

**ADDIS ABABA UNIVERSITY**

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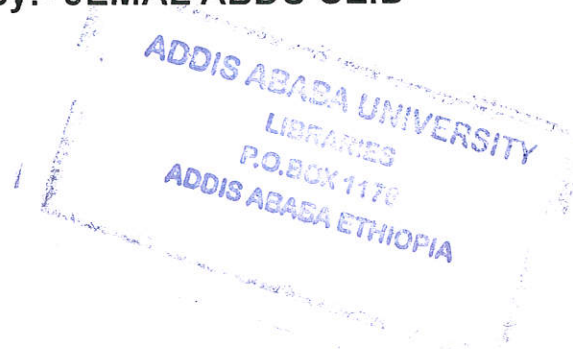
**PSYCHOSOCIAL ADJUSTMENT OF HOME AND  
INSTITUTIONALIZED ADOLESCENTS IN AWASSA TOWN**

Thesis  
Submitted to



**The School of Graduate Studies of Addis Ababa University in Partial  
Fulfillment of the Requirements for the Degree of M.A in  
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ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES

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## **ABSTRACT**

*The main purpose of this study was to compare the psychosocial adjustment of the home and the institutionalized adolescents in the town of Awassa. The sex differences in each of those adolescent groups, and the group differences in the psychosocial adjustment of duration of stay inside the child-rearing institution were also investigated.*

*100 adolescents (50 males and 50 females) were selected from the Awassa SOS Secondary School using a stratified random sampling technique/procedure. Out of the total samples 50% were home-reared & the remaining 50% were institutionalized adolescents.*

*The data for this study was collected using self-administered questionnaire with demographic questions and psychosocial adjustment measures adapted from various standardized items. And the collected data was analyzed using such statistical methods as t-test, one way ANOVA and Scheffe's procedure. Mean comparisons were also run.*

*Findings of this study revealed that there was a significant group difference in psychosocial adjustment of the home and the institutionalized adolescents. But significant sex differences between adolescents in each group of adolescents were not observed. The result indicated that there were significant group differences between the three sub-groups of the institutionalized adolescents that were classified on their length of stay. And finally major findings with possible conclusions and recommendations were forwarded.*

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background to the Study

It is undoubtful that the environment, among other things, especially the social environment, has an important role to play for the psychosocial development of adolescents. To support this for example, Santrock (1999) describes that most of the problems of today's adolescents and youth are problems of access to the range of opportunities and a long term support from adults who care deeply about them in their surroundings. Similarly, Eccles etal; (Cited in Seifert & Huffnung, 1994) noted that how the negative or positive changes associated with adolescence are likely to depend on the degree of fit between adolescents developing needs and opportunities offered them by their social environment. Hence, adolescents from various living and socializing environments will likely to have different adjustment status depending upon an opportunity they offered.

Among the many kinds of institutions that play important roles in the psychosocial development of children, is the family. Current research and theory indicate that for example, children learn many of their social behavioral patterns in their family of origin, suggesting that early family experience may play a key role in the development of children (Petit, Dodge and Brown, 1988). No social institution that can fully replace the family has evolved in the history of mankind (Kebebew cited in Kristiansson, 1986).

Similarly as mentioned by Bowlby (1965), one of the principal purposes of the family is the preservation of the art of parenthood. Unless this art is preserved, a function as necessary to

the preservation of society as the production of food will fall in to decay. This is to say, family life is of pre-eminent importance as "there is no place like home".

In their relations with children, parents serve as teachers, moral leaders, emotional supporters, and advocates (Ruddick cited in Seifert and Huffnung, 1994).

Parents teach by modeling a wide assortment of behaviors, whether or not they intend to. They may curse when they get angry or give an affectionate hug when they feel happy, but whatever the behavior, the child is likely to notice a message in it if it happens often enough. Like teachers, parents often state rules, give orders, and provide materials and opportunities for activities. Similarly, much of what parents demonstrate about rules has ethical overtones intended to show their children how to be a good, acceptable person rather than merely to coach specific skills (Dann, Gilligan & Wiggins cited in Seifert and Huffnung, 1994).

Similarly as stated by Colten & Gore and Garnezy (as cited in Seifert & Huffnung, 1994), parents serve as a major source of emotional support for children of various ages. This happens even though, children and some parents may not acknowledge this function consciously. And Stevens (cited in Seifert & Huffnung, 1994) stated, parents also serve as their children's advocates or as spokes persons in the community at least, if the community pays enough respect to parents to let them do so. For example, in dealing with teachers, doctors, or even police officers, parents do what they can to look after their children's interests. This implies that parents can offer expert knowledge to their children.

When children's needs are met and resolved, a parent- child relation can be tremendously rewarding experiences to parents and a major benefit to children. However, circumstances do not always make it easy for parents to meet children's needs. For instance, divorce and the

associated aftermaths of single parenting and remarriage are important challenges. And when natural parents, due to various reasons, fail to support and up bring a child, and when the child has no one else to look after him, child-rearing institutions usually take the responsibility.

In this regard, Tizard (cited in Kristiansson,1986) said that "evidence . . . doesn't show that families always provide better care than institutions". According to her assertions, modern child-care institutions can provide good physical care and protection, and the children's psychosocial development may be better than it would have been at homes. Similarly Kristiansson (1986) characterizes a modern child care institution as a place which provides stable shelter for children, good basic care and intensive educational facilities. According to the same author a child-care institution can widen children's cultural horizons and form a sound basis for more intensive therapeutic work.

Residential child care institutions have been in existence for relatively longer period of time (Tizard & Tizard, 1974). There are various types of child care institutions that serve different kinds of children. One of these, according to Kadushin (1967), is the residential childcare institution for children who are normal but dependent and/or neglected.

According to Tizard (1974) the primary aim of those child-rearing institutions is to offer sufficient parenting for those who are destitute, exposed to physical or mental damage or deprived of normal family life.

In spite of these lofty objectives, there is an increasing concern about the adverse effects of these institutions on the development of the child. To support this, Seifert and Huffnung (1994) noted that what ever the child's age, placing a child in this care is a serious decision

with major psychological consequences. Placement usually occurs because the child's biological parent has been unable to cope with the responsibilities of child rearing.

In relation to the above, Stenho, Stovall & Krieger (Cited in Seifert & Huffnung, 1994) stated the final placement of a child in a care institution itself possess developmental challenges to the child. The child may see no more of his biological parents, siblings or other relatives, or see them at most only for limited times and at places determined by the social welfare agency supervising the placement. The child may also lose contact with his neighborhood, with its familiar sights, sounds and people. More generally, the cultural heritage of the child may be jeopardized.

The effects of institutionalized care environments were also studied by Spitz and Goldfarb in 1945. Spitz (1945) who showed that mothering is essential to healthy psychological development and to life itself. Similarly, Goldfarb (1945) comparative study of children cared for institutions and those removed to foster homes showed abnormal development in the institutionalized children in the areas of emotions, intelligence, and social skills. He used the phrase "Primitivization of the total personality" to epitomize the conspicuous lack of development in the emotional organization, social relatedness, and ability to conceptualize. The continued studies further showed that children removed from institutions and adopted suffered from long term effects of privation, absence of appropriate stimulation as manifested in indiscriminate affection, extreme demand for attention seeking behaviors, social un-relatedness with peers, autistic-like behaviors, hyperactivity, aggression and temper tantrums. Similarly as stated by UNICEF (cited in Abdinasir, 1995) the number of institutionalized children estimated about 24, 000. And the same report revealed that this number constitute a

small portion of the children in especially difficult circumstances. And Cederblad and Hirut (1986) reported behavioral problems for the children in the Ethiopian Child Amba.

Mekdes (1986) reported that bed wetting, low performance, and aggressive behavior as the most prevalent behavioral problems of institutionalized children. Similarly Gobena (1994) reported that compared to home reared children, institutionalized children lag behind in their development. Similarly Frew (1994) found that institutionalized children have lower score in responsibility behavior than home reared children.

