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Peer attachment and wellbeing: A study in orphan and non-orphan children

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Abstract

The objective of this study was to investigate difference in peer attachment and wellbeing of orphan and non-orphan children. The study was carried out in two orphanages and two schools run by Government in tricity of Chandigarh, Panchkula and Ajitgarh (Mohali) in India. The sample consisted of 50 orphan children (25 from each orphanage) and 50 non-orphan children (25 from each school) aged 12-18 years. Standardized tools were used to assess peer attachment and wellbeing of the subjects. The findings revealed that there existed significant difference in mean scores of trust in peers and total peer attachment of orphan and non-orphan children, with orphans having more trust and attachment with peers as compared to those of non-orphan children. As far as wellbeing is concerned, non-orphans as compared to orphans had higher mean score in positive outlook dimension of wellbeing whereas orphan children exhibited higher overall total wellbeing as compared to their counterparts belonging to non-orphan category.

Keywords: Peer Attachment, Wellbeing, Orphan, Non- Orphan

2. Introduction

Attachment is what matters most to all the children. While the first attachment relationships are established with parents, in subsequent moments of the life course individuals can form enduring attachment bonds with people external to their family. Besides promoting social and emotional --competencies and intervening in cases of difficulty, building the relationship with a peer helps with the child's self-esteems and feeling of wellbeing as well. Friends support and relate to them in various situations and give them the boost to move on in life. Peers as socialization agents help to mould children's behaviours and beliefs. They serve as role models and provide standards for acceptable behaviour, showing what is possible, what is admirable and what is cool. In addition, peers provide much-needed social and emotional support. They reinforce one another for acting in ways deemed appropriate for their age, gender, or ethnic group. Peer attachment provides an arena for learning a variety of social skills, including negotiation, cooperation, compromise, emotional control, and conflict resolution ^[1, 2]. According to Berndt (2004), there are four types of support that peers provide for each other: informational support, instrumental support, companionship support, and esteem support ^[3].

Peer attachment in adolescence differ dramatically from those in infancy, as various new issues - from peer and control, to gender and sexuality, to the increasing mutual capacity to provide comfort in relationships - all rise to prominence. Adolescents' and young adults' peer relationships have great social and emotional importance and have a capacity to set individuals on different trajectories for overall adjustment in life ^[4]. Young people tend to engage in both positive and negative behaviours with their peer groups. Although having friends is essential to healthy psychological and social development, the quality of relationships, and the types of activities they engage in, are also important to consider when examining the health and well-being of young people ^[3].

According to Wikipedia (2014), attachment refers to the emotional connection between individuals. While peer refers to a friend or a person who belongs to the same age group or social group as someone else ^[5]. Therefore, when we join these two words, it refers to emotional connection between individuals who belong to same age group or social group. In their study, Ma and Huebner (2008) have argued that there are significant changes made in the organization of attachment systems during adolescence and that the effects of peers may overshadow adolescents' needs for parental involvement during this stage of life span ^[6].

Wellbeing is a subjective sense of overall satisfaction and positive mental health. It is said to represent the person's evaluation of life as a whole, including oneself in both cognitive and affective terms as the purely subjective aspects of mental health ^[7]. Shah and Marks (2004) considered wellbeing to be more than just happiness, feeling satisfied and happy; well-being

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means developing as a person, being fulfilled, and making a contribution to the community^[8]. According to Mental Health Foundation (2010), good levels of wellbeing are associated with improved learning and academic achievement; reduced absence from work due to sickness; reductions in risk-taking behaviours; improved physical health; reduced mortality and increased community involvement^[9].

The Children's Society (2014) stated the following five factors that enhance the wellbeing of children^[10]:

- The conditions to learn and develop
- A positive view of themselves and an identity that is respected
- Positive relationships with family and friends
- A safe and suitable home environment and local area
- Opportunity to take part in positive activities to thrive

(Retrieved from <http://www.childrensociety.org/wellbeing>)

India is the world's largest democracy with a population of over a billion people, of which 400 million are children. The number of orphan children in India stands at approximately 55 million which is about 47% of the overall population of 150 million orphans in the world^[11]. Approximately 18 million children in our country live or work on the streets, and majority of them are involved in crime, prostitution, gang related violence and drug trafficking and a large number of these children are orphans^[12]. The data from the National Family Health Survey-3 for the year 2005-06 reported that about 20 million of the total population of India - that is, more than the total population of greater Delhi - are orphans. Of those 20 million, only 0.3% of the children were orphaned by the death of their parents. The rest - 99.7% of them are abandoned children.

