

**A COMPARATIVE STUDY ON SOCIO EMOTIONAL  
PROBLEMS OF ORPHAN AND NON-ORPHAN  
ADOLESCENT STUDENTS**

*Dissertation submitted to the Tamil Nadu Teachers Education University in  
partial fulfilment of the requirement for the award of the degree of*

**MASTER OF EDUCATION**

**By**

**KARTHICK.M**

**Reg. No: M 1311092**

*Under the guidance of*

**Mrs. V.P. BINDU GOURI**

Assistant Professor in Education



**N.V.K.S.D. COLLEGE OF EDUCATION**

**CENTRE FOR RESEARCH**

**(NAAC Re-accredited With A Grade)**

**ATTOOR, KANYAKUMARI DISTRICT**

**JUNE – 2014**

**KARTHICK.M**

*M.Ed. Student,*

*N.V.K.S.D College of Education,*

*Attoor, Kanyakumari District.*

## **DECLARATION**

I hereby declare that this dissertation “**A COMPARATIVE STUDY ON SOCIO EMOTIONAL PROBLEMS OF ORPHAN AND NON-ORPHAN ADOLESCENT STUDENTS**” submitted by me for the degree of Master of Education is the result of my original and independent research work carried out under the guidance of **Mrs. Bindu Gouri .V.P**, Assistant Professor in Education, N.V.K.S.D. College of Education, Attoor and it has not been submitted elsewhere for the award of any degree, diploma, and fellowship of any other university or institution.

Place: Attoor

Date:

**KARTHICK.M**

# ACKNOWLEDGEMENT

First of all I give and thanks to the Almighty God for helping me to complete this project successfully.

I am at to find fitting words to express the depth of my indebtedness to **Mrs. Bindu Gouri.V.P, Assistant Professor in Education**, N.V.K.S.D College of Education, Attoor, for providing painstaking supervision from the inception to the completion of this dissertation.

I wish to express my deep sense of gratitude to **Dr. B.C Shoba, principal**, N.V.K.S.D College of Education Attoor, for giving all the facilities to carry out this study.

I am also thankful to **Dr. P. Sheela**, Librarian and **Mr. Jaya Mohan**, Library assistant, N.V.K.S.D College of Education, Attoor, for their valuable assistance given to me. I extend my sincere gratitude to **Mr. Biju Mohan** for data analysis on time.

For their kind co-operation and assistance, I express my sincere thanks to the principals, teachers and students of various schools from where the data was collected. I also express my gratitude to all the teaching and non-teaching staff of the N.V.K.S.D College of Education, Attoor, for the encouragement on their part in completing this research work.

I am also grateful to my parents, relatives, friends and all who helped in the completion of this dissertation work.

**KARTHICK.M**

**Mrs. V.P. BINDU GOURI**

*Assistant Professor in Education,*

*N.V.K.S.D College of Education,*

*Attoor, Kanyakumari District.*

## **CERTIFICATE**

This is to certify that this dissertation entitled “**A COMPARATIVE STUDY ON SOCIO EMOTIONAL PROBLEMS OF ORPHAN AND NON-ORPHAN ADOLESCENT STUDENTS**” submitted for the M.Ed. degree by **Karthick.M** is an original record of research work carried by him under my guidance and supervision. It is further certified that the work is an original one, free from any duplication.

**Place: Attoor**

**Date:**

**Mrs. V.P. Bindu Gouri**

## CONTENTS

<b>CHAPTER NO</b>	<b>TITLE</b>	<b>PAGE NO</b>
I	INTRODUCTION	1-12
II	REVIEW OF RELATED LITERATURE	13-45
III	METHODOLOGY	46-67
IV	ANALYSIS AND INTERPRETATION	68--86
V	FINDINGS, CONCLUSION, IMPLICATION AND SUGGESTION	87-96
	REFERENCES	
	APPENDICES	

# **INTRODUCTION**

- **Need and significance of the study**
- **Statement of the problem**
- **Objectives of the study**
- **Hypotheses**
- **Methodology in brief**
- **Tools used**
- **Statistical techniques used**
- **Delimitation for the study**
- **Organization of the report**

“Education is the most powerful weapon which you can use to change the world”

- Nelson Mandela

Adolescence is a challenging crossed between childhood and the adult world. It is that time in an individual’s life when he or she learns to make choices based on experience, skill and values gathered in this period. Adolescents is also the time when a fast paced family lifestyle, school ,peer pressure, conflicting emotions including a sense of isolation, a need to experiment push an adolescent to drugs, alcohol and unsafe sexual behavior. Parents, schools and community at large share the responsibility of harnessing an adolescent’s potential for the betterment of self and society

Adolescence is a period of rapid physical, emotional and mental growth and abilities. The most frequently observed problems during this period are psychological disorders anxiety and depression. Violent behavior, eating disorders, sexually transmitted diseases and substance abuse. All these could be interlinked as the adolescent who wants to overcome one disorder tries another modality resulting in a worse outcome.

A sense of independence and risk taking behavior takes place during this period. There are also several physical changes in the body because of the interplay of various hormonal changes. This period is marked by increased emotional liability, hypothetical thinking and distraction resulting in many

disorders. Excessive competition, brilliant academic achievement and over expectation by parents and lack of family support may contribute towards emotional instability.

## **BUILDING SOCIAL AND EMOTIONAL SKILLS**

Developing effective social and emotional skills and a positive sense of self are important elements of children's development. Key social and emotional skills of personal characteristics that children develop in the early years include their capacity to:

- Recognize and identify a range of feelings, in themselves and others
- Manage their own feelings and behavior in socially acceptable ways
- Respond appropriately to the feelings of others
- Form social connections with other people, including their peers
- Develop a sense of autonomy, agency and an emerging sense of self
- Develop pro-social attitudes and skills such as empathy, sharing and helping others.

## **IMPORTANCE OF MENTAL HEALTH AND WELLBEING**

Social and emotional development and relationships in early childhood can have an important impact on a person's self-concept and wellbeing throughout life. Self concept is a mental picture or idea about who one is. It is made up of various components such as: how one views oneself; how one thinks others see



him/her, whether one feels valued and cared for; and whether one feels competent and able to do things.

Fostering autonomy and the development of age –appropriate social and emotional skills is important in early childhood. As one grows through childhood and adolescence, early abilities and experiences to develop a more complex self-concept and more advanced life skills are built. Important skills include negotiating with others, taking responsibility, solving problems, communicating assertively and being able to ask for and give support to others. All of these contribute to a person’s mental health and wellbeing, because they help to maintain positive relationships, deal with stress and setbacks in our lives and work toward our goals.

There are many factors that impact on mental health and wellbeing as children move into adolescence and adulthood, such as life experiences, the physical and social environment, and biological or genetic factors. While one cannot predict life outcomes for any individual child, all children can be given a positive start that will help them to deal with life’s challenges.

Secure attachment relationships in infancy and early childhood lay the foundations for optimal social and emotional development and wellbeing. Individual differences should be considered while supporting the development of skills in each child.

Adolescence is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood. The period of adolescence is most closely associated with the teenage years. Though it's physical psychological and cultural expressions may begin earlier and end later.

An orphanage is a residential institution devoted to care of orphan children whose natural parents are deceased or otherwise unable or unwilling to care for them. Natural parents and sometimes natural grandparents are legally responsible for supporting children but in the absence of these or other relatives willing to care for the children. They become a ward of the state and providing for their care, housing and education.

Individual difference play major role in determining the nature of the socio-emotional problems of children. In most cases socio emotional problems are anxiety, excessive fear, frustration, and feeling of worthlessness, excessive fantasy, and school refusal. These problems are common to many children. Emotions are the prime movers of behavior and powerful regulating force in one's life.

Another emotional problem common in children is created by the behavior of other members of the friends towards the students. Children develop feeling of jealousy, anger, anxiety, difficulty in maintaining friends.

Adolescents should imbibe appropriate social and emotional skills for their overall personality development. Qualities like helpfulness, sensitivity to others, interpersonal skills, acceptance are some social skills expected of youth. Among the desirable emotional skills for adolescents, self confidence, empathy, optimism, handling stress are essential to be emotionally intelligent and successful.

### **NEED AND SIGNIFICANCE OF THE STUDY**

The term socio-emotional problems stand for that type of serious abnormality in the behavior of an individual. It causes problems of proper adjustment to self and environment. Socio-emotional problems are most common and usual in adolescents.

The socio-emotional problems of the children may create problems in the class room as well as in the family. High school students are in the adolescent stage of transition from childhood to manhood or womanhood. In this stage the students face many social and emotional problems. Maximum physical growth is obtained at these stages. It causes not only physical but mental and psychic problems. The society considers adolescent not as mere children but as youth. The dual role expected by the society may result in some deviant behavior. So it is necessary to find out the typical social and emotional problems existing among adolescent orphan and non-orphan students and to give relevant solution to the problem. Orphan students experience socio emotional problems because they are living

without parents. They don't get enough wealth and affection and have got some inferiority complex.

One of the major obstacles to create an effective classroom learning environment is the problems faced by the child. The socio-emotional problems affect not only the child, but also their classmates and teachers. So this type of problems should be identified and solved.

Social and emotional problems hinder the socialization process of the students and affect one's habits that create many problems in the society. If one is able to guide the students in this stage in a right way one can produce good citizens. This is a wide area and few authentic studies were done in the field of socio-emotional problems of adolescence. Due to the above said reasons the investigator decided to conduct a study in this area.

## **STATEMENT OF THE PROBLEM**

The topic selected for the present study is entitled as **“A comparative study on socio emotional problems of orphan and non-orphan adolescent students”**.

## **OPERATIONAL DEFINITION OF THE TERMS**

The key terms used in the study have been defined for attaining greater precision and clarity. The key terms used in the title are operationally defined below.

## **SOCIO EMOTIONAL PROBLEMS**

Social Emotional Development is the combination of learning diplomacy and truthfulness to interact with individuals or groups in a manner that contributes positively to members of society. The social aspect relates specifically to interaction with people (external). The emotional aspect relates to understanding and properly controlling one's emotions (internal). A proper combination and coordination of social and emotional development is critical to lead a purposeful and fulfilling life. Problems related to socio emotional development of the adolescents are considered here as socio emotional problems.

Emotional problems arise mainly due to the individual differences. It means a feeling of insecurity and dependence which make a child to develop a feeling of jealousy and anger. In this study the scores obtained in socio-emotional problem scale is considered.

## **ORPHANS**

The orphans are those who are living in orphanages. Mostly they have no parents.

## **NON-ORPHAN**

Non orphans are those who are living in their homes with their parents.

## **ADOLESCENT**

The term adolescent is derived from the Latin word adolescence, which means to grow to maturity. Adolescence is a period of biosocial transition between childhood and adulthood.

## **OBJECTIVES OF THE STUDY**

The major objectives of the study are as follow.

1. To construct and validate a socio- emotional problem inventory to measure the socio emotional problems of orphan and non orphan adolescent students.
2. To study and compare the socio emotional problems of orphan and non orphan adolescent students.
3. To compare the difference between the socio emotional problems of orphan and non orphan adolescent boys.
4. To compare the difference between socio emotional problems of orphan and non orphan adolescents girls.
5. To compare the difference between socio emotional problems rural orphan and non orphan adolescent students.
6. To compare the difference between socio emotional problems of urban orphan and non orphan adolescents.

7. To compare the difference between socio emotional problems of adolescents belonging to different religion.
8. To compare the difference between socio emotional problems of adolescent orphans and non orphans studying in different type of schools.
9. To compare the difference between socio emotional problem of adolescent orphans and non orphans based on the numbers of siblings.

### **MAJOR HYPOTHESIS FRAMED FOR THE STUDY**

The following are the hypotheses formulates for the present investigation.

1. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent students.
2. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent boys.
3. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent girls.
4. There exists no significant difference in the mean scores of socio-emotional problems of rural orphan and non-orphan adolescents.
5. There exists no significant difference in the mean scores of socio-emotional problems of urban orphan and non-orphan adolescents.
6. There exists no significant difference in the mean scores of socio-emotional problems of Hindu orphan and non-orphan adolescents.

7. There exists no significant difference in the mean scores of socio-emotional problems of Christian orphan and non-orphan adolescents.
8. There exists no significant difference in the mean scores of socio-emotional problems of Muslim orphan and non-orphan adolescents.
9. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Government schools.
10. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Private schools.
11. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Aided schools.
12. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having one sibling.
13. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having more than one sibling.

## **METHODOLOGY IN BRIEF**

### **a. Method adopted**

For this study the investigator adopted normative survey method



## **b. Sample for the study**

Sample of the present investigation consists of 400 adolescent students of which 200 were orphans and 200 non-orphans.

## **c. Tool used**

The following tools were used for collecting the data

1. General data sheet
2. Socio emotional problem inventory constructed and validated by the investigator and Mrs.Bindu Gouri.

## **d. Statistical techniques used**

For analyzing the data, the following statistical techniques were employed.

