INDIVIDUAL AND SOCIAL - ENVIRONMENTAL LEVEL PROTECTIVE FACTORS FOR INSTITUTIONALIZED ADOLESCENTS' MENTAL HEALTH – A STUDY AMONG ADOLESCENTS IN CHILDRENS' HOMES UNDER THE INTEGRATED CHILD PROTECTION SCHEME, KERALA

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"Every single minute matters,

Every single child matters,

Every single childhood matters."

-Kailash Satyarthi

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DECLARATION

I hereby declare that this dissertation titled **"Individual and social-environmental level protective factors for institutionalized adolescents' mental health - a study among adolescents in childrens' homes under the Integrated Child Protection Scheme, Kerala"** is the bonafide record of my original field research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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CERTIFICATE

Certified that the dissertation entitled **"Individual and social-environmental level protective factors for institutionalized adolescents' mental health - a study among adolescents in childrens' homes under the Integrated Child Protection Scheme, Kerala"** is a record of the original research work undertaken by Sumitha.T.S in partial fulfillment of the requirements for the award of the degree of 'Master of Public Health' under my guidance and supervision.

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Glossary of Abbreviations

AEP	Adolescense Education Programme
ANOVA	Analysis of variance
ANCOVA	Analysis of covariance
CPSU	Central Project Supporting Unit
CWC	Child Welfare Committee
DCPU	District Child Protection Unit
ICPS	Integrated Child Protection Scheme
IBM SPSS	International Business Machines Corporation, Statistical Package for the Social Sciences
JJ Act	Juvenile Justice Act
LSAS	Life Skills Assessment Scale
MDGs	Millenium Development Goals
NCF	National Curriculum Framework
NGO	Non-governmental organization
SCPS	State Child Protection Society
SPSU	State Project Support Unit
SDGs	Sustainable Development Goals
UNCRC	United Nations Convention for the Rights of Child
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

Background:
Child and adolescent mental health is a less explored area in low and middle income countries. Being the country with largest child population, it is the need of the hour to understand the factors promoting and protecting child and adolescent mental health. The study aims to assess these protective factors along with extracurricular activities, positive reinforcement and future perspectives in a vulnerable group-adolescents living in childrens' homes under a government run scheme, Integrated Child Protection Scheme (ICPS) in Kerala.

Methodology:
The study used a mixed-method approach. Entire adolescents (12-18 years) living in all the well established eight childrens' homes under the scheme were considered for the study. There were 222 children who gave assent for the cross-sectional survey. They were living in childrens' homes for at least a month and could understand either Malayalam or English. Seven in-depth interviews were done through purposive sampling of the surveyed children to understand the future perspectives of children who might imminently leave the institution.

Results:
There were gaps in the provision of protective factors when viewed through child rights perspective. To mention a few, literacy (17.3% of the 216 children without special needs could not read and write), provision for extracurricular activities (12.8% of the total subjects do not get involved in their talents and hobbies) and encouragement or feedback (no one to value their talents and hobbies for 15.3% of the children and 80.6% of the study subjects feels that they receive deserving appreciations). Life skills, an individual level factor also seems to be varying with gender, age and other protective factors. Increasing age, self-grading of their studies as good, success in recent exams and leisure time activities were finally found to be the conclusive predictors of life skills. Future perspectives of adolescents seem to be unrealistic without proper guidance or mentoring. Stigma and potential role of gender norms were emerging due to the present context.

Conclusion:
Poor quality of education, gaps in other protective factors and lack of guidance directs us to two things; need to promote child and adolescent mental health with special emphasis on health promoting schools and integration of the scheme (ICPS) with educational system. Conclusive predictors help in foreseeing life skills in children. Sensitizing the public about the scheme could prevent stigma towards the beneficiaries of the scheme.

Chapter -1

Introduction

1.1 Background

India is home to the fastest growing population with largest number of child population (UNICEF, 2011).About one-fifth of India's population is adolescents (Population Council & UNICEF,2013) , the second decade of life which is a vital phase in human development as both physiological and psychosocial changes happens during this phase. This is a unique phase that gets reflected in adulthood (World Health Organization, 2014).

Worldwide, about 10-20 percent of the children and adolescents are affected by mental health problems (Kieling et al., 2011). A meta-analysis done in India concluded that the prevalence of mental health disorders among children and adolescents is 6.4 percent in the community and 23.3 percent in school samples (Malhotra and Patra, 2014). But the mental health needs of children and adolescents and availability of resources does not go hand in hand (Patel et al, 2008). Poverty, marginalization, exploitation and lack of parental support are some of the factors that can affect the mental health of children experiencing them. It is then the available psychological, biological and social factors that determine their mental health and thus acts as protective factors (World Health Organization, 2014; Olsson et al, 2003).In India, the large number of child laborers and growing number of crime committed against children year by year makes rehabilitation of this vulnerable group a primary concern for the stakeholders (Child Labour | UNICEF, n.d.; cso@ncrb.nic.in, 2013; Ministry of statistics and programme implementation, 2012).

Various new policies and programmes along with changes in the existing ones were made by our country in order to protect its children after being a signatory member in the ratified United Nations Conventions on the Rights of the Child (UNCRC) from 1992(Mehta, 2008). Integrated Child Protection Scheme is one such comprehensive program introduced by the Government of India through government-civil society partnership in the year 2009. Under the Ministry of Women and Child Development (MWCD), this scheme aims to reduce the vulnerabilities and rehabilitates children at risk. In short, it is meant to protect the rights of children who are in risk for various reasons (The Revised Integrated Child Protection Scheme (ICPS): A Centrally Sponsored Scheme of Government – Civil Society Partnership - India | Better Care Network, n.d.). Though a very recent and reliable data on the number of children under the scheme is not available, it was found that about two lakh children had been provisioned by the scheme (Child Protection Systems | UNICEF, n.d.). These calls our attention to look into this disadvantaged group of children who are protected under the scheme as we aim to nurture today's children to tomorrow's productive citizens.

1.2 Rationale

As Comprehensive Mental Health Action Plan 2013-2030 (World Health Organization, 2013) and India's National Mental Health Policy (Ministry of Health & Family Welfare, 2014a) calls for rights based approach to promote mental health, it is essentially important to view through the rights lens on the determinants of mental health which are made available to a vulnerable group (adolescents under care) under the state run scheme. These determinants could also help in shaping up their future perspectives. Provision of all the

possible determinants of mental health to a child will in turn ensure the protection of child rights. National mental health policy upholds the objectives of health promoting school. It calls for imparting age and context based life skill education through interactive learning in schools with the help of trained teachers (Ministry of Health & Family Welfare, 2014a). As a nation with the largest number of children, protection of child rights must be one among our prime responsibilities. We must be obliged to protect the childhood than protecting a child.

Integrated Child Protection Scheme was launched in Kerala in the year 2014 and has eight well established childrens' homes in seven districts along with special childrens' homes, observation homes and many new undertakings on the way. Since it is in the initial phase, evidence could help improve the situation and further policy making.

1.3 Gaps in research

Literature search was done using keywords like "adolescent mental health", "adolescents' resilience", "adolescents future orientation", "life skills", "health promoting school", "child protection in India" and "child rights". Although there were many research works in all these areas, there has not been a single research work that had integrated the concepts of life skills through protective factors and health promoting schools using social cognitive (learning) theory, adolescents' future perspectives through future orientation and child rights as well.

1.4 Chapterization plan for the dissertation

The chapter one gives a brief overview of introduction, rationale of the study and gaps in research. Chapter two deals with synopsis of literature reviewed. Chapter three describes the methodology of the study including conceptualization, research hypothesis, research questions, objectives, study type, design, setting, data collection tool, data management, ethical consideration and study variables. Chapter four provides detailed results of both quantitative and qualitative data collected. Chapter five gives discussion of results, conclusions, strength and limitations of the study and policy implications.

Chapter 2

Review of literature

The content of this chapter is a result of the literature review that was done through a broad search on PubMed, Google Scholar, Science Direct, Government of India websites, World Health Organisation (WHO), UNICEF (United Children's Fund) websites and other related documents. All the citations are included in the reference section.

2.1 Global efforts to protect child rights

The United Nations Conventions on the Rights of the Child (UNCRC) in 1989 calls for rights based protection to every child. In the preamble, it proclaims that childhood is entitled to special care and assistance as stated in the Universal Declaration of Human Rights. The preamble also gives prime importance to family by stating "family as the fundamental group of society and the natural environment for the growth and well-being of all its members, particularly children" and a child must be prepared enough to lead an autonomous life in the society. Foundation for this must be laid on peace, dignity, freedom, tolerance, equality and solidarity. UNCRC also gives due importance to children living in the risky environment (UNICEF, 1989).

Following UNCRC, adolescent specific goals and programs was put forth in "A World Fit for Children", 2002. It envisages promotion of health of children including adolescents through play, sports, recreation, artistic and cultural expression both in school and community as well apart from improvement in quality of education through imparting life skills and child friendly environment. Training and educational opportunities for sustainable livelihoods for

adolescents and measures that could exclusively prevent child sexual exploitation, trafficking and to deal with its consequences was another important aspects mentioned in the document. It was on the basis of these important global efforts that many programs and policies were made later on (Ministry of Women and Child Development, 2007; UNICEF, 2002).

2.2 Acts, policies and programs in India to protect child rights

Indian constitution safeguards the rights of its children through many of its provisions. Special mentioning is needed for article 39(f) which upholds equal opportunities and facilities to develop in a healthy manner with freedom and dignity and protection of childhood against moral and material abandonment (Department of Women and Child Development, 2005).

Commission for the Protection of Child Rights Act 2005 makes provisions for National Commission and State Commission for protection of child rights and also extends for special children's courts. The National Commission for Protection of Child Rights is a statutory body for monitoring proper enforcement of children's rights, legislations and related programs. Juvenile Justice (Care and Protection of Children) Act 2000 (Amended in 2006) deals with children in conflict with law and children in need of care and protection. Also adds up its provisions by including rehabilitation and social reintegration of children. The legislation also provides structures like juvenile justice boards, child welfare committees, children's homes, observation homes, shelter homes, special homes, after care organization, non-institutional care via adoption, special juvenile police unit, and juvenile justice fund and so on. Though there is much other legislation, Prevention of Children from Sexual Offences Act 2012 needs mentioning. Since 2000, stakeholders were pushing for this act. Even the act describes many of the crimes and prescribes punishments for the same; it clearly ignores child trafficking,

child marriages and marital rape apart from many other things that could have been considered. It only addresses the consequences of the issue rather than preventing and thus it sound best if we could reword it to “Protection of Children after being victimized in Sexual Offences Act”. (Child Related Legislation | Ministry of Women & Child Development, n.d., Government of India, 2012)

National Policy for Children in 1974 that envisaged an integrated approach through skills, motivation from equal opportunity, strengthening of family, protection and community environment has then adopted to guarantee child rights protection in 2013.It even calls for their rights to enjoy their customs, religion or tradition. It insists special category for adolescent girls similar to the National Common Minimum Program 2004 which calls for special attention to the girl child (Government of India, 2004a). Adolescent’s access to information, support and services for their health and development. Tracking, rescuing and rehabilitation of children who are out of school, fostering of equal opportunity in school without any forms of discrimination, child friendly teaching and learning is noteworthy (Government of India, 1974;Government of India,2013)Empowering children by focusing on their strengths and bringing out their aspirations is worth mentioning as this holistic approach was not seen in any other documents on children during the literature review while empowerment of adolescents through skills and education was mentioned in National Charter for Children, 2003 (Government of India,2004b)

National Policy on Education, 1986 (as modified in 1992) is based on Early Childhood Care and Education following the principle “education is a unique investment in the present and the future”. Provision of libraries especially in educational institutions to ensure easy reach to

books with promotion of reading habits, creative writings and identification of talents are some other thrust areas. (Government of India, 1998)

The National Plan of Action for Children (NPAC) 2005 tries to formulate district and state plans of action for children to meet the needs of children by considering the context they are in –social, religion and cultural along with the implementation, monitoring and evaluation of the same. The priority areas in NPAC are universalisation of early childhood care and development, quality education for all children, addressing and upholding the rights of children in difficult circumstances, monitoring, reviewing and reforming of policies, programs and laws to ensure protection of children's interests and rights, to ensure child's participation and choice in matters and decisions in matters affecting their lives (Department of Women and Child Development, 2005).

The National Mental Health Program (NMHP) was launched by the Government of India in 1982 which was revised later on is based on human rights framework. As it considers poverty, education, environmental factors, it is an inclusive and holistic approach. Particular attention is given to vulnerable group and does not restrict itself to disease and disability prevention but also comprise of promotion of mental health and prevention of mental disorders. The program document states that institutionalized care and mental health problems are bidirectional and the burden is higher in vulnerable group. It calls for inter-sectoral coordination. Life skill education which must be imparted based on age and context could help in better mental health was also noteworthy in the program. For this, teachers must be trained to promote mental health and alleviate distress in adolescents as adolescence is a phase when signs and symptoms of mental disorders starts. Another important aspect is the alleviation of poor living

conditions like overcrowding, lack of sanitation and inadequate nutrition for good mental health. Building research capacity in children's mental health was considered as a niche area in the program (Murthy , 2007 ;Comprehensive Report Part 2-83145794.pdf, n.d.)

Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Strategy) 2014 focuses on realizing full potential of adolescents in India through a holistic approach. The important components in strategies are coverage, content, communities, clinics, counseling, communication and convergence. Nutrition, sexual and reproductive health, non-communicable diseases, substance misuse, injuries and violence and mental health are considered as six priority areas for adolescent's health and development. Interventions are based on building up protective factors that could bring about resilience by operating in four major areas- individual, school, community and family. National skill development policy was formulated to ensure needed skills to this group which could help in their well-being. Strategies are based on inter-sectoral co-ordination and by dividing into two sub-groups, early adolescents and late adolescents. Prevention of mental health disorders focuses on life skills and screening while promotion of mental health dealt with promotion of protective factors (Ministry of Health & Family Welfare, 2014b).

2.2.1 Integrated Child Protection Scheme

Since the inception of ICPS, all the then existing child protection scheme were brought under it making the scheme a comprehensive one. Protection of child rights and the best interest of the child are the cardinal principles of the scheme. Objectives of the scheme includes bringing in child protection as the primary responsibility of all the stakeholders, strengthening and protecting family environment and community setting, planning and implementation of

activities in a child centered manner, avail services of skilled professionals, reducing the vulnerabilities that a child might face, inter-sectoral coordination to provide comprehensive care to vulnerable children , creation of database, research and documentation and monitoring of activities Though it aims to reach its objectives through strengthening of existing structures like institutionalized care, emergency outreach, family and community based care, counseling and other related services, institutionalization of children is only considered as the last resort.

The scheme provides preventive, statutory care and rehabilitation services to all vulnerable children. This specially focuses on children in need of care and protection, children in conflict as defined under the Juvenile Justice Act (2000) and children who come in contact with the law as victim or due to some other circumstances.

ICPS functions through State Child Protection Society (SCPS) and District Child Protection Unit (DCPU) in the state and district level respectively. DCPU is also responsible to update the data base. Central Project Supporting Unit (CPSU) will be supported by State Project Support Unit (SPSU) in every state. Juvenile Justice (JJ) Act 2000 made it mandatory that every district must have Child Welfare Committees (CWC) in order to dispose of cases and to provide protection, treatment, development and rehabilitation of children. This could in turn protect their human rights. Juvenile Justice Act 2000 calls for Special Juvenile Protection Unit (SJPU) to coordinate and upgrade the interface between police and children. Service of social workers will be availed to the SJPU by the DCPU. ICPS provides emergency outreach service (24*7) through the mother non-governmental organization (NGO) Childline foundation of India. All that is needed is to dial a four digit number, 1098 when needed. This NGO also tries

to strengthen childline services. Based on JJ Act 2000, family based non-institutional care is provided through sponsorship, adoption, foster care and after care while institutionalized care is provided through children's homes, shelter homes, observation homes, special homes and place of safety. The scheme also envisages provision of special services within existing structures for children with special needs like disabled children. Institutions for children in conflict with law and children in need of care and protection are proposed to be in different premises.

Through Child Welfare Committees, children in need of care and protection enter the Juvenile Justice system. Depending on their need, they will provided with residential care, protection, long term care, treatment, education, training, development and rehabilitation in children's home. It is suggested that these homes should be away from their actual home and is intended to ensure comprehensive development of children living there. This includes life skills education and all other measures to enhance their capabilities and even involvement of parents which could enable future reintegration and rehabilitation into the mainstream society. Considering the nature of work under ICPS, staffs working under ICPS is supposed to be trained in child rights, child psychology, juvenile justice, handling children sensitively, counseling, life skills, delinquency and problem behavior. Children living in these homes must be involved in developing their time table for studies, sports, planning their meals, keeping their rooms and open spaces clean and tidy, gardening and also in extracurricular activities for skill development. Every institution is supposed to have a home management committee that prepares individual care plan for every child in consultation with DCPU and then implement it after getting approved by CWC. This care plan is expected to be reviewed every six months.