From the above, we can conclude that neither homes (families) nor child-care institutions are fully comfortable and always contribute well to the psychosocial development of an individual. Rather, there are circumstances at which one is better than the other.

Hence, this study focuses on the psychosocial adjustment among those groups of adolescents residing in two possible differing socializing and living experiences namely, homes and child-rearing institution. Among the various determining factors only sex in both groups and length of stay (in the care institution) of the institutionalized adolescents were used as an independent variables.

## **1.2. Statement of the Problem**

The specific questions which are answered in this study include

1. Is there a significant group difference in psychosocial adjustment among the home adolescents and the institutionalized adolescents?
2. Is there sex difference in psychosocial adjustment between the home adolescents?
3. Is there sex difference in psychosocial adjustment between the institutionalized adolescents?

4. Is there a significant group difference in psychosocial adjustment between those adolescents groups of different length of time in the child-care institutions?

### **1.3. Objective<sup>s</sup>.**

The main objective of this study is to find out the comparative psychosocial adjustment positions of adolescents residing in their homes and in the child-rearing institutions. Hence, the study has the following specific objectives.

1. To investigate whether there is or there is no significant group difference in psychosocial adjustment between the home-reared and the institutionalized adolescents.
2. To see whether there is or not sex difference in psychosocial adjustment between the home adolescents.
3. To see whether there is or not sex difference in psychosocial adjustment between the institutionalized adolescents.
4. To investigate whether there is or not significant group difference in psychosocial adjustment between institutionalized adolescents with different length of stay in their rearing-institutions.

### **1.4. Significance**

This study is conducted because of the fact that there is a wide knowledge gap about psychosocial adjustment of adolescents at home and in institutional settings. Moreover there is a few empirical research findings on the psychosocial adjustment of home reared adolescents as compared with their institutionalized counterparts in Ethiopia.

## **1.5. Delimitation**

Due to constraints of time, budget and other resources, the study is delimited to the home and the institutionalized adolescents of secondary school adolescents of Awassa town with age ranges of 13-19 years, and enrolled in 1998 EC at SOS secondary school. Methodologically, the study is also delimited to self-administered questionnaire that employed only quantitative method of data analysis.

## **1.6 Operational Definitions**

Psychosocial adjustment - refers to the self-reported feelings, perceptions or experiences of adolescents that reflect self-esteem, anxiety, depression and loneliness.

Home-adolescents - refers to those adolescents who were brought up in the homes with their biological parents' (father, mother or both) care and support.

Institutionalized-adolescents – refers to those adolescents who were brought up in an institution without their biological parents' care and support.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1. The Period of Adolescence**

##### **2.1.1 Overviews and Theoretical Background**

The term adolescence generally refers to the developmental period between childhood and adulthood. There is no clear cut and universally accepted definition of adolescence; the same is true for its on set and end. Definitions are given on the basis of its transitional nature, developmental characteristics and in terms of time.

Fabes and Martin (2000) defined "adolescence" as the period from about 11 years of age to about 19; similarly Papalia & Olds (1999) defined it as the span of life years between childhood and adulthood. It came from a Latin word "adolescere" which means to grow maturity. It covers the time from the age of 12 or 13 till early twenties.

Adolescence is a period when rapid physiological changes and demands of new social roles take place. The adolescents, due to these changes face a number of crisis and dilemmas (Santrock, 1999).

As stated in Santrock (1999) and Hurlock (1981) adolescence is considered to start with the set of puberty. Puberty is defined as a period of transition from a stage of reproductive immaturity to a stage of full reproductive competence. And adolescence is the period in life span of a person when he or she assumes the ability for reproduction. The sign of puberty in girls is menstruation. There is no such definite changes in the boys to mark puberty. However, a variety of bodily changes do appear including growth of long bones of arms and legs, appearances of pubic hair and appearance of facial hair. Boys in particular experience nocturnal emissions or ejaculations of semen during sleep.

Similarly adolescence has been described as a phase of life beginning in biology and ending in society (Patersen in Barlow, 1988). Indeed, adolescence may be defined as the period with in the life span when most of a person's biological, cognitive, psychological and social characteristics are changing from what is typically considered child-like to what is considered adult-like (Lerra & Spainier cited in Seirfert & Huffnung, 1994).

From Erickson's psychosocial stage of development point of view, a key task of adolescence is successful resolution of the psychosocial crisis of identity versus role confusion. And the adolescent learns how to answer satisfactorily and happily the question of "who am I." This implies potentialities of development towards the positive and negative directions depending on the nature of psychosocial factors in the social environment (Santrock,1999).

From the Bronfenbrenner's ecological systems approach points of view, that development is the result of the interaction of various socio – cultural factors in the individuals' socio - cultural environment (Santrock, 1999 & Siefert and Huffnung, 1994). This also implies that the nature of various interacting factors determine the psychosocial adjustment of the individual. The specific culture, values, beliefs, attitudes, home environment, mass media legal system etc, may positively or negatively affect the psychosocial adjustment and behaviors of adolescents.

### **2.1.2 The Psychosocial Characteristics of Adolescents**

As we have read, the onset of puberty brings physical changes among the adolescents. These changes are often accompanied by emotional tensions. The adolescent is exposed to new

social situations, patterns of behavior and societal expectations which bring a sense of insecurity (Fabes & Martin, 2000).

Due to rapid physiological changes taking place in the adolescent, a consciousness and increased interest about one's own body develops. The body image can bring a sense of fun, pride, shyness or even unhappiness (Fabes & Martin, 2000).

Adolescence brings a change in the habitual patterns of behavior, attitude and personality.

There are marked changes in the adolescent's social interest. Adolescents use new set of values in the selection of friends and social grouping. The choice of friends depends more on similar interests and values. The peer group influences the attitudes, values and behavior more than the child's own family. Interest in the world affairs, politics and government often develops during this period. Some of the recreational interests during adolescence are sports and games, scholastic and extra curricular activities (Santrock, 1999).

For the adolescent this period is a dramatic challenge of requiring, adjusting to changes in the self, in the family, and in the peer groups. In contemporary society, adolescents experience, institutional changes as well. Among young adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle schools, and in late adolescents there is a transition from high school to the worlds of work, university or child rearing. Understandably, then for both adolescents and their parents, adolescence is a time of excitement and of anxiety, of happiness and of troubles, of discovery and of bewilderment and of breaks with the past and yet on links with the future (Santrock, 1999).

In relation to the above, Havghurst (cited in Hurlock 1981) stated very important developmental tasks related to the psychosocial adjustment of individuals during this period. These include adjustments to new body image, strong peer effect, adaptation to emerging sexuality, establishment of personal sense of identity, further separation from parents, increased impulse control, emerging social autonomy and establishment of vocational capacity.

Some authors, for example G. Stanley Hall (cited in Santrock, 1999) believed that adolescence is a period of strain and stress, and emotional instability for most of the adolescents. Similarly, Cox (1967) noted that, adolescence is often described as a difficult period of life because of its marginal and transitional character. He further indicated that in many societies, roles for adolescents are variable and often contradictory. Neither the adolescent nor the adult knows whether the person should be considered a child or an adult.

However, some other authors noted that the period of adolescence is also characterized by various pleasant emotional states such as calm, happiness, and enjoyment (Kimmel, 1985 & Conger, 1991). In relation to this Eccles et al (cited in Siefert & Huffnung, 1994) reported that negative or positive changes associated with adolescence that are likely to depend on the degree of fit between adolescents developing needs and opportunities offered them by adults rather than on themselves.

In relation to the above Kimmel (1985) described adolescence as a time of transition. It is a time of greater vulnerability and stress. It is also a time of wonder, change and positive growth. He further described adolescence as a lonely and troubled period of too rapid growth into parenthood and total independence. Some times it is marked by running away from

homes, trouble with families, school or police or drug abuse. Despite all these, adolescence is a period of new development and greater excitement, a time of searching, discovering and living day to day in a complicated social world of new friendships, new feelings, and different responsibilities.