Some consequences of being orphan includes economic deprivation, lack of social and emotional support, school drop-outs, discrimination and lack of sense of security^[13]. It could lead to internalized emotional problems (depression, anxiety and poor self-esteem) and/or externalized emotional problems such as behaviour dysfunction^[14]. The effects of death and bereavement are not always negative. Positive effects are possible when a child moves from a poor family to an economically better-off orphanage with stimulating environment. Children who are fostered may be motivated to use all their power to prove their worth to their new families and to win their support. Children who are forced to live on their own may behave more responsibly and more maturely out of the sheer need to survive.

Objectives

The present study was undertaken with the following specific objectives:

- To determine the level of peer attachment and wellbeing in orphan and non-orphan children.
- To compare peer attachment and wellbeing of orphan and non-orphan children.

2. Method

2.1 Participants

The present research was conducted in selected orphanages and schools run by Government in tricity of Chandigarh, Panchkula and Ajitgarh (Mohali).

2.1.1 Selection of Orphan Children

A list of all the orphanages run by Government in Chandigarh, Panchkula and Ajitgarh (Mohali) was obtained from the internet. From this list, 2 orphanages were selected randomly. From each selected orphanage, a list of all the children along

with their age was taken from wardens of both the institutes. The age range of the children staying in orphanages was found to be between 6 years to 23 years. From both the orphanages, 50 children (25 from each orphanage) irrespective of their gender, falling in the age range of 12-18 years were selected.

2.1.2 Selection of Non- Orphan Children

For the comparison of orphan children with non-orphan children, an equal number of children i.e. 50 children between the age range of 12-18 years, staying in homes were selected from two Government Schools of Chandigarh, Panchkula and Ajitgarh (Mohali). For this purpose, a list of all Government Schools was obtained from the internet. From the list, two schools were selected randomly. From each school, 25 children irrespective of their gender, falling between the age group of 12-18 years were selected on the basis of random sampling.

2.2 Instruments Used

2.2.1 Inventory of Parent and Peer Attachment

To assess the positive and negative dimensions of relationships of children with their peers, revised version of Inventory of Parent and Peer Attachment (IPPA) by Armsden and Greenberg (2009) was used^[15]. The tool separately assesses mother attachment, father attachment and peer attachment. The peer attachment part was only used for the present research. The reported test-retest reliability for peer attachment part is 0.86 and its internal reliability (Cronbach's alpha) is 0.92. The convergent validity has been reported by the authors on the basis of moderate correlations between the IPPA and other measures.

The inventory consists of 25 items which assess the three broad dimensions: degree of mutual trust; quality of communication; and extent of anger and alienation. The answers for each item range from almost never or never true (1) to almost always or always true (5). The inventory is in English. So it is translated into Hindi language for use with children staying in orphanage and home.

2.2.2 The Stirling Children's Wellbeing Scale

The Stirling Children's Wellbeing Scale (SCWBS) was initiated by the Stirling Educational Psychology Service with the objective of creating a holistic, positively worded scale measuring emotional and psychological wellbeing of children aged 8 to 18 years. The scale has internal reliability (Cronbach's alpha) of 0.82 and good external validity of 0.64. The tool consists of 12 items, with 6 items each relating to emotional and psychological wellbeing, namely Positive Emotional State and Positive Outlook. The scale additionally includes a social desirability sub-scale in order to determine whether any participant's scores have a response set - that is, there is a bias in the way they answer - or a predominance of socially desirable answers. The social desirability sub-scale consists of 3 items. The answers for each item range from Never (1) to All of the time (5). It is in English. So it was translated in Hindi language for use with children.

2.3 Procedure

Permission from the wardens of the selected orphanages and principles of the selected schools was sought to carry out the study. After creating rapport with the subjects, the selected psychological tools were administered. On an average, a subject was approached twice individually for completing data collection.