Financial assistance for the scheme is provided by both central government and state government or union territory administration. In Kerala, there are two children's homes exclusively for girls and six for boys. Children aged six and above are staying in these homes. About three-fourth of the financial assistance for these homes comes from central government and one-fourth from the state government. Structural bodies like SPSU, SCPS and DCPU also has similar funding pattern whereas regulatory bodies like CWC, Juvenile Justice Boards gets 35% assistance from centre and left out 65% from state. Centre provides full assistance to services managed by Childline Foundation of India.(The Revised Integrated Child Protection Scheme (ICPS): A Centrally Sponsored Scheme of Government – Civil Society Partnership - India | Better Care Network, n.d.)

2.3 Adolescents mental health

World Health Organization defines Child and Adolescent Mental Health as the "capacity to achieve and maintain optimal psychological functioning and wellbeing. It is directly related to the level reached and competence achieved in psychological and social functioning" (World Health Organization, 2005). Determinants of adolescent mental health are individual level factors, family, peers, community, organizations and cultural practices and norms as well. Factors that affect the mental health of children and adolescents can be divided into risk and protective. Risk factors increase the probability of developing mental health problems whereas protective factors improve resistance to risk factors or build resilience, (World Health Organization, 2005; Patel et al, 2008). Risk factors consist of child abuse and neglect, family mismanagement, low socio-economic status, low social support, single or step parent, poverty, orphanhood, school failure, peer rejection, social isolation, and parent psychiatric

disorders and so on. These factors which depends on the developmental stage of the child is also very much context and gender specific (Collishaw` et al., 2007, Patel et al, 2007, Zimmerman et al., 2013)

2.4 Protective factors and resilience

Resilience is the outcome that conveys one's relative "resistance to environmental risk experiences or the overcoming of stress or adversity" (Rutter, 2007). The concept of protective factors was first developed by Rutter (1985). According to him, protective factors have an interactive relationship with both risk factors and outcome. It was on the assumption that beneficial effects of protective factors occur only when there is exposure to risk factors. Protective factors for resilience in children determine the ability of the child to adapt. Social relationship, peer support, good school experiences, motivation, intelligence and executive functions, opportunity to engage in social life, self concept, social skills ,faith, hope, community acceptance, cultural belief systems, traditions including religion, close attachment with caregivers, reward system, setting high expectations and mentors for the same, participation in extracurricular activities, academic or non-academic achievement were identified as protective factors for resilience(Collishaw et al., 2007; Rutter, 2007). Literature also suggest problem solving skill, communication skills, decision making and self esteem as protective factors for resilience (Wille et al., 2008). Though promotive factors are also mentioned separately in literature, many of the works takes both promotive and protective factors together and group them into protective factors. Assets and resources are the two promotive factors where assets are individual level factors like self efficacy, identity and orientation to the future. Factors external to the individual like adult mentors and

opportunities consist of resources (Zimmerman et al., 2013). Thus, resilience in children resonate child and adolescent mental health.

2.5 Mental health of adolescents under care

Mental health of adolescents in institutionalized care from various parts of the world shows higher prevalence of internalizing and externalizing behaviors, depression and hopelessness. These studies also identified that the problems differ by gender, age – younger and older adolescents, caregivers support, number of transfers between institutions and peer support (Erol et al., 2010; Khurana et al., 2004 , Gearing et al., 2013). But high ability in life skills indicates good mental health (Patel et al, 2008).

2.6 Life skills

World Health Organization defines life skills as: "abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life*"* (1993) (World Health Organization, 2001).

Ottawa charter for health promotion in 1986 recognized life skills as an important factor that could promote health. UNCRC (1989) recommended related life skill education for development of the fullest potential of the child. Jomiten Declaration in 1990 acknowledged life skills as essential tool for better survival, aptitude development and better life. Life skills were identified as one among the six goals of Education for All in the Dakar World Education Conference (2000).Life skill based education is also considered in other international sessions like United Nations General Assembly Special Session on HIV/ AIDS, (2001), United Nations General Assembly Special Session on children (2002), United Nations Secretary

General's Study on Violence Against Children (2002), World Youth Report (2003), World Program for Human Rights Education (2004), United Nations Decade on Education for Sustainable Development (2005) and World Development Report (2007) (Munsi and Guha, 2014).

2.6.1 Theories of life skills

Life skills approach is based on theories of child and adolescent development that are dependent to each other. The seven main theories are child and adolescent development, social learning, problem behavior, social influence, cognitive problem solving, multiple intelligences, and risk and resilience. It is worth describing both social learning theory and risk and resilience theory.

Social learning theory is mainly based on Albert Bandura's research work which concluded that children learns to behave from instructions, social interactions and through observing adults like parents, teachers and other role models and peers. Consequences of their actions and responses from others could modify or reinforce their behavior. Various skills can be imparted to children through rehearsal and feedback apart from instructions. He also emphasized confidence in one's own abilities to perform appropriate behavior would help in learning and maintaining behaviors. Social learning theory stressed two things, impart skills to children to cope with internal aspects of their social lives and then to replicate the natural processes by which children learn behavior. This conveys that most programs for skills include role-play, observation and peer education components (Bandura and Walters, 1977; Mangrulkar et al, 2001).

Resilience and risk theory gives explanations to why some people respond in a better way to adversities and stress compared to others. Based on this theory there are many factors that could protect one against these stressors and adversities. Such factors are classified as internal and external factors. Self-esteem and internal locus of control are internal protective factors while social supports are external locus of control. Social environments like caring and supportive environments, high expectations and opportunities can also act as protective factors. So, a comprehensive preventive approach must consider child and child's environment. A vital part of the foundation of life skills approach is laid by resilience and risk theory. Life skills could actually mediate behaviors and in turn acts as protective factors (Mangrulkar et al, 2001).

2.6.2 Impacts of life skills based interventions

Intervention research studies in different parts of the world shows that life skills based training or education could bring about behavior modifications and even could help in the empowerment of children as well (Botvin and Griffin,2004; Guzun,2004). Life skill training helps in improving social and competence skills, self-esteem, empathy, subjective well-being (Sobhi-Gharamaleki and Rajabi,2010), psychological well being and internal locus of control can be enhanced through creative and critical thinking training (Flor et al, 2013). Further, it helps in reducing anxiety, stress and depression. Life skill development is different in both boys and girls. Skills like assertiveness, empathy and perspective taking also has gender differences in development (Mangrulkar et al, 2001).

2.6.3 Quality standards of life skills

Quality standards of life skill education suggest that it should be provided in a protective and enabling environment with access to community services. Teachers of life skill education should be trained on methods and psychosocial support but the main point in the quality standard is that life skill education should be need based or child centered (World Health Organization, 2001).

2.6.4 Health promoting schools

One among the six key features of a health promoting school is the provision of skills based education. It emphasizes that the curricula should include life skills and age appropriate activities that could improve child's intellectual and emotional abilities. This concept calls for training and educating both teachers and parents (World Health Organization, 2003).

2.6.5 Life skills education in India

National Policy on Education (1986) identified National Population Education Project as a thrust area with six important themes. One theme is that school education has a vital role in life skills development as it exposes children to varied experiences in the formative years and can give them many simulated situations to learn through practice (Government of India, 1998)

National Curriculum Framework in 2005 acknowledged adolescence education and life skills and then incorporated it in secondary school curriculum. But due to the hues and cry over the sex education programmes throughout the country, it was restructured as Adolescence Education Programme (AEP). It was mentioned in the National Curriculum Framework (NCF) that AEP must be incorporated into school education and nowhere else. It is teachers'

responsibility to provide life skill based education and teachers must ensure that all children are participating. NCF recommended skill building through experiential learning (NCERT, 2005; NCERT, 2010). Kerala school curriculum adopted life skill based education in the year 2013(Kerala School Curriculum, 2013).

2.6.6 Life skills assessment scale

There are three basic groups in life skills-social skills comprise of communication, negotiation or refusal, assertiveness and empathy, cognitive skills includes problem solving, decision – making, critical thinking and self evaluation and the last group is emotional coping skill comprising of coping with stress, managing feelings, self management and self monitoring (Mangrulkar et al, 2001).It is seen that age and gender can influence life skills. Higher levels of communication skill, empathy, help-seeking behavior and goals are seen in females. Self – esteem seems to be increasing with age (Sun and Stewart, 2007) .

Life skill assessment scale is constructed with all the ten domains in WHO framework for life skills, self-awareness, empathy, critical and creative thinking, problem solving skill, decision making, communication skills, interpersonal relationship, coping with emotions and stress. Scale is based on the theories of human development which also consist of social learning theory and risk and resilience theory (Subasree and Nair, 2014).

2.7 Adolescents future orientation

Future orientation is defined as one's thoughts, plans, motivations, hopes and fears about the future. This will guide a person in setting goals and making future plans.

Based on the framework by Nurmi (1991), adolescents future orientation can be considered as a hierarchical structure starting from the motivation which then leads to the cognitive

component (planning) and then to evaluation. Of the three components by Nurmi, first one-motivation consist of the value of a prospective life domain, subjective chances of materializing the plans, ability and effort to execute the plans and positive affect towards domain related issues. Hopes and fears of the individual constitute the cognitive domain. Planning activity is all about how people plan the realization of their interests in future. The extent to which the plans are expected to be realized comes under evaluation, whereas behavioral component is about exploring various future choices through gathering information, seeking advice, probing their suitability and commitment to a specific option (Nurmi, 1991; Seginer, 2003).

Factors influencing future orientation vary widely from sex to environment. This could be very clearly explained by Bronfenbrenner's ecological model for human development which consists of microsystem, mesosystem, exosystem, macrosystem and chronosystem as well. This model better explains how activities, roles, interpersonal relations, classrooms, physical and material characteristics, peers, families, community groups, meeting places, clubs and so on influence future orientation. This model also explains the importance of values, customs and norms in the macrosystem part and processes or events happening to a child in the chronosystem part. Parental influence ranges from construction of future orientation, parenting style to parental beliefs that can act as motivational factors for a child's future orientation (Seginer , 2003).

Adolescence, it is in this particular phase of life children are more concerned about their future and critical decisions on education and occupation will be made based on their future orientation. Their plans and decisions depend on their awareness of the necessary steps to

reach their goals and this varies among children. Some of them might think about immediate goals and others about future goals. Awareness about their resources and barriers in turn depends on their social or cultural context and opportunities available to them (Sirin et al, 2004). Teachers can help them set realistic goals. Goals, expectations and outcomes decides ones behavior according to social- cognitive theory (Greene and DeBacker, 2004)

Adolescent's future orientation depends on a wide range of factors as mentioned above, these factors like age, gender, ethnicity, socioeconomic status and so on. Traditionally followed and toughened gender roles could affect future orientation (Sun and Shek, 2012).

Future time perspective and future orientations are interchangeably used in literature. Future time perspective considers temporal goals, plans and achievements. Adolescents living in the risky environment had very vague orientation and education, work or family was not the most important domains for them. Findings of a study of orientation of adolescents under institutionalized care had shown that they don't feel that they are prepared enough to live an independent life. Their fears are mostly linked to their concern regarding loss of support once they start living outside the institution. But children with better attachment had shown better motivational strategies (Paixao et al, 2013).

Thus, it can be concluded that for children's positive development, good future orientation is needed, which depends on both nature and nurture aspects of the child

Chapter 3

Methodology

3.1 Conceptual framework

Adolescents living in childrens' homes are deprived of family and since UNCRC recognized family as the fundamental group for a child (UNICEF, 1989), we assume that the child under institutionalized care is also at risk. Then, protective factors interact with risk factors to make a child resilient. Resilience in turn resonate promotion of child and adolescents mental health. Protective factors can be grouped into three-individual, family and social-environmental level (Olsson et al, 2003). Individual level factors consist of life skills. WHO framework for life skills has got ten domains. Coping with emotions and stress, problem solving, interpersonal relationship, critical and creative thinking, empathy, self-awareness, decision making and communication skills are the ten domains. Social learning theory suggests that a child learns skills from activities and reinforcement (Mangrulkar et al, 2001; Bandura and Walters 1977). Teaching through activities and feedback is an objective of health promoting school and it is also supposed to impart life skill education. Schools should avail appropriate provisions, both academic and non-academic (World Health Organization, 1999). This implies that for imparting life skills to a child, other individual level, family level and social-environmental level protective factors are inevitable. Thus, we can conclude that life skills reflect resilience (Resnick, 2000; Gartland et al, 2011). All these protective factors are required for adolescents' future orientation (Nurmi, 1991) and it is supported by social cognitive theory as one's behavior will be based on goals and expected outcomes (Bandura, 1989; Nurmi, 1991).

In nutshell, the conceptualization is based on social cognitive (learning) theory and the framework looks into all the protective factors and future orientation in child rights perspective. The pictorial representation of conceptual framework (figure 3.1) is shown in the page followed and then detailed tables (tables 3.1.1 and 3.1.2) on protective factors based on Olsson et al's concept on adolescent resilience (Olsson et al, 2003) are given.

Figure 3.1: Conceptual Framework: Modified and adopted from United Nations Convention for the Rights of Child, Olsson. et al's conceptual framework for adolescent resilience, Nurmi's framework for adolescent future orientation, WHO's framework for life skills, Albert Bandura's Social cognitive (learning) theory and WHO's Health Promoting Schools

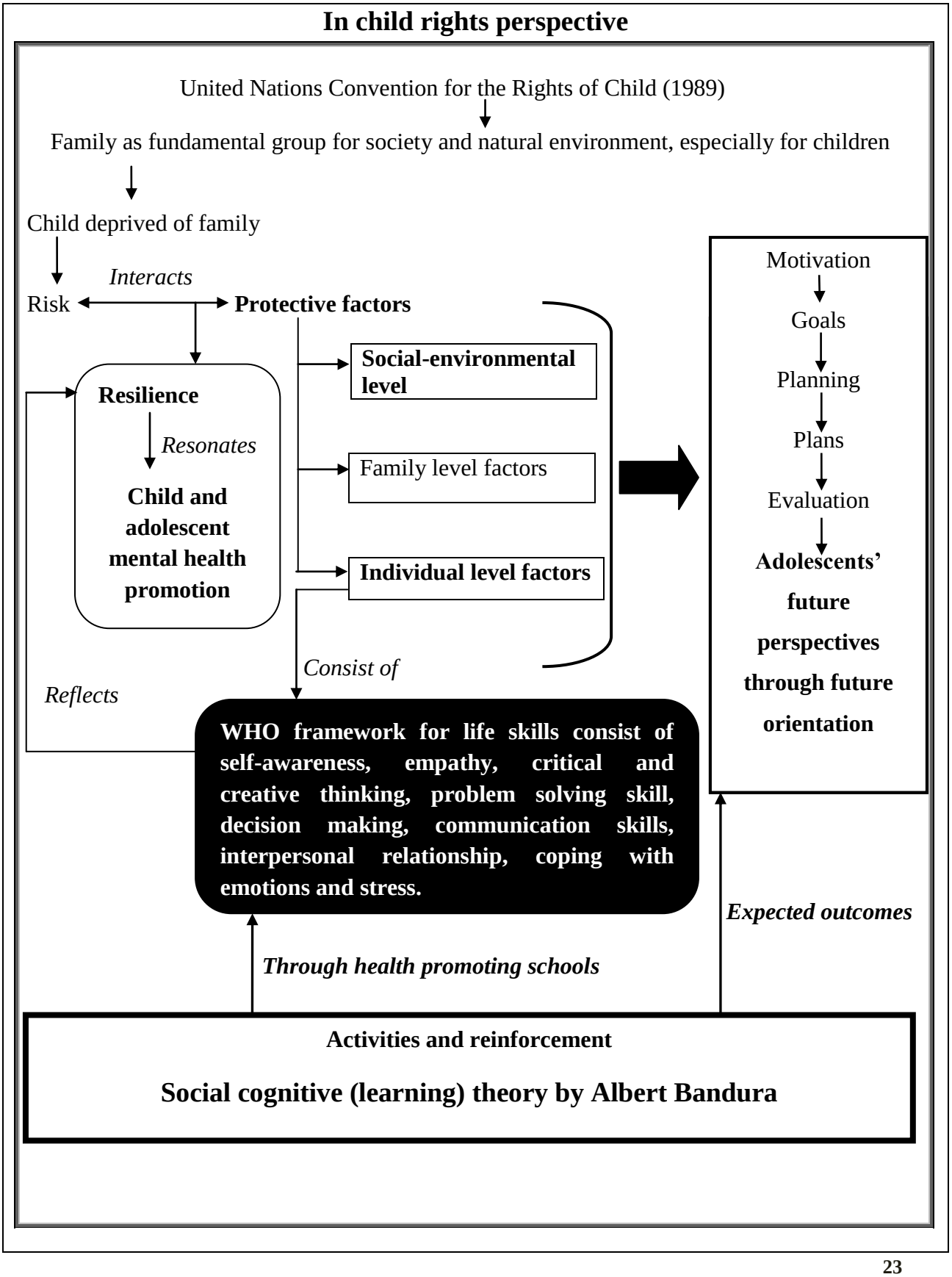


Table3.1.1: Individual level protective factors (Olsson et al, 2003)

In the conceptual framework	In this study
Individual level protective factors	
Language	Literacy -ability to read and answer the questionnaire
Advanced reading	Additional reading
Academic achievement	Self grading their studies Success in recent exam they appeared
Planning	Have a particular goal
Decision making	Ability to tell their opinions Express their emotions or decisions
Responsiveness to others	Happiness on helping others
Attachment to others	Depend the adult staffs in childrens' home A friend to share their thoughts or ideas
Life skills	Life skills index (developed for this study)
Family level protective factors-context specific	
Parental warmth or assistance and encouragement	Stayed away with parents or relatives Being in touch with parents or relatives Encouragement for talents and hobbies, encouragement for particular goal
Belief in the child	About prayer Self confidence
Talents and hobbies valued by others	Take part in activities involving talents and hobbies Encouragement for talents and hobbies

Table3.1.2 : Social- environmental level protective factors (Olsson et al, 2003)

In the conceptual framework	In this study
Material Resources	Blanket, One pair of footwear/shoes, two particulars of clothing other than uniforms, bed mattress, box/drawer, two or more uniforms, own space to rest/study, over crowdedness, hygienic, happy to live in
School experiences	
Supportive peers in school	Help in difficult subject
	Like the school/institution that you are studying
Positive teacher influence	As role models, for encouragement or help, teacher they like
Success (Academic or not)	Success in recent exam
Supportive communities	
Provisions or resources	Provisions to play ,to do household level activities, health care, leisure time activities, recreation, availability of books and news-papers, food they like, interact with neighboring children

3.2 Research Hypothesis

Children who are involved in extracurricular activities and receive reinforcement will be having better life skills than compared to children who do not participate in extracurricular activities and do not receive reinforcement.