Similarly, Santrock (1999) indicated that, adolescence is not only a time of rebellion, crisis and deviance but also it is a time of evolution, decision making and commitment.

### **2.1.3. Adolescence in Ethiopia**

In Ethiopia there are few studies conducted long ago by foreigners regarding the psychological aspects of adolescent's development.

Levine (1965) indicated that the time of adolescence passes usually unnoticed in rural Amhara, even with no name give to the period. He described the period as:

*In Amhara Culture adolescence scarcely exists as a concept, let alone as a problem, while there are Amharic words, which signify young person", there is no word in Amharic that specifically denotes a transitional stage between childhood and adulthood. The goals of a stage of transition to adult status, which to us have become problematic-continuity of social order and crystallization of personal identity, are customarily attained among the Amhara as a matter of course (Levine, 1965,p. 96).*

Cox (1967) conducted a retrospective study on Haile Silasie First University students. In this study, 72 % of the respondents reported adolescence as a period of "Stress and Strain". 86 % reported that adults expected a different standard of behavior from adolescents. 72 % believed that they had often been treated as children when they should have been accepted as

adults. 65 % reported that their parents were too authoritarian and had repeated conflicts with them. 54 % had problems of social adjustment at school or else where.

On the other hand, Renner (1969) conducted the same kind of study on Haile Silasie I University students and had found 44 % of the respondents reported their adolescent years were characterized by happiness and enjoyment. 20 % of her subjects' experienced permanent stress, worries and tension, and the rest experienced both happiness and stress.

Yusuf (1998) noted that today's Ethiopian youth face the most rapidly changing physical, psychological and physiological processes more than their elders. They face problems like stress, strain, frustration, depression , inferiority and superiority complexes, identity problems, etc. They also face problems related to urbanization and modern life such as career insecurity, delinquency and soon. Yusuf (1998) further described that; Ethiopian adolescents are the most "neglected" and "least understood" age group. They often perceived as isolate, unpredictable, emotionally hot, adventures and challenging.

## **2.2. The Family as a Living and Socializing Environment**

### **2.2.1 The Role of the Family in the Psychosocial Well – being of Adolescents**

The first, perhaps the primarily possible living and socializing environment of children where various experiences are undertaken is the family. It is defined, in the United Nations declaration of 1969 as follows:

*“the family is the basic unit of society and the natural milieu for the growth and wellbeing of all its members particularly children and youth should be assisted and protected so that it may be fully assume its responsibility with in the community”.*

From the above definition, we can understand that, in every social formation the family is a basic form of organization that plays an essential role in the psychosocial and cultural life of

the society in general and children and youth in particular. Hence, it has the responsibility of satisfying the material and psychosocial needs of children and youth and the family is of paramount importance for the proper upbringing of children of various ages.

Rotberg (1979) mentioned that, with regard to child-rearing; it has been found out the basic social norms, cultural habits, views and ideas pass from one generation to another through the family. Children get the first seeds of knowledge for the establishment of their professional courses in adult life from the family and their environment.

Similarly Rowlands (1980) explained the importance of family in where a rebellious child with symptoms of aggressiveness, loss of temper, ill- conduct, aloofness etc . . . will be spared from and becoming a criminal of highest degree in later life. Because a child provided with motherly love and proper family care has a high chance to be nice enough so that, in the future he or she becomes a productive citizen.

Similarly, various studies emphasized the importance of living in homes, for example Quinton (1987) noted that the residential care is now seen as unsatisfactory long term option when children can not be looked after by their own parents. Stable place through adoption or fostering is much preferred in order that a child may have a chance to form a long term affectionate relationships that are now generally seen as important for normal psychosocial development.

During adolescence, the family remains extremely important influential factor on adolescents' development. Having a positive and warm relationships with parents is one of the most important predictors of healthy and secure development during adolescent years.

In this regard, Mickle (1999) and Santrock (1999) noted that adolescents are most likely to develop into healthy, happy and productive adults when caring family supports them. Such a positive environment is characterized by nurturing, mutual respect and sustained interest of parents in the lives of their adolescent children.

Warm, supportive and accepting parental behavior is associated with the development of socio-emotional competence by adolescents and children of all ages. Parents, who hug, kiss, praise and spend positive time with their adolescents' foster close ties and communicate confidence in their adolescents' abilities. As a result, adolescents who receive supports and nurturance from parents have high self-esteem, and a well-developed identity, are less anxious, depressed and aggressive than those who do not (Fabes & Martin, 2000). In addition, warm and supportive parenting also prepares adolescents for intimate peer relationships. This in turn helps them to select peers who reinforce rather than contradict parental values (Kimmel, 1985; Conger, 1991).

In supporting the above idea, Doyle and Moretti (2000) reported that securely attached adolescent-parent (guardian) relationship is associated with fewer problems, including lower level of depression, anxiety, and feelings of personal inadequacy on adolescent. The authors also underlined that such securely attached adolescents with their parents (guardian) are less likely to engage in anti-social and aggressive behaviors, manage the transition into high schools more successfully, enjoy more positive relationships with family and peers, demonstrate less concern about loneliness, and they display more adaptive coping mechanisms.

Hence, the family is of paramount importance and indispensable for the proper psychosocial up bringing of children and adolescents.

### **D 2.2.2. The Failure of Family and Its Effect on the Psychosocial Development of Adolescents.**

The child is provided a "normal home life" by his natural home group – the child's mother and father. But his group may fail for many reasons to take the responsibility of child care. Some of the reasons the natural home group failing to care for the child could be illegitimacy, economic conditions (poverty), chronic sickness (or incapacity of parent), instability or psychopathology of parents, social calamity (eg. war and famine), death of a parent, deserting by one or both parents, separation or divorce, illness requiring hospitalization of a parent and imprisonment of a parent. Hence, any family suffering from one or more of these conditions must be regarded as a potential source of deprived children. Lacking the "normal home life", therefore, brings deprivation of parental care, deficiency of material necessities and dependence of the child on social services.

A definition of deprivation is necessary as a starting point from which variations of degree and kind can be discussed. For this purpose the work of John Bowlby is the most valuable source. As quoted by Denny (1966) Bowlby defined deprivation as, the loss of those emotional ties that bind mother and child together, and that provide for the child the experience of a warm, intimate and continuous relationship in which both mother and child find satisfaction & enjoyment. Therefore, deprivation is not simple separation of the child from his mother (or any one else who cares for him) but it is also the loss of emotional ties that attach mother and the child together. The loss may be partial or complete. If it is partial and a mother substitute is found who will supply at least some of the qualities which were given by their mother, the resulting damage may not be too far-reaching. But if the loss is complete as frequently happens for institutionalized children then the results will be severe

and long lasting. It must, however, be stressed that the severest effects of deprivation result from the removal of a child after ties have already been established with the mother, and no adequate mother – substitute has been found (Denny, 1966).

What we can understand from the above explanation is that deprivation is a state of affair in which the child does not have a warm, intimate, and continuous relationship with his mother (or permanent mother - substitute); in which both find satisfaction and enjoyment which is believed to be essential for normal psychosocial development. At this point Bowlby (1952) emphasized that a child is said to be completely deprived if he has no person who cares for him in a personal way and with whom he may feel secure, which is not uncommon in institutions, residential nurseries, and hospitals. According to him complete deprivation has been more far-reaching effects on character development and may entirely cripple the capacity to make relation ships.

Paternal deprivation, which is defined as the lack of attachment of the child to his (her) father for an extended period of time due to paternal absence of separation or other reasons has serious consequences to the psychosocial development of the child.