2.4 Statistical Analysis

For analyzing the data, percentage, mean, standard deviation, standard error of mean and 't' test were used.

3. Results and Discussion

Data related to percentage distribution of orphan and non-orphan children with regard to their level of peer attachment

and wellbeing have been furnished in Figures -1 and 2, respectively.

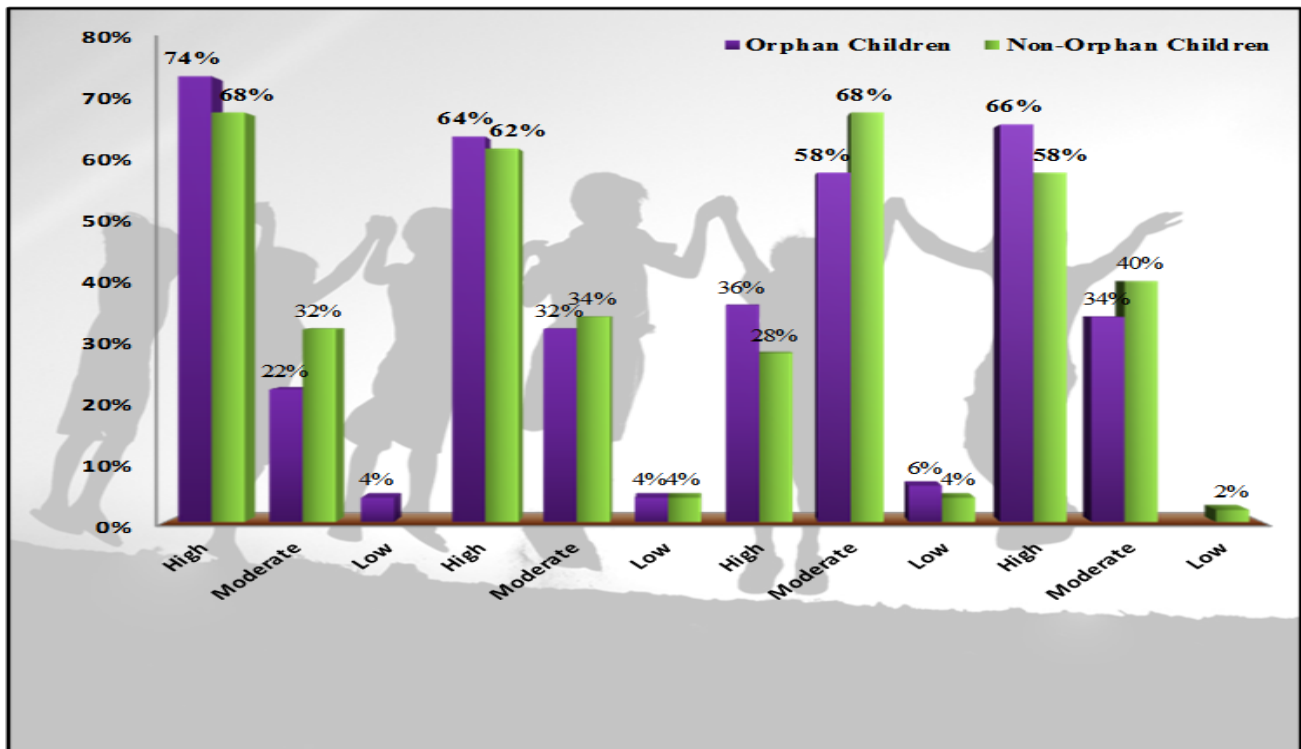


Fig 1: Percentage Distribution of Orphan and Non-Orphan Children with Regard to Level of Peer Attachment

The glance over Figure -1 shows that majority of both orphan and non-orphan children showed high level of trust (74% and 68%, respectively) and communication (64% and 62%, respectively) with their peers. As far as alienation from peers

is concerned, both types of subjects showed moderate level (58% and 68%, respectively). On the whole, majority of both orphan and non-orphan children showed high level of peer attachment (66% and 58%).