1. Mean
2. Standard deviation
3. t-test

## **DELIMITATION OF THE STUDY**

- The geographical area of the study is limited to kanyakumari district.
- The Sample size is limited to 400.

## **ORGANIZATION OF THE REPORT**

The organization of the report is done in the following order.

**Chapter I** deals with the need and significance of the study, statement of the problem, objectives and hypotheses of the study, methodology in brief, statistical techniques used, delimitations of the study and organization of the report.

**Chapter II** gives the literature and studies related to the present study.

**Chapter III** discusses the methodology in brief.

**Chapter IV** includes the analysis and interpretation of the result in detail.

**Chapter V** covers the main findings of the study, conclusion, suggestion and implications of the present study and guidelines for further research.

## **CHAPTER II**

# **REVIEW OF RELATED LITERATURE**

- **SECTION A: THEORITICAL OVER VIEW**
- **SECTION B: REVIEW OF RELATED STUDIES**

Review of related literature in research refers to extensive, exhaustive and systematic survey of publications relevant in the selected field of investigation. The process of literature review begins even before the stage of defining the research topic of problem and continues, till the publication of the research report.

### **NEED FOR REVIEW OF LITERATURE**

A thorough examination of literature i.e. the articles in Science journals review articles, books monograph and other writings which deal with a particular subject is essential for several reasons some of which are,

1. To assess the level of theory and research that have been developed in the field of study, and thus so find what is already known and what remains to be investigated in the specific field of study.
2. To understand the definitions of the established concepts and established the chosen field.
3. To identify and adopt the research design analytical method, scales, instruments and data analysis
4. To become fully aware of all the difficulties encountered by other works and thus to avoid waste of time and money in the proposed research.
5. To learn how to write a research report.

All the above reasons become more evident when we prepare the final research report, especially while (a) justifying the choice of research topic and methodology and (b) discussing ones results and drawing valid inferences from our results.

## **OBJECTIVES OF THE REVIEW OF LITERATURE**

The review of literature serves the following purposes in conducting research work.

1. It provides theories, ideas, and explanations of hypotheses which may prove useful in the formulations of a new problem.
2. It indicates whether the evidence already available solves the problem adequately without requiring further investigation. It avoids the replication.
3. It provides the sources for hypotheses the researcher can formulate research hypotheses on the available basis.
4. It suggests method, procedure sources of data and statistical techniques appropriate to the solution of the problem.
5. It locates comparative data and findings useful in the interpretation and decision of results.
6. It helps in developing expertise and general scholarship of the investigator in the area investigated.

7. It contributes towards the accurate knowledge of the evidence or literature in ones area of activity is a good avenue towards making oneself.

## **SECTION- A**

### **THEORETICAL OVERVIEW**

#### **CONCEPT OF ADOLESCENCE**

Adolescence is the transient period from childhood to adulthood, a period that brings sometimes tumultuous physical, social and emotional changes, Adolescence begins with the onset of puberty and extends to adulthood, usually spanning the years between 12 and 20. It is a stage of turmoil and turbulence of stress and strain. It is the time when adolescent children need maximum attention and care of their parents.

#### **CONCEPT OF ORPHAN AND NON ORPHAN**

An orphan is a child whose parents are dead or have abandoned them permanently. In common usage, only a child who has lost both parents is called an orphan. If the mother has gone the offspring is an orphan regardless of the father's conditions. Adult can also be referred to as orphans, or adult orphan. However, survivors who reached adulthood before their parents die are normally not called orphans.

## **STAGES OF SOCIAL-EMOTIONAL DEVELOPMENT- ERIK ERIKSON**

These stages are conceived in an almost architectural sense: satisfactory learning and resolution of each crisis is necessary if the child is to manage the next and subsequent ones satisfactorily, just as the foundation of a house is essential to the first floor, which in turn must be structurally sound to support and the second story, and so on.

### **Erikson's Eight Stages of Development**

#### **1. Learning Basic Trust Versus Basic Mistrust (Hope)**

This is the period of infancy through the first one or two years of life. The child, well – handled, nurtured, and loved, develops trust and security and a basic optimism. Badly handled, he becomes insecure and mistrustful.

#### **2. Learning Autonomy Versus Shame (Will)**

The second psychosocial crisis, Erikson believes, occurs during early childhood, probably between about 18 months or 2 years and 3½ to 4 years of age. The “well – parented” child emerges from this stage sure of himself, elated with his new found control, and proud rather than ashamed. Autonomy is not, however, entirely synonymous with assured self – possession, initiative, and independence but, at least for children in the early part of this psychosocial crisis, includes stormy self – will, tantrums, stubbornness, and negativism.

### **3. Learning Initiative Versus Guilt (Purpose)**

Erikson believes that this third psychosocial crisis occurs during what he calls the “play age,” or the later preschool years (from about 3½ to, in the United States culture, entry into formal school). During it, the healthily developing child learns: (1) to imagine, to broaden his skills through active play of all sorts, including fantasy (2) to cooperate with others (3) to lead as well as to follow. Immobilized by guilt, he is: (1) fearful (2) hangs on the fringes of groups (3) continues to depend unduly on adults and (4) is restricted both in the development of play skills and in imagination.

### **4. Industry Versus Inferiority (Competence)**

Erikson believes that the fourth psychosocial crisis is handled, for better or worse, during what he calls the “school age,” presumably up to and possibly including some of junior high school. Here the child learns to master the more formal skills of life: (1) relating with peers according to rules (2) progressing from free play to play that may be elaborately structured by rules and may demand formal teamwork, such as baseball and (3) mastering social studies, reading, arithmetic. Homework is a necessity, and the need for self-discipline increases yearly. The child who, because of his successive and successful resolutions of earlier psychosocial crisis, is trusting, autonomous, and full of initiative will learn easily enough to be industrious. However, the mistrusting child will doubt the future. The shame – and guilt-filled child will experience defeat and inferiority.



## **5. Learning Identity Versus Identity Diffusion (Fidelity)**

During the fifth psychosocial crisis (adolescence, from about 13 or 14 to about 20) the child, now an adolescent, learns how to answer satisfactorily and happily the question of “Who am I?” But even the best – adjusted of adolescents experiences some role identity diffusion: most boys and probably most girls experiment with minor delinquency; rebellion flourishes; self – doubts flood the youngster, and so on.

Erikson believes that during successful early adolescence, mature time perspective is developed; the young person acquires self-certainty as opposed to self-consciousness and self-doubt. He comes to experiment with different – usually constructive – roles rather than adopting a “negative identity” (such as delinquency). He actually anticipates achievement, and achieves, rather than being “paralyzed” by feelings of inferiority or by an inadequate time perspective. In later adolescence, clear sexual identity – manhood or womanhood – is established. The adolescent seeks leadership (someone to inspire him), and gradually develops a set of ideals.

## **6. Learning Intimacy Versus Isolation (Love)**

The successful young adult, for the first time, can experience true intimacy – the sort of intimacy that makes possible good marriage or a genuine and enduring friendship.

## **7. Learning Generativity Versus Self-Absorption (Care)**

In adulthood, the psychosocial crisis demands generativity, both in the sense of marriage and parenthood, and in the sense of working productively and creatively.

## **8. Integrity Versus Despair (Wisdom)**

If the other seven psychosocial crisis have been successfully resolved, the mature adult develops the peak of adjustment; integrity. He trusts, he is independent and dares the new. He works hard, has found a well – defined role in life, and has developed a self-concept with which he is happy. He can be intimate without strain, guilt, regret, or lack of realism; and he is proud of what he creates – his children, his work, or his hobbies. If one or more of the earlier psychosocial crises have not been resolved, he may view himself and his life with disgust and despair.

These eight stages of man, or the psychosocial crises, are plausible and insightful descriptions of how personality develops but at present they are descriptions only. We possess at best rudimentary and tentative knowledge of just what sort of environment will result, for example, in traits of trust versus distrust, or clear personal identity versus diffusion. Helping the child through the various stages and the positive learning that should accompany them is a complex and difficult task, as any worried parent or teacher knows. Search for the best ways of

accomplishing this task accounts for much of the research in the field of child development.

Socialization then is learning – teaching process that, when successful, results in the human organism’s moving from its infant state of helpless but total egocentricity to its ideal adult state of sensible conformity coupled with independent creativity.

### **Social and Emotional Challenges in Adolescence**

Social issues encountered in childhood can become worse in adolescence, with the intensity of any rejection or bullying increasing during the teenage years. This rejection can negatively affect both academic performance and emotional health—and can be; more troubling than making poor grades in school and may appear emotionally immature compared with classmates.

As with academic challenges, however, difficulties with social interaction can often be helped by having adolescents learn specific skills. How to interact positively with others, including role modeling, role-playing, analyzing interaction, and practicing new techniques, motivating to improve social life, and advice about social issues.

## **Friendships**

A teenager's targeted efforts to increase the accuracy of social perceptions and monitoring his social interactions may make friendship easier. Friendships must be supported.

## **Conflict Resolution**

It is important for the teenager to learn how to resolve conflict without resorting to physical fights, and how to avoid becoming the target of others' aggression. Again, resolving conflict can be a difficult teenage task if impulsive. An important step in avoiding this problem is to identify anger cues and to brainstorm in advance about the kinds of positive solutions one can apply to future conflicts.

## **Working on Social Skills**

As with other learning processes, the adolescents can hone social skills and interaction by

- Developing a list of specific target behaviors to work on
- Outlining a step-by-step plan to address each one
- Receiving consistent, tactful feedback from you, his peers, and his teachers
- Learning such techniques as identifying cues that set off his anger, analysis of others' social interaction, social role-playing, etc

- Getting training in anger management or social skills, or treatment in individual or group therapy, when appropriate
- Receiving treatment for any coexisting conditions that may affect his social interaction
- Getting positive feedback for improvement in targeted social skills
- Staying involved in rewarding pro-social activities

### **Teenager's Emotional Development**

Academic, social, and family strains create a heavy emotional burden for adolescents. Low self-esteem caused by academic failure and social rejection can lead to depression, defensiveness, pessimism about the future, hostility, and physical aggression. It can pave the way for unsafe sexual activity; alcohol, tobacco, or drug abuse; and other high-risk behavior. Adolescent's social, academic, or behavioral functioning starts to deteriorate due to depression and anxiety increase significantly in individuals.

### **Risk Taking**

Adolescence is a time when all teenagers are prone to testing limits and engaging in risk taking.

To support the development of social and emotional skills and a positive of self, one need to provide children with an environment that is safe and supportive,

physically, socially emotionally. As children develop, they learn by observing others and by receiving feedback. The way adults communicate with children during day by day, care giving practices can have an important influence on children's self-concept and their development of social and emotional skills.

### **TIPS TO SUPPORT CHILDREN'S DEVELOPMENT OF SOCIAL AND EMOTIONAL SKILLS AND A POSITIVE SELF-CONCEPT**

- Observe children's verbal and non-verbal signals and get to know them as individuals.
- Respond in a caring and consistent way to children's physical and emotional needs.
- Keep expectations appropriate to the child's abilities and stage of development.
- Provide opportunities for alone time or quiet activity and for play with peers or adults.
- Give children choices and opportunities for exploration, to promote their autonomy.
- Respect and value cultural and personality differences and individual preferences.
- Consistently model the behaviour and communication styles you want children to use.

- Acknowledge children's achievements and give praise for positive behaviour.
- Help children to recognise and label their emotions and to express their feelings.
- Use stories, art, dramatic play or other activities to explore feelings and friendships.
- Encourage older children to take turns, to share resources and to share adult's attention.
- Model pro social skills and praise children for showing empathy and helping others.
- Help children to solve problems and negotiate with peers when disputes come up.
- Be aware that children may have difficulty using their skills when they are sick or tired.
- Recognise that learning new skills requires time, practice and positive feedback.

### **Some areas of socio emotional problems of adolescents**

Self awareness, self regulation, motivation, empathy, communication, conflict management, self esteem, confidence, adaptation, understanding, social attitude, adjustment, emotional skills, responsibility, interests, attention, relationships, support, self concept, values, independence, recognition and so on.

## **Causes for socio emotional problems**

Some causes of problem behaviour may be the result of excitement seeking and attention getting behaviour and in some cases it may be due to lack of proper early training. Suitable punishment according to psychological principles and retraining with suitable reinforce of acceptable conduct will generally eliminate such problem behaviour.

Maladjustment may arise due to a variety of factors, some residing in the individual, some arising out of school situations, some from uncongenial home conditions and other from unsatisfactory social conditions around.

Academic characteristic of emotional problems.

1. Disrupts classroom activities
2. Impulsive
3. Inattentive
4. Pre-occupied
5. Poor concentration
6. Resistance to change and transitions in routines.
7. Often speaks out with irrelevant information or without regard to turn taking rules.
8. Regular absent from school
9. Low self esteem



Areas of socio emotional problems included for the present study.