To support this idea the International Encyclopedia of Psychology, Psychiatry & Neurology (1977) stated that, early father absences is often associated with difficulties in the intellectual functioning, a low level of independence and assertiveness in peer relations, feelings of interiority and mistrust of others, and antisocial and delinquent behaviors. And the book also explained that boys are more affected by father absence than are girls, but it indicated that girls at least are as much influenced in their social and heterosexual development by their fathers absence.

In spite of extreme and very crucial importance of a positive parent-child relationship for the appropriate and healthy personality development children, a significant proportion of sources revealed that, during adolescence, a more hostile atmosphere is the norm in most homes especially during early adolescence (Kimmel, 1985; Conger, 1991 & Santrock, 1999).

According to Santrock (1999) and Fabes & Martin (2000), while attachment and connectedness to parents remain strong during adolescence, the attachment and connectedness are not always smooth. Specifically, early adolescence is a time when conflict with parents escalates beyond childhood levels. This may be due to a number of factors. These include the biological changes of puberty, and cognitive changes involving increased idealism and logical reasoning, social changes focused on independence and identify, maturational changes, and violated expectations on the part of parents and adolescents. The adolescent compares his/her parents to an ideal standard and then criticizes the flows. In addition the adolescent demands logical explanation for commands and disciplines.

Many parents see their adolescents changing from a compliant child to some one who is non-compliant, oppositional and resistant to parental demands. When this happens, parents tend to put more pressure on adolescents to conform to parental standards. Moreover, parents often expect their adolescents to become mature adults over night instead of understanding that the journey takes 10 to 15 years (Santrock, 1999).

Parent – adolescent conflict becomes intensified if there is conflict of basic interests, beliefs and values between the youth and their parents. This is called generation gap. When this differences do exist they are more likely to revolve around personal life style choices (Fabes & Martin, 2000).

To support the above Doyle and Moretti (2000) reported that the insecurely attached adolescent-parent relationships in a given family (home) have a negative impact on the psychosocial development of adolescents. The authors explained that this kind of relationship is associated with difficult mental problems including higher level of depression, anxiety and feelings of personal inadequacy. Furthermore, the authors underlined that such insecurely attached adolescents with their parents are more likely to engage in antisocial and aggressive behaviors, demonstrate more concern about loneliness, and they display maladaptive coping mechanisms.

From the above we can conclude that despite the above, families (homes) are better alternatives to the proper psychosocial of the individual members. Adolescents would likely be victims of various forms of psychosocial adjustment problems either to a lesser or greater degree, if these families are not properly functional. Hence, the psychosocial adjustments of home-reared adolescents need to be investigated as compared to their institutionalized counterparts in this study.

## **2.3. Institutionalization**

### **2.3.1 The Concepts and Historical Background of Child-rearing Institutions**

When natural parents, due to various reasons, fail to support and up bring a child, and when the child has no one else to look after him, child-rearing institutions usually take the responsibility (Kadushin, 1971). Hence, child-rearing institutions are systems in which society provides substitute care to those children who are forced by different factors to live outside normal family settings. Minty (1987) stated, there are two main motives behind the provision of this care. The first is the concern to protect and assist those children who

experience parental loss, neglect, abuse, and rejection. The second motive arises from the anxiety that if children are brought up in hostile environment, they may suffer from long lasting emotional damage and may grow into antisocial adults with severe behavioral problems.

Available literature indicates that care and rehabilitation for the needy such as orphans, widows, destitute, and refugees is an old social phenomenon. It was in the early 19<sup>th</sup> century that organized social welfare agencies emerged due to urbanization introduction of new technology, and social and cultural changes. Care for orphans and an abandoned child is one of the oldest forms of charity. Originally it was carried out by the church. Recognition that children are in need of different types of care from adults is only a recent development and the modern term "child welfare" has assumed a broader meaning. It is not only concerned with the care for destitute, neglected, deserted, sick, handicapped, or maladjusted and delinquents but also understood that child care institution incorporates the social, economic, health activities of public and private welfare agencies which secure and protect the well-being of children in their physical, intellectual and emotional development (Walter Fried & Landa, 1968).

Similarly as we can observe, several benevolent organizations, charitable individuals, religious groups and government organizations in Ethiopia still provide permanent homes for the orphaned and destitute regardless of age, sex and nationality. By bringing helpless children from where they are left alone, these organizations are undertaking remarkable performances. And it is the belief of all that such effort will continue as long as the need is there.

### 2.3.2 Characteristic Features, Advantages and Shortcomings of Institutionalized Life

Institutional life is most characterized by the absence of the two parents, brothers and sisters (in most cases), and relatives of the child; lack of opportunity for the undivided attention of parents, lack of complete privacy and ease of movement. With all these, life in an institution bears some similarities to the good home but also shows some striking differences. For some children, the institution may offer much more of the characteristics of a home than did their own homes but for many of them it is not better than their own bad homes (Walter & Fried, 1968).

Institutionalized children are different from other children in many ways. They know that they are not living in their own homes, and do not have the same rights. They are here because of special circumstances in their lives. Confidence in self and optimism for the future may be shaken by mysteries which have fallen the family; "Will the same thing happen to me?" There is no assurance that the future is secure (Brotein, 1962).

As stated in Brotein (1962) institutionalized children are like other children. They seek companionship of other children, mostly of their own age group. They have need for daily activities. They seek to have the same privileges and personal attention that may come in a home setting. They wish to be accepted and to belong. They want to be stimulated and to have things to do, to find privacy at times, to find adults in whom to confide and with whom to spend time. The daily lives of institutionalized children are also similar with those of other children in some ways but different in many other ways. For example, as stated in Brotein (1962) they are exposed to routine which is less flexible way of life. It is not possible for them to move easily and on and off campus and back and forth between groups of the

campus. Dating opportunities are more restrictive and call for what Brotein called more "red tape". The institutionalized child is more conscious of how other children view his associations with adults. Personal contact between house parent and the child is more limited than between parent and child. There are more changes-new staff, new children, new rules and new activities. There is also more pressure to meet deadlines, more children of the same age group live close together, meal times are on a large scale and offer less chances for family-type discussions.

Since the practice of child-rearing institutions is long in its history, different ideas (Pros and cons) have been entertained by different people. Each idea has a convincing element in it. Let's see these ideas as follow.

### **Advantages of Child-rearing Institutions**

One criterion cited by researchers in favor of institutions centers around the kind of care provided. Institutions that provide individual care for children and rich variety of experiences do not seem to impair child's development and he (she) seems to grow in a manner similar to that of home-reared children (Mussen et al, 1974). The same authors noted that if a child experiences consistent nurturance and interaction from an adult other than the mother, the child becomes securely attached to her and will not necessarily be deficient in intellectual or psychosocial reactivity.

Similarly Hartup (1989) noted that if children securely attached to their caregivers, usually show more appropriate social adaptations as time goes on-both within and outside the relationship.

The fact that institutional care is group care in a separate, residential, physically defined community gives some advantages that can be exploited to meet the special needs of some particular groups of children (Kadushin,1971).Some of these advantages are:

- The institutions offer opportunities for deluted emotional relationships with parental figures. This permits the child who requires it to maintain a certain "safe" psychological distance from the parental figure and to modulate his contact in accordance with his emotional needs.
- The institution provides the child with a greater variety and choice of parental figure.
- The institution offers greater tolerance for all sorts of behavior that could not, and would not, be accepted in the community.
- The regularity, consistency, and stability of institutional structure, and the routines of orderly living, provide the kind of support some of the children need.
- The fact that the child lives his daily life as a member of a peer group means that the group has power to control his behavior. Intimate daily living with a peer group provides the possibility of exploitation of group interaction as a catalyst for change.
- The institution can provide the child with an environment that is planned and controlled so as to help the child. It can do this because the institution is in control of the child's total living experiences.

