

The Comparative Study of Coping Strategies in Single Parent Adolescents in Orphanage and Domestic Homes



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Abstract: *The current study is the comparison of coping strategies between single parent adolescent orphans living in orphanages and domestic homes. The Study used Coping Orientation to Problems Experienced Inventory (Carver, 1997) for data collection. The sample consisted of 314 participants. The findings of the study revealed that coping strategies in single parent adolescents in domestic homes are better than single parent adolescents in orphanage. The findings of the current study would be helpful for psychologists, psychiatrists and mental health workers to design a treatment plan for low self-esteem, socioemotional skills and coping strategies in orphans living in orphanages as well as domestic homes.*

Keywords: Parent, Adolescent, Orphanage, Home, Coping

Introduction

Adolescence marks a pivotal phase characterized by significant biological shifts linked to puberty. This period introduces amplified social expectations, the complexities of forging new relationships, navigating stressors tied to accomplishments, financial worries, clashes with figures of authority, and an array of other challenges (Steiner & Feldman, 1995). However, the extent of challenges stemming from stressful experiences significantly varies among individuals.

These differences arise partly from the diverse resources available and the coping strategies employed by each person to deal with difficult life events. (Kausar & Munir, 2004). Home environment is the first site of learning that plays a crucial role in the development of psychosocial skills of an individual. As an estimated 153 million children and adolescents, between new born and 18 years old, have lost one or both of their parents, and daily, 5760 more children lose at least one parent.

It is projected that there will be around 500 million orphaned children all around the world by the end of 2018. Consequently, children and adolescents living in orphanages face a considerably higher risk of serious mental and behavioral problems such as depression, anxiety, personality disorders, coping difficulties, adjustment issues, and low self-esteem, up to seven times more than their peers (Ismail et al., 2017).

Many research investigations have demonstrated that orphans have elevated levels of psychological distress. They have exhibited emotional and behavioral imbalance issues, including symptoms of anxiety, depression, and post-traumatic stress disorder. These circumstances deteriorated gradually over an extended duration. (Shafiq & Kiani, 2022).

The orphans not only face a lack of healthcare providers, but also have to fight stigmatization, isolation, and injustice. The significant incidence of child mental health issues is concerning due to the fact that evidence-based

practices (EBPs) are recognized as influential contributing factors to the development of psychiatric and physical illnesses, as well as premature mortality in adulthood. (Shahbir et al., 2022)

Coping strategies

A coping mechanism refers to an activity, a sequence of acts, or a cognitive process employed to deal with a challenging or unpleasant circumstance, or to adjust one's response to such a scenario. Coping strategies generally entail a deliberate and straightforward approach to addressing challenges, as opposed to defense mechanisms.

Coping strategies primarily address matters and sentiments. When an individual is incapable of surmounting obstacles to fulfill their desires, they may exhibit offensive behavior such as anger and aggression. Adolescents will experience a heightened sense of comfort when being alone themselves, leading to the manifestation of psychological and physiological problems. The data also demonstrate the utilization of coping strategies by teenagers who have been orphaned. (Afrasiabi & Akbarzadeh, 2007).

The study reveals four distinct aspects of resilience, which refer to the ability to adjust and persist under difficult circumstances. Adolescent participants facing psychological problems can employ eight coping strategies, which include adopting a spiritual approach, seeking support from friends or family, repressing feelings of sadness and longing, redirecting feelings of sadness through other activities, resorting to substance abuse, engaging in negative behavior, and displaying indifference towards their surroundings. (Afrasiabi & Akbarzadeh, 2007). Coping strategies are the cognitive and behavioural efforts an individual makes to manage or reduce the internal and external demands of a stressful situation.

Coping strategies are the specific techniques, actions, or thought processes that individuals employ to handle the challenges posed by a stressor. It discusses various coping strategies and the role of cognitive appraisal in stress

management (Folkman, 2020). Coping strategies encompass the various ways people try to deal with stressors, regulate their emotional responses, and adapt to adversity. These strategies can range from problem-solving and seeking social support to emotional expression and avoidance. (Carver, 1997).

Single parenting

Single parenthood is characterized by the absence of one or both parents, or when a kid is raised in a setting where the obligations of two individuals caring for children are assumed by a single person. Single parenthood refers to a family structure where independent offspring are raised by single mothers or fathers. (Malik, 2022).