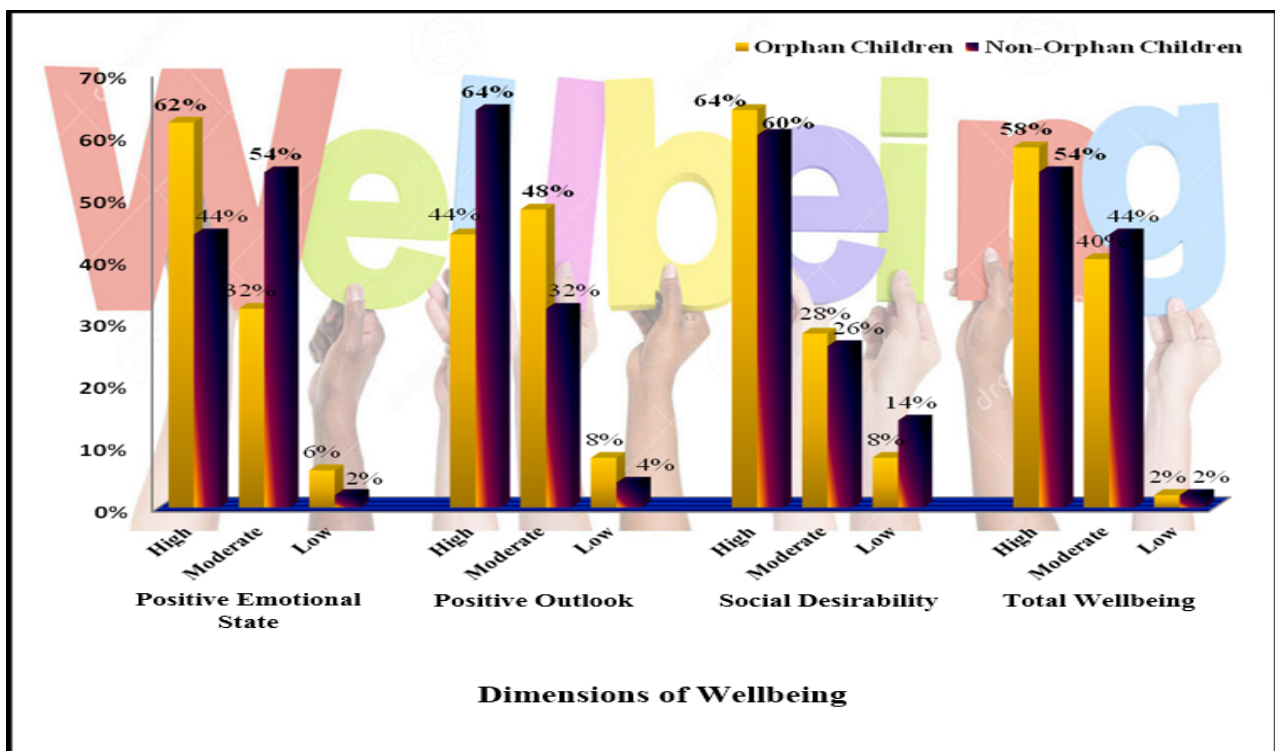


Fig 2: Percentage Distribution of Orphan and Non-Orphan Children with Regard to Level of Wellbeing

The findings in Figure-2 indicate that orphan children had high level (62%) of positive emotional state while on the same dimension, non-orphan children had moderate level (54%). Majority of orphan children scored moderate (48%) on positive outlook whereas on the same dimension, non-orphans scored high (64%). As far as social desirability is concerned, high level (64% and 60%, respectively) was shown by orphan

as well as non-orphan children. On the whole, majority of both orphan and non-orphan children scored high on total wellbeing (58% and 54%).

Results related to significance of difference between mean scores of peer attachment and wellbeing of orphan and non-orphan children have been furnished in Table-1.