### **Some Shortcomings of Institutional Life**

Among the areas which child-rearing institutions are criticized for are the inability to provide unconditional love, the limited scope for children's emotional development, the difficulties of maintaining permanent life, the exclusion of children's families from the care process, multiple care taking, change of care taker, impersonal care (Jack & Tizand cited in Richards,

1974), limited visiting hours, specific feeding times, regimes exercised in the name of efficiency and economy (Henderson, 1981) and lack of provision of a wide variety of adult models to learn from (Tizard cited in Kristiansson 1986).

Similarly available literature show that institutional life, as compared to home life has so many shortcomings as a result of which institutionalized children encounter many psychosocial problems in their personality development. Deprived of all things which had given life meaning, especially family and friends, they are possessed by a feeling of emptiness, aggression and hypomanic responses as indicated by some scholars (Bowlby, 1952). In line with this Denny (in Bowlby, 1965) stated that "once a child is out of his own home he is grown-up. Even in good institutions the turn over of staff is a constant problem. However, devoted foster-parents or house-mothers may be better to the Child."

Authors such as Berkowitz (1964) explained that institutionalization is a highly complex variable and its effects are undoubtedly affected by such factors as the pre-history of individual child, types and forms of care taking procedures of the institution and so on. In relation to this Papalis and Olds (1982) emphasized quality of care as a major determinant factor to the effect of institutions on the over all development of children.

### **2.3.3 Research Reports On Institutionalized Life**

Some of the ex-institutionalized children were reported to show behavioral pattern that is common to institutionalized children. However, children who got continuous care and personalized attention from their house mothers were reported showing less behavioral problems compared to other institutionalized children (Tizard & Hodges, 1978).

Altshuler and Poertner (2002) compared adolescents living in care institutions and in their homes on their overall emotional health, self-concept, and achievement of social expectations. And they summarized their findings that youths living in group homes or institutions take more risks, have more threats to achievement, and have poorer peer influence than their counterparts.

Similarly Hodges and Tizard (1989) compared 39 ex-institutionalized adolescents who were matched based on sex, family structure and position in the family and concluded their finding that "there was evidence that as a group ex-institutionalized children had more behavioral and emotional difficulties than comparison children".

In relation to the above findings Triseliotis and Hill (1990) studied 124 individuals who were reared in foster and residential care and reported that those who were formerly fostered experienced more intimate, caring, and closer attachment to adults when compared with those who grew up in residential establishments.

Similarly Youngleson (1973) compared 24 institutionalized high school adolescents who had been in a children's home with a non-institutionalized adolescents of similar age, sex, religion and ordinal position of birth. And he reported that the data gleaned from social adjustment inventory confirmed that institutionalized adolescents are less well adjusted and manifest less self-esteem as compared with their counterparts.

A few available research reports suggested that sex, age of admission to the institution, length of time under care, social class, family backgrounds etc are very important factors on the effects of institutions on the psychosocial adjustments of children. In relation to this,

Wolkind and Rutter (1973) reported that almost all boys who have experienced institutional care for short period were prone to develop psychosocial disorders where fewer girls tended to exhibit such disorders. Similar result was reported by Cederblad and Hiruth (1986). On the other hand, girls who experienced long care tended to be equally susceptible to ill-effects as boys (Yule and Raynes, 1972).

Similarly Lambert et al (1977) and Abdinassir (1995) reported that the greatest deterioration of behavior was observed for those who were admitted in their early ages and stayed for relatively longer period of time. According to Wolkind (1974) and Yule and Raynes (1972), reported that higher rates of behavioral disorders were observed for those in long term stay in child-care institutions.

## CHAPTER THREE

### METHODS AND PROCEDURES

#### **3.1. Survey Site**

This study took place in Awassa SOS secondary school, South Region. This site was selected mainly because of it consists of the largest population of students serving a relatively rich mix of students from different age groups. Moreover, the school has available number of both institutionalized and home-reared adolescents.

The Awassa SOS childcare institution, in which the school is located is one of the most favorable and comfortable institution in Ethiopia. The institution working very hard in provision of such basic needs as food, cloth and shelter, provides educational services from KG to secondary level, and provides counseling service and psychosocial support to the children residing inside it as well as students from out side the village. Similarly play grounds and equipments are available in the SOS children's village.

Children inside the care institution have group homes according to their age mates. And they have father figures and house mothers.

#### **3.2. Sampling**

Based on the information obtained from the registration book of the Awassa SOS secondary school, there were about 512 adolescent students (in the age range of 13 to 19 years) enrolled in grade 9 and 10 this year (2006). The same document revealed that of the 512 grade 9 and 10 adolescents 84 were still living in side the SOS children's village, 27 were ex-institutionalized but still supported by the institution. The remaining 401 were living with their families and they have never been in the care – institution.

First of all, the researcher discarded the ex – institutionalized adolescent group and decided to include those adolescents who are currently living inside the children's village and those who had never been in the institution. Hence, the researcher reduced the sampling frame into 485 adolescents (84 institutionalized and 401 home reared adolescents).

Second, the researcher divided each of the adolescent groups (the home and the institutionalized adolescents) in to the following strata's.

- (i) Females of the institutionalized adolescents
- (ii) Males of the institutionalized adolescents
- (iii) Females of the home – reared adolescents
- (iv) Males of the home – reared adolescents

The researcher selected 25 research participants from each of the above four strata's using random sampling. Hence, stratified random sampling technique was employed to select the total of 100 research participants in this study.

**Table 1 Number of Research Participants with their Sex and mean age**

Subjects	Sex		Total	Mean age
	M	F		
Home- reared Adolescents	25	25	50	16.40 years
Institutionalized Adolescents	25	25	50	16.00 years
Total	50	50	100	16.20 years

### 3.3. Instruments Used for Collection of Data

The instruments used to collect data from subjects have two major parts

#### 3.3.1. Demographic Questionnaire

In this part of the instrument items were prepared in such a way that they would cover some areas of the study; and asses in addition to the scales adapted and used in this research. As

part of the study the demographic questionnaire included sex, age, and educational background, background information of the participants' parents and lengths of stay in the child – rearing institution.

### **3.3.2. Psychosocial Adjustment Measures**

This covers the components of measures of psychosocial distress namely self esteem, anxiety, depression, shyness and loneliness. And those measuring items were adapted from different standardized scales. Accordingly these measuring scales provide a pool of 50 items adopted from Rosenberg's self- esteem scales (<http://WWW.WWnorton.com/psychics/Rosenberg>), the Beck Depression Inventory (BID) (taken from <http://IIWWW.swin.edu.au/victims/resource/assessment>), Revised Children's Form of the Manifest Anxiety (RCFAMS) (taken from <http://IIWWW.Swin.edu.au/victims/respirce/assessment/rcmas.html>), the Buss & Check's Revised Shyness and Sociability (taken from <http://IIWWW.Wellesley.edu/psychology/check/research.Html> and Loneliness and Sociability Scales (<http://IIWWW.Jacup.com/pt/re/jaacap/fulltext>).

Those items were statements to which adolescents responded to each item on a 5 – point Likert scale, indicating the degree to which each statement is a true description of them. The scales were translated into Amharic before they were administered to the research participants. But after translating the questionnaires items were distributed to measure the psychosocial adjustments of adolescents.

With regard to scoring, those positively stated items were coded from 5 (strongly agree to 1 (strongly disagree). But those negatively stated items were coded inversely (i.e from 5 (strongly disagree to 1 (strongly agree).

### **3.4. Pilot Testing**

Pilot testing was made on 30 subjects for the purpose of determining the reliability of the scales. Accordingly, the selected 65 items (translated in to Amharic) were tried on 15 male and 15 female adolescent students. Next 15 items from the 65 were discarded because some of those items were not answered by respondents during pre-testing phase. And the responses of the subjects on the 50 best items were scored for the scales and their reliability was assessed by computing Chronbach Alpha. And the psychosocial measures proved to be reliable ( $\alpha = 0.786$ ).