1. Problems with relationship
2. Problems related to finance, future
3. Problems in social adjustment
4. Problems is social responsibilities
5. Emotional disturbances
6. Behavioural problems
7. Problems with emotional adjustment
8. Problems with self concept

## **PROBLEMS WITH RELATIONSHIP**

Adolescents want more freedom to attend social functions but parents don't permit them to move outside the home. This is particularly in case of girls in rural areas.

Second important problem is regarding achievement of their sons and daughters and when they don't come up to their aspiration. There is constant quarrelling among parents and adolescents. Sometimes these quarrels result in dire consequences. Adolescents run from home and may commit suicide.

## **PROBLEMS RELATED TO FINANCE, FUTURE**

The problems of adolescents have multiplied with the socio economic development of the country. The problem of money is such a problem. There are many activities of adolescent's that need money. Being financially dependent upon parents and family is a factor that inhibits the emancipation process. Most adolescents are not satisfied with their financial situation and they exert much strain on the family resource. In addition to the high costs involved in education, the life style of adolescents demands much more expenditure.

## **PROBLEMS WITH IN SOCIAL ADUJSTMENT**

When the child becomes an adolescent's society and parents expect him to think and act like an adult for which he is not physically and intellectually matured. The adolescent fails to decide his status in social sittings and fail to adjust to new environment. The adolescent because of shift of role has to make new adjustment in different social situations, leave accustomed patterns of childhood, and learn new adjustment.

## **PROBLEM IN SOCIAL RESPONSIBILTY**

Increased compassion means to enter one's own feelings and appreciate the feelings of others. Compassion is the single quality which enables a man to achieve highest peak and the deepest reach in his search for self fulfilment. Compassion means fellowship of feeling. It denotes an ability to enter into kinship

with the feelings and impulses involved in any sort of emotional experience whether it be joy or sorrow.

### **EMOTIONAL DISTURBANCES:**

Adolescents are marked by heightened emotionality. The history of world is full of the heroic deeds of adolescents, when many adolescents sacrificed their lives at the altar of freedom of the country. Heightened emotionality is evident from nail biting tension, Conflicts, quarrels with parents, siblings and class mates. Adolescents come in conflict with their friends and family member who fail to understand them. Too strict discipline, restriction on movements and lack of understanding their interests are the chief sources of emotional disturbances.

### **BEHAVIOURAL PROBLEMS**

Adolescent behaviour problems can become a large and serious issue if not diagnosed and treated at the correct time. Some of the behaviour problems are

1. Attention deficit hyperactivity disorder
2. Adolescent depression
3. Oppositional defiance disorder
4. Adolescent eating disorder

## **PROBLEMS WITH EMOTIONAL ADJUSTMENT**

The period of adolescence is known as strain and stress stage. The emotions are heightened at this stage the cause problems in them. The development of adolescent emotions has profound effects on the life of an individual.

The emotions have both types of effects negative as well as positive. The emotions also have adverse or damaging effects on the behaviour of the individual. The most damaging effects of emotions is on the health or physique of an individual, constant emotional pressure and tension disturbs learning ability and may cause lack of sleep, headache, fatigue, lack of appetite and restlessness. Negative emotions disturb or damage the total personality of an individual.

## **PROBLEM WITH SELF CONCEPT**

Self concept is a multi dimensional construct that refers to an individual's perception of self in relation to any number of characteristics such as academics, gender roles and sexuality. Self concept is distinguishable from self awareness which is simply an individual's awareness of his self. It is also more general than self esteem, which is the purely evaluative element of the self concept. Self concept is a determinate of human behaviour and a concise measure of personality. Self concept is the repaired image of individual.

## **TIPS FOR ADOLESCENTS TO PREVENT SOCIO EMOTIONAL PROBLEM**

1. Getting used to live a healthy and balanced diet.
2. Eat, rest, sleep and exercise that is enough and regular.
3. Think positive and be happy
4. Make friends socialize them and being friendly in a safe and reasonable way.
5. Trying to adjust to the environment.
6. Be an important part in the creation of harmony.
7. Obedient and submissive to the laws, rules and norms.
8. Living with a sense of optimism and always have hope.
9. Keeping your body to stay healthy physically and spiritually.
10. Trying to find peace always.

## **REVIEW OF RELATED STUDIES**

The review of related study is categorized into two sections studies conducted in India and studies conducted abroad.

### **STUDIES CONDUCTED IN INDIA**

**Prakesh (2014)** conducted a study on “Emotional intelligence of adolescents as related to their self-confidence and adjustment”. The major objectives were to compare emotional intelligence of male and female adolescents. To study the

relationship between emotional intelligence and self confidence of adolescents. The sample of the study in group of 400 students (200 male, 200 female) of class 11<sup>th</sup> and 12<sup>th</sup> from Punjab and Haryana. The major finding of the study, it was found that the mean score of emotional intelligence of male adolescents was 192.04

**Mahi.P (2013)** conducted a study on “Aggression in schools; Psychosocial outcomes of bullying among Indian Adolescents”. The main objectives of the study were to examine the prevalence of school bullying and to investigate the behavioural, emotional, socio-economic and demographic correlates of bullying behaviours among Indian school going adolescents. Self reports on bullying involvement were collected from 9<sup>th</sup> to 10<sup>th</sup> class students from government and private schools of north Indian city. The major findings of the study were the overall prevalence of any kind of bullying behaviour was 53% one. Fifth (19.2%) of the children were victims of bullying. Boys were more likely to be bully victims (27.9%) and girls were more likely to be victims (21.6%). Bullying scores were significantly related to the total self concept scores of the students. Victimized adolescents reported the lowest self concept scores of the students. Bully- victims had a higher risk for conduct problems and hyperactivity and were the most difficult. Bullies had relatively better school grades and high self esteem but had higher risk for hyperactivity and conduct problems as compared to control.

**Georgiades. K (2013)** investigated the emotional and behavioural problems among adolescent students the role of immigrant, racial and ethnic congruence and belongingness in school. The major objectives of the study were to examine the association between immigrant and racial/ethnic congruence in school- the numerical representation of a student's immigrant generational status and race/ethnicity in the student body-and levels of emotional and behavioural problems. The sample was nationally representative and included 128 schools and 77,150 adolescents in grades 7-12 (50% female, mase = 14.9 years SD = 1.78). The major findings of the study were School belonging was associated negatively with emotional and behavioural problems and partially accounted for the Net's linked to congruence in schools. The immigrant and racial/ethnic composition of schools and perceptions belonging have strong links with emotional and behavioural problems and may represent important targets for intervention.

**Jain.R(2013)** made a study on "Assessment of self-awareness among rural adolescents: A cross-sectional study". The objectives of the study were to assess the extent of awareness regarding adolescent changes / problems among school going adolescents. The sample of 320 adolescent students of 9<sup>th</sup> -12<sup>th</sup> classes were selected from four randomly chosen large Government schools. The major findings of the study were adolescents greatly lack correct information related to their bodies, physiological and sexual changes. These are an urgent need for

regular adolescent friendly information, education and communication activities covering different aspects of adolescent knowledge needs and problems.

**Brown (2012)** conducted a study on Social Emotional problems in Preschool aged children: opportunities for prevention and early intervention. The sample of total 254 parents of 3 and 4 years old children at 2 urban primary care clinics. The main objectives of the study were to estimate the prevalence of positive screens for social -emotional problems among pre-school aged children in a low income clinical population and to explore the family context and receptivity to referrals to help guide development of interventions. The major finding of the study were Twenty four percent (95%. 16.5% - 31.5%) of children screened positive for social emotional problems. Among there screening positive, 45% had a parent with depressive symptoms and 27% had no non parental child care. Among parents of children who screened positive for social –emotional problem 75% reported they would welcome or would not mind a referral to a counsellor or psychologist. Only 10% reported a prior referral. On the relationship between executive functioning and social emotional problems of deaf and hard-of –hearing students at general schools.

**Rajesh Kumar and Krishnan (2012)** carried out an investigation title “A study of emotional maturity as related to adjustment of the adolescents”. The major objectives of the study were to study the emotional maturity of adolescents of schools of Ludhiana District. To find the difference in the mean scores of



emotional maturity among adolescents of schools of male and female. The sample consisted of 200 school adolescents selected on randomly. The tools used in this research Emotional Maturity Scale (EMS) by Dr. Mahesh Bhargava and Dr.Yashvir Singh. The major findings of the study were there exists significance difference in the mean scores of emotional maturity among school adolescents with respected to locale. There exists no significance difference in the mean scores of emotional maturity among male and female adolescents of schools of Ludhiana district.

**Shani (2011).** Studied the “preservice teachers self efficiency and knowledge of emotional and behavioural disorders”. The objectives of the study were to explore the extent of preservice teachers knowledge of emotional and behavioural disorders and their self efficacy. The findings of the study was there no significant association between field experience additional course work and familiarity with a child emotional and behavioural disorders and preservice teachers knowledge of emotional and behavioural disorders.

**Zareena and Vatsala (2011)** conducted a study on adjustment problems, time management and effect of parents socio economic and educational status on students achievement. The findings of the study were the researcher to conclude that the socio economic factor did not have an effect on the achievement of the students but the qualification of the father did have an effect on their achievement. There was no significant difference in the time management capacity of the high

and low achiever. But low achievers did show more adjustment problems than the high achievers.

**Mary (2011)** examined the effect of two- person consultation and group consultation on treatment integrity and behavioural outcomes with students with emotional and behaviour disabilities. The major objectives of the study were to find out the effect of two person consultation and group consultation. The finding of the study was there was no difference between the two consultation interventions and treatment integrity acceptability and deficiently.

**Lawrence (2010)** investigated the “Smoking status, mental disorders and emotional and behavioural problems in long people: “child and adolescent component of the national survey of mental Health and well being”. The objectives of the study were to examine the relationship between smoking behaviour mental disorders and emotional and behavioural problems in a nationally representative sample of young people. The sample of the study was taken from the child and adolescent component of the national survey of mental health problems in two main ways. Using a fully structured interview and using the child behaviour checklist and the youth self Report, which assess emotional and behavioural problems on a dimensional scale. The major findings of the study were among young people with conduct disorder 72% had smoked in the last 30 days. 46% of young people with depressive disorder and 37% among young people with attention deficit hyperactivity disorder. Young people with mental

health problems started smoking on average at a younger age, were more likely to progress to current smoking and smoked on average a higher number of cigarettes per day.

**Hima (2002)** carried out a study on the behavioural problems and behavioural skills of the institutionalized mentally retarded children. The major objectives of the study were to assess the behavioural problems and behavioural skills exhibited by mentally retarded children. The major findings of the investigation were that nearly 75% of mentally retarded children don't exhibit violent and destructive behaviour 50% of the mentally retarded children are capable of performing majority of the skills.

**Arunina (2000)** made a study on "Aggression among children- a socio psychological appraisal". The objectives of the study were to measure aggression, to find out the difference between aggressive and non aggressive group on three measures of intelligence, to find out social determinates of aggression. The major findings of the study were aggressive children scored lower on intelligence scale. Aggression was found to be more in boys than girls in family was low income and illiterate parents. In large size family, children of younger children were aggressive, especially in those preferring physical punishments child rearing method.

**Sabu (1995)** conducted a study on "certain social adjustment variable in relation to the problems of adolescents in secondary schools of Kerala. The major

objectives of the study were to find out the social adjustment among children .to compare the behavioural problems of rural and rural and urban children. The study revealed that only a small number of school children possessed high social adjustment. Pupils from a rural background are found to have more problem than those from urban background.

## **STUDIES CONDUCTED IN ABROAD**

**Hintermair (2013)** held a study “relationship between executive functioning and social emotional problems of deaf and hard of hearing students at general schools”. The major objectives of the study analysed the socio-emotional problems of hearing impaired children from general schools with report their executive functioning and communicative competence. The Executive functions of a sample of 69 hearing –impaired students. The major findings of the study were there was a significantly higher rate of problems in executive functions for the students than for a hearing normative sample on nearly all scales with the prevalence rate for executive dysfunctions being on average about three times higher. In addition to the children’s sex, the brief index for behaviours regulations proved best for predicting socio emotional problems.

**Sierra.J (2013)** conducted a study on “Prevalence of emotional and behaviour symptmatlogy in Spanish adolescents”. The objectives of the study were to examine the prevalence of symptoms of an emotional and behaviour nature, as well as pro social type capabilities, measured using the strengths and difficulties

Questionnaire, in non-clinical adolescents. The sample of the study composed of a total of 508 students, 208 male (40.9%). The age of participants ranged from 11 to 18 years. The major findings of the study show that a significant number of adolescents self-reported emotional and behaviour problems. The mean scores of the Strengths and Difficulties Questionnaire subscales varied according to the gender and age of the adolescents.