Adolescence

Adolescence, the transitional stage between childhood and adulthood, often commences around the age of 12 or 13 and concludes around the teenage years or early twenties. This phase is a vulnerable stage of development characterized by the search for identity. Consequently, parental involvement is crucial as adolescents seek guidance and support. When faced with parental divorce, adolescents may experience confusion and feelings of isolation, making them more susceptible to developing identity confusion. (Saraswat & Unisa 2017).

Adolescence is a stage where it needs equal emotional bonds between the children and parents or their caregivers for a healthy physical, emotional and social development for a child which follows from centuries. In the case of orphans they are away from parents and their models in behaviour forming are peer groups or others. The loss of parents during childhood also termed as orphan hood is considered stressful and deemed as a risk factor for poor mental of children (Saraswat & Unisa, 2017)

Orphan

An orphan is child who has lost either a single parent or both the parents and suffers for love, affection, care and concern (Kaur et al., 2018).

Orphanages

An orphanage is a residential institution, or

group home or foster home, devoted to the care of orphans and children who, for various reasons, cannot be cared for by their biological families. The parents both or any one of them may be deceased, absent, or abusive (Kaur, 2018).

Domestic homes

Domestic generally means relating to someone's family, home, or home country. It is basically a home in which a family members live together (Kaur, 2018). Approximately 220 million orphans are believed to exist globally. Each day, a total of 5,760 children worldwide are left without parents, making them orphans. Orphans residing in group homes or institutions require increased affection and attention due to heightened risks to their progress and growth, which can lead to feelings of alone, bewilderment, seclusion, and distrust, among others.

The majority of studies have indicated that orphans experience a greater degree of psychosocial difficulties compared to their non-orphan counterparts. Research indicates that orphans exhibited lower levels of psychological well-being compared to non-orphans, who demonstrated higher levels of psychological well-being. Being an orphan frequently leads to a decrease in family earnings, diminished health, and emotional difficulties. Additionally, it might disrupt the family network and impose additional responsibilities on family members and caretakers. Orphans and other vulnerable children experience a higher prevalence of emotional and behavioral problems due to their exposure to abuse, exploitation, neglect, and the absence of parental love and care. (Kaur, 2018). They are more prone to emotional dependency, insecurity, and neediness. The majority of orphans repress their emotions and attempt to forget their past, parents, and orphanhood in order to overcome their grief. The majority of the children residing at the orphanage see their fellow convicts as their family and rely on each other for assistance. Some orphans feel responsible for their circumstances and therefore want to isolate themselves and express their emotions through crying. Certain children resort to negative behaviors as a means of dealing with

their difficulties. (Kaur, 2018).

Literature Review

A correlational research on 60 adolescents as a victim of parental divorce in Banda Aceh city and surrounding area, they were 12-20-year-old and had been experiencing parental divorce for 1 to 6 years (Dahlia & Tartilla, 2019). Results showed positive correlation existed between denials and self-blame in individuals as victims of parental divorce. Another coping aspect used by the adolescents in this study is the using emotional support and the using instrument support (Dahlia & Tartilla, 2019). It is known that a divorce could lead to stress for adolescents.

A research on the study examined foster children, biological and non-foster children with respect to behavior problems, competence, esteem, attachment, coping, and family perceptions in order to identify significant differences among these groups (Schiefer, 1994). The sample size was of 246, such that the findings reported that foster children presented with more problematic behavioral and psychosocial features when compared with non-foster children.

An In-Depth Study of Psychosocial Distress Among Orphan and Vulnerable Children Living in Institutional Care in New Delhi, India and Their Coping Mechanisms was conducted (Saraswat & Unisa, 2017). Study was limited to psychological wellbeing of orphan children and various coping mechanisms adopted by them, sample size was 15 children aged 10-17 years were randomly selected including 9 boys and 6 girls was considered appropriate to capture the essential information. Results revealed that huge psychological torment among orphan children.

A research on Pakistani adolescents' coping with stress: effect of loss of a parent and gender of adolescents (Kausara & Munir, 2004) examined the effect of parental loss and gender of adolescents on their coping with stress. Sample size was 80, findings showed that Loss of a parent showed significant effect on adolescents' coping compared to those who had both living parents.