3.3 Research questions

1. What proportions of institutionalized adolescents are in various levels of individual and social-environmental level protective factors?
2. What proportion of these children participates in extracurricular activities?
3. What proportion of these children perceives positive reinforcement?
4. What are the future perspectives of adolescents who intend to imminently leave the institution?

3.4 Research objectives

1. To assess the individual and social-environmental level protective factors among institutionalized adolescents.
2. To assess the proportion of these children participating in extracurricular activities.
3. To assess the proportion of these children with perceived positive reinforcement.
4. To assess the future perspectives of adolescents who intend to imminently leave the institution (whose age is about seventeen to eighteen and will leave the home in one year).

3.5 Study type

An exploratory study by including the entire adolescents aged 12-18 years residing in all the well established eight childrens' homes.

3.6 Study design

A mixed – method study using both quantitative cross sectional survey design and qualitative in-depth interviews was undertaken.

3.7 Study setting

Under the Integrated Child Protection Scheme in the state Kerala, there are eight well established children's homes in seven districts. Two were exclusively for girls and four exclusively for boys. All these homes were included in the study. Since literature suggests mental health problems usually arises in the age group 12-24 (Patel et al,2007), I am restricting my study among 12-18 year old children as childrens' homes accommodates only children up to eighteen years.

3.8 Study population

a. Target population: The entire children who are living in children's homes under ICPS in Kerala.
b. Source population: Adolescents aged 12-18 years living in all the eight childrens' homes.
c. Study population: Adolescents aged 12-18 years who were living in childrens' homes at least for one month and able to understand either English or Malayalam.

3.9 Time frame

The data was collected between June 17, 2016 and August 31, 2016.

3.10 Sample size estimation

Since this was an exploratory study, entire adolescents aged 12-18 years were considered for the study. Purposive sampling was done for in-depth interviews.

3.11 Inclusion criteria

1. Children aged 12-18 years living in childrens' home for at least one month.
2. Children who were able to understand either Malayalam or English as there were chances of finding children from other states as well.

3.12 Exclusion criteria

1. Children for whom guardian refuses to give consent.
2. Children who refuse to give assent and dissent.

3.13 Sample selection procedure

3.13.1 Quantitative sampling

All the children in the age group 12-18 years living in these eight children's homes and meeting the inclusion criteria were invited to take part in the study after getting consent from their guardian. Assent/dissent from children was also obtained as they approached.

3.13.2 Qualitative sampling

Based on quantitative survey, selected children in the age group of 17-18 years and might leave the institution imminently were invited for in-depth interview. Separate consent and assent was taken for in-depth interview. In-depth interviews were conducted in childrens' homes that were given permission. Seven in-depth interviews were done to explore their future perspectives. The informants for in-depth interview were purposively selected by the investigator so that they `could give their views about their motivation, goals, plans and evaluation.

3.14 Study tools

The cross sectional survey was conducted using a self administered questionnaire (Annexure XV and XVI) and partly interview method for children who do not know to read and write.

This includes three out of the six children recognized with special needs and 17.1 percent of the remaining 216 children without special needs. This questionnaire was prepared on the basis of the conceptual framework, review of literature and life skill assessment scale (LSAS) purchased from Rajiv Gandhi National Institute of Youth Development. Though the initial plan was to validate the LSAS, due to time constraints the Technical Advisory Committee-Public Health of Achutha Menon Centre for Health Sciences Studies had suggested to take some relevant questions from the scale (with hundred questions) rather than validating the scale in Malayalam. So, some important questions were selected from the scale using other related literature. The scale was in English originally, it was translated to Malayalam and back translated with the help of three bilingual experts. With the collected data, life skill index was developed to do further analysis. Other questions were also developed in English and then translated to Malayalam, regional language. Both Malayalam and English questionnaires were used in the study. The questionnaire had seven sections- general information, about studies, about material resources, about games and other things, close relationships, beliefs and life skills. These sections were regarding their life after institutionalization.

An in-depth interview guideline (Annexure XVII and XVIII) was also developed based on the conceptual framework, mainly on adolescents' future orientation. Participant information sheet, consent and assent forms for both survey and in-depth interview were developed in English and Malayalam. A cover sheet (Annexure XIII and XIV) was developed to identify the number of children and the reason for institutionalization (without revealing their identification details) and staff pattern as well.

3.15 Data collection

Data collection was done by the investigator. First, the superintendent in charge of the home was approached for the permission to collect data based on their convenience. Data collection was supposed to be conducted only in the presence of an official authorized by the superintendent. Consent (Annexure V and VI) was obtained from this official and then children were invited for the study, they were requested to give either dissent or assent (Annexure VII and VIII) after making them understand the study details. Officials were requested not to look into the questionnaire while children were filling or even afterwards.

Subjects for in-depth interview were selected from survey. They were invited only after getting consent from the concerned official. Assent was also taken from them (Annexure XI and XII). Audio-recordings were taken only from homes that had given permission. A total of seven in-depth interviews were taken, permission to re-contact was already mentioned in the information sheet for further clarifications.

3.16 Data entry

Data entry was done in Microsoft Excel. Analysis was undertaken with SPSS software, version 21(IBM) for analysis. Only unique identification number was used and all other identification details of the child were removed. This prevented any linking that could identify the child. In-depth interviews were translated and transcribed for analysis. Manual coding was done for analysis.

3.17 Data analysis

Data was analyzed for protective factors, extracurricular activities and positive reinforcement. Simple frequencies and analysis of variance (ANOVA) was done to identify important factors associated with life skills. A logical model was then made using analysis of covariance (ANCOVA). The interviews were coded and analyzed thematically on the basis of the conceptual framework for future perspectives.

3.18 Data storage

Filled survey questionnaire, consent forms, assent forms, audio-recordings, transcripts and sheet that contains staff pattern and reason for institutionalization is kept with the investigator who also bears complete responsibility of confidentiality. Data will be preserved for a minimum of three years following completion of the study.

3.19 Ethical consideration

No sensitive questions have been included in the study. No questions regarding their life prior to institutionalization were asked. As a precautionary measure, permission to seek the help of counselors in the District Child Protection Unit through the superintendent was taken, in case any of the children being interviewed develops any distress. Further arrangements were made by the primary investigator to avail the service of experts in mental health through the concerned authorities. The study was conducted by strictly following the ICPS guidelines. Permission letter issued by ICPS is provided in Annexure XIX.

The study was approved by Institutional Ethics Committee, SCTIMST before the commencement of the study (Reference number: SCT/IEC/915/MAY-2016).

3.20 Study variables and related definitions

3.20.1 Outcome variable

Life skill index- An index developed from the data collected based on the scorings used in the original tool-life skill assessment scale. This collectively scores all the ten domains in the WHO framework for life skills.Since a composite index was developed after considering variability of individual items, scale diagnostics such as Cronbach's alpha and split-half were not done.

3.20.2 Predictor variables

Predictor variables are classified into seven categories- age, gender, extracurricular activities, reinforcement, individual level protective factors, family level protective factors and social-environmental level protective factors.

a. Age: Adolescents aged 12-18 were only considered for the study.
b. Gender: Categories from the collected data were boys and girls.
c. Extracurricular activities: This includes activities that involves their talents and hobbies, play, additional reading and leisure time activities
d. Reinforcement: Child's perception about deserving appreciations that he or she receives, help in managing difficult subjects and encouragement for talents and hobbies.
e. Individual level factors: Literacy, success in recent exams and self-grading of their studies, with a particular goal, depend on the adult staff and friend to share thoughts
f. Family level factors: This includes being in touch with relatives and parental encouragement.

g. Social-environmental level factors: Includes material resources, encouraging and understanding teachers, interaction with neighboring children, liking school, and children who had given concluding remarks and children knowing child rights.

3.21 Operational definition

Positive reinforcement: Encouragement to continue positive behavior (Law et al, 2012)

3.22 Dissemination of results

Study results will be disseminated through relevant journals and will be presented in conferences. A copy of the findings will be submitted to the Social Justice Department (ICPS) for interventions and policy changes and to IDRC for supporting the study.

Chapter-4

Results

This section consists of findings from the study. This includes profile of the study subjects- age, gender, education and duration of stay in home. This chapter also has description on individual level factors, computation of life skill index, family level (context specific) and social-environmental level protective factors in child rights perspective. This is followed by sections on bivariate and multivariate analysis with the life skill index as the dependent variable. The section concludes with analysis of the in-depth interviews, although pertinent narratives are included along with some of the quantitative results.

4.1 Summary of data collection:

There were 248 adolescents residing in all the eight homes. Out of this, only 222 assented for the survey. Summary of data collection is shown in table 4.1.1.

Table 4.1.1 : Summary of data collection

Childrens' homes	Total adolescent residents	Assented adolescents	Dissented adolescents	Reasons other than dissent
A	38	38	nil	nil
B	36	35	nil	1
C	20	18	1	1
D	20	17	2	1
E	28	23	nil	5
F	36	31	1	4
G	18	16	nil	2
H	52	44	3	5
Total	**248**	**222**	**7**	**19**

Among the children who gave assent, six were recognized with special needs but they were not going to any special schools and could understand the survey questions, they were included. Nine children did not meet the inclusion criteria as their duration of stay was less than a month. Three of them were excluded as they did not come to me to give a dissent or assent, five were with special needs and two of them were from other states and did not meet the second inclusion criteria. Main reasons cited for dissenting were that they are filling up such questionnaires since a long time but there are no changes in anything as they expect and it is also boring to fill them.

4.2 General characteristics of study subjects

Adolescents are usually classified into early (12-14years) and late adolescents (15-19 years) (Kabiru et al, 2012; Das et al, 2016).Characteristics of study subjects are shown in table 4.2.1

Table 4.2.1 : General profile of study population (N=222)

Characteristics	Group	n (%)
Age of children	12-14	88 (39.6)
	15-18	134(60.4)
Gender	Female	75(33.8)
	Male	147(66.2)
Education	IV - VHSE*	198 (89.2)
	Awaiting admission	15(6.8)
	Other courses	5(2.2)
	Awaiting job	2 (0.9)
	Stopped studies	2(0.9)
Duration of stay	<3 months	38(17.1)
	3-11 months	28(12.6)
	1-5 years	117(52.7)
	>5 years	39(17.6)

*VHSE- Vocational Higher Secondary Education

Children currently engaged in studying included about 94.1percent of the total subjects and this also includes open schooling. Children awaiting admission included those after completion of either tenth or twelfth standards. Other course includes hotel management and food craft. Among children who had stopped studies, one stopped long back and the other one recently.

Reasons for institutionalization of all the adolescents (12-18 years) in childrens' homes are provided in table 4.2.2. These were given by the authorities without revealing the identification details of the concerned children. General information on the staff pattern is given in Annexure I.

Table 4.2.2 : Reasons for institutionalization (N=248)

Reasons	**Number of children**
Poverty	83
Broken family	50
Wandering	21
Broken family and poverty	18
From other states or countries	16
From another home	16
Orphan	13
Abuse	9
Theft	7
Begging or child labour	6
Relationships	4
Tribal	3
Adopted	1
Behavior problems or habits	1

4.3 Individual level protective factors

This study began with the inclusion criteria that any child in the age group of 12-18 years who can read and write either Malayalam or English. But as data collection progressed, it was difficult to get a good number of subjects because many of them who assented did not know to read and write even Malayalam except their names. This dilemma necessitated changing the inclusion criteria to children who can understand either English or Malayalam. The questionnaire being self-administered, 17.3 percent of the 216 children (excluding the six children with special needs) did not know to read and write (except their names) and about 15.7 percent whose words were full of mistakes that were not at all expected from children in this age group. This was very evident from the responses that came in about reading books, as narrated: "*I don't know to read"* and the other response for my enquiry on why you do not know to read and write was "*it is all promotion till tenth"*. Though there were no questions regarding their school, it may be safe to assume that children who reported going to school were going to the normal state government run schools except a few children with sponsors. Among children stating a particular goal, a considerable proportion had mentioned IAS /IPS / police (20%) as their goal. One reason behind this response could be that they might have interacted with people from such backgrounds during or immediately before their stay in home.

Though most of them could say their opinion when something is decided for them in childrens' home, those who responded 'no' justified that with a reason narrated as *"there are balasabhas….representatives from us will speak but we will not"*. Summary of individual level protective factors is shown in table 4.3.1.

Table 4.3.1: Individual level protective factors in child rights perspective (N=222)

Factors	n (%)	In child rights lens
Additional reading		
Yes	205(92.3)	
No	17(7.7)	
On self grading studies		
Very good	53(23.9)	
Good	114(51.4)	
Not that good	52(23.4)	
No response	2(0.9)	
Not applicable	1(0.4)	
Success in recent exams		
Yes	148(66.7)	
No	73(32.9)	
Not applicable	1(0.4)	
Having a particular goal		
Yes	195(87.8)	
No	27(12.2)	
Able to tell your opinion when something is planned for you in home		
Yes	168(75.7)	*Article 13: Right to freedom of expression*
No	51(23.0)	
Occasionally	3(1.3)	
Able to express emotions and opinions to people around		
Yes	124(55.9)	
No	98(44.1)	

Among the whole subjects, 18.5 percent responded they cannot depend on adult staff in home and 18.9 percent had responded that they do not have a friend to share their thoughts. Of this,

73.8 percent were boys. But, 95 percent of the children felt happiness or peace in helping others which indicates subjective well-being (Ghimbulut and Opre, 2013).

4.3.1 Computation of life skills index

Since the tool used to assess life skills was not validated and was taken from a larger tool-Life Skills Assessment Scale, a life skills index was computed based on the positive and negative scorings given to responses for each question in the scale. This positive and negative scorings were based on the original tool. Each question was given a score ranging from 0 to 2. There were questions on all the ten domains of life skills - self awareness (six questions), empathy(five questions), communication skill(four questions), interpersonal relationships(five questions), critical thinking (five questions), decision making (four questions), problem solving skills(four questions), coping with emotions(five questions), coping with stress (four questions) and creative thinking (three questions). Of these forty five questions, sixteen were with negative scoring. Median of scores was not considered for analysis as the scale was not used as such and only some pertinent questions were selected from the scale. Mean and standard deviation of the forty five items were computed. Following are the sequences of calculations done to compute the life skills index.

Step1: Frequencies of responses to each question were inspected to identify how much variation they have shown. A question on creative thinking with negative scoring was dropped from the computation of the index as the variation in response was negligible.