**Wang J.N (2013)** studied “prevalence and associated factors of emotional and behavioural problems of Chinese school adolescents: a cross sectional survey”. The objectives of the study were to evaluate the prevalence of emotional and behavioural problems in Chinese school adolescents, to explore associated factors. The sample of 5220 Chinese adolescents (aged 11-18) from 30 public schools in Liaoning province completed the questionnaire. The major findings of the study were the average problem score was 11.28 (SD=5.86) and the 10.7% scored above the cut off for emotional and behavioural problems. Factors of increased the risk of having emotional and behavioural problems were : poor parent adolescent relationship, experiencing more negative life events , older age, having study pressure , living in rural areas , boys and lower parental expectations.

**Dvorak (2013)** conducted a study on “Alcohol use and alcohol related consequences: associations with emotion regulation difficulties”. The objectives of the study were the current study examined associations between the six facts of emotion regulation difficulties and problematic alcohol use. The findings of the

study support previous research indicating that emotion regulation difficulties are broadly associated with alcohol- related consequences. Results suggest exposure and mindfulness based prevention / interventions with emotion focused psycho education may offer one path to reduce alcohol- related consequences among college students.

**Blackman (2013)** made a study on "Developmental, emotional and behavioural co-morbidities across the chronic health condition spectrum". The main objectives of the study were to estimate the prevalence of specific developmental, emotional, and behavioural (DEB) problems across selected chronic health conditions, to examine the relationship of chronic health conditions of functional activities and participation, to determine the potential confounding effect of socio demographic factors on the prevalence of DEB problems. A sample of 91,642 interviews were performed, population based estimate were obtained for variables of interest by assigning sampling weights to each child for whom an interview was completed. The major findings of the study were, Parents were two to 30 times more likely to report DEB problems, such as attention Deficit/ Hyperactivity disorder, depression, learning problems and challenging behaviours. For children with chronic health condition. These children had a greater number and range of difficulties with social interaction and school functioning as well as a lower rate of participating in community activities.

**Bhanwara (2012)** carried out a study on knowledge among teachers related to behavioural problem in school children. The major objectives of the study were to identify the existing knowledge among school teachers related to behavioural problem in school children to determine pre test and post test knowledge related to the behavioural problem in school children among teacher to find a relationship between the level of knowledge of school teachers with selected demographic variables. The major findings of the study were there is a significant difference between the average values of pre and post test, related to behavioural problem in school children. The finding of the study was that the planned teaching is effective in increasing the knowledge of the school teachers regarding behavioural problem seen in the school children.

**Harasankar and Adhikari (2012)** conducted a study on anxiety and depression comparative study between working and non working mothers. The objectives on the study to find out the differences in degree of felt depression and anxiety of both working and non working mothers. The finding of the study was there was no significant difference in degree of depression and anxiety of working mothers group. But no significant difference was noticed in case of anxiety and depression pattern of non-working mothers group.

**Elizabeth (2011)** examined caring student teacher relationship perspectives of students with emotional disabilities and their teachers. The objectives of the study to provide insight into the caring student teacher relationship between students

with disabilities and their teachers and to identify the factor that contributes to and militate against the development maintenance of caring student teacher relationship. The findings of the study were a significant difference exists between how teachers and students described their relationships.

**Mariu K.R (2011)** investigated the “seeking help for mental health problems, among New Zealand secondary school students”. The objectives of the study were to investigate whether secondary school students with mental health problems sought help from general practitioners, to investigate whether mental illness type socio demographic variables, family, school and community factors were associated with seeking help. The sample of the study randomly selected sample of 9699 secondary school students from across New Zealand. The major findings of the study were having symptoms of anxiety depression and suicidal thoughts were associated with help seeking. 82% students who had significant mental health problems had not sought help from a general practitioner. Rates of help seeking increased with age for girls and decreased with age for boys. Seeking help for mental health problems was also associated with living in a single parent family ( $p < 0.0001$ ) living in over crowded house ( $p \neq 0.0006$ ) and being well known by teacher.

**Houri (2011)** carried out a study on “Adverse life events and emotional and behavioural problems in adolescent: The role of non-verbal cognitive ability and negative cognitive errors”. The major objectives of the study were to test whether



negative cognitive errors (over generalizing, catastrophizing, selective abstraction and personalizing) mediate the moderator effect of nonverbal cognitive ability on the association between adverse life events (life stress) and emotional and behavioural problems in adolescents. The sample consisted of 430 children (aged 11-15 years) from three state secondary schools in disadvantaged areas in one country in the South East of England. The major findings of the study were non-verbal cognitive ability moderated the effect of adverse life events both on difficulties and on emotional symptoms. Over generalizing mediated the moderator effect on non-verbal cognitive ability on the association between adverse life events and total difficulties. Adverse life events were related to a tendency to over generalize which was associated with emotional and behavioural problems, but particularly among these adolescents with lower non-verbal cognitive ability.

**Shani (2011)** examined the “Pre service teachers self efficiency examined”. The objectives of the study were the extent of pre service teachers’ knowledge of emotional and behavioural disorders and their self efficiency were examined in this research. The major findings of the study were there is no significant association between field experience, additional course work and familiarity with a child with emotional and behavioural disorders and pre service teacher knowledge of Emotional and behavioural disorders.

**Mary (2011)** made a study on “The affect of two person consolation and group consolation of treatment integrity and behavioural outcomes with students with emotional / behaviour disabilities”. The objectives of the study were to find out the effect of two person consolation and group consolation. The major findings of the study were there is no difference between the two consultation interventions and treatment integrity acceptability and deficiency.

**Flouri (2010)** examined “Gender differences in the pathway from adverse life events to adolescent emotional and behavioural problems via negative cognitive errors”. The objectives of the study were to test for gender differences in how negative cognitive errors (over generalizing, caastrophizing, selective abstraction and personalizing) mediate the association between adverse life events and adolescents emotional and behavioural problems. The sample of the study consisted of 202 boys and 227 girls from the three state secondary schools. The major findings of the study were no gender differences in life adversity, cognitive errors, total difficulties, poor problems or hyperactivity. In both boys and girls even after adjustment for controls cognitive errors were related to total difficulties and emotional symptoms. Gender differences in adversity, cognitive errors produced hyperactivity and internalizing problems. Cognitive errors fully mediated the effort of life adversity on hyperactivity in boys and no poor and emotional problems in girls.

**Mohanthy and Parida (2009)** conducted a study on psychological problem of adolescent children of working and Non-working mothers. The major objectives of the study were to study the psychosocial problems of adolescent children at senior secondary stage to compare the psychosocial problem of adolescent children of working and non-working mothers, to study the difference between psychosocial problems of adolescent boys and girls. The major findings of the study were that significant difference between psychosocial problem of the boys and girls were found in the areas FLE, CSM, ACW and FVC.

**Chrissie (2003)** held a study on maternal depression and child behaviour problem the major objectives of the study to find out the effect of group cognitive behavioural therapy (CBT) on child behaviour problems of maternal depression in a group of women with young child. The findings of the study were there was no statistically significant difference between groups. Both contact interventions seemed to provide some benefits to mothers with depression with a possibly improved outcome resulting from CBT for children with behavioural problem.

**Chatterji (2001)** conducted a study on “ the impact of maternal alcohol and illicit use on children’s behaviour problems. The main objectives of the study was to test for evidence of a causal relationship between maternal alcohol, marijuana and cocaine use and children’s behaviour problems. The findings of the study was that maternal illicit drug use is positively associated with children’s behaviour problem while alcohol use has a less consistent impact.

## **CRITICAL REVIEW**

Review of related literature help to link the previous researches with present research. A review of related literature in the area of socio emotional problem orphan and non orphan adolescent presented in the chapter has helped to give adequate insight into the nature of the problem under study.

The researcher reviewed 30 studies of these 15 were conducted in India and 15 abroad. The researcher critically reviewed the reports and studied the design and methods of these researchers, sampling techniques adopted, tools used, variables defined and their recommendation for further research. In most of the studies the statistical techniques employed were t-test, correlation and ANOVA. The samples were mostly collected from schools. In most of the studies the investigator had used survey method and adopted stratified sampling technique for data collection.

# **METHODOLOGY**

- **Introduction**
- **Section A: Test Development**
- **Section B: Plan and Procedure**

This chapter is concerned with methodology which includes the type of research employed, preparation of tools, population and sample of the study, administration of the tools, the scoring procedure and the statistical techniques.

The success of any research depends upon the selection of appropriate method and the tools for the study of a problem. A suitable method helps the researcher to explore the diverse stands of the study and adequately measure them so as to satisfy the requirements and thus it is the means to an end (Barr, 1980). The procedure by which researchers go about their work of describing, explaining and predicting of phenomena is called methodology. Research is the description, explanation and justification of various methods of conducting research.

## **Section: A**

### **TEST DEVELOPMENT**

The selection of suitable and appropriate data for the study of any problem is of importance for successful research. For each and every type of research certain instruments are needed to gather facts and the instruments employed are called tools. Like the tool in the carpenter's box each research tool is appropriate in a given situation to accomplish a particular purpose (Best and James, 2002).

Collection of relevant data is one of the most important steps in any research especially in the field of education. For this an appropriate tool is very essential. In certain research, the investigator carried out the study using readymade tools. In certain cases such tool may not work suitable with the variables selected for the study. In such cases the investigator to prepare suitable tools which will work adequately with the subjects selected for study.

### **Steps in the construction of tools:**

The Socio-emotional problem inventory prepared by Karthick and Bindu Gouri (2013) aims at measuring the socio-emotional problems of adolescents. In this connection certain important considerations and procedures have been followed.

1. Planning of the test
2. item writing
3. Item editing
4. Arrangement of items
5. Preliminary try out
6. Draft scale
7. Final try out
8. Scoring

9. Item analysis
10. Item selection
11. Format of Final inventory
12. Establishing reliability and validity

### **1. Planning of the test:**

The socio emotional problem inventory prepared by Mr. M .Karthick and Mrs.V.P.Bindu Gouri (2013-2014) aims at measuring socio emotional problems of adolescents in Kanyakumari district. Due considerations were given to the variables tested and the different aspects involved.

### **2. Item writing:**

Writing of suitable item is one of the important steps in the construction of any research tool. After a thorough and careful study of the literature available, the investigator prepared a large number of positive and negative items describing different aspects of socio-emotional problems. The respondent must select one response out of the given response, always or sometimes or never.

### **3. Item editing:**

Editing is the process of checking and scrutinizing items. The items were referred to the experts for modification. As per the suggestion the ambiguous items were rewritten in simple and meaningful language.

### **4. Item arrangement:**



The entire items were arranged and located in a random manner in order to arouse interest and to maintain attention for responding.

#### **5. Preliminary tryout:**

A preliminary try out of the test was arranged to find out the weakness and workability of the items. The difficulties in responding to the items and a rough estimate of the time limit for responding to the items were noted. This step helped the investigator to modify certain items which were vague and questionable. For this purpose the scale was given to 100 students studying from standard VIII to XII.

#### **6. Draft scale:**

The first draft was prepared by printing the items with the provision to mark responses. It was printed in English and Tamil. Necessary instructions for the respondents were also included. In the draft scale 32 items were selected. A sample copy of the draft scale is given as appendix –B.

#### **7. Final try out:**

The tool was administered to a sample of 400 students studying from of Kanyakumari district. They were selected randomly from the population.

#### **8. Scoring:**

The collected response sheets were scored with the help of the scoring key prepared by the investigator. The response sheets were scored by assigning a score of '2' for Always, '1' for sometimes and 0 for never for positive items. The order of assigning scores was revised for negative items.

## **9. Item analysis:**

Item analysis is an important step in a test construction. Items can be analyzed qualitatively in terms of their content, and quantitatively in terms of their statistical properties.

Qualitative analysis includes the consideration of content validity and the evaluation of items in terms of effective item writing procedures.

Quantitative analysis, on the other hand includes principles, the measurement of item difficulty and item discrimination. Both the validity and reliability of any test depend ultimately on the characteristics of its items. High reliability and validity can be built into a test in advance through item analysis.

The method of item analysis used in the case of present investigation is the one developed by Mathew (1982) called the Mathew item Analysis Table. This table gives item criterion correlation (phi-coefficients) and percentages of tests, marking the keyed answer (p-value). One of the advantages of phi-coefficient is that any convenient tail proportion can be made use of in order to use the same table. It is recommended regardless of the sample size.

The response sheets were arranged in the order of the criterion score. The criterion score is the total score of the trial form of the test itself. Hundred response sheets having the highest criterion score were taken, constituting the upper tail. Similarly hundred response sheets having the lowest score were taken – forming the lower tail.

The final percentage needed for reading the item indices from the table are the following.

PL: Percentage of individual in the lower tail marking the keyed answer.

PU: Percentage of individual in the upper tail marking the keyed answer.

In the “ Mathew item Analysis Table” , all indices for the same value of PL have been grouped together. So in order to read the indices as an item, the PL value of the given item was located first, then in that section the PU value of the item along the left margin was located and the corresponding phi and P values were read. Whenever the PL value was larger than the PU value, PL and PU values were interchanged while reading the indices and then a negative sign was attached to the ‘Phi’ co-efficient. When PL and PU are equal Phi is zero.

