et al. (2004) have shown that girls tend to suffer from psychiatric disorders more than their counterparts and their mental health is affected mostly. A study conducted by Islam (2010) has reported that there is gender disparity in mental health with girls showing significantly lower mental health than boys. This can be due to the fact that girls are emotionally less stable than boys, studies conducted by Aleem et al. (2005) and Visvanathan et al. (2011) on the college-going students have shown that the boys are emotionally more mature than girls. Considering the societal set up of the Kashmir valley, it can be expected that the young girls will relatively get more affected as compared to the boys. This can also be due to fact that boys participate more in outdoor activities as compared to girls whereas girls have to spend most of the time with their families. Further analysis of our data showed that girls from disrupted families have lowest status of mental health among the four groups studied. Girls after the death of their fathers develop close relations with their mothers who are themselves

affected by the loss of their husbands. Simultaneously they observe their mothers' experiences of the loss of their husbands and its psychological implications and thereby get further exposed to the psychological trauma.

From the present study it can be concluded that the paternal loss experienced by young boys and girls has affected their mental health status. Therefore, it becomes imperative to propose that need of the hour is to formulate programs and policies to alleviate the overall conditions and development of these children.

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