Table-1: Significance of Difference between Mean Scores of Peer Attachment and Wellbeing of Orphan and Non-Orphan Children N = 100 (50 Orphan Children + 50 Non-Orphan Children)

S. No.	Variables	Dimension /Area	Sample	Mean	SD	SEM	t-value	p-value
1.	Peer Attachment	Trust	Orphan Children	40.28	7.7539	1.0965	2.0522	<0.05
			Non-Orphan Children	37.32	6.6253	0.9369		
		Communication	Orphan Children	30.38	6.7306	0.9518	0.5183	NS
			Non-Orphan Children	31.00	5.1229	0.7244		
		Alienation	Orphan Children	23.82	4.3221	0.6112	0.7049	NS
			Non-Orphan Children	23.20	4.4721	0.6324		
	Total Attachment	Orphan Children	96.62	14.1888	2.0065	1.9825	<0.05	
		Non-Orphan Children	91.88	12.0582	1.7041			
2.	Wellbeing	Positive Emotional	Orphan Children	23.12	4.5294	0.6405	1.140	NS
			Non-Orphan Children	22.12	4.3713	0.6181		
		Positive Outlook	Orphan Children	22.44	4.3713	0.6072	2.2156	<0.05
			Non-Orphan Children	24.36	4.2940	0.6182		
		Socially Desirable	Orphan Children	11.38	1.4831	0.2097	0.8758	NS
			Non-Orphan Children	11.08	1.9149	0.2708		
	Total Wellbeing	Orphan Children	56.64	8.8820	1.2561	2.0063	<0.05	
		Non-Orphan Children	54.83	7.9916	1.1301			

Results presented in Table-1 show that there existed significant difference in mean scores of trust in peers ($t=2.0522$, $p<0.05$) and total peer attachment ($t = 1.985$, $p<0.05$) of orphan and non-orphan children, with orphans having more trust and attachment with peers as compared to those of non-orphan children.

As far as wellbeing is concerned, non-orphans as compared to orphans had higher mean score in positive outlook dimension of wellbeing ($t = 2.2156$, $p<0.05$) whereas orphan children exhibited higher overall total wellbeing ($t = 2.0063$, $p<0.05$) as compared to their counterparts belonging to non-orphan category.

The present results showing orphan as compared to non-orphan children having more trust and more attachment with their peers get support from the findings of [13, 16, 17]. Contrary findings are also revealed in a large number of studies reporting that non-orphans scored high in peer attachment when compared with orphans [18, 19, 20, 21]. They found that orphan children displayed indiscriminate friendliness, poor peer attachment and more problems in peer relationships than non-orphan children.

The possible reason for the obtained result in the present study might be that in the absence of parents, orphan children express their emotions and feelings openly with their peers. Not only they spend more time with them but disclose their inner self with them. Moreover, they do not have any hesitation with them as they are their age mates and at the same time are less controlling and less judgemental than adults. So they interact, share their feelings and take guidance from them at the time of need. As a result, they become as substitute for their parents [22].

The present results have revealed that non-orphan children have more positive outlook as compared to orphan children. As far as total wellbeing is concerned, orphan children scored more than those of non-orphan children. The results get the support of the findings of Sarason and Sarason (1989), Thielman *et al.* (2009), Whetten *et al.* (2009), and Tadesse, Dereje and Belay (2014) [23, 24, 25, 26]. Contrary findings have

also been reported in various studies revealing that non-orphans scored higher on wellbeing as compared to orphans due to the parental support and motivation [27, 28, 29, 30]. While there are some other studies that found no difference in wellbeing of orphans and non-orphans [31, 32, 33].

The possible reason for the present finding could be that children living in orphanages cope with their problems themselves which make them more independent and confident. Environment in orphanages does not give family style care but they fulfill all the needs of the children essential for their overall development. The environment of orphanage is usually such that it makes them learn how to take care of their own emotional needs with self-soothing and self-stimulating behavior. That is why, orphan children feel a control over their environment [34]. Being independent, they make appropriate choices and decisions, and respond effectively to change which help in enhancing their wellbeing [35]. The same fact has been endorsed by the findings of Negi (2010) [36]. He reported that good intellectual functioning, having caring friends, flexibility to deal with life challenges, managing the surroundings and making choices independently may lead to good wellbeing outcomes in orphan children.

4. Recommendations

The present study has implications for social welfare workers and policy makers. On the basis of results of the study, it can be recommended that conducive environment in orphanages should be created in order to compensate for effect of parental deprivation on well-being of children.

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