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# Effectiveness of resilience programme on strengths and difficulties among adolescents in a selected Orphanage Home, Coimbatore

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#### **Abstract**

**Introduction:** Once upon a time, the school days were called the best part of one's life. If we rewind back by only 2 decades, we would find children are going school with much lighter weights on their back as well as on their brain. The rat race of modern life is affecting each and every stratum of our society and students are not exempted from this decadence.

**Methods:** The quasi-experimental study was undertaken among resilience programme on strengths and difficulties among adolescents. Random sampling technique was used and data was collected using demographic, SDQ was a brief behavioural screening scale. The information was entered into Excel sheet and examined through IBM SPSS Statistics 24.

**Results:** The result of the study reveals that pretest mean score of strengths and difficulties among adolescents was  $37.79 \pm 3.22$ and the post-test mean score was  $20.54 \pm 4.16$ . The mean difference score was 17.25. The calculated paired "test value of t = 25.763 was found to be statistically significant at p < 0.001 level.

**Conclusion:** The study concluded that there was significant reduction in the level of difficulties and enhanced the strength among the adolescents after administration of resilience programme.

Keywords: Effectiveness, resilience programme, strengths, difficulties, adolescents, orphanage home

#### Introduction

Once upon a time, the school days were called the best part of one's life. If we rewind back by only 2 decades, we would find children are going school with much lighter weights on their back as well as on their brain. The rat race of modern life is affecting each and every strata of our society and students are not exempted from this decadence. Adversities that occur during childhood can significantly impact upon the mental and physical health of young people, potentially leading to poorer health and social outcomes that continue into adulthood. In particular, adolescence is a time of significant transition that can be challenging for many young people. Aboriginal people face additional challenges during their adolescent years due to the effects of cultural marginalization, discrimination and low socioeconomic environments [1].

Students have to tackle a number of day-to-day challenges with their incompetent intellect and immature mind. Major changes of social structure like change from joint to nuclear family, working parents, high expectation from teachers and parents, adherence to mobile-internet-video games and lack of physical activities are few of them, probably responsible for this menace called mental disorder. Dreadful situation are none other than the tender most part of our society that is students [2].

Researchers have identified that lack of resilience in children and adolescents may lead to psychosocial mal adaptation and psychopathology in adulthood. Resilience is defined by the ability to respond positively and thrive in response of adverse situations. This is a quality that affects an individual's ability to cope with tension [3].

Adolescence considered as a period of transition from childhood to adulthood and Adolescence period is a more important thing in human life because many developmental changes occurring in this period such as physical growth, new peer relationship with both sex, emotional independent of parent, intellectual skills and civil competence, socially responsible behavior pattern, and so on. Whereas sound mental health play a vital role in the period of adolescence and also mental maturity is very important in this period because mental health linked with physical health, social health, emotional and functioning at school and common places.

According to UNICEF (2011) report it is estimate that around20 percentage of the world's adolescence has a mental health or behaviour problems [4].

#### **Materials and Methods**

The researcher obtained evaluative research approach and the quasi experimental pretest and posttest design was used. The research study was conducted among adolescents who full filled the inclusion criteria at PSG Sarvanajana Manavar Illam, Coimbatore. The sample size was 63 adolescents. The sample technique was simple random sampling technique. The tool constructed for the study has two parts the demographic variables which consists of age, sex, education status, leisure time activities, hobbies, habit, living with both parents or single parent, any relatives visiting them or not regularly. Do you know how to overcome your difficulties? and SDQ is a brief behavioural screening scale

for measuring emotional and behavioural disorders in children and adolescents ranging from 10 to 18 years of age. Interventions which include roleplay on maintain positive mindset. Resilience games on develop emotional balance. Video assisted teaching on challenging difficult life situations. Pamphlet on ways to build interventions.

PSG Sarvanajana Manavar Illam, and also obtained formal permission from ethical committee of PSG IMS&R Institute of Human Ethical Committee. The investigator explained the purpose of the study to the college students and reassured them the confidentiality of the information being given during the study. Pre-test was conducted to assess the demographic variables and SDQ brief behavioural screening scale. Intervention was administered. The post-test was carried out using same questionnaire. The information was entered into Excel sheet and examined through IBM SPSS Statistics 24.