Step 2: The remaining forty four items were grouped in terms of the variance for each score. Variance ranged from 0.406 to 0.809. The items were grouped into four categories taking the variance into account as:

- Category 1: 0.4-0.5
- Category 2: 0.5-0.6
- Category 3: 0.6-0.7
- Category 4: 0.7 and above

Step 3: Items were then assigned to groups based on their variance categories and the mean of the variance for each of the four categories was computed.

Step 4: These average variances were summed to obtain the total variation across forty four items in four categories. The contribution of the average to total potential variation constituted the weight to be given to this set of items while computing the overall life skill index. Assumptions were that the items are independent and the four categories created are independently distributed.

Step 5: Scores of the subjects were then calculated based on the questions in each category to obtain similar four categories.

Step 6: The mean scores for items in each category was multiplied with the corresponding weighted variance obtained in step 4. By doing this, the items with higher variance were given more weightage.

Step 7: These values were standardized by dividing it with the maximum possible score for an item which is 2.

The least score obtained was 0.273 and maximum was 0.887 with a mean of 0.611.Thus the standardized index ranged from 0 to 1 conveying that the children who are nearer to 0 is lower in life skills and nearer to 1 have better life skills.

4.4 Family level protective factors- context specific

Among the 145 children who had stayed away after reaching childrens' home, about 117(80.7%) had stayed with their parents or relatives and the duration of stay ranged from few days to a year or more. This reflects the right to preserve family relations mentioned in Article 8 of UNCRC. In the 191 responses, 16.2 percent specifically mentioned that their parents encourage them to follow their talents and hobbies through participation (not necessarily competitions). Among the children having a particular goal, only a small proportion (19%) had responded that it was encouraged by their parents. Description on their talents, hobbies and beliefs are given in tables 4.4.1 and 4.4.2 respectively. Some talents or hobbies were reported by 91.4 percent among the 222 children.

Table 4.4.1 : Family level -context specific protective factors (N=203)

Talents and hobbies	n(%)	In child rights lens
Get involved in their talents and hobbies		
Yes	172(84.7)	*Article 29: Development of child's personality, talents and mental and physical ability to their fullest potential*
No	26(12.8)	
Reading books	3(1.5)	
Yes, but not in school	2(1)	
Talents or hobbies valued by others*		
Parents	31(15.3)	
Teachers in school	35(17.2)	
Staff in home	31(15.3)	
Friends	61(30)	
All	25(12.3)	
No one	**31(15.3)**	

*Multiple responses came in from all the 203 children with talents and hobbies. Specifically mentioned responses are given. Percentage may not add up to hundred.

Table 4.4.2 Context specific protective factors (beliefs in child) in rights perspective

Factors	n (%)	In child rights lens
Usually pray(N=222)		
Yes	207(93.2)	
No	15(6.8)	
Change in prayer(N=222)		
Yes	113(50.9)	
No	107(48.2)	
No response	2(0.9)	*Article 14: Right to freedom of religion*
Change in prayer due to*(N=113)		
Compulsory prayer/timing	27(23.9)	
Different from what I was practicing	26(23)	
Cannot go to church or temple	8(7.1)	
Common-in a room/ all together	8(7.1)	
Disturbance/ not regular	8(7.1)	
No response	37(32.7)	
Confident to carry out things (N=222)		
Yes	163(73.4)	
No	59(26.6)	

*Multiple responses, percentage may not add up to hundred

Most of the children were missing their holy mass, confessions, lamp, idol and food during fasting. This may also direct to child's right to freedom of association.

4.5 Social-environmental level protective factors

4.5.1 Material resources

One pair of shoes or footwear, at least one blanket and two pair of clothing excluding school uniforms are considered as basic material needs of a child in UNICEF's definition (Embleton et al, 2014). Bed mattress for own use, box or drawer or cupboard to keep their valuables safely, space to rest or study, feeling of over crowdedness and hygiene were included depending on the context.

Table 4.5.1: Material resources in social-environmental level protective factors

Material Resources	n (%)	In child rights lens
Bed mattress(N=222)		*Article 27: Right to a standard of living adequate for child's physical, mental,spiritual,moral and social development*
Yes	210(94.6)	
No	12(5.4)	
Blanket(N=222)		
Yes	220(99.1)	
No	2(0.9)	
Footwear(N=222)		
Yes	207(93.2)	
No	15(6.8)	
Two or more uniforms(N=210)		
Yes	145(69.1)	
No	65(30.9)	
Two or more casual wears other than uniforms (N=221)		
Yes	171(77.4)	
No	50(22.6)	
Box/ drawer(N=222)		
Yes	194(87.4)	
No	28(12.6)	

Only 12.6 percent of the children responded that they do not have space to be alone to take rest or study. An ICPS guideline specifically directs to make children aware of the importance of cleanliness and to involve them in activities like cleaning. This may be one reason that almost everyone in all homes was involved in cleaning and few of them (14% of 222) only felt that the home they are living is unhygienic. Contradictory to the anticipation, only 15.3 percent among the total subjects felt over crowdedness in childrens' home. Main reason behind this was that they were happy only because of friends there. Most of them (79.3% of the 222) were happy to live in childrens' home.

4.5.2 School experiences

About 16.7 percent (out of the 220) does not like the school or institution they are studying in. Among the currently studying students (203), 20.7 percent were not having anybody to help them to learn their most difficult subject. In the remaining, 28.6 percent of them specifically mentioned that teachers in school or institution they are studying will help them, while only 8.9 percent each reported such help from staff in homes and tuition, whereas 14.8 percent of them mentioned such help from children in their school or institution.

Out of the 49.5 percent (in 222 subjects) having a role model, 10.9 percent were teachers, 1.8 percent were staff in childrens' home and 29.1 percent were parents or relatives. About 88.3 percent (out of the 221) likes a specific teacher, 3.2 percent likes all the teachers and 8.1percent does not like any teacher in the school or institution they are studying or studied. On prioritizing the reasons behind liking teachers, the order was helps in learning (99), understands the child (73), encourages the child (69), tells jokes in class (16), and no scolding and no partiality (3).Other reasons were teacher becomes angry or scolds, speaks about good things and loving. There were only 17.2 percent of the 203 subjects with talents and hobbies being encouraged by their teachers in school or institution they are studying or studied.

4.6 Supportive communities

4.6.1 Provisions or resources to play, for leisure time activities and recreation

Majority of them had chosen football as their favorite game (32% of 222) followed by cricket (18%), shuttle (8%) and other games like hide and seek carrom, snake and ladder, running race, kabaddi, boxing, swimming, and so on. Children who never got engaged in play were

11.3 percent (out of the 222). Two main reasons behind not playing were not interested (36%) and no provision to play (24%). Following table shows some of the favorite games and the provisions to play the same.

Table 4.6.1** : Provision to play pointing to Article 31, UNCRC

Games	Favorite games	Number of children	Provision to play favorite game			
			No provision	Yes, in school*	Yes, in childrens' home	Yes, both in school* and childrens' homes
Physical games	*Foot ball*	71(1)	4	11	23	33
	Cricket	40	5	4	18	13
	Shuttle	18	1	1	5	11
	Basket ball	1	1	0	0	0
	Running race	4	0	0	1	3
	Skipping	1	0	0	1	0
	Kabaddi	2(1)	1	0	1	0
	Swimming	1(1)	1	0	0	0
	Boxing	1	1	0	0	0
	Hide & seek	6(1)	1	1	2	2
Board games	*Snake & ladder*	2	0	1	1	0
	Carrom	6	1	1	4	0
	Chess	1	0	0	1	0
Virtual games	*Angry bird*	1	1	0	0	0

*School or any other institution where the child is studying; In brackets are children who are currently not studying among them.

** Only selected games are displayed in table.

Among the total subjects, 37.4 percent had the opinion that they do not have enough games or equipments to play in childrens' home. This was higher than the children who responded that they do not have enough space to play in childrens' home (25.2%).

Most of the children preferred play as their leisure time activity. It was followed by reading books, watching television, sleeping, drawing, music, writing, dance, cleaning, and martial art-kalari and so on. About 78.8 percent had gone for excursion from childrens' home whereas 20.7 percent did not as most of them were not there in childrens' home or they went to their own home. All these points to *Article 31: Right to leisure, to engage in play and recreational activities.* Only 70.7 percent (of the total 222) of the children were able to interact with the children living in the neighborhood.

Very few of them reported that they do not get books (4.1%) and newspapers (5%) to read (of the 222). Some of the reasons narrated were that they "*do not have newspapers available in their mother tongue or English", "books will not be issued everyday from library"* and *"no library in school"*. This again points to *Article 13: Right to information*.

Among the 69.8 percent who knew something about child rights, majority were informed by police and other staff under social justice department. Less frequent sources were school which includes teachers, textbooks in school and programs conducted in school or any institution the child is studying. These points to *Article 42: Right to know about the provisions in UNCRC.*

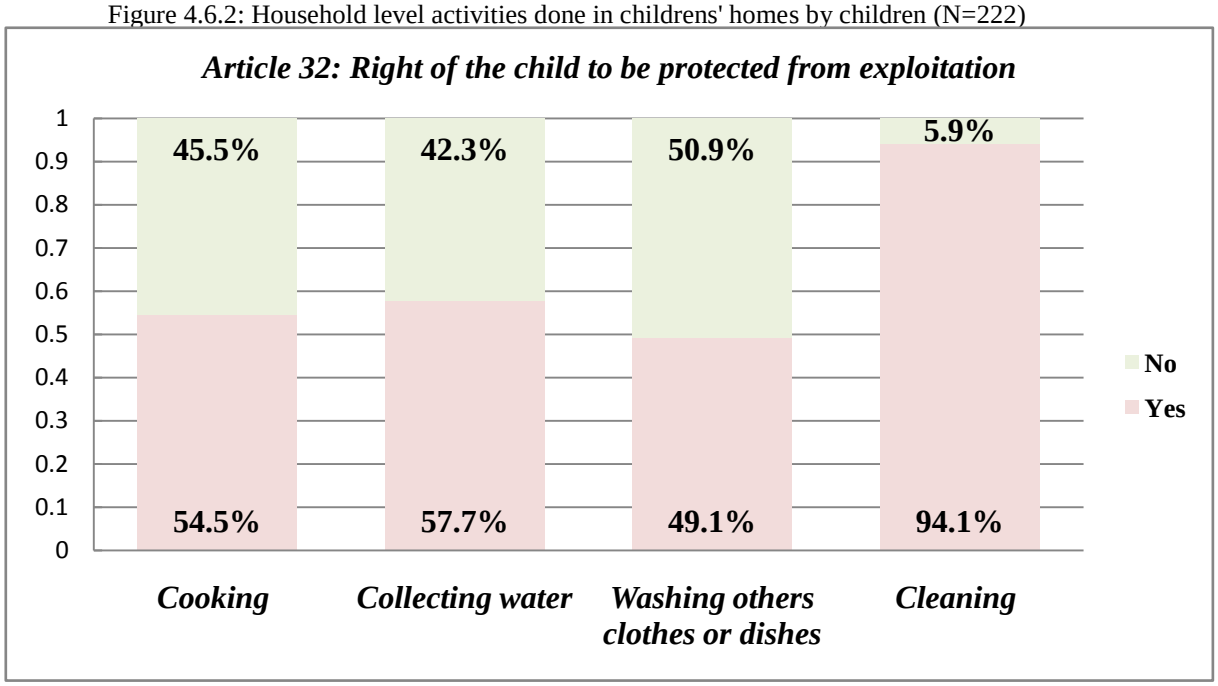
4.6.2 Household level activities and food

Though ICPS guidelines mention the need to make children aware of and get involved in cleaning, it was found that children were not only involved in cleaning but also in other activities too as shown in figure 4.6.2. Collecting water was mostly for kitchen purposes. Washing others clothes and dishes was done when other children were not well or because of

their friendship. However, there were children who avoided washing even their own dishes or clothes.

Children generally like the food being served in childrens' home. More than 80 percent liked the food, be it breakfast, lunch, snacks or dinner.

Figure 4.6.2: Household level activities done in childrens' homes by children (N=222)



4.6.3 Health care

When self rated, 24.3 percent (out of the 222) had the opinion that their health is not that good. Of the several reasons, one among the reasons is noteworthy. The reason narrated was that "*my health is not good because I smoke. I used to borrow money from my friends for buying bonda (eatable) and then buy a Gold cigarette worth Rs.8 from a shop near my school. I never borrow eight rupees from one single friend. Then, I will smoke hiding in the school ground itself. Daily one cigarette… Shop keeper is an old man without good vision…".* Health care needs were answered as shown in table 4.6.3.Some of them had shown their cracks or

wounds in legs as a justification for their stand that the concerned authorities lags behind in providing them with needed health care.

Table 4.6.3: On health care (N=222)

Taken to a doctor when not well for two or more days		**In child rights lens**
Response	**n (%)**	
Yes	138(62.2)	
Doctor came here	17(7.7)	
No	34(15.3)	
Not been sick	31(13.9)	
No response	2(0.9)	*Article 24: Right to health care*

4.7 Positive reinforcement

Children who felt that they receive deserved appreciations were 80.6 percent (of the 222). There were children who pointed out that they were not getting appreciations in school.

4.8 Bivariate analysis

Bivariate analysis was done with the normally distributed life skill index which was obtained after arcsine square root transformation. The transformation was done as the original index was negatively skewed (Shapiro Wilks test, p=0.04). Reciprocal, logarithmic and square root transformations did not yield satisfactory distributions. Considering that it is an index and not an actual quantitative variable, arcsine was also done and yielded a normal distribution (Shapiro Wilks test, p=0.56). Life skill index was having significant correlation with the age of the children (r=0.141), age was considered as continuous variable throughout. Analysis of variance (ANOVA) was the statistical method used for bivariate analysis. Results of ANOVA test done between outcome variable and predictor variables are given below sequentially.

4.8.1 Life skill index and general profile

Girls scored more in life skill index than boys, there was a statistically significant association. Children who had joined the childrens' home recently (less than three months) also scored better than children already staying there (domain wise life skill index is provided in Annexure II).

4.8.2 Life skill index and protective factors

ANOVA test done between life skill index and various individual level protective factors considered as predictors are given in table 4.8.2.1.Additional reading was considered as an extracurricular activity.

Table 4.8.2.1: Life skill index and individual level protective factors (N=222)

Protective factors	Categories	Mean ±SD	p value
Literacy	Cannot read and write	56.67±11.83	0.007*
	Others	61.89±9.55	
On self grading studies	Very good	63.58±9.05	0.042*
	Others	60.31±10.29	
Success in recent exam	Yes	62.79±9.57	<.000*
	Others	57.70±10.30	
A friend to share thoughts	Yes	61.73±9.62	0.061
	No	58.37±11.61	
Can depend on the adult staff	Yes	61.55±9.99	0.156
	No	59.08±10.37	
Having a particular goal	Yes	61.35±9.66	0.397
	No	59.57±12.36	

*Shows statistically significant result

Children who had met or visited their parents or relatives were having far better life skills than children who have not seen or had contacted their relatives through phone alone. This too was statistically significant. Though not very different, children encouraged by relatives for their talents and hobbies were also having better life skills than others.

Children with all the basic material resources as per UNICEF guidelines and those who had given me concluding remarks were having better life skills than children who do not have all the basic material resources and those who did not respond to concluding remarks respectively. Other social- environmental level factors considered for bivariate analysis is given in table 4.8.2.2.

Table 4.8.2.2: Life skill index and social-environmental level protective factors (N=222)

Protective factors	**Categories**	**Mean ±SD**	**p value**
Encouraging teachers	Yes	62.90±7.49	0.310
	Others	60.76±10.48	
Understanding teacher	Yes	66.62±11.15	0.096
	Others	60.39±9.51	
Interacts with neighboring children	Yes	62.25±9.29	0.011*
	No	58.31±11.18	
Know about child rights	Yes	62.32±9.2	0.006*
	No	58.17±11.47	
Like the school/institution	Yes	61.95±9.67	0.007*
	Others	57.06±11.08	

*Statistically significant result

Children know about rights from their observations and interactions with others. Only 25.7 percent of them (as multiple responses were given) mentioned school or textbooks in school as the source to know about child rights. Remaining social-environmental level protective factors were included in extracurricular activities.

4.8.3 Life skill index and extracurricular activities

Activities taken into account here are mainly extracurricular and exclude household level activities. These are taken from the various domains of protective factors. Details are given in table 4.8.3.