The research seeks to assess and contrast the prevalence of mental health issues, such as depression, anxiety, and stress, among orphans and non-orphans. Additionally, it wants to investigate the distinct utilization of coping mechanisms between these two groups. A battery of tests was conducted on a sample of 100 orphaned individuals and 100 non-orphaned individuals, all of whom were between the ages of 15 and 25 and living outside of institutions. The research findings indicated that orphans had utilized coping mechanisms less frequently in comparison to non-orphans. Double orphans exhibit markedly elevated levels of stress, anxiety, and depression compared to single orphans. In addition, double orphans exhibit notable variations in their utilization of coping mechanisms as compared to single orphans. (Shafiq & Kiani, 2022).

A research investigation was carried out utilizing the Kidcope scale to examine the difficulties encountered by 89 orphaned children from orphanages and 100 non-orphans from public schools in Accra, Ghana. The study focused on the problems faced by the participants in the past month, their coping strategies, and their effectiveness in dealing with these challenges. The findings indicated that orphaned children exhibited a considerably higher prevalence of peer interaction issues compared to non-orphans. Conversely, non-orphans primarily reported challenges in their relationship with their caregiver. (Yendork & Somhlaba, 2014).

A cross-sectional study was done, involving 109 adolescent orphans residing in several institutions. The Strengths and Difficulties Questionnaire was utilized to evaluate emotional and behavioral problems (EBPs), while the KIDCOPE scale was employed to examine coping techniques. Research findings indicate that children living in orphanages experience behavioral and emotional difficulties and employ ineffective coping mechanisms. It is crucial to closely observe and sustain an ideal state of mental well-being for this susceptible demographic in our nation. (Shahbir et al., 2022)

Theoretical Background

Psychoanalytic Theory of Freud

According to psychoanalytic theory of Freud, the mental illness and defaulted personality outcomes originates in the adaptations made to the traumatic experiences in early life (Silverberg, 2013). Freud pioneered the development of a genuinely modern theory of personality, mostly grounded in his clinical findings. He formulated a comprehensive "Grand Theory" that aimed to elucidate the entirety of human nature across all individuals. Freud claimed that personality formation occurs in early childhood and that our personalities and behavior are influenced by our childhood experiences. (Freud, 1901). As we are studying coping strategies of individual that makeup major portion of personality in adolescence, which is better explained by Freud's Psychoanalytic theory in which he also gave the concept of defense mechanisms which he defined as defined defense mechanisms as "unconscious resources used by the ego" to decrease internal stress ultimately. According to Freud, defense mechanisms are used by individuals who have early childhood conflicts resulting in poor coping strategies.

Rationale of Study

The current study will explore the relationship between coping strategies between single parent adolescents in orphanage and domestic homes. These variables are explained in previous literature with different variables. After reviewing different researches on our desired topic, the research gap we concluded was that individual researches were done on our variables with respect to either of orphans living in orphanages or such adolescents living in domestic homes. The present study is based on coping strategies with the comparison of orphans in both domestic homes and orphanages furthermore, the orphans lie in the category of single parent adolescents

Problem Statement

This study will be aimed to explore the relationship coping strategies in single parent adolescents living in orphanages and domestic

homes. The study will also intend to find out the impact of demographic including age and gender.

Methodology

Hypothesis

There are better coping strategies of single parent child in domestic home than orphanages.

Operational Definition

Coping Strategies

Coping strategies of a person are defined by the scores that a person gets on Coping Orientation to Problems Experienced Inventory (Brief-COPE) (Carver, 1997).

Instruments

Coping Orientation to Problems Experienced Inventory (Brief-COPE)

The Brief-COPE is a 28-item self-report questionnaire specifically intended to assess both effective and poor strategies for dealing with a stressful life event. The term "coping" has a broad definition, referring to the various strategies employed to reduce the emotional burden caused by unfavorable life events. The COPE inventory was developed by (Carver et al. in 1989). The inventory is a comprehensive tool designed to evaluate the many coping mechanisms individuals employ when faced with stress. COPE is an acronym for Coping Orientation to Problems Experienced. (Carver, 1997). The Brief COPE has good internal consistency and a well validated scale with appropriate construct validity and a high level of reliability such that; Cronbach's alpha: 0.67 (Mohanraj, 2015).