Finally adolescents' responses to the psychosocial adjustment items were summed to yield total scale score that could range from 50 (highest psychosocial adjustment problems) to 250 (lowest psychosocial adjustment problems).

### **3.5. Data Collection Procedure and Analysis**

#### **3.5.1. Data Collection**

After identifying the target population as well as duplicating the instrument with 50 best items data was collected by the researcher and two assistants who were teachers. The research participants were assured that information obtained will remain confidential and would not to be used for other purposes. The researcher and his assistants administered the questionnaires by distributing it to each and every adolescent student, and answering any question while subjects filling the questionnaires, and finally collecting the responded forms. And the research participants were not allowed working in group.

Scoring of the responses of the psychosocial adjustment measures received the same weight, and the total score for each of this measure were obtained by adding up the numerical value

of the responses. Then, each respondent's total score for each test was used in subsequent quantitative analysis of the collected data in the study.

### **3.5.2. Data Analysis**

The data collected to measure the psychosocial adjustment of adolescents organized in line with the objectives of the study. As explained earlier, the subjects investigated in this study constituted adolescents from two groups. In other words, the research questions were concerned with the comparison of the home and the institutionalized adolescents in their psychosocial adjustment and of course between sex groups in each of the adolescent groups in psychosocial adjustment. So an independent t-test, one-way ANOVA, and two-way ANOVA were employed to the comparison of the three groups of the institutionalized adolescents in their psychosocial adjustment status. And finally, mean comparison was taken during the analysis of the collected data in the research.

## CHAPTER FOUR

### RESULTS

This chapter presents the result of the main study in terms of the basic questions raised in the study. The findings are presented in two sections. The first part deals with the demographic information. And the second part of this chapter deals with the relationship between place of residence, sex and duration of stay inside child – care institution among adolescents in relation to the psychosocial adjustment scores of participants.

#### 4.1. Demographic (Background) Information

**Table 2 Gender and Age of Respondents and Adolescents**

Demographic variables	Home – reared Adolescents		Institutionalized Adolescents		Total		
	N	%	N	%	N	%	
Sex	Male	25	50	25	25	50	100
	Female	25	50	25	25	50	100
Total		50	100	50	100	100	100
Age	13 – 16 years	23	46	27	54	50	50
	17 – 19 years	27	54	23	46	50	50
Total		50	100	50	100	100	100

As shown in the tables 2 above, both male and female respondents were equal in number in both of the home and institutionalized adolescent groups. And each sex constitutes 50% of the total respondent size.

Concerning the age of respondents 23(46%) of the home – reared and 27 (54%) of the institutionalized adolescents were between the age of 13 and 16 years, while the remaining percentage of adolescents in both groups were between the age of 17 and 19 years.

**Table 3:- Frequency Distribution of Values in Background Information Variables of the Home Reared Adolescents, (n = 50 n (females) = 25 and n (males) = 25)**

	Variables	Response Categories	Proportion of Respondents					
			Females		Males		Total	
			N	%	N	%	N	%
1	<b>Parental living status</b>	Only mother alive	3	12	6	24	9	18
		Only father alive	1	4	2	8	3	6
		Both parents alive	21	84	17	68	38	76
		Total	25	100	25	100	50	100
2	<b>Parental living situation</b>	Both parents Live together	16	64	18	72	34	68
		Don't live together	9	36	7	28	16	32
		Total	25	100	25	100	50	100
3	<b>Estimated monthly family income (ETB)</b>	Less than 600	1	4	2	8	3	6
		600 - 1000	9	36	11	44	20	40
		More than 1000	10	40	8	32	18	36
		I don't know	5	20	4	16	9	18
		Total	25	100	25	100	50	100
4	<b>Family size</b>	3 – 4 persons	8	32	5	20	13	26
		5 – 6 persons	13	52	15	60	28	56
		More than 6	4	16	5	20	9	18
		Total	25	100	25	100	50	100
5	<b>Educational level of at least one parent</b>	Illiterate	-	-	-	-	-	-
		Primary level	11	44	15	60	26	52
		Secondary level	9	36	7	28	16	32
		Diploma or above	5	20	3	12	8	16
		Total	25	100	25	100	50	100

As indicated in item 1 of table 3, 21(84%) of the girls and 17(68%) of the boys have both parents. And only 4(16%) of the girls and 8(32%) of the girls lost either of their parents.

As far as item 2 of table 3 is concerned, 34(68%) of the home-reared adolescents came from intact families. Similarly the same item shows that 16(64%) of the girls and 18(72%) of the boys came from a family in which both of their parents live together. And only 16(32%) of the total respondents were not from an intact families either due to death of either of the parent or another reason.

As indicated in item 3 of table 3, 19(76%) of girls and the same number (Percentage) of boys came from families who earn a monthly income greater than 600 birr. And, 9(18%) of the total respondent adolescents reported nothing regarding their family's monthly income. Similarly the same table above shows that the majority of girls (52%) and boys (60%) of the respondent adolescents came from families who have 5 to 6 members.

As indicated in item 5 of table 3, either of parents of 11(44%) of girls and 15 (60%) of the boys attended primary education. And at least either of the parents of 14 (56%) of girls and 10 (40%) of the boys attended high school education or college education.

**Table 4:- Frequency Distribution of Values in Background Variables of the Institutionalized Adolescents (Duration of stay in the child- care institution)**

Sex	Length of Stay (In years)						Total	
	3 - 6 Years		7 -10 Years		11 - 14 Years		F	%
	F	%	F	%	F	%		
<b>Females</b>	5	10	10	20	10	20	25	50
<b>Males</b>	8	16	8	16	9	18	25	50
<b>Total</b>	13	26	18	36	19	38	50	100

As shown in table 4 above, 40% of females were living inside the child-care institution from 7 to 14 years. From which half of them stayed more than 10 years in their institution. Among

the males about 34% of them stayed from 7 to 14 years in the child-care institution. And this implies that females stayed for slightly longer period of time than males their care institution.

## 4.2 Group Difference in Psychosocial Adjustment of Adolescents

One of the purposes of this study was to investigate whether or not there is significant group difference in psychosocial adjustment among the home and the institutionalized adolescents.

And the result obtained in the research was presented as follows.

**Table 5:- Means and standard deviations for psychosocial adjustment by the type of adolescent Group.**

Adolescent group	Psychosocial adjustment	
Home reared adolescents	St deviation	16.24
	Mean	175.52
	N	50
Institutionalized adolescents	St deviation	12.07
	Mean	161.70
	N	50
Total	St deviation	15.84
	Mean	168.61
	N	100

As indicated in table 5 above, the mean score of home-reared adolescents on psychosocial measure (175.52) is higher than that of the institutionalized adolescents (161.70), implying the home adolescents have better psychosocial adjustment status. On the other hand, the institutionalized adolescents have greater difficulty in psychosocial adjustment.

**Table -6. A summary table of two way ANOVA for the effect of residence groups and sex on psychosocial adjustment.**

Source	SS	df	MS	F	sig
Residence group (R)	4774.81	1	4774.81	23.07	0.00
Sex (S)	182.25	1	182.25	0.88	0.35
R X S	2.25	1	2.25	0.01	0.92
Error	19872.48	96	207.01		
Total	2867765.00	100			

\* P < 0.05

In order to answer the first research question, two-way ANOVA was also computed and indicated that residence type was found to be statistically significant in affecting the psychosocial adjustment of adolescents (table-6). But the main effect for sex and the interaction effect did not reach statistical significance.

### 4.3 Sex Differences in Psychosocial Adjustment among Adolescents

The other objective of the study was to investigate whether or not there is a sex difference in psychosocial adjustment among female and male adolescents in their respective groups. Thus in order to determine sex difference in psychosocial adjustment the independent t – test analysis is used and presented as follows.