Table 4.8.3: Life skill index and extracurricular activities (N=222)

Activities	Categories	Mean ±SD	p value
Additional reading	Yes	61.51±10.04	0.031*
	No	56.05±9.49	
Play	Yes	60.66±10.17	0.076
	No	64.49±8.83	
Take part in activity- talents and hobbies	Yes	60.94±10.11	0.662
	No	61.62±10.07	
Leisure time activity	Any activity	61.55±9.79	0.004*
	No activity	52.30±12.08	

*Statistically significant result

It is seen that children who do not play and do not take part in activities that involves their talents and hobbies were with better life skills than others. This could be because these

children with better life skills were mostly elder to the compared group. Age could have influenced them.

4.8.4 Life skill index and reinforcement

Children receive encouragement for their talents and hobbies from friends, teachers, staff and parents. Similarly, children receiving help to learn their most difficult subject can be from anybody like other children, staff, tuition or teachers in school. Bivariate analysis of life skill index and reinforcement is given in table 4.8.4.

Table 4.8.4: Life skill index and reinforcement (N=222)

Reinforcement	Categories	Mean ±SD	p value
Someone to encourage talents and hobbies	Yes	61.76±9.39	0.148
	No	59.38±11.59	
Receive deserving appreciations	Yes	61.92±9.72	0.015*
	No	57.66±10.93	
Receives help in difficult subject	Yes	62.01±9.37	0.010*
	Others	57.51±11.95	

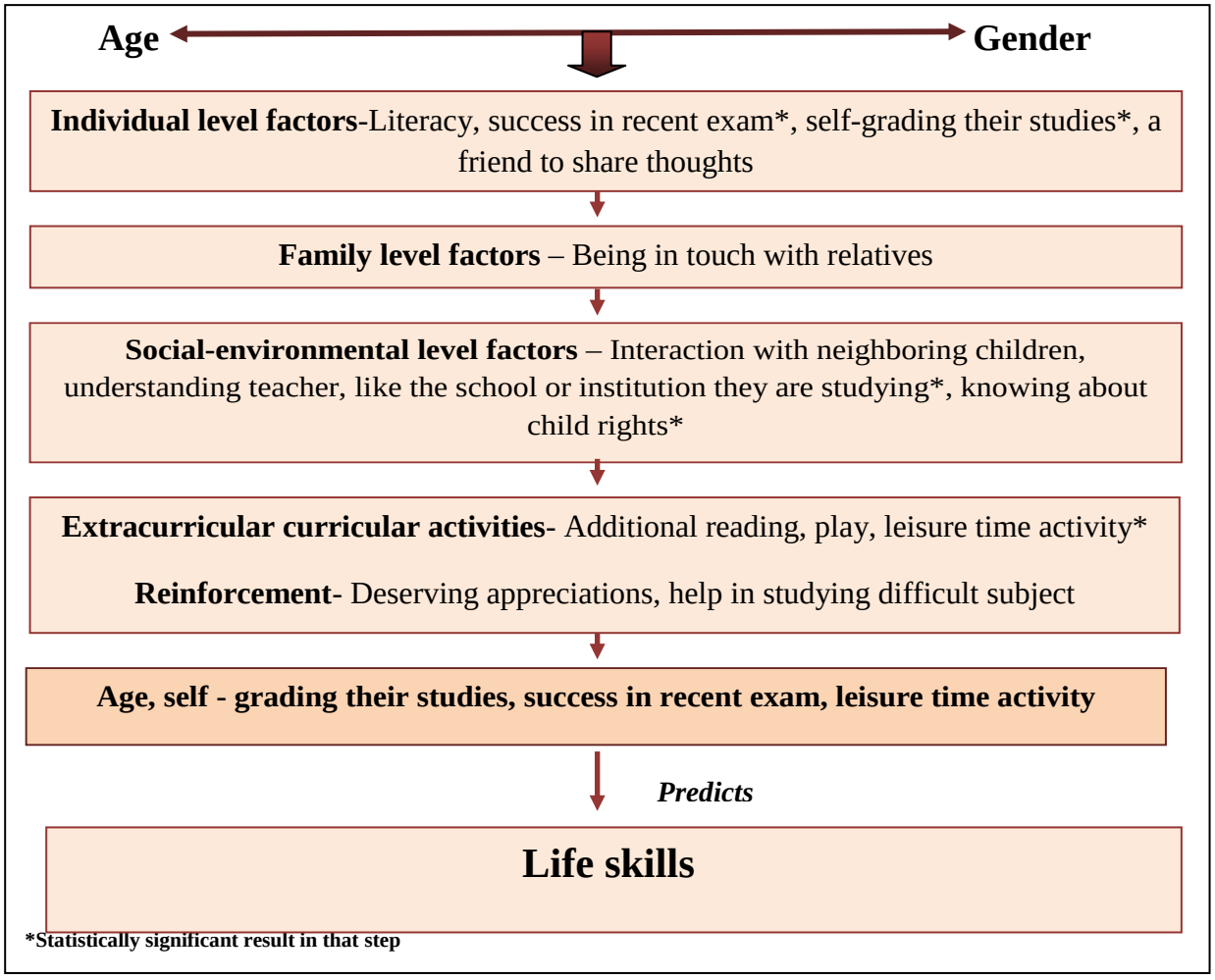
* Statistically significant result

4.9 Multivariate logical model

Multivariate logical model was made through analysis of covariance (ANCOVA) by taking age as covariate and gender as fixed factor throughout the model building process. Dependent factor was life skill index and all the predictors in protective factors, extracurricular activities and reinforcement which exhibited potential significant difference (at p=0.1 level) on bivariate analysis were taken into account for building the model.

On bivariate analysis, gender, self grading of their studies, success in recent exams, a friend to share thoughts, literacy, being in touch with relatives, additional reading, leisure time activity, play, receiving deserved appreciations, understanding teacher, receiving help in learning difficult subject, interaction with neighboring children, knowing about child rights and like the school or institution where the child is studying were identified as associated with potentially significant difference as mean index score. These factors based on the logical order of the domains to which they belong to were used to build the model. Factors without any association were omitted from further steps. The following pictorial representation shows the sequential steps undertaken for the model building process.

Figure 4.9.1: Logical model depicting predictors of life skills



Finally, it was found that increasing age, self- grading their studies as good, success in recent exam and involving in activities during leisure time could independently predict life skills as depicted in table 4.9.1. Self-grading their studies have a p value of 0.075, however it was retained in the model because it could be relevant as the existing difference can be meaningful. A friend to share thoughts, being in touch with relatives, interaction with neighboring children, understanding teacher, additional reading, play, receiving deserving appreciations or help in learning most difficult subject were inconclusive predictors of life skills while liking the school or institution they are studying and knowing about child rights were probable predictors.

Table 4.9.1: Life skill index and conclusive predictors (N=222)

Predictor variables	**Categories**	**Mean ± SD**	**Estimated marginal means**	**p value**
On self-grading their studies	Very good	63.58±9.05	.630	.075
	Others	60.31±10.29	.596	
Success in recent exam	Yes	62.79±9.57	.639	.004*
	Others	57.70±10.30	.587	
Leisure time activity	Any activity	61.55±9.79	.674	.001*
	No activity	52.30±12.08	.552	
Age (covariate)		14.79±1.55		.046*

* Statistically significant association

4.10 Analysis of in-depth interviews

A qualitative methodology was deemed to be most appropriate to understand the future perspectives of adolescents who may imminently leave childrens' home. This was the fourth objective of the study, to understand future perspectives through future orientation. A total of seven in-depth interviews were conducted among children aged about 17-18 years. Of these, three were girls and four boys. Children were invited for in-depth interview following the survey. All the children who assented for in-depth interview were having scores that were at median level or above in the life skill index (median was 0.66). Information obtained from interviews was arranged into themes as follows based on the conceptual framework, context was added to the themes.

4.10.1 Having a particular goal

Goals were mostly distant and profession oriented. Most of them were inspired by seeing them, like IAS/IPS and for some it was their personal experience and a mean to earn for their family. Peer support also had influenced goal setting for a girl child. Except two girls, all others had set goals long back. Material possessions that they wish to acquire in future were something which came out only from boys.

"One day, after becoming a doctor…I will come in my Audi car"

- *A boy with a particular goal*

4.10.2 Context

Context is classified into two, childrens' homes and school or institution they are studying as it is important to understand the provisions and restrictions they come across.

4.10.2.1. In childrens' homes

Libraries in childrens' homes were mentioned by children but only a child was saying that the staff helps her to take book. Two of them (one girl and one boy) had told that they were sent to do a course from childrens' home but their particular goal or ambition was quite contradictory to the course they were doing or done. One wanted to be a computer engineer but was studying a stream without mathematics. Another wished to be a teacher but when she reached the childrens' home, she was informed about another course that could help her get a job and finally she studied that.

There was a common idea among them that children living there consistently fail in exam. They felt that the provisions made available to learn were not enough for them.

"Out of hundred, ninety nine percent sure that will fail..only one percent…I had seen almost everyone studying here, after writing exams- tenth, plus two have been failing…failing"

- *A girl on the provision to study in childrens' home*

A child was saying that staff never tried to understand them or interact well with them. Perceived provisions were less even to take a good bath. They are only provided with a half of Lux (Rs.10) soap for a month.

Unhappiness in the way food is prepared was told by another child as the child felt that he should prioritize food for reaching his goal. But on further probing, lack of opportunity to express their suggestions or their notion that the authorities may not accept their suggestions came out.

" Balasabhas are there, we had told many times but they are not accepting/ adhering to changes (ulkollarilla)"

-A child speaking about his suggestions on food

Restriction in childrens' homes in talking with friends while going out, going out for other classes (spoken English) or even for doing exercise in the ground was given by both boys and girls. Amidst all these, boys were also hinting about substance and sexual abuse among children in home. Begging was one way they had chosen to collect money for purchasing things like *"kanchavu", "beedi".*

They were all fearless for an independent life after going from childrens' home and expect that the home help them in their higher education. Family orientation was seen in most of them and some expects parental support after going from childrens' home.

Negative attitude of the staff was explicitly given by a child as given below:

"*Do not write, even if you write you will not get. Do you have money to give?****"***

-Reply given to a child by the staff when he/she requested to allow him/her to write entrance exam

Some of the boys tried to tell that children who had left the home were not able to find a good living. They knew former residents now serving as bus conductors, lottery ticket sellers and certain others alcoholics.

4.10.2.2 School or institution they study or studied

Children were of the opinion that though teachers were supportive they did not help them in goal setting or ask about their aspirations. Stigmatized words or attitudes of teachers were given by boys whereas a girl has mentioned the stigmatized words from schoolmates. Quantitative survey itself had thrown light to this.

"You people sell stuff there, right?"

-A teacher consistently asks to a child studying in middle school (from quantitative survey)

"One boy after seeing a newspaper report had asked us, you all will lie down with hundred people? In what case you came…in what case?"

- *A girl on stigmatized words from schoolmates when they were all waiting to come back to childrens' home after school.*

4.10.2.3 Stigma from the public

Hurting words from the public was mostly said by girls. But they themselves justified that public do not know about the possible background of inmates in childrens' homes. Newspaper reports and its consequences were mentioned by both girls and boys.

"Child culprits (kutty kuttavalikal) from juvenile home had escaped"

-A newspaper report on childrens' home narrated by a boy

"Auto drivers will not allow us to enter. They will not enter this compound; they will say I don't want to eat chappathy"

- *By a child aged 17 years on stigma from public*

4.10.3 Plans made to reach the goal

Most of them were unaware about the process involved to reach the goal they aspire for. No one had explained a well structured plan. It was girls who tried the most to interact with others for more information, like friends or to others who visited the home. Major source of information for both boys and girls were newspapers and the vague plans were made out of this information. They were justifying that they do not have anybody to ask about it further, even school cannot help them.

"Maths is needed to be an engineer? I did not know."

- A child studying in Vocational Higher Secondary Education

Gender norm was emerging as a child left her future prospects to the person she is going to marry.

"No need of thinking about independent life…marriage is fixed .My education and all will be decided by him"

- *When asked to a girl about an independent life after leaving the home*

As most of them were not having any plans, they did not feel that they require more preparations but wished to know from somebody who could explain to them the details on their goals.

Chapter 5

Discussion and Conclusion

5.1 Brief Summary

The present study on adolescents living in childrens' homes under the ICPS provides insights into the available protective factors through a child rights lens. On a wider angle, it brings in adolescents future perspectives and the concepts of health promoting schools as well.

The study findings reveal that there are gaps in available protective factors in child rights perspective. Life skill index was a unique outcome variable developed for this study based on the collected data. Analysis of covariance was further used for testing the hypothesis that life skill will be better in children involving in activities and receiving reinforcement. Age, self-grading of their studies, success in recent exams and leisure time activities seems to be conclusive predictors of life skills. Future perspectives of adolescents who may imminently leave the institution was the qualitative part of the study. This directed to the goals, motivation, and contextual influence on these children. Further discussion followed is based on the conceptualization of the study.

5.2 Travelogue through the conceptual framework

5.2.1 Risk factors

Kauai Longitudinal Study by Werner in Hawaiian island looks into risk and protective factors from birth to midlife. The risk factors were more or less similar to the various reasons for institutionalization of children involved in this study and ranges from broken family, poverty to parental psychopathology (Werner, 2005), though this study considers deprivation of

parents itself as risk. These children have already survived through various risks and hence are more vulnerable. Every child was having a story to tell and most of them could fill our eyes with tears as we may think on the way mankind is and fortunately or unfortunately we too belongs to the same .Although this was not the intention of the study, most of them shared aspects of their story of their past.

There were some children who were staying in these homes only for education, especially those who were living in childrens' homes due to poverty and many other reasons including special needs. But either the quality of education being imparted or the way it is being imbibed is wrong. It was very clear from the dilemma confronted in the beginning of data collection which resulted in modification of the inclusion criteria. This was noticeably documented in a review on existing evidence, policies and programmes on adolescents in India. The education part in the document concluded about the poor quality of education in the country, both scholastic and non-scholastic, poor comprehension skills in children and lack of availability of sufficient number of trained teachers (Population Council & UNICEF, 2013).

After a long run for millennium development goals (MDGs), we are now moving to achieve the newer version, that is, sustainable development goals (SDGs) by 2030. May be that we had improved the enrolment rates in schools through MDGs but the quality of education still remains as a question.The fourth goal in SDGs emphasize for quality education in an equitable manner (Assembly, 2015; United Nations, 2015). But the findings of this study reinforce that we are nowhere in providing quality education, either academic or non-academic. If our educational institutions do not have provision to play kabaddi, boxing or

even carrom, absence of physical education classes or library, then it is high time to question the standards set for educational institutions. Some of the childrens' homes lag in the provision to play without needed games or equipments and space. Enriching environment could also promote mental health is what national mental health policy states. Since promotion of mental health is a neglected area in policy making and action even though it is now included in SDGs, is it that being reflected in other sectors too is a bitter thing to think but act on (Ministry of Health & Family Welfare, 2014a, Assembly, 2015).

Some of the dissented children explicitly stated their mistrust towards research which they might have built up from their past experience. Even the staff pattern and activities carried out were distinctive to each home irrespective of the fact that it is all under a common administration. Multiple caregivers, unsupportive staff and higher strictness could increase the vulnerability; this is evident from a recent study on residential care adolescents in Israel (Pinchover and Attar-Schwartz, 2014).

5.2.2 Protective factors

Though there were gaps in the provision of material resources similar to the Kenyan study done on different care environment for orphans in the year 2014(Embleton et al, 2014), these gaps were not to that extreme except for uniforms and casual wears. This depicts a picture on the material provisions made available by the scheme and thus can be filled easily.

Academic achievement, involvement in extracurricular activities, attending effective schools, caring adult, self-confidence, self-esteem, sociable nature and having friends as characteristics of resilience in a study published in 1998 on successful children (Masten and Coatsworth, 1998). A study done among adolescents in urban slums of Nairobi also had considered

absence of behavioral problems along with the above mentioned factors as resilience (Kabiru et al, 2012). In this study, these were considered as protective factors and it ranged widely among the study subjects. Understanding teacher was just more than one-fourth of the reasons for liking a teacher in school; this proportion was almost same even for encouraging teacher in school. But less than one-fourth of them could not depend on the adult staff in childrens' homes, very close to the proportion of children without even a friend to share their thoughts and emotions. One –third of the children failed in the recent exams they attempted and about one-fourth had rated their studies as "Very Good". More than three-fourth got involved in their talents and hobbies but about fourteen percent of them were not encouraged by anyone. This exhibits the shortcoming in implementing the concept of health promoting schools and could also be due to the loopholes in staffing. This became very evident when children answered about their role models, helping hands in learning difficult subjects and household level activities.

The Kenyan study also had looked into the provisions to play, to read books and in health insurance (Embleton et al, 2014). In the present study, more than one-fourth was of the opinion that they do not have space and provision to play. As health insurance for all still remains a distant dream in India (Philip et al, 2016), health care provision received was enquired with the view that mental health is related to both development and other health (Patel et al, 2007). Less than one-fifth were of the opinion that they did not receive needed attention but still justified them.