Sample

The sample for the current study was 314. The sample included individuals from both domestic homes and orphanages. The sample included both single parent male and female adolescent orphans between ages 12-19. We first identified

different orphanages and domestic homes, then randomly selected a representative sample of single parent individuals from both. We considered different factors like age, gender, educational background to ensure diversity among the samples.

Inclusion criteria

The current study included all single parent male and female adolescents from orphanages and domestic homes in the sample. The age limit that was included ranges from 10-19 years

Exclusion criteria

The sample of current study did not include any orphans other than the category of single parent male and female adolescents from orphanages and domestic homes. Age limit other above and below the age range 10-19 years was excluded

Procedure

First of all, we took permission from administration to access the orphanages across different areas of the city on the basis of which we selected our sample but before that we explained our research topic and its purpose, expected duration, benefits, risks and procedures to the higher authorities. During the current study the participants were assured to follow ethical rules, hence assuring the participants that their information was kept confidential and their given information was not be used for any other purpose. Then the single parent adolescent orphans were approached individually at orphanages and domestic homes individually and took consent from them, after that questionnaires were provided and directions were given to them that how to fill the questionnaires, the filled forms were then collected back, analyzed and totaled for the scores. Then those scores were filled in on SPSS software and analyses was run on the filled data from where we got our results which proved our hypothesis.

RESULTS

Table 1

Demographic Profile of the total study sample (N=107)

Variables	Frequency	Percentile
Age	314	100
12- 15	139	44.3
16-19	173	55.1
Gender	314	100
male	183	58.3
female	129	41.1
Family status	314	100
Domestic homes	156	49.7
Orphan ages	156	49.7
No of siblings	314	100
1-5	260	82.8
More then 5	46	14.6
Only child	6	1.9
Educational status	314	100
4 grade -8	64	20.4
Matric	131	41.7
Fsc	117	37.3
Socioeconomic status	314	100
UPPER	21	6.7
LOWER	194	61.8
MIDDLE	97	30.9

Table 1 shows the sample distribution for all participants (N=314) included in the study on the basis of their age (12-15=139, 16-19=173), family status (orphanage= 156, domestic homes= 156), gender (male= 183, female=129), no. of siblings (1-5=260, more than 5=46, only

child=6), educational status (4th to 8th grade= 64, matric=131, fsc=117), socioeconomic status (upper=21, lower=194, middle=97)

Table 2

Alpha Reliability Coefficient of Scales used in the study

SCALE	NO OF ITEMS	α
cope	28	.67

Note: COPE: Coping Orientation to Problems Experienced Inventor, respectively.

Table 2 shows that the scale possessed good alpha reliability ie (.67).

Table 3

Impact on coping strategies in single parent child in domestic homes and orphanage.

Variables	Domestic homes		Orphanages		df	p	t	95%		Cohen's d
	M	SD	M	SD				Lower	upper	
Totalcope	2.40	.28	3.02	.27	310	.000	19.53	.68	.56	2.21

Note: df: degrees of freedom; p: significance value; M: Mean; SD: Standard Deviation; tcope: Total Coping Orientation to Problems Experienced Inventory (Brief-COPE)

Table 5 shows that the Impact on coping strategies in single parent child in domestic homes and orphanage, which was evaluated by using independent sample t-test. There was significant difference between the scores of domestic homes ($M=2.40$, $SD=.28$) and orphanages ($M=3.02$, $SD=.27$), $t(310) = 19.53$, $p < 0.05$ (two-tailed). Cohen's d value 2.21 shows large effect size.

Discussion

The present study aimed to investigate the correlation between coping mechanisms in adolescent orphans raised by single parents in domestic households and those residing in orphanages. Both groups consider mental health to be a highly significant factor. The prevalence of mental health disorders, including depression, anxiety, social dysfunction, stress symptoms, and other difficulties, among teenagers and early adults varies from 5% to 80% across different populations globally. The present study was conducted to gain a comprehensive grasp of the psychological discomfort experienced by single parent adolescents residing in orphanages and domestic households.