Table 1: Frequency and percentage distribution of demographic variables of adolescents n=63

S. No	Demographic Variables	f	%				
	Age in years	•					
1	10-12	11	17.5				
1	13-15	42	66.7				
	16-18	10	15.8				
	Standard at school						
2	6-8	27	42.9				
	9-11	36	57.1				
	Hobbies						
3	Reading	35	55.6				
	Sports	28	44.4				
	Habits						
4	Chatting with friends	28	44.4				
	Helping others	35	55.6				
	Leisure time activities						
5	Drawing	3	4.8				
3	Sleeping	38	60.3				
	Sports	22	34.9				
	How long staying in orphanage home						
	<1Year	19	30.2				
6	>4Years	5	7.9				
	1-2 years	25	39.7				
	3-4 Years	14	22.2				
	When you face any difficulties in life, how do you overce						
	Friends	28	44.4				
7	Resistance	24	38.1				
	Self confidence	6	9.5				
	Tolerance	5	7.9				
	Are you having single parent or parentless:						
8	Yes	60	95.2				
	No	3	4.8				
9	Do you have friends in this home	63	100				
10	Any relatives visiting you	63	100				

Table 2: Assessment of pretest and posttest level of strengths and difficulties among adolescents n=63

Cananatha and Diffi and in	Normal		Borderline		Abnormal	
Strengths and Difficulties	f	%	f	%	f	%
Pre Test	0	0	31	49	32	51
Post Test	34	54	29	46	0	0

Table 3: Effectiveness of resilience programme on domain wise strengths and difficulties among adolescents n=63

Strengths and Difficulties	Test	Mean $\pm$ S.D	Paired 't' test value
	Pre Test	6.98±1.03	t = 10.723
Emotional Symptoms	Post Test	$3.96 \pm 1.78$	p=0.0001 S***
Conduct Problem	Pre Test	$5.77 \pm 1.06$	t = 7.669

	Post Test	$3.90 \pm 1.61$	p=0.0001 S***
	Pre Test	$6.40 \pm 1.42$	t = 14.016
Hyperactivity	Post Test	$3.19 \pm 1.47$	p=0.0001 S***
	Pre Test	$8.62 \pm 3.67$	t = 20.264
Peer Problem	Post Test	4.63± 1.16	p=0.000 S***
	Pre Test	$8.33 \pm 3.90$	t = 15.819
Prosocial Behaviour	Post Test	4.27± 1.27	p=0.000 S***
	Pre Test	$1.68 \pm 0.97$	t = 4.408
SDQ impact supplement	Post Test	$0.57 \pm 0.13$	p=0.0001 S***

<sup>\*\*\*</sup>p<0.001, S – Significant

**Table 4:** Effectiveness of resilience programme on over all strengths and difficulties among adolescents n=63

Strengths and Difficulties	Mean ± S.D	Paired t' test value
Pre Test	$37.79 \pm 3.22$	t = 25.763
Post Test	$20.54 \pm 4.16$	p=0.0001 S***

<sup>\*\*\*</sup>p<0.001, S – Significant

Table 5: Association of pres test strengths and difficulties among adolescents with selected demographic variables n=63

C N.	Dama anaukia maniakia		Borderline		normal	Chi Carrana Valera	
S. No	Demographic variables	f	%	f	%	Chi Square Value	
	Age in		$\chi^2 = 25.068$				
1	10-12	1	1.6	10	15.9	d.f= 2	
	13-15	30	47.6	12	19.0	p = 0.000	
	16-18	0	0.0	10	15.9	S***	
	Standard at school					$\chi^2 = 0.132$	
2	6-8	14	22.2	13	20.6	d.f= 1	
	9-11	17	27.0	19	30.2	p=0.716 N.S	
	Hobb	ies				$\chi^2 = 0.384$	
	Reading	16	25.4	19	30.2	d.f= 1	
3	Sports	15	23.8	13	20.6	p=0.535 N.S	
	Hab	its				$\chi^2 = 0.384$	
	Chatting with friends	15	23.8	13	20.6	α d.f= 1	
4	Helping others	16	25.4	19	30.2	p=0.535 N.S	
	Leisure time	activi	ties			$\chi^2 = 3.587$	
_	Drawing	0	0.0	3	4.8	d.f=2	
5	Sleeping	21	33.3	17	27.0	p=0.166	
	Sports	10	15.9	12	19.0	N.S	
	How long staying in	orpha	nage hom	e			
	<1Year	8	12.7	11	17.5	$\chi^2 = 14.792$	
6	>4Years	0	0.0	5	7.9	d.f=3	
	1-2 years	19	30.2	6	9.5	p=0.002 S***	
	3-4 Years	4	6.3	10	15.9	S***	
	When you face any difficulties	$\chi^2 = 5.294$					
7	Friends	15	23.8	13	20.6	,,,	
	Resistance	13	20.6	11	17.5	d.f= 3	
	Self confidence	3	4.8	3	4.8	p=0.151 S**	
	Tolerance	0	0.0	5	7.9	3**	
	Are you having single parent or parentless:					$\chi^2 = 3.051$	
8	Yes	31	49.2	29	46.0	d.f= 1	
	No	0	0.0	3	4.8	p=0.081 N.S	

<sup>\*\*\*</sup>p<0.001, \*\*p<0.01, N.S – Not Significant

### Discussion

The data findings represent the description of demographic variables of adolescents. In regard to age of adolescents, 42(66.7%) were between the age group of 13-15 years. In

regard to the class, 36(56.1%) were studying 9-11 standard, with regard to the hobbies 35(55.6%) were sports. In regard to the habits 35(55.6%) were had helping others, 25(39.7%) were staying in orphanage home 1-2 years, 28(44.4%) were

overcome from the difficulties in life from their parents, majority of adolescents 60(95.2%) were had single parent, 63(100%) were had friends in orphanage home and the relatives are visiting regularly.