5.2.3 Life skills and related factors

Since life skills reflects resilience, the Nairobi study findings were replicated in this study too as life skills index was higher in females than males and lower in children with higher duration of stay (Kabiru et al, 2012). Whereas, a 21 year longitudinal study found that femaleness increases vulnerability to internalizing while maleness to externalizing (Fergusson and Horwood, 2003). But internalizing and social skills were identified as protective factors in a study on high-risk adolescents (Luthar, 1991). Above mentioned Nairobi study also points out that moderation of risk by protective factors is higher in late in than early adolescents (Kabiru et al, 2012) which was again seen in this study through the positive correlation of life skill index with age.

A review on mental health of young people and a cross-sectional survey on adolescents under institutional care states that an environment to express emotions, social support, being in full time education in school, good learning atmosphere, parenting, community activities and religious observance could enhance life skills and thus positive mental health (Patel et al, 2007;Erol et al, 2010).These were consistent with this study findings as life skill index seems to be better in children who could read and write, academically good, had successfully completed the recent exam they appeared, with a friend to share thoughts or a staff to depend on in childrens' home, involving in activities during leisure time, involved in additional reading, interaction with neighboring children , had met or visited their parents , receiving encouragements or feedback , like their school, even who had encouraging or understanding teacher and children who knew about child rights. Despite these findings, children involving in play and taking part in activities that involve their talents or hobbies were not with better life skills with respect to the compared group; the fact was that most of the children who were not involving were in their late adolescence. Provisions availed by ICPS might have

contributed to the better life skill index as it was found that children with basic material resources as per UNICEF guidelines were also in better life skill index.

On the contrary, a study done on institutionalized adolescents in Portuguese had found that education, age and religious practice were not related to resilience and further holds that characteristics of resilience itself can be enhanced skills and confidence, sociability, ability to recognize and develop talents or hobbies and setting a goal (Albuquerque et al, 2015). This lead us to think on the bidirectional nature of this study findings as better life skills could have made them better in other protective factors like academic achievement, association with others and adjustments. In the end, this could also be due to the provisions availed by the scheme to this high risk group.

5.2.4 Future perspectives

Future perspectives of these children were mainly on their education and occupation. This was similar to a study done on future orientation among Australian and Finnish adolescents and directs that knowledge or ability to explore knowledge and motives will help in setting realistic goals (Nurmi et al, 1994). Family oriented goals were mostly seen in girls in Nurmi's study but in the present study, family orientation was seen in almost all whereas material possessions was something peculiarly mentioned by boys which reflects Nurmi's study. Gender norm was emerging from a girl child as she wishes to live according to her partner's opinion.

Contextual barriers and resources emerged from a study to understand future orientation in urban adolescents (Sirin et al, 2004). This was emerging from the current study too. Children were explaining about their provisions and barriers within childrens' homes, schools and in

the public. Lack of guidance or absence of mentors who could explain to them about realistic goals were very clear from the narrations despite the fact that school is the most potential place to encourage children for envisaging a realistic future which otherwise could be restricted due to many reasons (Greene and DeBacker, 2004).This was also supported by a review on mental health interventions in schools belonging to low and middle income countries (Fazel et al, 2014).

Stigma faced by children living in extended families of Sub-Saharan Africa on a review of qualitative studies was reverberating in this study too (Morantz et al, 2013). Children in this study were facing stigmatized words from peers in school, teachers and the public mainly because of the context they are living. This is in turn is a drawback of the scheme as it is also meant to sensitize the public.

5.3 Strength of the study

The present study had covered all the well established eight childrens' homes under the ICPS in Kerala. Moreover, there was no sampling and thus meant to include entire adolescent (12-18 years) residents in these homes using a mixed-method study design. Studies on adolescents' mental health are rare and approaching mental health in a different way as done in this study is rarest, that too among institutionalized adolescents.

5.4 Limitations of the study

Since this was a cross-sectional study with a small time frame for data collection, it was impossible to make comparison with other children who might be more vulnerable for understanding the kind of difference the scheme is making. Though there is a theoretical

support, temporality of association of life skills with independent variables is not proven in this study due to the cross-sectional nature between the variables. As the study was supposed to be done only in the presence of the officials in the childrens' home, there is an obvious chance of under reporting. This may be slightly more than what was anticipated in the beginning because it was partly interview method (for data collection) for some of the subjects.

5.5 Conclusion

There were gaps in the provision of protective factors when viewed through child rights perspective.Literacy level, provision to play, availability of basic material resources and many other factors had been identified with gaps. Some of the children were not getting involved in their talents and hobbies (12.8% of the total 222 subjects) while most of them feel that they receive deserving appreciations (80.6% of the total subjects).

The study provides a framework connecting factors for the promotion of mental health and child rights. It throws light into the provisions of a government scheme for a vulnerable group and present educational system in the state of Kerala. Conclusive predictors of life skills identified in the study could help in foreseeing the life skills.

5.6 Policy implications

5.6.1 Immediate

- As the quality of education is very poor, it will be a wise decision to provide educationalist in every home depending on the number of children and their classes.

- School level mental health interventions done in the state like Clean Campus Safe Campus for preventing substance abuse, Ullasaparavakal for life skill education and career guidance and adolescent counseling cell should be strengthened and must also focus on children with special needs (Ramkumar, 2015)
- It is better to divide the charge of monitoring of academic progress of children in a home among the caregivers and let them discuss with the educationalist and school teachers and report it for further actions to be taken.(For example: one care giver for six children)
- A panel of experts involving eminent child psychologist, educationalist, caregivers and superintendent must discuss with each child about their higher studies, options available and should help them set a realistic goal as many of them felt that the authorities in the home is hindering what they wish to pursue.
- Acknowledge the children about the courses available, national institutions and how to get admission there and so on.
- Most of them feel that they could not talk confidentially to any elders in the home; there must be a definite solution for this.
- Individual care plan must be a comprehensive one comprising both met and unmet needs with their rationale.
- Caregivers must be given training on the kind of language to be used in the home, how to do counseling (the basic things), identify children with special needs (slow learners), and various courses available and so on.
- Make provisions for children to call their siblings in another home at least once in a month and it will be good if their religious beliefs and practices are taken into consideration. Ensure provision of space, games and equipments in an equitable manner.

- Interventions to prevent substance and sexual abuse. Children should also be given motivational classes by eminent people who could inspire through their real life experiences.
- Provide basic things (sanitary pads, bathe soap, pen etc) as needed because these things should not be restricted to one or half for a month since the need cannot be predetermined. There should be some steps to ensure that the children are receiving what they actually required.
- Gender sensitizing talks and sex education classes could be arranged as these children lives under a very strict norm and sudden exposure to freedom can mislead them. This could also make them think on what they can and they are.

5.6.2 Long term

- The scheme should try to integrate with the education department.
- Strengthen the implementation of various provisions in ICPS.
- Strengthen the concept of health promoting school- enhance the scholastic and non-scholastic provisions, adequate training for teachers and appointment of counselors
- Sensitize the public to prevent any sorts of stigma with special attention to schools and the faculty there.
- As institutionalization is said to be the last resort, there should be some other alternatives at least for children with either the parents or who came due to poverty and such reasons.
- Permit only quality research works that could help in improving the conditions as many or most of the children were asking “what point in filling this, we have been doing this for a while and it is of no use to us till date”.

- Staffing must be strengthened with permanent staff to avoid the problem of changing multiple caregivers. This could help build a trusting relationship between children and caregivers.
- Dust off the existing policies and programmes meant for children. These itself could help ensure comprehensive growth of children.

5.7 Future research

As cohort studies may not make rapid or big difference for the subjects under study and because of the reason that childhood move on, it is wise if interventional studies can be done in this area by improving protective factors with a multidisciplinary approach.

5.8 The traveler's reflection

Developmental stages of human life are important, especially when it is moving away from innocence through annoyance (teenage). Various factors effect in a unique way in every life. Since children themselves are vulnerable, it is necessary that protective factors must be present for all. This means that there is no need for specific risk factors for the protective factors to act.

Despite the fact that resilience varies with individuals, probability of resilience increases with protective factors (Kabiru et al, 2012). These factors, individual level, family level and social-environmental level come under the broader classification made in bioecological model for human development (Bronfenbrenner and Morris, 2006) or are the social determinants of health (World Health Organization, 2010). Conveniently, these determinants will help in promotion and protection of adolescents' mental health if health is not a concept confined to

prevention and curation of disease (Viner et al, 2012). Though it is true that children living in childrens' homes badly require these determinants but it does not convey that children outside are assured with these determinants. Viewing this model through child rights perspective also yields the same results, even without the assumptions of risk, protective factors and resilience.

Most of the children involved in this study were having their biological parents alive. Poverty, out of pocket expenditure, homelessness, special needs, abuse and class was some of the reasons that made them join these institutions. But if these social determinants of health were provided to them before, they could have lived in their very natural environment. This deflects to the failure of our system after sixty nine years of independence. If decimals of the child population in the whole country could tell this story, what should I anticipate from a bigger population!

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Annexure – I

Staff pattern

Human resource positions in childrens' homes (provided by staff in different positions)

Human resource position	Childrens' homes							
	A	B	C	D	E	F	G	H
Superintendent	1*	1*	1	1	1	1	1	1
Deputy superintendent	1(V)	1(V)	nil	1(V)	1(V)	1(V)	1(V)	1
Care takers	7,2(DW)	5,2(DW)	6	7(1 V)	7	4,4(DW)		6,7(DW)
Care providers	4		4(KSM)	1(SSM)	2		1(T)	2
Counselor		1C	V*	1(SSM)	1	1(PT)	1(PT)	1
Cook	1,2(DW)	2	2	2	1	3	2	3
Child welfare inspector	1				1	1		1
Watch men/women		5	1	1(SSM)		1	2	
LD clerk		2		1	1	1		1
Peon					1	1		
Data entry operator					1	1	1(T)	1
Part time doctor		1		1	1	1		
Probationary officer				1(V)		1		1
Educator				1(SSM)	V			
Protected teacher		1(V)		1		3(HS)	1	
Office accountant							1	
Dance teacher	1							
Music teacher	1							
Scavenger	1(DW)							
Tailoring instructor	1							
Ayah		1,1(V)						
Electrician cum pump driver		2						
Agricultural instructor		1(V)						
Gardener								1

Information was not obtained/all homes may not have the post

Vacant but important

*Changed after data collection | T-Temporary|PT-Part time|V-Vaccant|DW-Daily wages|C-Contract|SSM-Social Security Mission|KSM-Kerala Suraksha Mission|HS-Home School

Annexure -II

Life skills scores-based on the original tool			
Domains in life skills	**Mean ±SD**		**Maximum possible score**
	Boys	***Girls***	
Self awareness	8.04±2.16	8.60±1.94	12
Empathy	6.33±1.77	6.48±1.75	10
Communication skill	4.55±1.62	4.80±1.22	8
Interpersonal relationships	5.55±1.72	5.89±1.97	10
Critical thinking	6.51±2.10	6.77±2.23	10
Decision making	4.89±1.89	5.23±1.59	8
Problem solving	5.60±1.77	6.05±1.76	8
Coping with emotions	5.07±2.05	4.89±2.11	10
Coping with stress	4.17±1.80	4.19±1.99	8
Creative thinking	2.41±1.13	2.48±.99	4

Annexure- III

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC: | | | | | | |

Participant information sheet

I am Sumitha.T.S, doing Master of Public Health course at Achutha Menon Centre for Health Science Studies (AMCHSS), the Sree Chitra Tirunal Institute for Medical Sciences &Technology (SCTIMST), Trivandrum. As part of the course requirement, I am undertaking a study among adolescent's aged 12 – 18 years in children's homes under the Integrated Child Protection Scheme in Kerala. The study is titled as "Individual and social-environmental level protective factors for institutionalized adolescent's mental health: a study among adolescents in children's homes under the Integrated Child Protection Scheme, Kerala".

For the study, I have designed a self-administered questionnaire which can be answered by the child. This questionnaire also assesses the life skills of these adolescents. The researcher will be assisting the children in filling the questionnaire.

According to Indian Majority Act 1875, children under the protection of court are considered as minors up to 21 years, so I need their guardian's permission to include them in the study. Including the child in the study will mean that the researcher would give the self administered questionnaire to her or him to complete on his/her own. This form is given to you in order to obtain your permission to include the child in this study.

Participation in this study imposes very low risk to the child. The questionnaire will be used to assess the life skills, curricular and extracurricular activities and other protective factors in these children. No questions about their life prior to institutionalization will be asked. The study findings might not be of direct benefit for the children but the information collected will help social justice department for planning further interventions or policy making. The study results are intended to be used for research purposes only, and other personal details of the child will be kept confidential and will not be revealed to any other person. The final thesis report and any publication out of this work will not reveal institution or district names as an additional level of privacy and confidentiality of the subjects.

If you have any questions about this study, you may contact me through the following details. For additional queries, you may contact the Member Secretary, Institutional Ethics Committee (IEC) of SCTIMST.

Researcher
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Annexure- IV

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

തീയതി: UIC: | | | | | | |

പങ്കെടുക്കുന്നവർക്കുള്ള പഠന വിവരണം

ഞാൻ സുമിത.റ്റി.എസ്., തിരുവനന്തപുരം ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജിയിലെ അച്ചുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസിൽ പബ്ലിക് ഹെൽത്ത് അഥവാ പൊതുജനാ രോഗ്യം എന്ന വിഷയത്തിൽ ബിരുദാനന്തര ബിരുദത്തിന് പഠിക്കുന്നു. എന്റെ പഠന ത്തിന്റെ ഭാഗമായി കേരളത്തിലെ ശിശു സംരക്ഷണ വകുപ്പിന്റെ കീഴിലുള്ള എല്ലാ ചിൽഡ്രൻസ് ഹോമിൽ താമസിക്കുന്ന കൗമാര പ്രായക്കാരായ പന്ത്രണ്ട് മുതൽ പതി നെട്ട് വരെ പ്രായമുള്ള കുട്ടികളിൽ ഒരു പഠനം നടത്തുന്നുണ്ട്. ഈ പഠനത്തിന്റെ പേര് 'സ്ഥാപനങ്ങളിൽ താമസിക്കുന്ന കൗമാര പ്രായക്കാരുടെ മാനസിക ആരോഗ്യത്തിന് വേണ്ടുന്ന വ്യക്തിഗതവും സാമൂഹികവും പരിസ്ഥിതി പരവുമായ സംരക്ഷിത ഘടകങ്ങൾ' എന്നാണ്.

ഈ പഠനത്തിന് വേണ്ടി കുട്ടികൾക്ക് സ്വയം പൂരിപ്പിക്കാൻ കഴിയുന്ന രീതിയിലുള്ള ഒരു ചോദ്യാവലി ഗവേഖക തയ്യാറാക്കീട്ടുണ്ട്. ഈ ചോദ്യാവലിയിലൂടെ കുട്ടികളുടെ ജീവിത കഴിവുകളെ മനസ്സിലാക്കാനും സാധിക്കും. ചോദ്യാവലി പൂരിപ്പിക്കാൻ കുട്ടി കളെ ഗവേഷക തന്നെ സഹായിക്കുകയും ചയ്യും.

ഇന്ത്യൻ മെജോറിറ്റി ആക്ട്, 1875 പ്രകാരം കോടതിയുടെ സംരക്ഷണത്തിൽ കഴി യുന്ന കുട്ടികളെ 21 വയസ്സ് വരെ പ്രായപൂർത്തിയാകാത്തവരാകയാൽ അവരെ പഠന ത്തിൽ ഉൾപ്പെടുത്തുവാൻ എനിക്ക് അവരെ സംരക്ഷിക്കുന്നവരുടെ സമ്മതം ആവശ്യ മാണ്. കുട്ടികളെ പഠനത്തിൽ ഉൾപ്പെടുത്തുക എന്നത് കൊണ്ട് ഉദ്ദേശിക്കുന്നത് സ്വയം പൂരിപ്പിക്കാൻ സാധിക്കുന്ന ചോദ്യാവലികൾ പൂരിപ്പിക്കാനായി കുട്ടികൾക്ക് നൽകും എന്നതാണ്. ഈ ഫോറം താങ്കൾക്ക് നൽകുന്നത് താങ്കളുടെ കുട്ടിയെ ഈ പഠനത്തിൽ ഉൾപ്പെടുത്തുവാനുള്ള സമ്മതം ലഭിക്കുന്നതിനു വേണ്ടിയാണ്.