The current study findings indicate that children had access to essential life requisites such as nourishment, attire, and housing. They had the opportunity to get education and receive necessary medical assistance. Notwithstanding the various difficulties, the children remained assured that the education they got at the orphanage will equip them to overcome any challenges they may encounter in life. The current study also revealed that while the children's physical needs were being fulfilled at the orphanage, their emotional needs were largely neglected. The majority of the youngsters encountered various psychological issues, such as diminished well-being, low self-esteem, deficient socioemotional abilities, and inadequate coping methods.

Similar to previous research, this study also confirmed that children experience a range of psychological problems as a result of losing a parent. Psychological concerns such as stress, despair, lack of affection, longing for parents,

emotional instability, low self-esteem, loneliness, helplessness, and lack of purpose in life are commonly experienced by those residing in orphanages. Children residing in orphanages experience a multitude of mental health issues due to the absence of parental or familial support, low self-esteem, impoverished economic circumstances, and the impact of numerous biological changes on their development. Due to their inability to regulate their emotions and behavior, individuals experience a multitude of mental health problems.

The hypothesis of our study explained the correlation between coping strategies in single parent adolescent orphans in domestic homes and orphanages. Current study found there was a positive correlation such that single parent adolescents at domestic homes had better coping strategies as compared to those living in orphanages.

The results of the present study were consistent with earlier research. Adolescence is a crucial stage of life during which young individuals are highly responsive to even subtle changes occurring in their surroundings. During periods of stress, individuals may have a lack of inclination to engage in social interactions and socialize with others. They may exhibit a reluctance to engage in discussions about their difficulties with others, and in their effort to seek alone, they actively distance themselves from social interactions.

Amidst this period of change, the most straightforward approach appears to be the act of denying the occurrence of the traumatic incident. This discovery aligns with previous research indicating that adolescents residing in orphanages exhibit a multitude of health-risk behaviors, such as frequent engagement in cigarette and marijuana smoking, as well as alcohol consumption. Furthermore, these individuals tend to employ coping strategies that predominantly involve externalizing their emotions, while relying less frequently on strategies that seek support from others. (McCubbin et al., 1985).

Nadyatusofia's study (Nadyatusofia, 2020) on subjective well-being in adolescents reveals that most teenagers residing in orphanages are not there voluntarily but due to economic factors, resulting in their becoming orphans or being abandoned by their parents. This is additionally validated by a study carried out by the Ministry of Social Affairs and UNICEF's "Save the Children". (Nurfahanah et al., 2019)

Coping techniques, also known as coping mechanisms, refer to strategies or approaches used to effectively manage stress, which can have either positive or negative effects. Religious or spiritual coping refers to the utilization of one's beliefs as a mechanism to deal with the challenges and hardships of life. The attendees proposed prayer as the spiritual remedy to the situation. (Utami, 2020). Participants indicated that they resolved the situation using physical means, such as engaging in violent altercations, forcefully closing their sandals, or escaping from the institution. This claim is supported by a study conducted by (Saraswat & Unisa 2017), which discovered that children in the study expressed their worries or anger by either confiding in their classmates or engaging in conflicts with the caretakers of the orphanage.

Adolescents will actively avoid clear of an unfavorable environment. They are quite angry. The research participants expressed their intention to engage in conversations about their concerns and experiences, share information with persons not affiliated with the institution, and reach out to family members still residing in the orphanage in case they encountered any difficulties. This statement aligns with the findings of the research, which revealed that the individuals involved in the study sought out reliable acquaintances to engage in conversations about their worries. (Dewi & Henu, 2021) Moreover the current study also found that adolescents at orphanage were not able to deal with the intense situations, they more of tried to escape from situations and were involved in risky behaviors.

Conclusion

The current study, we have explored the intricate

relationships between coping strategies among single-parent adolescent orphans residing in domestic homes and orphanages. The findings reveal the complexity of these interactions and shed light on the unique challenges and opportunities faced by this vulnerable population. Our research underscores the critical importance of providing holistic care that not only addresses the basic physical needs of these adolescents but also prioritizes their mental and emotional well-being.

We have observed a higher prevalence of mental health issues among adolescents in these settings, emphasizing the urgent need for accessible and effective mental health interventions and support services. Furthermore, our findings advocate for a greater focus on family strengthening and prevention strategies to reduce the number of adolescents placed in orphanages. We encourage international collaboration and the sharing of best practices to improve the quality of care and support provided to these adolescents.