#### **10. Item Selection:**

From the item having highest correlation values (Phi values), the required number of items were selected. The special feature about the ‘phi’ value is that since ‘phi’ values tend to be high for items having medium P value, item selection

based on ‘phi’ values alone would give the desired result. Items with ‘phi’, values below the 5 percent level of significance are not considered usually.

When ‘phi’ values of most items were high and the number of items, large items with some spread of ‘p’ values would be desirable. It may be mentioned here that ‘phi’ values were computed for every combination of PL and PU values of Guilford (1954) formula.

Details of the items selected and rejected are given in the following table.

**Table-1**

**Details of items selected in the socio-emotional problem inventory**

<b>Item No</b>	<b>PL</b>	<b>PU</b>	<b>Phi</b>	<b>P</b>
<b>Problem with Relationships</b>				
1	22	24	0.02	23
2*	16	67	0.52	42
3*	9	61	0.55	35
4*	40	64	0.34	52
5*	39	73	0.32	56

6	34	66	0.50	50
7	17	66	0.39	42
8	44	82	0.39	63
<b>Problems related to finance, future</b>				
1*	8	36	0.34	22
2	63	67	0.04	65
3	18	39	0.23	29
4*	8	46	0.43	27
5	18	43	0.27	31
6*	71	81	0.12	76
7	13	44	0.34	29
8*	67	84	0.20	76
<b>Problems in social Adjustment</b>				
1	44	43	0.01	44
2*	19	54	0.36	37
3	76	58	0.19	67
4	37	60	0.23	39
5*	59	87	0.32	73
6	9	27	0.23	18
7*	21	77	0.56	49
8*	6	43	0.43	25
<b>Problems with social Responsibilities</b>				
1	81	69	0.14	75
2	32	44	0.12	38
3*	9	44	0.40	27
4*	9	61	0.55	37
5	87	72	0.19	80
6*	10	59	0.52	35

7*	8	45	0.42	27
8	21	66	0.45	44
<b>Emotional Problems</b>				
1*	30	47	0.7	44
2*	11	56	0.48	34
3	24	29	0.06	27
4*	10	37	0.32	24
5	46	68	0.22	57
6	32	68	0.36	50
7	62	65	0.03	64
8*	24	48	0.25	36
<b>Behavioural Problems</b>				
1*	34	66	0.32	50
2	50	60	0.10	55
3*	7	46	0.44	27
4	15	43	0.31	29
5*	6	42	0.42	24
6	30	56	0.26	43
7*	21	66	0.45	44
8	30	51	0.21	41
<b>Problems with emotional Adjustment</b>				
1	34	37	0.03	36
2	40	67	0.27	54
3*	11	33	0.27	22
4*	20	64	0.45	42
5*	11	45	0.38	28
6	41	61	0.20	51
7*	11	59	0.50	45

8	35	47	0.12	41
<b>Problems with self-concept</b>				
1	23	41	0.19	32
2*	16	44	0.31	30
3*	11	58	0.49	35
4	31	57	0.26	44
5*	10	55	0.48	33
6	12	39	0.31	26
7*	14	45	0.34	30
8	50	57	0.07	54

- indicates the selected items

## **11. Format of the final scale**

The final scale consists of 32 items with almost equal positive and negative items arranged in sample and meaningful way. A copy of the final scale is attached in appendix-C.

## **12. Establishing reliability and validity:**

### **Reliability:**

In the present investigation the reliability was found by using split half method. It measures the degree of homogeneity of the items. For calculating the split-half reliability of the test, the scores obtained by the sample of 100 adolescents (50 non-orphans 50 orphans) were used. The scores on odd items and even items were taken separately and correlation was calculated. Using Spearman Brown prophecy formula for correlation for attenuation the reliability of the whole test was found to be 0.734.

**Validity:**

A test is valid when it meets the purpose for which it was designed. The two main types of validity established for this tool were face validity and content validity.

a) **Face validity:**

Face validity means that the given tool appears or seems to measure what it is to measure. The tool was submitted to a panel of experts and in their opinion it appeared to measure the objectives to the tool. A close look on the items of the inventory reveals that each and every item is capable of reflecting the subject socio emotional problem. This provided face validity for the tool.

b). **Content validity:**

Content validity of the test was also established by verifying the comprehensiveness of coverage of the test. Using authentic literature and in the



opinion of experts from relevant field the tool has sufficient coverage of its contents.

## **SECTION B**

### **Plan and procedure**

#### **The sample for the present investigation:**

The total group from which the sample is selected is called population. The sample for the present study consisted of 400 orphan and Non Orphan adolescents from various schools in Kanyakumari district. Stratified sampling method was used. The sample was selected in such a manner that it represents orphan & non orphan adolescents in items of gender, locality, religion, type of management and number of siblings.

The details of the sample selected for the present study is given in table 2.

**Table – 2**

#### **The details of the sample selected for the present study**

<b>S.No</b>	<b>Name of the school</b>	<b>Number of sample</b>
1	G.H.S Villunnikonam Attoor	30

2	H.S.S. Yettacode	20
3	G.M.S.orphanage puthankadai	52
4	Nambikkai alayam orphanage	48
5	H.S.S.christhu raja marthandam	40
6	H.S.S.Arunachalam puthankadai	50
7	L.M.S.H.S.S.Marthandam	38
8	Hacker memorial school mandaymarket	30
9	N.V.K.S.D.H.S.S.Attoor	40
10	G.H.S.Thiruvathancode	52

### **METHOD ADOPTED FOR THE PRESENT STUDY**

The present study attempts to find out the socio emotional problem of adolescent orphan and non orphan students. The investigator has selected the normative survey method for conducting this study. Survey is a procedure in

which data is systematically collected from a population through socio emotional problem inventory. Survey refers to the gathering of data regarding current condition. The normative survey is the most commonly used approach to solve educational problems. It is followed in studying local as well as state, national and international aspects of education (sen, 1968). It involves interpretation, comparison, measurement, classification and generalization, all directed towards a proper understanding and solution of significant educational problems. The type of information the normative survey method procures is in wide demand and is capable of rendering important service.

### **TOOLS USED FOR THE PRESENT STUDY**

Tools are the essential part of any successful research. For collecting pertinent data the researcher may use many tools. The nature of the tool depends on the variable included in the study

### **SOCIO EMOTIONAL PROBLEM INVENTORY**

Socio emotional problem inventory was prepared by Karthick and Bindu Gouri. It tests the socio emotional problems of adolescents.

No	Dimension	Number of sample
1	Problems with Relationships	4
2	Problems related to finance future	4
3	Problems in social adjustment	4
4	Problems with social Responsibilities	4

5	Emotional Problems	4
6	Behavioural problems	4
7	Problems with Emotional adjustment	4
8	Problems with self concept	4
	Total	32

**Reliability:**

The present socio-emotional problem inventory has the reliability coefficient value of 0.734.

**b) General Data sheet:**

General data sheet serves to collect personal information such as gender, locality, religion, community type of management and number of siblings. A copy of the general data sheet is attached in appendix-A.

**PERCENTAGE WISE DISTRIBUTION OF THE SAMPLE ACCORDING TO SOCIO-DEMOGRAPHIC BACKGROUND**

**Gender-wise distribution of adolescents:**

The sample consists of 124 male (31%) and 76 female (19%) orphan adolescent, which is shown in table.5.

**Table :3**

**Gender wise distribution of orphan adolescents**

Background	Characteristics	N	Percentage
Gender	Male	124	31%
	Female	76	19%

**Gender wise distribution of non-orphan adolescent**

The sample consist of 112 male (28%) and 88 female (225) non orphan adolescents which is shown in table 6.

**Table :4**

**Gender wise distribution of non-orphan adolescents**

Background	Characteristics	N	Percentage
Gender	Male	112	28%
	Female	88	22%

**Locality wise distribution of adolescents:**

The sample consists of 161 rural (40.25%) and 39 (9.75) urban orphan adolescent, which is shown in table.7.

**Table :5**

**Locality wise distribution of orphan adolescents**

Background	Characteristics	N	Percentage
Locality	Rural	39	9.75
	Urban	161	40.25

**Locality wise distribution of non orphan adolescents:**

The sample consists of 133 rural (33.25%) and 67 (16.75) urban orphan adolescent, which is shown in table.8.

**Table :6**

**Locality wise distribution of non orphan adolescents**

Background	Characteristics	N	Percentage
Locality	Rural	133	33.25
	Urban	67	16.75

### **Religion wise distribution of orphan adolescents**

The sample consists of 67 Hindu (16.75) 114 Christian (28.50) 19 Muslim (4.75%) orphan adolescent, which is shown in table.10

**Table:7**

### **Religion wise distribution of orphan adolescents**

Background	Characteristics	N	Percentage
Religion	Hindu	67	16.75
	Christian	114	28.50
	Muslim	19	4.75

### **Religion wise distribution of non orphan adolescents**

The sample consists of 90 Hindu (22.50) 84 Christian (21.00) 26 Muslim (6.50%) orphan adolescent, which is shown in table.10

**Table:8**

### **Religion wise distribution of non orphan adolescents**

Background	Characteristics	N	Percentage
Religion	Hindu	90	22.50
	Christian	84	21.00
	Muslim	26	6.50

### **Distribution of orphan adolescents based on types of school:**

The sample consists of 43 Aided (10.75%), unaided (2.75%), 113 private (28.25%) and 33 Government (8.25%) school orphan adolescent, which is shown in table.13.

**Table :9**

### **Distribution of orphan adolescents based on types of school**

Background	Characteristics	N	Percentage
Type of school	Aided schools	43	10.75
	Unaided schools	11	2.75
	Private schools	113	28.25
	Government schools	33	8.25

### **Distribution of Non-orphan adolescents based on types of school**

The sample consists of 51 Aided (12.75%), 3 unaided (0.75%), 82 private (20.50%) and 64 Government (16.00%) school orphan adolescent, which is shown in table.14.

**Table :10**

### **Distribution of Non-orphan adolescents based on types of school**

Background	Characteristics	N	Percentage
Type of school	Aided schools	51	12.75
	Unaided schools	3	.75



	Private schools	82	20.50
	Government schools	64	16.00

### **ADMINISTRATION OF THE TOOL**

For administration of the tool the investigator visited different schools and orphanages in Kanyakumari district. Before administering the tool, the investigator explained the purpose of this study. The respondents were given a copy of ‘socio – emotional problem inventory and the investigator explained the instructions clearly. Then they were collected from the respondents after marking the response.

### **SCORING AND TABULATION:**

The data collected from the subjects were screened systematically using scoring key in socio emotional problem inventory’s dimensions. In each dimension the subject was given a choice of three alternatives. For each item and was asked to choose one. The response sheets were scored by assigning scores of ‘2’ for always, 1 for sometimes and ‘0’ for never for positive items. The order of assigning scores was reversed for negative items. After the completion of scoring, the data was organized and tabulated for analysis and interpretation.

### **STATISTICAL TECHNIQUES USED**

For the analysis of the data collected the following statistical techniques were adopted. They were namely arithmetic mean, standard deviation and t-test.

**Arithmetic Mean:**

It is the most widely used measure for representing entire data by one value. It is the center of gravity in a distribution and is useful for further statistical interpretation.

$$\text{Arithmetic Mean} = A + \frac{\sum fd}{N} C$$

Where,

A = Assumed mean of the scores obtained

f = Frequency of each class interval

d = Deviation of scores from the assumed mean

C = Class interval of the frequency distribution

N = Total frequency

**Standard Deviation:**

It measure absolute dispersion. It reveals high degree of uniformity of observation.

$$\text{Standard Deviation} = C \times \sqrt{\frac{\sum fd^2}{N} - \frac{\sum fd}{N}}$$

Where,

C = Class interval

d = Deviation of score from the assumed mean

f = Frequency

N = Total frequency

**t-Test (Test of significance):**

It is used for finding significant level of difference between two groups of population. From the mean and standard deviation 't' value can be calculated.

The 't' value can be calculated. The 't' value calculated using the formula.

$$t = \frac{M_1 - M_2}{\sqrt{\frac{\sigma_1^2}{N_1} + \frac{\sigma_2^2}{N_2}}}$$

Where,

M<sub>1</sub> = Arithmetic mean of the first group

M<sub>2</sub> = Arithmetic mean of the second group

σ<sub>1</sub> = Standard deviation of the first group

σ<sub>2</sub> = Standard deviation of the second group

N<sub>1</sub> = size of the first group

N<sub>2</sub> = size of the second group

**ANALYSIS AND INTERPRETATION**

- **Preliminary analysis**
- **Final analysis**
- **Tenability of hypotheses**

Analysis of data is an essential factor in its relevance to the solution of the problem. Analysis and interpretation is the most significant step in research process. It is very much essential for an effective study where new facts and theories can be unfolded and where final conclusion and suggestions can be drawn. This helps the researcher to understand how far the objectives that have been fixed by the researcher are real or not.