ഈ പഠനത്തിൽ പങ്കെടുത്തത് കൊണ്ട് താങ്കൾ സംരക്ഷിക്കുന്ന കുട്ടിക്ക് വളരെ ചെറിയ അപകട സാദ്ധ്യത മാത്രമേ ഉള്ളൂ. കുട്ടികളുടെ ജീവിത കഴിവുകളെയും, പഠ നത്തെപ്പറ്റിയും, പാഠ്യേതര പ്രവർത്തനങ്ങളെക്കുറിച്ചും മറ്റു സംരക്ഷണ ഘടകങ്ങ ളെയും പറ്റിയാണ് ചോദ്യാവലികളിലുള്ള ചോദ്യങ്ങൾ. ഈ സ്ഥാപനത്തിൽ വരും മുന്നെയുള്ള ജീവിതത്തെക്കുറിച്ച് യാതൊന്നും ചോദിക്കുകയില്ല. ഈ പഠനം മൂലം കുട്ടിക്ക് നേരിട്ട് പ്രയോജനമൊന്നുമില്ലെങ്കിലും ശേഖരിക്കുന്ന വിവരങ്ങൾ സാമൂഹ്യ

നീതി വകുപ്പിന് പുതിയ നയരൂപീകരണത്തിന് പ്രയോജനം ചെയ്യും. പഠനത്തിന്റെ ഫലങ്ങൾ ഗവേഷണത്തിന് മാത്രമായിട്ടാണ് ഉപയോഗിക്കുന്നത്. പഠനത്തിൽ പങ്കെടുക്കുന്ന കുട്ടിയുടെ പേരും, മറ്റു വ്യക്തിപരമായ വിവരങ്ങളും രഹസ്യമായി തന്നെ സൂക്ഷിക്കുന്നതാണ്. ഈ പഠനത്തിന്റെ അന്തിമ റിപ്പോർട്ടിലും ഇതിൽ നിന്നും ഉണ്ടാകുന്ന മറ്റു പ്രസിദ്ധീകരണങ്ങളിലും സ്ഥാപനത്തിന്റെയോ ജില്ലയുടെയോ പേരുകൾ കാണില്ല.

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Annexure-V

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC | | | | | | |

Consent form

I _____ (name & designation) guardian of _____(child's name) aged _____ years who is residing in _____ (place) children's home for girls / boys since _____ (date), hereby state that I have read the information provided to me regarding the study among adolescents aged twelve to eighteen residing in children's home under the Social Justice Department,Kerala which is titled as "Individual and social-environmental level protective factors for institutionalized adolescent's mental health". I understand that the participation of the child is entirely based on my consent and it is completely voluntary. I realize that the study will be of minimum risk to the child and he/she has no direct benefits from taking part in the study. Also I understand that the identity of my ward and his/her personal information will be kept confidential.

I voluntarily permit my ward to take part in your study. I have received a copy of the signed information sheet.

Name

Signature

Phone Number

Date

Annexure-VI

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

തീയതി: UIC: | | | | | | |

<u>സമ്മതപത്രം</u>

എന്റെ _____ (പേര്, ഉദ്യോഗം)

സംരക്ഷണത്തിൽ _____ ാം (തീയതി) മുതൽ _____ (സ്ഥലം) ആൺകുട്ടികൾ / പെൺകുട്ടികൾ താമസ്സിക്കുന്ന ചിൽട്രൻസ് ഹോമിൽ കഴിയുന്ന _____ വയസ്സ് പ്രായമുള്ള കുട്ടിയാണ് _____ (കുട്ടിയുടെ പേര്).

കേരളത്തിലെ സാമൂഹ്യനീതി വകുപ്പിന് കീഴിലുള്ള ശിശു സംരക്ഷണ വകുപ്പിന്റെ എല്ലാ ചിൽഡ്രൻസ് ഹോമിലേയും പന്ത്രണ്ടു മുതൽ പതിനെട്ടു വയസ്സ് വരെ പ്രായ മുള്ള കുട്ടികളുടെ ജീവിത കഴിവുകളെയും അനുബന്ധ ഘടകങ്ങളെയും കുറിച്ചുള്ള ''സ്ഥാപനങ്ങളിൽ കഴിയുന്ന കൗമാര പ്രായക്കാരുടെ മാനസികാരോഗ്യത്തിന് വേണ്ടുന്ന വ്യക്തിഗതവും സാമൂഹികവും പരിസ്ഥിതി പരവുമായ സംരക്ഷിത ഘടകങ്ങൾ'' എന്ന ഈ പഠനത്തെപ്പറ്റി ഞാൻ വായിച്ചു മനസ്സിലാക്കിയിട്ടുണ്ട്. എന്റെ സംരക്ഷണത്തിൽ കഴിയുന്ന കുട്ടിയുടെ ഈ പഠനത്തിലുള്ള പങ്കാളിത്തം പൂർണ്ണമായും എന്റെ തീരുമാനത്തിലധിഷ്ടിതമാണെന്നും, അത് സ്വമേധയാ ആണെന്നും ഞാൻ മനസ്സിലാക്കുന്നു. ഈ പഠനത്തിൽ പങ്കെടുത്തത് കൊണ്ട് കുട്ടിക്ക് യാതൊരു ദോഷവും സംഭവിക്കുകയില്ലെന്നും, അവൾ/അവൻ – ന് നേരിട്ട് ഒരു പ്രയോജനവും ലഭിക്കുകയില്ലെന്നും എനിക്കറിയാം. കൂടാതെ, കുട്ടിയുടെ പേരും മറ്റ് വ്യക്തിപരമായ വിവരങ്ങളും രഹസ്യമായിത്തന്നെ സൂക്ഷിക്കുന്നതാണെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു.

ഞാൻ സ്വമേധയാ കുട്ടിയെ ഈ പഠനത്തിൽ പങ്കെടുക്കുവാൻ അനുവദിക്കുന്നു. ഒപ്പോടു കൂടിയ പഠനവിവരത്തിന്റെ ഒരു പകർപ്പ് എനിക്ക് ലഭിച്ചിട്ടുണ്ട്.

പേര് :

ഒപ്പ്:

ഫോൺ നമ്പർ :

തീയതി :

Annexure-VII

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC: ☐☐☐☐☐☐

Assent form for adolescents in childrens' home

My name is Sumitha.T.S, I am a student of Master of Public Health course in Achutha Menon Centre for Health Science Studies (AMCHSS) at Trivandrum. I am doing a study among adolescents aged 12 – 18 years residing in children's homes under the Integrated Child Protection Scheme, Kerala to collect some information on life skills, extracurricular activities and other factors in children like you. Including you in the study will mean that I would give you a questionnaire regarding your activities, studies and life skills for you to complete. I will help you by clearing your doubts to get the best possible answers from you. You are free to ask for a break at any time. The questionnaire you are filling do not contain your name or any other identification details. This will not be shown to your guardian or any other person in the house. You are free to give your answers, answers which come to your mind as there are no correct or wrong answers.

Participation in this study has no specific benefits for you. The information collected from you and others like you will be useful for future interventions or policy making by the department which protects you now. The study results are intended to be used for my research purposes only, name and other personal details about you will be kept confidential and will not be revealed to any other person. If you don't want to answer the questionnaire or don't want to answer any specific questions, no one will be informed that you refused. There is no penalty for refusing for participate in the study.

Are you willing to participate in this study? ☐ Yes ☐ No

Name of the Participant :

Signature of the participant :

Date:

Annexure-VIII

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

തീയതി: UIC: | | | | | | |

<u>ചിൽഡ്രൻസ് ഹോമിലെ കൗമാരപ്രായക്കാർക്കുള്ള സമ്മതപത്രം</u>

എന്റെ പേര് സുമിത.റ്റി.എസ്. ഞാൻ തിരുവനന്തപുരത്തുള്ള അച്ചുതമേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസിൽ പൊതുജനാരോഗ്യം എന്ന വിഷയത്തിൽ ബിരുധാനന്തര ബിരുധ വിദ്യാർത്ഥിനിയാണ്. കേരളത്തിലെ ശിശുസംരക്ഷണ വകുപ്പിന്റെ കീഴിലുള്ള എല്ലാ ചിൽഡ്രൻസ് ഹോമിലേയും പന്ത്രണ്ടുമുതൽ പതിനെട്ട് വയസ് വരെ പ്രായമുള്ള താങ്കളെപ്പോലെയുള്ള കൗമാര പ്രായക്കാരുടെ ജീവിത കഴിവുകളേയും, പഠനത്തെ പറ്റിയും, പാഠ്യേതര പ്രവർത്തനങ്ങളെ കുറിച്ചും മറ്റു സംരക്ഷണ ഘടകങ്ങളെ കുറിച്ചും ഞാൻ ഒരു പഠനം നടത്തുന്നുണ്ട്. താങ്കളെ ഈ പഠനത്തിൽ ഉൾപ്പെടുത്തുക എന്നതുകൊണ്ട് ഉദ്ദേശിക്കുന്നത് താങ്കൾക്ക് ഞാൻ നൽകുന്ന സ്വയം പൂരിപ്പിക്കാവുന്ന ഒരു ചോദ്യാവലി പൂരിപ്പിച്ച് തിരികെ നൽകുക എന്നതാണ്. ചോദ്യാവലിയിൽ താങ്കളുടെ പാഠ്യേതര പ്രവർത്തനങ്ങൾ, പഠനത്തെപ്പറ്റിയും ജീവിതകഴിവുകളെയും കുറിച്ചുള്ള ചോദ്യങ്ങളാണുള്ളത്. താങ്കളിൽ നിന്നും ഏറ്റവും അനുയോജ്യമായ ഉത്തരങ്ങൾ കിട്ടാൻ വേണ്ടി താങ്കളുടെ സംശയങ്ങൾക്കെല്ലാം ഞാൻ വിശദീകരണങ്ങൾ നൽകുന്നതായിരിക്കും. താങ്കൾക്ക് എപ്പോൾ വേണമെങ്കിലും ഇടവേളകൾ അവശ്യപ്പെടാം. താങ്കൾ പൂരിപ്പിക്കുന്ന ചോദ്യാവലികളിൽ താങ്കളുടെ പേരോ മറ്റു തിരിച്ചറിയാൻ സാധിക്കുന്ന വിവരങ്ങളോ ഉണ്ടായിരിക്കുന്നതല്ല. ഇത് താങ്കളെ സംരക്ഷിക്കുന്ന വ്യക്തിക്കോ അല്ലെങ്കിൽ ഈ ഹോമിലുള്ള മറ്റൊരു വ്യക്തിയേയും കാണിക്കുകയില്ല. താങ്കൾക്ക് ഏത് ഉത്തരവും നൽകാം, കാരണം ശരിയുത്തരമെന്നോ തെറ്റുത്തരമെന്നോ എന്ന് ഒന്നുംതന്നെയില്ല.

ഈ പഠനത്തിൽ പങ്കെടുക്കുന്നത് കൊണ്ട് താങ്കൾക്ക് പ്രത്യേക പ്രയോജനങ്ങൾഒന്നും തന്നെ ഉണ്ടാകുകയില്ല. താങ്കളിൽ നിന്നും താങ്കളെപ്പോലെയുള്ള മറ്റു കുട്ടികളിൽ നിന്നും ശേഖരിക്കുന്ന വിവരങ്ങൾ സാമൂഹ്യ നീതി വകുപ്പിന് നയ രൂപീകരണത്തിന് സഹായകരമാകും. പഠനത്തിന്റെ ഫലങ്ങൾ ഗവേഷണത്തിന് മാത്രമായിട്ടാണ് ഉപയോഗിക്കുന്നത്, താങ്കളുടെ പേരും മറ്റു

വ്യക്തിപരമായ വിവരങ്ങളും രഹസ്യമായിതന്നെ സൂക്ഷിക്കുന്നതാണ്. അവ മറ്റാരോടും വെളിപ്പെടുത്തുകയില്ല. താങ്കൾക്ക് ചോദ്യാവലി പൂരിപ്പിക്കണ്ട എന്നുണ്ടെങ്കിൽ അല്ലെങ്കിൽ ഏതെങ്കിലും ചോദ്യങ്ങൾക്ക് പ്രതികരണങ്ങൾ നൽകാൻ താൽപര്യമില്ലെങ്കിൽ, താങ്കൾ പിൻമാറുന്ന കാര്യം മറ്റാരേയും അറിയിക്കുകയില്ല. പഠനത്തിൽ നിന്നും പിൻമാറുന്നതുകൊണ്ട് യാതൊരു ശിക്ഷയും ഉണ്ടായിരിക്കുന്നതല്ല.

ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ താങ്കൾ തയ്യാറാണോ

☐ അതെ ☐ അല്ല

പങ്കെടുക്കുന്ന ആളിന്റെ പേര് :

പങ്കെടുക്കുന്ന ആളിന്റെ ഒപ്പ്:

തീയതി

Annexure-IX

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC: | | | | | | |

Information sheet for in depth interview

Hello! I am Sumitha.T.S, studying Master of Public Health course at Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala. I am doing a study to assess the "Individual and social-environmental level protective factors for institutionalized adolescent's mental health- a study among adolescents in children's homes under the Integrated Child Protection Scheme, Kerala" as part of my coursework.

I have already got the questionnaire filled. I have selected you for the in-depth interview as you are elder to other children here and is about to change your stay within a year. I would like to know about your future plans.

A total of 4-6 interviews will be conducted among adolescents in your age group. The study will be conducted by me under the supervision of Dr. Ravi Prasad Varma P, Associate Professor, AMCHSS, SCTIMST, Trivandrum.

The Director of Department of Social Justice, Kerala has granted me permission to undertake the study in the presence of superintendent. The ethics approval of the study has been obtained from Institute Ethics Committee of Sree Chitra Tirunal Institute for Medical Science and Technology.

I would like to interview you for about 20-30 minutes to know about your future plans. The information given by you will be audio recorded. After the interview, you may be contacted again only if it is found that the information documented is either incomplete or if any further clarification is needed. The study will not directly benefit you. But the results of the study will be helpful in further interventions or policymaking.

If you feel that the questions being asked are making you uncomfortable or you are unable to answer for any other reasons, you can refuse to answer the question. At any point in the interview you can ask me to stop asking questions and I will stop.

Whatever information you share will be kept highly confidential and will only be accessible to me and the professor who is guiding me in this study. All the information that is being collected will be used solely for my research. Your identification details will not be shared with anyone at any stage. The data other than your identification details will only be used for analysis of this study. So the results of the study will be published and presented in public forums will not identify anyone taking part in the study or the place where the study is conducted.

Your participation in the study will be completely voluntary. At any point during the interview, you can change your mind about participating in the study, and I will accept your decision.

If you have any doubts or queries, please feel free to ask. I will try to clarify it to the best of my ability.

Name of the principal investigator: Sumitha.T.S

Signature of the principal investigator:

If you have any doubt or query on the authentication of this study, you may contact the SCTIMST, Institutional Ethics Committee Secretary-Dr. Mala Ramanathan, Contact No: 0471-2524234.

Are you willing to participate in the study? Yes / No

If yes, please fill up and give your signature on the informed consent provided.

If no, can you please tell the reason for not participating in the study?

Annexure-X

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

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ആഴത്തിലുള്ള അഭിമുഖത്തിനായുള്ള പഠന വിവരണം

ഹലോ! ഞാൻ സുമിത റ്റി.എസ്, കേരളത്തിൽ തിരുവനന്തപുരത്തെ ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജിയിലെ അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസിൽ പൊതുജനാരോഗ്യം എന്ന വിഷയത്തിൽ ബിരുദാനന്തര ബിരുദ വിദ്യാർത്ഥിനിയാണ്. എന്റെ പഠനത്തിന്റെ ഭാഗമായി സ്ഥാപനങ്ങളിൽ കഴിയുന്ന 'കൗമാര പ്രായക്കാരുടെ മാനസിക ആരോഗ്യത്തിന് വേണ്ടുന്ന വ്യക്തിഗതവും സാമൂഹികവും പരിസ്ഥിതി പരവുമായ സംരക്ഷിത ഘടകങ്ങൾ – ശിശു സംര ക്ഷണ വകുപ്പിനു കീഴിലുള്ള ചിൽട്രൻസ് ഹോമുകളിലെ കൗമാര പ്രായ ക്കാർക്കിടയിലുള്ള ഒരു പഠനം' എന്ന പേരിൽ ഞാൻ ഒരു പഠനം നടത്തുന്നുണ്ട്.

താങ്കളിൽ നിന്നും എനിക്ക് പൂരിപ്പിച്ച ചോദ്യാവലി ലഭിച്ചിരുന്നു. ഇവിടെയുള്ള മറ്റുകുട്ടികളെക്കാളും മുതിർന്നതായതുകൊണ്ടും ഒരു വർഷത്തിനുള്ളിൽ താമസം മാറാൻ സാധ്യതയുള്ളതുകൊണ്ടാണ് താങ്കളെ ആഴത്തിലുള്ള അഭിമുഖത്തിന് തെരെഞ്ഞെടുത്തത്. എനിക്ക് താങ്കളുടെ ഭാവി പദ്ധതികളെ കുറിച്ച് അറിയാൻ താൽപര്യമുണ്ട്.