**Table 7:- Sex Difference in Psychosocial Adjustment between the Home-reared Adolescents.**

Sex	N	Man	Std deviation	t - obtained	df	t – critical $\alpha$ 0.05 (2 – tailed)
Females	25	176.72	14.46	*0.521	48	2.0106
Males	25	174.32	17.92			

P > 0.1

\* t – value is not significant at 0.05 level (2-tailed)

In order to determine sex difference in psychosocial adjustment an independent t – test analysis was used. Thus table 7 above shows, statistically insignificant sex difference in psychosocial adjustment between the home adolescents ( $t(48) = 0.521, P > 0.05$ ). In other words, the man score of females (176.72) is not significantly different from that of males (174.32), implying that girls and boys have similar adjustment status among the home – reared adolescent group.

**Table 8:- Sex Difference in Psychosocial Adjustment among the Institutionalized Adolescents.**

Sex	N	Man	Std deviation	t - obtained	df	t – critical $\alpha$ 0.05 (2 – tailed)
Females	25	163.20	12.20	*0.876	48	2.0106
Males	25	160.20	11.99			

P > 0.1

\* t – value is not significant at  $\alpha$  0.05 (2-tailed)

As indicated in table 8 above an independent t – test analysis used to determine the sex difference in psychosocial adjustment between the institutionalized adolescents. Thus table 8 above shows, no significant difference between boys and girls of this group in psychosocial adjustment ( $t(48) = 0.876, P > 0.05$ ). In other words, male and female institutionalized adolescents have similar psychosocial adjustment problems.

#### **4.4 Psychosocial Adjustment Differences among the Institutionalized Adolescents Who Stayed Different Period of Time inside the Child – care Institution.**

As described at the introduction part of this research report, one of the purpose of this research was to investigate the psychosocial adjustment differences between different groups of adolescents with different duration of time inside the child – care institution. Thus, in order to determine differences in psychosocial adjustment among those subjects one way analysis is employed and presented as follows.

**Table 9 One way ANOVA summary table**

Source	SS	df	ms	Fob	F critical (2,47)
Between groups	856.312	2	428.156	*3.204	3.190
Within groups	6280.188	47	133.621		
Total	7136.500	49			

\* There is significant group difference at  $\alpha = 0.05$  level

As indicated in table 9 above, an analysis of variance reveals a significant difference in psychosocial adjustment status among the three groups of the institutionalized adolescents namely group 1 ( who stayed 3 to 6 years), group 2 (who stayed 7 – 10 years) and group 3 (who stayed 11 – 14 years) inside the care – institution,  $F(2,47) = 3.204, P = 0.05$ .

Given an over all significant difference among the three groups of the institutionalized adolescents in their psychosocial adjustment, Scheffe's procedure was performed to examine

the group that is responsible for the difference observed. And the table bellow presents the result of the test.

**Table 10:- Mean comparison of different length of stay inside the child – care institution on Adolescents' psychosocial adjustment (Scheffe's procedure)**

Group Mean	Length of stay inside the institution	3-6 years	7-10 years	11-14 years
168.385	3-6 years (G1)	-	*	
160.778	7-10 years (G2)		-	*
158.000	11-14 years (G3)	*		-

\*Pairs of groups significantly different in psychosocial adjustment.

G1=Group one= Adolescents who stayed 3-6 years in side the care institution

G2= Group two= Adolescents who stayed 7-10 years in side the care institution

G3=Group three =Adolescents who stayed 11-14 years in side the care institution

The Scheffe's result shows, for psychosocial adjustment the mean of group one adolescents differ significantly from that of group two, again the mean of adolescents in group one differs significantly from that of group three and finally the same test show that there is a significant difference among adolescents in group two and group three in their group means of psychosocial adjustment scores. Similarly, as indicated in table 10 above, as a whole the institutionalized adolescents in group one have the highest adjustment scores than adolescents in group two and three.

## CHAPTER FIVE

### DISCUSSION OF MAJOR FINDINGS

In this chapter of the research major findings of the study are going to be discussed in line with the questions raised earlier. And the questions include.

- Is there significant group difference in psychosocial adjustment among the home, and the institutionalized adolescents?
- Is there significant sex difference in psychosocial adjustment between the home adolescents?
- Is there significant sex difference in psychosocial adjustment between the institutionalized adolescents?
- Is there significant difference in psychosocial adjustment between those adolescents stayed different length of time in the child-care institution?

#### **Differences in Psychosocial Adjustment between the Home-reared Adolescents and the Institutionalized Adolescents**

The descriptive statistical analysis of psychosocial measures indicated that the mean scores of the home adolescents (175.52) is greater than that of the institutionalized adolescents group (161.70). This implies that the home-reared adolescents are better in their psychosocial state of being than their institutionalized counter parts (table 5).

In relation to this, Hodges and Tizard (1989) reported in their study that the institutionalized adolescents had more behavioral and emotional difficulties than the non-institutionalized ones. And also Altshuler and Poertner (2002) summarized their findings that youths living in group homes or institutions take more risks and have poorer peer influence than their non-institutionalized counterparts. And of course, Yule and Rayness (1972) reported that there is

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adjustment scores of adolescents and makes them to score significantly different in the psychosocial adjustment measures.

### **Sex Differences in the Psychosocial Adjustment of the home-reared Adolescents and the Institutionalized Adolescents**

An independent t-test analysis of the research also indicated that there is no significant sex differences between the male and the female home-reared adolescents in their psychosocial adjustment scores. This implies that the group mean of females (176.72) is not significantly different than that of males (174.32). Rather both groups of the home-reared adolescent did have similar psychosocial adjustment status (table -7).

Although the researcher couldn't find the supporting research work regarding the above finding, this finding could be attributed to the similarity of the home environment to which both groups of sexes belong. In other words, both females and male groups come from middle class families; who can at least afford money for their children's schooling. Most adolescents of both sexes came from intact families, and none of the adolescents from both groups came from illiterate parents (table 3). Hence, similarity in the socio-economic variables of their living environment (families) makes both groups of sexes to have similar psychosocial adjustment status.

Similarly findings of this research suggested that there was no statistically significant difference among the male and the female groups of the institutionalized adolescents in their psychosocial adjustment scores (table 8) implying, that both groups of sex did have similar psychosocial adjustment status. And of course, this result contradicts with the finding of Wolkind and Rutter (1973). The researchers reported that boys exhibit more problems than girls under institutional care. But the present researcher attributed this result of a non-

adjustment scores of adolescents and makes them to score significantly different in the psychosocial adjustment measures.

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Although the researcher couldn't find the supporting research work regarding the above finding, this finding could be attributed to the similarity of the home environment to which both groups of sexes belong. In other words, both females and male groups come from middle class families; who can at least afford money for their children's schooling. Most adolescents of both sexes came from intact families, and none of the adolescents from both groups came from illiterate parents (table 3). Hence, similarity in the socio-economic variables of their living environment (families) makes both groups of sexes to have similar psychosocial adjustment status.

Similarly findings of this research suggested that there was no statistically significant difference among the male and the female groups of the institutionalized adolescents in their psychosocial adjustment scores (table 8) implying, that both groups of sex did have similar psychosocial adjustment status. And of course, this result contradicts with the finding of Wolkind and Rutter (1973). The researchers reported that boys exhibit more problems than girls under institutional care. But the present researcher attributed this result of a non-

significant difference to the effect of duration of stay inside the institution over the effect of sex in the psychosocial adjustment of male and female groups (since more females stayed for relatively longer period of time inside the care-institution than males). And of course, this idea of the current researcher is supported by Yule and Raynes (1972) who reported that girls who experienced long care were found to be as susceptible as boys. Hence, both of the male and the female sub-groups of the institutionalized adolescents have more similarity on their psychosocial adjustment status and/or problems.

### **Group Differences among Different Duration of Stay (In psychosocial adjustment of the institutionalized adolescents)**

The findings of this study also indicated that there is a significant difference between the groups of institutionalized adolescents who stayed different length of time in child-care institution. The analysis of variance (table 9) and the Scheffe's test (table 10) indicated statistically significant differences between different groups of length of stay such that as the length of stay increases the psychosocial adjustment problems of the participants in the group increase. And each group of length of stay is significantly different from the other two groups.