This chapter deals with the statistical explanation of data collected. Research data becomes meaningful in the process of being analysed and interpreted. The result of the analysis along with interpretation is presented in this chapter. Statistical techniques employed in the study are mean, standard deviation and t- test and.

## **INTERPRETATION**

The process of interpretation is essentially one of stating what the results convey. What is their significance? and what is the answer to the original problems?

**Carter V.Good**

## **PRELIMINARY ANALYSIS**

Socio emotional problems of adolescent orphans and non orphans

**Table:11**

**Descriptive analysis for socio emotional problems**

Category	N	Mean	SD
Adolescents	400	53.26	8.37

From the above table it is clear that the total number of sample selected for the present study was 400. The arithmetic mean score obtained for the total sample is 53.26 out 84 and the corresponding standard deviation value was 8.37.

**Table:12**

**Percentage wise distribution of sample according to different levels of socio emotional problems of adolescent orphans.**

Adolescent orphan	Count	Percent
Low	35	17.5
Medium	136	68

High	29	14.5
Total	200	100

From the above table it is clear that the number of sample according to low, medium and high levels of socio emotional problems of orphan adolescents were 35, 136, and 29 and the corresponding percentage were 17.5,68 and 14.5 respectively. This indicates that most of orphan adolescent have medium level of socio emotional problems.

**Table:13**

**Percentage wise distribution of sample according to different levels of socio emotional problems of non orphan adolescents.**

Non orphan	Count	Percent
Low	40	29

Medium	118	59
High	42	21
Total	200	100

From the above total it is the clear that the number of sample according to low, medium and high levels of socio emotional problems of non orphan adolescents were 40,118 and 42 and the corresponding percentage were 20, 59 and 21 respectively this indicate the most of the non orphan adolescents have medium level of socio emotional problems.

## **FINAL ANALYSIS**

Comparison of socio emotional problems of adolescent based on background variables

**Table:14**



**Comparison of socio emotional problems of orphan and non orphan adolescents.**

Socio emotional problems	Mean	SD	N	t	P	Level of significance
Orphan	42.85	9.26	200	6.05	0.000	0.01
Non orphan	36.64	11.16	200			

The calculated value (t-6.05p<0.01) is significant at 0.01 level. Therefore the null hypothesis. There exists no significant difference in the mean scores of socio emotional problem of adolescent orphans and non orphans is rejected i e , there exists significant difference in the socio emotional problems of the adolescent orphans and non orphans . The mean value showed that orphan adolescents have more socio emotional problem than the non orphan adolescents .

**Table:15**

**Comparison of socio emotional problems of adolescent male orphans and male non orphans**

Male	Mean	SD	N	t	P	Level of significance
Orphan	42.27	9.59	124	4.98	0.000	0.01
Non orphan	35.61	10.81	112			

The calculated value ( $t=4.98$ ;  $p \leq 0.01$ ) is significant at 0.01 levels. Therefore the null hypothesis there exists no significant difference between the orphan and non orphan adolescents boys in their socio emotional problems is rejected ie there exists significant difference between the orphan and non orphan adolescent boys in their socio emotional problems. Socio emotional problems of orphan and non orphan adolescent boys statistically differ. The mean value showed that the orphan adolescent boys have more socio emotional problem than non orphan adolescent boys.

**Table:16**

**Comparison of socio emotional problems of adolescent female orphans and non orphans**

Female	Mean	SD	N	t	P	Level of significance
Orphan	43.79	8.74	76	3.69	0	0.01
Non orphan	37.95	11.51	88			

The calculated value ( $t=3.69; p \leq 0.01$ ) is significant at 0.01 level. Therefore the null hypothesis there exist no significant difference between the orphan and non orphan adolescents girls in their socio emotional problem is rejected ie there exists significant difference between the orphan and non orphan adolescent girls in their socio emotional problems. Socio emotional problems of orphan and non orphan adolescent girls are statistically different. The mean value showed that the orphan adolescent girls have more socio emotional problem than non orphan adolescent girls.

**Table:17**

**Comparison of socio emotional problems of rural orphan and non orphan adolescents.**

Comparison of socio emotional problems of rural orphans and non orphan adolescents

Rural	Mean	SD	N	t	p	Level of significant
Orphan	42.53	9.21	161	5.61	0.00	0.01
Non orphan	35.57	11.6	133			

The calculated value ( $t=5.61, p \leq 0.01$ ) is significant at 0.01 level. Therefore the null hypothesis there exist no significant difference between the rural orphan and non orphan adolescents in their socio emotional problem is rejected ie there exists significant difference among the rural orphans and non orphan adolescents in their socio emotional problems of orphan and non orphan adolescent statistically differ with their locality. The mean value showed that the rural orphan adolescents have more socio emotional problem than non orphan adolescents.

**Table:18**

**Comparison of socio emotional problems of urban orphan and non orphan adolescents**

Comparison of socio emotional problems of urban orphans and non orphan adolescents

Urban	Mean	SD	N	t	P	Level of significant
Orphan	44.18	9.57	39	2.77	0.006	0.01
Non orphan	38.76	9.96	67			

The calculated value ( $t=2.77, p \leq 0.01$ ) is significant at 0.01 level. Therefore the null hypothesis there exist no significant difference among the urban areas orphan and non orphan adolescents in their socio emotional problem is rejected ie there exists significant difference among the urban areas orphan and non orphan adolescents in their socio emotional problems. Socio emotional problems of orphan and non orphan adolescent statistically differ with their locality. The mean value showed that the urban orphan adolescents have more socio emotional problem than the urban non orphan adolescents.

**Table:19**

**Comparison of socio emotional problem of Hindu orphan and non orphan adolescents**

Hindu	Mean	SD	N	t	P	Level of significance
Orphan	40.61	8.76	67	2.91	0.004	0.01
Non orphan	35.81	11.93	90			

The calculated value (t-2.91;p≤0.01) is significant at 0.01 level. Therefore the null hypothesis there exist no significant difference among the Hindu orphan and non orphan adolescents in their socio emotional problem is rejected ie there exists significant difference among the Hindu orphan and non orphan adolescent in their socio emotional problems. Socio emotional problem of Hindu orphan and non orphan adolescents statistically differ. The mean value showed that the orphan adolescents have more socio emotional problems than non orphan adolescents.

**Table:20**

**Comparison of socio emotional problem of Christian orphan and non orphan adolescents**

Christian	Mean	SD	N	t	P	Level of significance
Orphan	44.52	8.56	114	3.81	0.000	0.01
Non orphan	39.35	10.05	84			

The calculated value ( $t=3.81; p \leq 0.01$ ) is significant at 0.01 level. Therefore the null hypothesis there exist no significant difference among the Christian orphan and non orphan adolescents in their socio emotional problem is rejected ie there exists significant difference among the Christian orphan and non orphan adolescent in their socio emotional problems. Socio emotional problems of Christian orphans and non orphan adolescents statistically differ. The mean value showed that the orphan adolescents have more socio emotional problems than non orphan adolescents.

**Table:21**

**Comparison of socio emotional problem of Muslim orphan and non orphan adolescents**

Muslim	Mean	SD	N	t	P	Level of significance
Orphan	40.70	13.0	19	2.85	0.005	0.01
Non orphan	30.77	9.29	26			

The calculated value ( $t=2.85; p \leq 0.01$ ) is significant at 0.01 level. Therefore the null hypothesis there exist no significant difference among the Muslim orphan and non orphan adolescents in their socio emotional problem is rejected ie there exists significant difference among the Muslim orphan and non orphan adolescent in their socio emotional problems. Socio emotional problem of Muslim orphans and non orphan adolescents statistically differ. The mean value showed that the orphan adolescents have more socio emotional problems than non orphan adolescents.



**Table:22**

**Comparison of socio emotional problems of orphan and non orphan adolescents studying in Aided schools**

Aided	Mean	SD	N	T	P	Level of significance
Orphan	42.05	9.57	43	1.03	0.305	NS
Non orphan	44.02	8.90	51			

NS not significant

The calculated value ( $t=1.03; p>0.05$ ) is not significant at any level. Therefore the null hypothesis there exist no significant difference between the aided orphan and non orphan adolescents from aided schools in their socio emotional problems is accepted i.e. there exists no significant difference between the aided orphan and non orphan adolescents studying in aided schools in their socio emotional problems.

**Table:23**

**Comparison of socio emotional problems of orphan and non orphan adolescents studying in Private schools.**

Private	Mean	SD	N	T	P	Level of significance
Orphan	45.60	7.62	113	8.04	0.00	0.01
Non orphan	34.83	10.25	82			

The calculated value ( $t=8.04; p \leq 0.01$ ) is significant at 0.01 level. Therefore the null hypotheses there exists no significant difference among orphans and non orphan adolescents from private school in their socio emotional problems is rejected. I.e. there exists significant difference among orphan and non orphan adolescents in their socio emotional problems. The mean value showed that orphan adolescents from private schools are having more socio emotional problems than the non orphan adolescents.

**Table:24**

**Comparison of socio emotional problems of orphan and non orphan adolescents studying in Government schools.**

Govt	Mean	SD	N	T	P	Level of significance
Orphan	35.58	10.02	33	1.12	0.265	N.S
Non orphan	33.06	11.45	64			

NS not significant

The calculated value (  $t=1.12;p>0.05$ ) is not significant at any level in the null hypothesis there exist no significant difference between the government school orphan and non orphan adolescents from government schools in their socio emotional problem is accepted that is there exists no significant difference

between the government school orphan and non orphan adolescents in their socio emotional problems.

**Table:25**

**Comparison of socio emotional problems of orphan and non orphan adolescents having single sibling**

One	Mean	SD	N	T	P	Level of significance
Orphan	43.76	8.20	131	3.57	0.000	0.01
Non orphan	39.00	11.52	105			

The calculated value ( $t=3.57;p\leq 0.01$ ) is significant at 0.01 level therefore the null hypothesis there exists no significant difference among the orphan and non orphan adolescents having single siblings in their socio emotional problem is

rejected i.e. there exist significant difference among the orphan and non orphan adolescents with single siblings in their socio emotional problems. The mean value showed that orphan adolescents with single sibling have more socio emotional problems than the non orphan adolescents with single sibling.

**Table:26**

**Comparison of socio emotional problems of orphan and non orphan adolescents having more than one sibling**

More than one	Mean	SD	N	T	P	Level of significance
Orphan	41.13	10.91	69	4.23	0.00	0.01
Non orphan	34.03	10.18	95			

The calculated value (t-4.23;p≤0.01) is significant at 0.01 level therefore the null hypothesis there exists no significant difference among the orphan and

non orphan adolescents having more than one siblings in their socio emotional problem is rejected i.e. there exist significant difference among the orphan and non orphan adolescents with more than one siblings in their socio emotional problems. The mean value showed that orphan adolescent having more than one sibling have more socio emotional problems than the non orphan adolescents.

### **TENABILITY OF HYPOTHESIS**

1. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent students” is rejected.
2. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent boys” is rejected.
3. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent girls” is rejected.

4. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of rural orphan and non-orphan adolescents” is rejected.
5. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of urban orphan and non-orphan adolescents” is rejected.
6. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of Hindu orphan and non-orphan adolescents” is rejected.
7. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of Christian orphan and non-orphan adolescents” is rejected.
8. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of Muslim orphan and non-orphan adolescents” is rejected.
9. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Government schools” is accepted.
10. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Private schools” is rejected.

11. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Aided schools” is accepted.
  
12. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having one sibling” is rejected.
  
13. The hypothesis “There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having more than one sibling” is rejected.



**FINDINGS, CONCLUSIONS, IMPLICATIONS  
AND SUGGESTIONS**

- **The study in Retrospect**
- **Findings**
- **Conclusions**
- **Educational Implications**
- **Suggestions for further research**

### **The study in retrospect:**

The study under investigation is entitled as “socio-emotional problems of orphan and non orphan adolescent students”. In this chapter an attempt is made by the investigator to summarize all findings and conclusion drawn from the present study. The investigator also has given educational implications of the present study and suggestions for farther research.

### **OBJECTIVES OF THE STUDY**

1. To construct and validate a socio- emotional problem inventory to measure the socio emotional problems of orphan and non orphan adolescent students.
2. To study and compare the socio emotional problems of orphan and non orphan adolescent students.
3. To compare the difference between the socio emotional problems of orphan and non orphan adolescent boys.
4. To compare the difference between socio emotional problems of orphan and non orphan adolescents girls.
5. To compare the difference between socio emotional problems rural orphan and non orphan adolescent students.
6. To compare the difference between socio emotional problems of urban orphan and non orphan adolescents.

7. To compare the difference between socio emotional problems of adolescent orphans and non orphans studying in different types of schools.
8. To compare the difference between socio emotional problem of adolescent orphans and non orphans based on the numbers of siblings.