The present study is an attempt to capture the theorized link between self-esteem, socio-emotional adjustment and coping strategies in adolescents living in orphanage and those living with their parent in domestic homes. The findings of the present study suggest that there is a significant correlational relationship between the variables. Due to the lack of family and environment issues, single parent orphans in orphanages suffer higher mental health issues in comparison with single parent orphan adolescents in domestic homes, moreover their involvement was in risk taking and unethical behaviors.

In conclusion, this study highlights the resilience, potential, and well-being of single-parent adolescent orphans, offering valuable insights to inform policies, interventions, and caregiving practices that can contribute to their improved quality of life and brighter future prospects.

Limitations and Suggestions

The accuracy and reliability of data may be affected by the methods used for data collection, such as self-report questionnaires or interviews.

Respondents might not always provide completely truthful or accurate responses. Use a combination of data collection methods, such as self-report questionnaires, interviews, and observations, to cross-validate findings and minimize potential biases.

The study's findings may not be universally applicable, as they might be influenced by cultural and contextual factors that vary across regions and countries. The experiences and perceptions of orphans in different cultural contexts can be significantly different. It is suggested to conduct sub-analyses or comparative studies that account for cultural and contextual differences to understand how these factors may influence the relationships being studied.

Ensure that the sample is diverse and representative of the target population. This can involve recruiting participants from various regions, socioeconomic backgrounds, and cultural contexts. Respondents may provide answers that they believe are socially desirable, potentially biasing the results, especially when discussing sensitive topics related to self-esteem and coping strategies. Assure participants of the anonymity and confidentiality of their responses to reduce social desirability bias in self-report data.

The sample size of current study was small (314) as it was a mini research, it limited the statistical power of the study, making it difficult to detect significant relationships. Aim for a sufficiently large sample size to increase the statistical power of the study and improve the ability to detect meaningful relationships.

The sample was collected from a small city of Pakistan, findings might be impacted if different regions or cities were included. Ensure that the sample is diverse and representative of the target population. This can involve recruiting participants from various regions, socioeconomic backgrounds, and cultural contexts. The sample was confined to a particular age limit of adolescents between 10 years to 19 years, adults or childhood ages were not the part of the study, different age groups must be included and studied such that

childhood, adulthood etc. Different age groups must be included and studied such that childhood, adulthood etc.

Implications of study

The implications of a study on the relationship between self-esteem, socio-emotional skills, and coping strategies in single-parent adolescent orphans living in domestic homes and orphanages are multifaceted and can have practical, policy, and research-related consequences. The study can inform policymakers and governments about the specific needs of single-parent orphaned adolescents.

It may lead to the development of policies and programs that provide better support and resources for this vulnerable population. Insights from the study can contribute to improving the quality of care in orphanages and domestic homes. Efforts can be made to provide not only for the basic physical needs but also for the emotional and psychological well-being of these adolescents.

Given the higher prevalence of mental health issues among adolescents in these settings, the study highlights the need for accessible and effective mental health interventions and counselling services for orphaned adolescents. The findings can support the development of educational and life skills training programs to empower orphaned adolescents to become more self-reliant and better equipped for their future.

Research outcomes may encourage family support initiatives, including parenting skills training for single parents, to help keep families intact and reduce the number of adolescents placed in orphanages. Strategies for building resilience and teaching effective coping skills can be integrated into educational and caregiving programs for orphans.

The study can raise awareness about the unique challenges faced by single-parent orphaned adolescents and advocate for their rights and well-being on both local and global levels. Caregivers in orphanages and domestic homes can benefit from training programs that focus on addressing the mental and emotional needs of

adolescents under their care.

The findings may prompt preventive measures and family strengthening programs aimed at reducing the number of orphans by addressing the underlying issues that lead to children being placed in orphanages. The study can encourage collaboration between countries and organizations to share best practices and learn from each other's experiences in caring for orphaned adolescents.

In conclusion, a study in this area has wide-ranging implications that can influence policies, interventions, and support systems to enhance the well-being and prospects of single-parent adolescent orphans, ultimately improving their quality of life and future opportunities.

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