The present study results have been found to be consistent with a cross-sectional study was done on resilience level among adolescent children: a school-based study in Kolkata. The samples were 151 students of 7th-9th standards in a school of Kolkata. A Child and Youth Resilience Measure-12 questionnaire was used. Ethical issues were addressed. SPSS (v.16.0) was used for data analysis. The result revealed that among 151 students of 12-14 years, 57(37.7%) Physical activities 79 (52.3%), Extracurricular activity yes 137(90.72%). The study concluded that the adolescents were engagement in physical activity will help to increase resilience level and build up the coping capacity [1].

The analysis of pretest 32 (51%) had abnormal strengths and difficulties, 31(49%) had border line strengths and difficulties among adolescents. The present study results have been found to be contradictory with a descriptive cross-sectional study conducted in assessment psychological problems in school going adolescents from schools of urban area. The samples were 500 adolescents in 4 public schools. Data was collected by demographic information, and Strengths and Difficulties Questionnaire. The result revealed that total difficulties score was normal (80.4%), borderline (11.6%) and abnormal (8%). The study concluded that the psychological problems are fairly common in the adolescent age group. Adolescents having mental health problems and disorders, need to have access to timely, integrated, multi-disciplinary mental health services to ensure effective assessment, treatment, and support [5].

The overall comparison between the pretest and post test revealed that the pretest mean score of strengths and difficulties among adolescents was  $37.79 \pm 3.22$ and the post-test mean score was  $20.54 \pm 4.16$ . The mean difference score was 17.25. The calculated paired "t" test value of t = 25.763 was found to be statistically significant at p < 0.001 level. This clearly infers that resilience programme on over all strengths and difficulties among adolescents were found to be effective in reducing the level of difficulties and enhanced the strength among the adolescents in the post test. So the research hypothesis H1 was retained.

This finding is supported by the study conducted with a cross- sectional descriptive research design was conducted on resilience and perceived social support among schoolgoing adolescents in Mangaluru. School-going adolescents from grades 8-10th of the four schools of Mangaluru city were selected through convenient sampling (n = 206). Data were collected through self-administered scales. Descriptive statistics and t-test were applied. The study result showed that mean age of the study sample was  $14.10 (\pm 0.896)$  years. Adolescents had mild level of perceived stress, high PSS, and moderate resilience. Significant difference was noted between boys and girls in the global PSS and PSS from friends and significant others and resilience. The study concluded that moderate resilience highlights the scope for resilience building programmes in schools of Mangaluru. Furthermore, the gender differences in the measured competencies indicate the need to develop gender-specific intervention packages [6].

The findings revealed that the demographic variable Age ( $X^2$ = 25.068, p = 0.000), how long staying in orphanage

home ( $X^2 = 14.792$ , p=0.002), when you face any difficulties in life, how do you overcome ( $X^2 = 5.294$ , p=0.151) had shown statistically significant association with pretest level of strengths and difficulties among adolescents at p<0.001 level. The other demographic variables had not shown statistically significant association with pretest level of strengths and difficulties among college students.H2 was retained.

#### Conclusion

The study aimed at assessing the resilience programme on strengths and difficulties among adolescents in a selected Orphanage Home. Hence the investigator concluded that there was significant reduction in the level of in reducing the level of difficulties and enhanced the strength among the adolescents after administration of resilience programme.

## References

- Christian Young, Jonathan Craig C, Kathleen Clapham, Sandra Banks, Anna Williamson. The prevalence and protective factors for resilience in adolescent Aboriginal Australians living in urban areas: a crosssectional study. Australian and New Zealand Journal of Public Health 2019;43:8-14.
- 2. Rajarshi Banerjee, Aparajita Dasgupta, Jayeeta Burman, Bobby Paul, Lina Bandyopadhyay, Sweta Suman. Resilience level among adolescent children: a school-based study in Kolkata, India. International Journal of Contemporary Pediatrics 2018;5(4):1641.
- 3. Duckworth AL, Quinn PD. Development and validation of short grit scale (grit-s). J Personal Assessm 2009:91(2):166-74.
- 4. Kalaiyarasan M, Daniel Solomon M. Mental Health among Adolescence. : International Journal of Research in Applied, Natural and Social Sciences (IMPACT: IJRANSS) 2014;2(8):27-32.
- 5. Rahul Mandaknalli, Ragini Malusare. Assessment of psychological problems in school going adolescents from schools of Urban area. MedPulse International Journal of Anesthesiology 2021;19(2).
- 6. Prabhu SG, Shekhar R. Resilience and perceived social support among school-going adolescents in Mangaluru. Indian J Soc Psychiatry 2017;33:359-64.