### **HYPOTHESES FRAMED FOR THE STUDY**

The following are the hypotheses formulates for the present investigation.

1. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent students.
2. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent boys.
3. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent girls.
4. There exists no significant difference in the mean scores of socio-emotional problems of rural orphan and non-orphan adolescents.
5. There exists no significant difference in the mean scores of socio-emotional problems of urban orphan and non-orphan adolescents.
6. There exists no significant difference in the mean scores of socio-emotional problems of Hindu orphan and non-orphan adolescents.
7. There exists no significant difference in the mean scores of socio-emotional problems of Christian orphan and non-orphan adolescents.

8. There exists no significant difference in the mean scores of socio-emotional problems of Muslim orphan and non-orphan adolescents.
9. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Government schools.
10. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Private schools.
11. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Aided schools.
12. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having one sibling.
13. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having more than one sibling.

## **METHODOLOGY IN BRIEF**

The present study was undertaken to assess the socio-emotional problems of orphan and non-orphan adolescent students. The sample comprised of 200 orphan adolescents and 200 non-orphan adolescents studying from VII to XII standard selected from 10 schools located in Kanyakumari district. Normative

survey method was adopted in the present study. Tools used in the present study were 'socio- emotional problem inventory' and general data sheet. After the collection of data the sample were subjected to different types of statistical treatments like arithmetic mean, standard deviation and t-test.

### **THE FINDINGS OF THE PRESENT STUDY**

1. Constructed and validated a socio emotional problem inventory for measuring the socio emotional problems of adolescent orphan and non orphan students.
2. There exists significant difference in the mean scores of socio emotional problems of adolescent orphan and non orphans. This mean value showed that orphan adolescents have more socio emotional problems than non orphan adolescents. (This findings is supported by the following results  $t=6.05$  which significant at 0.01 level).
3. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent boys. (This findings is supported by the following results  $t=4.98$  which significant at 0.01 levels).
4. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescent girls. (This findings is supported by the following results  $t=3.69$  which is significant at 0.01 level).

5. There exists no significant difference in the mean scores of socio-emotional problems of rural orphan and non-orphan adolescents. (This findings is supported by the following results  $t=2.77$  which is significant at 0.01 level).
6. There exists no significant difference in the mean scores of socio-emotional problems of urban orphan and non-orphan adolescents. (This findings is supported by the following results  $t=5.61$  which is significant at 0.01 level).
7. There exists no significant difference in the mean scores of socio-emotional problems of Hindu orphan and non-orphan adolescents. (This findings is supported by the following results  $t=2.91$  which is significant at 0.01 level).
8. There exists no significant difference in the mean scores of socio-emotional problems of Christian orphan and non-orphan adolescents. (This findings is supported by the following results  $t=3.81$  which is significant at 0.01 level).
9. There exists no significant difference in the mean scores of socio-emotional problems of Muslim orphan and non-orphan adolescents. (This findings is supported by the following results  $t=2.85$  which is significant at 0.01 level).
10. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Government schools. (This findings is supported by the following results  $t=1.12$  which is significant at 0.01 level).
11. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Private

schools. (This findings is supported by the following results  $t=8.04$  which is significant at 0.01 level).

12. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents studying in Aided schools.

(This findings is supported by the following results  $t=1.03$  which is significant at 0.01 level).

13. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having one sibling. (This

findings is supported by the following results  $t=3.57$  which is significant at 0.01 level).

14. There exists no significant difference in the mean scores of socio-emotional problems of orphan and non-orphan adolescents having more than one

sibling. (This findings is supported by the following results  $t=4.23$  which is significant at 0.01 level).

## **CONCLUSION**

The following conclusion was drawn from the present study.

1. Socio emotional problems of orphan and non orphan adolescents differ significantly. Orphans experienced more socio emotional problems than non orphans.

2. The majority of orphan and non orphan adolescents have medium level of socio emotional problem.
3. The socio emotional problems of orphan adolescent boys were higher than that of adolescent non orphan boys.
4. The socio emotional problems of orphan adolescent girls were higher than that of adolescent non orphan girls.
5. The socio emotional problems of rural orphan adolescents are higher than that of rural non orphan adolescent.
6. The socio emotional problems of urban orphan adolescents were higher than that of urban non orphan adolescents.
7. The socio emotional problems of Hindu orphan adolescents were higher than that of Hindu non orphan adolescents.
8. The socio emotional problems of Muslim orphan adolescents are higher than that of Muslim non orphan adolescents.
9. The socio emotional problems of Christian orphan adolescents were higher than that of the Christian non orphan adolescents.
10. The socio emotional problems of orphan adolescents of Aided school were higher than that of aided school non orphan adolescent.
11. The socio emotional problems of orphan adolescent of private school were higher than that of private school non orphan adolescents.



12. The socio emotional problems of orphan adolescent of government school were higher than that of government school non orphan adolescents.
13. The socio emotional problems of orphan adolescent having one sibling were higher than that of having one sibling orphan adolescents.
14. The socio emotional problems of orphan adolescent having more than one sibling were higher than that of having more than one siblings orphan adolescents.

Orphan and non orphan adolescent students who differed significantly in socio emotional problems belonged to the categories a) male b) female c) rural d) urban e) government school f) private school g) aided school h) Hindu i) Christian j) Muslim k) having single siblings l) having more than one siblings.

The socio emotional problems of orphan and non orphan adolescents of studying in aided schools didn't differ significantly.

It may be inferred that individuals who experience more socio emotional problems should be taken care of to sort out their difficulties so as to facilitate proper personality development.

## **EDUCATIONAL IMPLICATIONS OF THE STUDY**

The findings of the study have certain implications in developing improved education practices.

1. The factors associated with the problems of orphans must be identified so that caretakers can provide quality care and attachment. A good environment provided for orphan adolescents may reduce their socio emotional problems.
2. In school, residential institution and at home also adolescent children should be provided with recreational activities to keep themselves busy and to help them utilize their leisure time for productive work.
3. Parents and teachers should identify the needs and problems of school going adolescents and be more sensitive to understand the importance of adolescent mental health and care. Sound parenting and foster care can prevent the development of serious socio emotional problems.
4. The curriculum should be so framed so that the adolescents are able to earn and learn simultaneously. This would make them feel more self dependent, stable and confident.
5. In school curriculum, there should be provision for problem identification and student counselling in the fields of educational, vocational and personal problems.

6. Guardians of orphan adolescents should be trained in skills to deal with social and emotional problem and providing support to their wards.

## **SUGGESTIONS FOR FUTHER RESEARCH**

It is hoped that present study would open new avenues for further research in this area of investigation. Some of the possible lines on which further studies can be done are listed below.

1. The study can be extended to other districts of Tamil Nadu.
2. The study can be administered at all levels of education
3. The study can be administered for orphan and non orphan adolescent students by taking other variables.
4. The study can be conducted to find out the relationship between socio emotional problems and achievement of students of various levels.
5. A study can be conducted to find out the socio emotional problems of other categories of children.

Even though there are many limitations in the present investigation, it is the investigator's earnest hope and anticipation that the study shall serve as a guideline for the educationists, psychologists, and sociologists and for further investigation.

## **REFERENCES**

## JORUNALS

1. **Arunima, (2000).** *conducted a study on aggression among children a socio psychological appraisal.* Research in education vol 2 p86
2. **Bhanwara, (2012).** *knowledge among teachers related to behavioral problem in school children.* Sinhad e –journal of nursing-ISSN 2249-3913 volume issue 11 pp 21-23.
3. **Chrissie, verduym, (2003).** *maternal depression and child behavior problem.* British journal of psychiatry 183, pp342-348
4. **Chatterji, (2001).** *the impact of maternal alcohol and illicit use of children's behavior problem.*dissertation abstracts international vol 2pp 37-47
5. **Elizabeth, (2011).** *caring student's teacher relationship perspectives of students with emotional disabilities and their teachers.* Dissertation abstracts international vol 73 no 6.
6. **Hima, (2002).** *a study on the behavioral problems and behavioral skills of the institutionalization mentally retired children.* M.ed Thesis University of kerala.
7. **Mohanthy, (2009).** *psychological problems of adolescent children of working and non working mother* edu track 8(5) pp37-41
8. **Mary, (2011).** *The effect of two person consultation and group consultation of treatment integrity and behavioral outcomes with students with*

*emotional and behavior disability*. Dissertation abstracts international vol 73 no 6 dec 2012.

9. **Prakesh, ( 2014)**. *emotional intelligence of adolescents of related to their self confident and adjustment*. recent researches in educational psychology vol 19 no 1-11
10. **Parsandeet kumar (2013)** *a study of emotional stability and socio economic status of students studying in secondary schools*. International journal of education and information vol 3 no 2 july-dec 2013
11. **Rajesh, krishnan, (2012)**. *a study of emotional maturity as related to adjustment of the adolescents*. Recent researches in educational psychology vol 17 no 1-11
12. **Sabu, (1995)**. *certain social adjustment variable in variation to the problems of adolescents in secondary schools kerala* .med thesis university of kerala.
13. **Shani, (2011)**. *preservice teachers self efficiency and knowledge of emotional and behavioral disorder*. Dissertation abstracts international vol 73 no 6.
14. **Jani.R, (2013)**. *a study on the effect of socio economic statud on mental health of high school students*. recent researches in education psychology vol 19 nos 111-IV

15. Zareen., Vatsala s.k.,(2011). *Adjustment problems, time management and effect of parents socio economic and educational status on students achievement* .edutrack 20(11),30-34.

## **BOOKS**

1. **Aggarwal, Y.P. (2002).** *Statistical Methods: Concepts, Application and computation*. New Delhi : Sterling Publishers pvt ltd.
2. **American Psychological Association .(1995).** *Publication manual of the American (4<sup>th</sup> ed.)*. Washington, Dc:Author
3. **Bellingham, John. (2002).** *Dictionary of Education*. New Delhi : Academic Publishers.
4. **Best, John W. (2005).** *Research in Education*. New Delhi :Prentice Hall of India pvt ltd.
5. **Caretor, Good V. & Scates , Dr. B. (1954)** .*Methods of Research* . New York: Appleton Century Crofts.
6. **Chauhan, S.S.(1978).** *Advanced Educational Psychology* . New Delhi : vikas publishing house pvt ltd.
7. **Kothari R.C., (1985)** *Research Methodology : Methods and techniques*. New Delhi : Willey Eastern Ltd.
8. **Koul., Lokesh. (1996).** *Methodology of Educational Research* . New Delhi : Vikas Publishing House pvt ltd.

9. **Selvam., Panner R. (2007).** *Research Methodology.* New Delhi : Prentice Hall of India pvt ltd
10. **Sidhu., kulbir singh.( 2003).** *methodology of research in education new delhi: sterling pvt ltd.*

## INTERNET

1. **Brown, (2012).** *social emotional problems in preschool aged children opportunity for prevention and early intervention.*16(4) 186-192.retrived January 5,2012 from [www.ncbi.nlm.nih.gov/pumbed/22965300](http://www.ncbi.nlm.nih.gov/pumbed/22965300)
2. **Blackman, (2013).** *developmental emotional and behavioral co morbidities across the chronic health condition spectrum* 21(4) 557-560 retrieved December 10, 2013.<http://203.129.218.157/ojs/index.php>.
3. **Dvorak, (2013).** *Alcohol use and alcohol related consequences association's with emotion regulation difficulties.* Edo journal of counseling 3(1) 59-72. Retrieved January 5, 2013 from [http://www. Ajol .info/indx.php](http://www.ajol.info/indx.php).
4. **Flouri, (2010).** *gender difference in the pathway from adverse life events to adolescent emotional and behavioral problem via negative cognitive* January 17,2012 from <http://journals Cambridge.org>.
5. **Brown, (2012).** *social emotional problems in preschool aged children opportunity for prevention and early intervention.*16(4) 186-192.retrived January 5,2012 from [www.ncbi.nlm.nih.gov/pumbed/22965300](http://www.ncbi.nlm.nih.gov/pumbed/22965300)



6. **Erikson, (2011).** *stages of social emotional development* .http//child development info.com/child development /erikson/
7. **Georgiades, (2013).** *emotional and behavioral problems among adolescent students the role of immigrant racial and ethnic congruence and belongingness in from school.* from www.ncbi.nlm.nih.gov/pumbed/22965300
8. **Houri, (2011).** *Adverse life events and emotional and behavioral problems in adolescent the role of non verbal cognitive ability and negative cognitive errors.* www.ncbi.nlm.nih gov/pumbed/22965300
9. **Hintermair, (2013).** *on the relationship between executive functioning and social emotional problems of deaf and hard of hearing students at general school.* from [www.ncbi.nlm.nih.gov/pubmed/22965300](http://www.ncbi.nlm.nih.gov/pubmed/22965300).
10. **Jain, (2013).** *assessment of self awareness among rural adolescents. A cross sectional study* from www.ncbi.nlm.nih.gov/pumbed/22965300
11. **Lawrence, (2010).** *smoking status mental disorders and emotional and behavioral problems in young people child and adolescent component of the National survey of mental Health and well being.* www.ncbi.nlm.nih.gov/pumbed/22965300
12. **Mary, (2011).** *the affect of two person consultation and group consultation of treatment integrity and behavioural outcome with students with emotional and behavior disability.* from www.ncbi.nlm.nih.gov/pumbed/22965300

13. **Malhi, et al. (2014).** *aggression in schools; psychosocial outcomes of bullying among Indian adolescents.* 21 (4) 557-560. Retrieved December 10, 2014 from <http://203.129.218/ojs/index.php>.
14. **Mariu, (2011).** *seeking professional help for mental health problem among New Zealand secondary school students.* from [www.ncbi.nlm.nih.gov/pubmed/22965300](http://www.ncbi.nlm.nih.gov/pubmed/22965300)
15. **Sierra J. (2013).** *Prevalence of emotional and behavioral symptomatology in Spanish adolescents.* Ethiopia journal of health 47-55 retrieved January 5, 2012 from <http://www.ajol.info/index.php/ejhd>.
16. **Shani, (2011).** *preservice teacher self efficiency and knowledge of emotional disorder.* from [www.ncbi.nlm.nih.gov/pubmed/22965300](http://www.ncbi.nlm.nih.gov/pubmed/22965300).
17. **Wang, (2013).** *prevalence and associated factors of emotional and behavioral problems in Chinese school adolescents a cross sectional survey,* Special article JIACAM, 1(4). Retrieved December 10, 2011 from <http://www.jiacam.org>
- <http://www.addtoany.com>**
- <http://www.buzzle.com>**
- <http://www.google.com>
- <http://www.merckmanuals.com>.