The researcher attributed this research outcome to the following two possible explanations. First, as adolescents stayed for longer period of time under institutional care implying, that they are separated for relatively longer period of time from their biological parents or relatives which is likely to worsen their adjustment problem. Second, as adolescents live longer and longer in the institutions, they are more likely to expose to the routinized nature of institutions in which adolescents' life is handled and their socialization in the surrounding community is restricted for a relatively longer period of time.

Although this finding needs further investigation as well as explanation this research outcome agrees with different research reports; for example, higher rates of socio-emotional disorders were reported for children in long term stay inside care-institutions by Yule and Raynes (1972); and Wolkind (1974) and others such as Tizard and Hodges (1978) and Abdinassir (1995) also reported similar findings.

## CHAPTER SIX

### SUMMARY, CONCLUSION AND RECOMENDATION

#### 6.1 SUMMARY

The main objective of the present study was to find out the comparative psychosocial adjustment position of adolescent of two different groups namely, the home and the institutionalized adolescents are attending school. And the research participants were selected using stratified random sampling technique. And the base for the stratification is sex. And a total of 100 adolescents (50 from each residential type of adolescents) were used in the study and of course, 50% of the research participants were females and the remaining were males. Regarding their age all of them aged from 13 to 19 years.

Questionnaire of 50 items was used as an instrument to collect the pertinent information for this study. And the questionnaire was composed of two parts. i.e. the background and the psychosocial adjustment measures. It was translated into Amharic and pilot tested using 30 subjects (15 male and 15 female) from the two groups of adolescents. The reliability of the psychosocial measuring scales was calculated using Chronbach Alpha.

So as to determine the adolescents' level of psychosocial adjustment descriptive statistical method, two-way ANOVA and an independent t-test were employed for the psychosocial variable with the two adolescent groups, sex of adolescents serving as an independent variable. Similarly, one way analysis of variance (one way ANOVA) was run to investigate the effect of duration of stay on the psychosocial adjustment of the institutionalized adolescents and of course, Scheeffe's comparison of means was again employed to test the significant difference among different groups of durations inside the child-care institution.

Hence, from the outcomes of the current study and the foregoing analysis one can arrive at the following conclusions.

## 6.2 CONCLUSION

1. There is a significant difference in the psychosocial adjustment between the home-reared and the institutionalized adolescents. It appears that the institutionalized adolescents who get care and support in institutional settings were significantly worse off in their psychosocial adjustment scores than those who get care and support in their homes. Therefore, it may be concluded that residential care may produce more undesirable deviation in adolescents' psychosocial development as compared to home (family) environments.
2. There is no significant group difference in psychosocial adjustment between the male and the female home-reared adolescents. So, it may be concluded that home environment can affect the psychosocial adjustment status of both sexes in a similar manner.
3. There is no significant group difference in psychosocial adjustment between the male and the female institutionalized adolescents. Hence, it may be concluded that residential child-care (institutional settings) affects the psychosocial well-being of adolescents regardless of their sex.
4. Length (duration) of stay inside residential child-care is identified as an important variable that determines the psychosocial adjustment status of the institutionalized adolescents as measured by total psychosocial adjustment score. Accordingly, statistical analysis on the out comes of this research suggested similar result. Hence, one may

conclude that as duration of stay inside the child-care institution increases, the psychosocial adjustment status of adolescents' declines.

### **6.3 RECOMMENDATION**

On the basis of major findings and conclusions drawn from regarding the psychosocial adjustment of the home and the institutionalized adolescents, the following recommendations are forwarded.

1. Although better adjustments for home-reared adolescents were observed as compared to their institutionalized counterparts, the home-reared adolescents also face some psychosocial adjustment problems.
  - ❖ They should develop free discussion on the psychosocial as well as physical changes of their adolescents.
  - ❖ Parents should acquire knowledge about the importance of open discussion, support and guidance.
  - ❖ Parents should securely attach with their adolescent children, which is crucial for the development of their adolescent children.
  - ❖ Efforts should be made to enhance the capacity of families to respond to the psychosocial needs of children in general and of adolescents in particular.

2. Schools should play an important role in the psychosocial support of adolescents through,
  - ❖ Identifying signs of psychosocial distress and providing appropriate socio-emotional support.
  - ❖ Encouraging and maintaining positive peer relationship of adolescents.
  - ❖ Facilitating the psychosocial well-being of adolescents through organizing dramas, literature, Mini Medias, different games etc.
3. The child-care institutions have to develop diagnostic and therapeutic Programs in order to meet the psychosocial needs of adolescents. And also counseling services have to be improved.
4. Trainings should be given to caregivers of institutionalized children on the proper handling and provision of necessary physical and emotional care for adolescents. This condition may improve the psychosocial adjustment status of the institutionalized adolescents.

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## Part II Psychosocial Adjustment measures

Please read each item carefully and decide to what extent it is characteristic of your feelings and behavior. Mark (✓) the point which best indicates your agreement or disagreement.

		Response Categories				
Item No	Item	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1	I take a positive attitude toward my self					
2	All, in all, I am inclined to feel that I am a failure					
3	I wish I could have more respect for my self					
4	I feel that, I am a person of worth, at least on an equal plane with others					
5	I certainly feel useless at times					
6	I feel I do not have much to be proud of					
7	I am able to do things as well as most other people					
8	I feel that I have a number of good qualities					
9	At times, I think I am no good at all					
10	On the whole I am satisfied with myself					
11	I feel as if I have experienced some emotional loss					
12	I feel ineffective					
13	I don't seem to obtain gratifications from any thing					
14	I have the energy to do things I would like to do.					
15	I feel incompetent when some thing bad happens to me.					
16	I feel as if I never actually attain my aspiration					
		Response Categories				

Item No	Item	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
17	I am satisfied with my appearance					
18	My goals reflect my personal desires					
19	I feel chronically frustrated in my personal life					
20	I get what I want					
21	I feel inadequate					
22	Something good happens to me, it is usually because I have worked for it					
23	I am hope full					
24	My sleep is restless and disturbed					
25	I live under a great deal of strain					
26	I am usually calm					
27	I give up easily when things get hard					
28	I always have enough energy when faced with difficulty					
29	I feel worrying and nervous					
30	When I try to make some thing every thing seem to go wrong					
31	My feelings get hurt easily					
32	I am confident about my social skills					
33	I feel nervous when speaking to some one in authority					
34	I have no doubts about my social competence					
35	I do not find it hard to talk to strangers					
<b>Response Categories</b>						

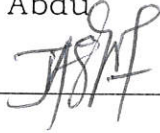
Item No	Item	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
36	There is always some one I can talk to about my day today problems					
37	I experience a general sense of loneliness					
38	I find my circle of friends and acquaint once too limited					
39	I often feel rejected					
40	I fell inhibited in social situations					
41	I have trouble looking some one right in the eye					
42	I like to be with people					
43	When conversing I worry about some thing dumb					
44	I usually feel relaxed when I am with a group of people					
45	Efforts to have friends and to be liked seldom succeeds the way I would like it to					
46	It is easy for me to make new friends					
47	When in groups of people, I have trouble thinking of the right things to talk about					
48	I don't find it difficult to ask other people for information					
49	I am socially some what awkward					
50	I well come the opportunity to mix socially with people					

## Declaration

I the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used in this thesis have been duly acknowledge.

Name Jemal Abdu

Signature

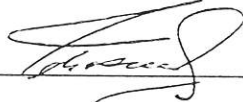


Date 16<sup>th</sup> June 2006

This thesis has been submitted for examination with my approval as a university advisor.

Name Dr. Teka Zewdie

Signature



Date of Approval

June 15, 2006