# **APPENDICES**

**N.V.K.S.D COLLEGE OF EDUCATION, ATTOOR,**

**KANYAKUMARI DISTRICT**

**GENERAL DATA SHEET**

**2013-2014**

**INSTRUCTION:**

Read carefully the following information given below. Write your name, class and the name of your school. Put tick(√) on the appropriate choice. Your information will be kept confidential and used for research purpose only

Name of the student :

Name of the Institution :

Class :

Gender : Male/Female

Location of school : Rural/Urban

Community : FC /BC / MBC / SC/ ST

Religion : Hindu / Muslim /Christian

Type of Management : Aided/Unaided/Private

Number of Siblings : One / More than one

**N.V.K.S.D COLLEGE OF EDUCATION, ATTOOR,  
KANYAKUMARI DISTRICT**

**SOCIO EMOTIONAL PROBLEM INVENTORY**

Prepared by

(M.KARTHICK&Mrs. BINDU GOURI .V.P)

2013-2014

**INSTRUCTION:**

Certain questions related to your SOCIO EMOTIONAL PROBLEM INVENTORY are given below. Read each question carefully and put tick (√). **Always (A), Sometimes (S) ,Never(N)**. Respond to all statements with out omission.

Sl.No	Statements	A	S	N
	Problem with relationship			
1	I cooperate in all the classroom activities. tFg;gpy; epfOk; vy;yhnray;fSf;Fk; ehd; xj;Jiof;fpNwd;			
2	When my friends enjoy I'm not able to join them. vd;Dilaez;gHfs; kfpo;r;rpaha; ,Uf;Fk; NghJehd; mtHfSld; NrUtjpy;iy.			
3	My friends believe that I am not trustworthy. vd; ez;gHfs; ehd; ek;gpf;if ,y;yhjtd; vd;Wepidf;fpwhHfs;.			
4	I maintain good relationship with the member of opposite gender. ehd; vjpHghypdNuhLey;yel;GwTitj;Js;Nsd;.			
5	I dislike arguing with my caretakers or parents. vdf;Fed;ikgfpHg;gtHfs; kw;Wk; ngw;NwhUld; tpthjk; nra;tjpidhd; ntWf;fpNwd;.			
6	Participation in social gathering makes me tensed. ehd; rKjhanray;fspy; gq;Fnfhs;Sk; NghJczHr;rptrg; gLfpNwd;.			

7	I react aggressively when my teachers find any fault on me. vdJjtwpidMrphpaHfs; fz;Lgpbf;Fk;NghJehd; mjpfgbahfNfhgg;gLfpNwd;.			
8	I try to gain attention of others. gpwhpd; ftdj;ijngwKaw;r;rpf;fpNwd;.			
	Problems related to finance, future			
9	I don't have enough money to meet my needs. vdJNjitapidre;jpf;fvd;dplk; NghJkhdgzk; ,y;iy.			
10	Getting a government job is very difficult. muRNtiyangWtJkpfTK; fbdkhf ,Uf;fpwJ.			
11	The present educational system has generated more job opportunities. jw;Nghijafy;tpKiwahdJmjpfgbahdNtiytha;g;gpvVw;g;gLj;Jf pwJ.			
12	I am confident to face the challenges of life. ehd; tho;f;ifapy; Vw;gLk; rthy;fisijhpakhfvjpHnfhs;fpNwd;.			
13	One must contribute to the welfare of the society. vy;NyhUk; rKjhaKd;Ndw;wj;jpw;fhfgq;fspf;fntz;Lk;.			
14	I shall adopt any means to become rich. tho;tpy; caHtilagyttopKiwfisNkw;f; nfhs;SfpNwd;.			
15	I think money gives more happiness in my life. gzk; tho;tpy; kfpo;rpriajUnkdehd; epidf;fpNwd;.			
16	I feel difficulty to mingle with my friends, because of my poor economic status. vd;DilaFiwe;jnghUshjhuepiyapdhy; vd; ez;gHfSld; goFtijfbdkhfczHfpNwd;.			
	Problems in social adjustment			
17	I try to listen patiently to the problems of others. ehd; gpwUilagpur;ridfisnjhpe;Jnfhs;sKaw;r;rpf;fpNwd;.			
18	I hate those who show antisocial behaviour. rKjhaj;jpw;Fvjpuhdnray;fspy; <LgLgtHfisehd; ntWf;fpNwd;.			
19	I can't tolerate the rejection by others. gpwHvd;idxJf;Ftijvd;dhy; jhq;fpmfhs;sKbtjpy;iy.			
20	Feelings of insecurity bother me . ghJfhg;gpy;iyvd;wczHTvdf;FftiyiaVw;gLj;JfpwJ.			
21	The atmosphere in my school is very strict. vd;Dilags;spapd; #o;epiyahdJkpfTk; fz;bg;Gld;			

	fhzg;gLfpwJ			
22	Team work gives me great pleasure. FO Ntiyvdf;Fkfpo;r;rpiaVw;g;gLj;JfpwJ.			
23	I postpone my homework. vd;DilatPl;Lghlq;fisjs;spitf;fpNwd;.			
24	I am willing to participate in cleaning the campus. gs;spapd; Rw;Wg;Gwj;ij J}a;ikg;gLj;Jtjpy; gq;Fnfhs;stpUk;GfpNwd;.			
	Problems with social responsibilities			
25	Some of the customs in our society are disgusting. rpyfyhr;rhugof;ftof;fq;fs; ekJrKjhaj;ijrPuopf;fpwJ.			
26	Taking leadership in activities makes me happy. jjiyikVw;f;Fk; gz;ghdJvdf;Fkfpo;r;rpaidVw;g;gLj;JfpwJ.			
27	I like to share my ideas with others. vd;DilafUj;Jf;fiskw;wtHfSld; gfpHe;Jnfhs;stpUk;GfpNwd;.			
28	I find difficulty in respecting others. ehd; gpwiukjpg;gJfbdkhfczHfpNwd;.			
29	I can't tolerate people who smoke use tobacco. nghJ ,lj;jpy; Gifg;gpbg;gtHfisghHf;Fk; NghJvd;dhy; jhq;fpnfhs;s ,atypy;iy.			
30	I don't like to help others in their difficulty. ehd; gpwUilaJd;gj;jpy; cjttpUk;gtpy;iy.			
31	Good values can be developed by doing goodness others. gpwUf;Fed;iknra;Ak; NghJek;Kilakjpg;GcaUfpwJ.			
32	I think social service is a waste of time and energy. r%fNritNeuj;ijAk; Mw;wiyAk; tPzbg;gjhfepidf;fpNwd;.			
	Emotional problems			
33	I often get into conflicts with others. ehd; mbf;fbgpwUld; Kud; gLfpNwd;.			
34	I won't with my teachers. ehd; vd;DilaMrphpaHfSld; xj;Jg;Nghtjpy;iy.			
35	I don't feel jealous if my friend scores more marks. vd;Dilaez;gHfs; mjpfkjpg;ngz;fs; vLf;Fk; NghJehd; ngwhiknfhs;tjpy;iy.			
36	I show my affection towards my best friends. ehd; vd;Dilaez;gHfspk; mjpfkhdm;GnrYj;JfpNwd;.			
37	I can't have a peaceful sleep during my examinations.			

	NjHTNtisfspy; vd;dhy; mikjpahf J}q;f,aYtjpy;iy.			
38	I cry when others blame me for silly reasons. rpWrpWfhnpaq;fSf;fhfgpwHvd;idjpl;Lk; NghJehd; mOfpNwd;.			
39	If my friend scolds me I get sorrow. vd;Dilaez;gHfs; vd;idjpl;Lk;NghJehd; ftiyailfpNwd;			
40	I feel shy when I am in others company. gpwH \$!;lj;jpy; ,Uf;Fk;NfhJehd; ntl;fg;gLfpNwd;			
	Behavioural problems			
41	I get nervous when the invigilator stands near me during examination. NjHtpd; NghJMa;thsHfisghHj;jhy; ehd; gag;gLfpNwd;.			
42	I behave aggressively when I am in trouble. ehd; neUf;fbNtisfspy; kpfTk; Nfhgg;gLfpNwd;.			
43	I can communicate will with my teachers and friends. vd;Dilaez;gHfs; kw;Wk; MrphpaHfSld; ed;whfgoFfpNwd;.			
44	I am able to learn through group study. FOg; gbg;gpd; %ykhfvd;dhy; fy;tpfw;f;fKbfpwJ.			
45	I keep intimate relations with my peers. vd;Dilaez;gHfSld; neUf;fkhdel;GwTitj;Js;Nsd;.			
46	I am highly anxious about my performance. vd;Dilanray;ghLfspdhy; kpfTk; gakilfpNwd;.			
47	I am murmuring during the class time. tFg;GNtisfspy; ehd; vg;NghJk; KZKZf;fpNwd;.			
48	I am obey my teachers. vd;DilaMrphpaHfisehd; kjpf;fpNwd;.			
	Problem with emotional adjustment			
49	I don't mind when my friends tease me. vd;Dilaez;gHfs; vd;idVkhw;Wtij nghUl;gLj;Jtjpy;iy.			
50	I get exhausted in stressful situations. kdmOj;jkhd #o;epiyapy; ehd; jho;Tkdg;ghd;ikmilfpNwd;.			
51	I react according to the demand of the situation. ehd; #epiyfisg; nghWj;Jr; nray;gLfpNwd;.			
52	I get irritated when my friends goes with others. vd;Dilaez;gHfs; gpwUld; nry;Yk; NghJvhpr;ryilfpNwd;.			



53	I clear my doubts with my peers. re;Njfq;fisvd; ez;gHfs; %yk; jPHj;Jnfhs;fpNwd;.			
54	I burst out when things do out of my control. vd;Dilaff;Lg;ghl;iltpl;LxUnghUs; NghFk;NghJMj;jpukilfpNwd;.			
55	I don't follow the rules and regulations of the school. gs;spapd; tpjpkw;Wk; tpjKiwfisgpd;gw;Wtjpy;iy.			
56	I don't make any disturbance in the school. gs;spapy; ve;jFog;gj;pidAk; Vw;gLj;Jtjpy;iy.			
	Problem with self- concept			
57	I hesitate to be in the company of bad people. jtwhdtHfSld; goFk; NghJehd; jaq;FfpNwd;.			
58	I never hurt others through words or deeds. vd;DilathHj;ijapdhYk; nraypdhYk; gpwiufhag;gLj;jtpy;iy.			
59	I don't have faith in my abilities. vd;Dilajpwikapy; vdf;Fek;gpf;ifapy;iy.			
60	I never express my views freely. vd;DilafUj;Jfisehd; vspjhfnjhptpg;gjpy;iy			
61	I feel I can't do well in my studies. vd;dhy; gbf;fKbahJvd;WczHfpNwd;.			
62	I have a sound mind in a sound body. ehd; MNUhf;fpakhdc;sjpidAk; clypidAk; ngw;Ws;Nsd;.			
63	I respect elders. ehd; KjpNahHfiskjpf;fpNwd;.			
64	Before I take any decisions I don't consider with others xUKbTvLf;Fk; Kd; ehd; kw;wtHfSld; fye;JiuahLtijtpUk;gtpy;iy.			