ഏകദേശം 4-6അഭിമുഖങ്ങൾ താങ്കളുടെ പ്രായത്തിലുള്ള കൗമാരക്കാരിൽ നടത്തും. ഞാൻ ചെയ്യുന്ന ഈ പഠനത്തിന്റെ മേൽനോട്ടം വഹിക്കുന്നത് ഡോ.രവി പ്രസാദ് വർമ്മ പി, അസോസിയേറ്റ് പ്രൊഫസർ, എഎംസിഎച്ച്എസ്എസ്, എസ് സിറ്റിഐഎംഎസ്റ്റി, തിരുവനന്തപുരം ആണ്.

കേരളത്തിലെസാമൂഹ്യ നീതി വകുപ്പിന്റെ ഡയറക്ടർ സൂപ്രണ്ടിന്റെസാന്നിദ്ധ്യത്തിൽ ഈ പഠനം നടത്താൻ എനിക്ക് അനുവാദം

നൽകിയിട്ടുണ്ട്. പഠനത്തിന്റെ ധാർമ്മികതയെക്കുറിച്ചുള്ള അംഗീകാരം ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജിയിലെഇൻസ്റ്റിറ്റൂട്ട്എതിക്സ് കമ്മിറ്റിയിൽ നിന്നും ലഭിച്ചിട്ടുണ്ട്.

എനിക്ക് താങ്കളുടെ ഭാവി പദ്ധതികളെകുറിച്ച് ഏകദേശം 20-30 മിനിട്ട് നേരം ഒരു അഭിമുഖം നടത്താൻ താൽപര്യമുണ്ട്. താങ്കൾ നൽകുന്ന വിവരങ്ങൾ ആഡിയോ റിക്കോർഡ് ചെയ്യുന്നതായിരിക്കും. അഭിമുഖത്തിന് ശേഷം എന്തെങ്കിലും വിവരങ്ങൾ പൂർണ്ണമല്ലെങ്കിലൊ അല്ലെങ്കിൽ കുറച്ചുകൂടി വിശദീകരണം വേണമെങ്കിലോ താങ്കളെ പിന്നെയും ബന്ധപ്പെടുന്നതായിരിക്കും. ഈ പഠനംകൊണ്ട് താങ്കൾക്ക് പ്രത്യേകിച്ച് ഗുണങ്ങൾ ഒന്നും തന്നെ ലഭിക്കുകയില്ല. പക്ഷെ ഈ പഠനത്തിന്റെ ഫലങ്ങൾ ഭാവിയിൽ നയ രൂപീകരണത്തിന് സഹായകം ആയേക്കാം.

ചോദിക്കുന്ന ചോദ്യങ്ങളിൽ എന്തെങ്കിലും ബുദ്ധിമുട്ട് തോന്നുകയോ അല്ലെങ്കിൽ മറ്റേതെങ്കിലും കാരണങ്ങൾ കൊണ്ട് ഉത്തരങ്ങൾ നൽകാൻ സാധിക്കുന്നില്ലെങ്കിൽ, താങ്കൾക്ക് ഉത്തരങ്ങൾ നൽകുന്നതിൽ നിന്നും പിൻമാറാം. അഭിമുഖത്തിന്റെ ഏത് സമയത്തും താങ്കൾക്ക് എന്നോട് നിർത്താൻ ആവശ്യപ്പടുകയും ഞാൻ നിർത്തുകയും ചെയ്യുന്നതായിരിക്കും. താങ്കൾ നൽകുന്ന എല്ലാ വിവരങ്ങളും രഹസ്യമായി തന്നെ സൂക്ഷിക്കുകയും എനിക്കും എന്നെ ഈ പഠനത്തിൽ നയിക്കുന്ന അദ്ധ്യാപകനും മാത്രമേ അത് ലഭ്യമാക്കൂ. ശേഖരിക്കുന്ന എല്ലാ വിവരങ്ങളും എന്റെ പഠനത്തിനു വേണ്ടി മാത്രമേ ഉപയോഗിക്കൂ. താങ്കളെ തിരിച്ചറിയാൻ സാധിക്കുന്ന വിവരങ്ങൾ ആരുമായി ഒരു ഘട്ടത്തിലും പങ്കുവയ്ക്കുകയില്ല. താങ്കളെ തിരിച്ചറിയാൻ സാധിക്കുന്ന വിവരങ്ങൾ ഒഴികെയുള്ള വിവരങ്ങൾ മാത്രമേ വിശകലനത്തിന് ഉപയോഗിക്കൂ. അതുകൊണ്ട് തന്നെ ഈ പഠനത്തിന്റെഫലങ്ങൾ പ്രസിദ്ധീകരിച്ചാലും മറ്റുള്ളവരുടെ മുന്നിൽ അവതരിപ്പിച്ചാലും ഇതിൽ പങ്കെടുക്കുന്നവരുടേയും അല്ലെങ്കിൽ പഠനം നടത്തുന്ന സ്ഥലത്തേയും വ്യക്തമാക്കുകയില്ല.

ഈ പഠനത്തിലുള്ള താങ്കളുടെ പങ്കാളിത്തം താങ്കളുടെ സ്വമേധയാ ഉള്ള തീരുമാന ത്തിലധിഷ്ടിതമായിരിക്കും. അഭിമുഖത്തിന്റെ ഏതു സമയത്തും താങ്കൾക്ക് പഠനത്തിൽ പങ്കെടുക്കുന്നതിനോടുള്ള താത്പര്യമില്ലാതായാൽ, താങ്കൾക്ക് അത് ഗവേഷകയോടു പറയാം. താങ്കളുടെ ആ തീരുമാനത്തെ ഗവേഷക സ്വീകരിക്കുകയും ചെയ്യും.

താങ്കൾക്ക് എന്തെങ്കിലും സംശയങ്ങളോ ചോദ്യങ്ങളോ ഉണ്ടെങ്കിൽ ദയവായി ചോദിക്കുക. എന്റെ കഴിവിന്റെ പരമാവധി വിശദീകരണങ്ങൾ ഞാൻ നൽകാൻ ശ്രമിക്കാം.

ഈ പഠനത്തിന്റെ ആധികാരികതയെ പറ്റി സംശയങ്ങളോ ചോദ്യങ്ങളോ ഉണ്ടെങ്കിൽ എസ് സി റ്റി ഐ എം എസ് റ്റി ഇൻസ്റ്റിറ്റ്യൂട്ട് എതിക്സ് കമ്മിറ്റി സെക്രട്ടറി ഡോ.മാലാ രാമനാഥനെ ബന്ധപ്പെടാവുന്നതാണ്, ബന്ധപ്പെടേണ്ട നമ്പർ 0471 2524234

ഗവേഷകയുടെ പേര് :

ഗവേഷകയുടെ ഒപ്പ് :

ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ താങ്കൾ തയ്യാറാണോ

☐ അതെ ☐ അല്ല

അതെ എങ്കിൽ ദയവായി സമ്മത പത്രം ഒപ്പിട്ട് നൽകുക

അല്ലെങ്കിൽ ദയവായി പങ്കെടുക്കാതിരിക്കാനുള്ള കാരണം പറയുക

Annexure-XI

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC: | | | | | | |

Informed assent for in-depth interview

I _____(child's name) have read/heard and understood all the information provided in the "information sheet" and I have clarified my doubts. By signing, I confirm my voluntary participation in this study. I agree to be contacted again if any missing information or further clarification is needed. I permit the researcher to audio record my interview for research purposes and share the recording with supervisor only. I understand my right to withdraw from the interview any time without any obligation. I also understand my identity will not be revealed in any published or released information from this study.

Signature of the respondent:

Date:

Place:

Superintendent of the children's home: I am giving permission to the principal investigator after confirming that the researcher (Sumitha.T.S.) has explained all the information in the information sheet to ————————(child's name) and this person has voluntarily agreed to participate in the study.

Signature of the superintendent:

Name of the superintendent:

Date:

Place:

Consent obtained: Yes / No Type of consent: Written / oral

Signature of the researcher: Name of the researcher:Sumitha.T.S

Annexure-XII

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

UIC: | | | | | | |

തീയതി:

ആഴത്തിലുള്ള അഭിമുഖത്തിനായി ഉള്ള സമ്മതപത്രം

ഞാൻ ..... (കുട്ടിയുടെ പേര്), പഠന വിവരണത്തിലുള്ള എല്ലാ കാര്യങ്ങളും വായിച്ചു മനസിലാക്കുകയും സംശയങ്ങൾക്ക് വിശദീകരണം ലഭിക്കുകയും ചെയ്തു. ഇത് ഒപ്പിടുന്നതിലൂടെ, ഞാൻ ഉറപ്പാക്കുന്നു ഈ പഠനത്തിൽ എന്റെ സ്വമനസ്സാലെയുള്ള പങ്കെടുക്കൽ. വിട്ടുപോയ എന്റെ കാര്യങ്ങൾ അറിയുന്നതിന്അല്ലെങ്കിൽ ഇനിയും വിശദീകരണങ്ങൾ വേണ്ടിവന്നാൽ എന്നെ വീണ്ടുംബന്ധപ്പെടാമെന്ന് ഞാൻ സമ്മതിക്കുന്നു. ഈ പഠനത്തിൽ ഞാൻ നൽകുന്ന അഭിമുഖം ആഡിയോ റിക്കോർഡ് ചെയ്യാനും അത് പഠനാവശ്യങ്ങൾക്കു മാത്രം ഉപയോഗിക്കാനും പഠനം നയിക്കുന്ന വ്യക്തിയും കൂടി മാത്രമേ കേൾക്കുകയുള്ളൂ എന്ന്ഞാൻ മനസ്സിലാക്കുന്നു. ഞാൻ മനസ്സിലാക്കുന്നു എനിക്ക് ഈ അഭിമുഖത്തിൽ നിന്നും ഏതു സമയം വേണമെങ്കിലും പിൻമാറാനുള്ള എന്റെ അവകാശത്തേയും, അതും യാതൊരു കടപ്പാടും കൂടാതെ. ഈ പഠനത്തിൽ നിന്നും പ്രസിദ്ധീകരിക്കുന്ന അല്ലെങ്കിൽ പുറത്തു വരുന്ന വിവരങ്ങളിൽ എന്നെ തിരിച്ചറിയാൻ സാധിക്കുന്ന യാതൊന്നും ഉണ്ടാവുകയില്ലായെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു.

പ്രതികരിക്കുന്ന ആളിന്റെ ഒപ്പ്

തിയതി

സ്ഥലം

ചിൽട്രൻസ് ഹോമിലെ സൂപ്രണ്ടന്റ്:ഗവേഷക (സുമിത.റ്റി.എസ്) പഠന വിവരണത്തിലുള്ള എല്ലാ കാര്യങ്ങളും_____ (കുട്ടിയുടെ പേര്) എന്ന കുട്ടിക്ക് വിശദീകരിച്ചു നൽകിയെന്നും കുട്ടി സ്വമനസ്സാലെയാണ് ഈ പഠനത്തിൽ പങ്കെടുക്കാൻ സമ്മതിച്ചെതെന്നും ഉറപ്പാക്കിക്കൊണ്ട് ഞാൻ ഈ പഠനത്തിന് അനുവാദം നൽകുന്നു.

സൂപ്രണ്ടിന്റെ ഒപ്പ്

സൂപ്രണ്ടിന്റെ പേര്

തീയതി : സമ്മതപത്രത്തിന്റെ തരം :
എഴുതിയത്/വാക്കാലുള്ളത്

സ്ഥലം :

സമ്മതം ലഭിച്ചിട്ടുണ്ട് ഉണ്ട്/ഇല്ല ഗവേഷകയുടെ ഒപ്പ്
ഗവേഷകയുടെ പേര് : സുമിത.റ്റി.എസ്

Annexure-XIII

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum – 11

Children's Home for boys/girls

Place :

Number of staff/caregivers in home : Total number of Children :

Informants Name and designation : Total number of adolescents (12-18 Years) :

Informants Signature :

UIC	Reason for institutionalization	Staying here from	Did the child stay away from this home for 2 or more days (Yes/No)	Did you allow the child to go out and mingle the children in neighborhood? (Yes/No)	Will you permit me to approach the child for my study (Yes/No)	Reason for not permitting me to approach the child

Annexure-XIV

അച്യുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുനാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആന്റ് ടെക്നോളജി, ട്രിവാൻഡ്രം 695011

ആൺ/ പെൺകുട്ടികൾക്കായുള്ള ചിൽഡ്രൻസ് ഹോം

സ്ഥലം:

ഹോമിൽ ജോലി നോക്കുന്നവർ അഥവാ കുട്ടികളെ നോക്കുന്നവരുടെ എണ്ണം കുട്ടികളുടെ എണ്ണം

വിവരങ്ങൾ നൽകുന്ന വ്യക്തിയുടെ പേരുംസ്ഥാനവും

വിവരങ്ങൾ നൽകുന്ന വ്യക്തിയുടെഒപ്പ് കൗമാരപ്രായക്കാരുടെ എണ്ണം (12–18വയസ്സ്)

UIC	കുട്ടിയെ സ്ഥാപനത്തിൽ ആക്കിയതിനു പിന്നിലുള്ള കാരണം	കുട്ടി ഇവിടെ താമസിക്കാൻ തുടങ്ങിയ തീയതി	കുട്ടി ഇവിടെനിന്നും രണ്ടോ അതിൽ കൂടുതൽ ദിവസങ്ങളോ മാറി താമസിച്ചിട്ടുണ്ടോ? (ഉണ്ട്/ഇല്ല)	കുട്ടിയെ പുറത്തു പോകാനും ഇവിടെ ചുറ്റുമുള്ള കുട്ടികളുമായി ഇടപഴകാനും അനുവദിക്കാറുണ്ടോ? (ഉണ്ട്/ ഇല്ല)	എന്റെ പഠനത്തിനായി കുട്ടിയെ സമീപിക്കാൻ എന്നെ അനുവദിക്കുമോ? (അതെ/ഇല്ല) (അനുവദിക്കും അനുവദിക്കില്ല)	എന്തുകൊണ്ട് അനുവദിക്കില്ല

Annexure -XV

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC: ☐☐☐☐☐☐

Questionnaire

Please write your responses or tick your options. There are no correct or wrong answers.

	General Information		
Q. No.	**Questions**	**Responses**	**Instructions**
1.	Age at last birthday	_____ years	
2.	Gender (Ex: Boy/Girl)		
3.	Studying in class/course/others (specify)		
4.	You are familiar with this place since	_____ years _____ months	
5.	Since then have you stayed away from this institution?	a) No, I have been here since I came here first b) Yes c) If yes, for how long? d) Where /with whom?	
	About Studies[1,2]		
6.	Write down your: a. Favorite subject now b. Most difficult subject for you now		
7.	Does anyone help you in studying the difficult subject?	Yes ☐ No ☐	If no,skip to Q9
8.	If yes, who helps you? (Multiple options can be marked)	a) Friends in school b) Teachers in school c) Children here d) Others, specify	
9.	How will you grade your studies in class when compared to others in class?	a) Very good b) Good c) Not good enough	
10.	Were you able to succeed in all recent exams in the first attempt itself?	Yes ☐ No ☐	
11.	Which teacher do you like the most?		

	(specify the subject)		
12.	Why do you like this teacher?	a) Understands me b) Helps you in learning c) Encouraging d) Other reasons, specify	
13.	List your talents and hobbies(like dance, sports).		
14.	Do you participate for these in school/college/anywhere else?	Yes ☐ No ☐	If no,skip to Q16
15.	If yes, who encourages you? (specify person and place)		
16.	If no, why not?		
17.	Do you have the following for your own? a) Bed mattress b) One blanket c) One pair of shoes/footwear d) Two or more than two sets of uniforms e) Two sets of clothing other than school uniforms (for going out) f) Box/drawer	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	
18.	Do you read books/anything else other than your reading materials? (Multiple options can be selected)	a) No-I never used to get books to read b) Yes-In school c) Yes-available here d) No-Not interested	
	About games and other things[1]		
19.	What do you like to play the most?		
20.	Do you have the facilities to play this game/sport at your school/residence? (Multiple options can be given)	a) No b) Yes – at school c) Yes-at residence d) Yes-both	
21.	Do you play at your residence / school?	Yes ☐ No ☐	If yes,skip to Q23
22.	If no, why not?		
23.	Do you help here in : a) Cooking b) Water collection c) Washing others clothes/ others dishes	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	

	d) Cleaning e) Any other works (specify)	Yes ☐ No ☐	
24.	List down your leisure time activities.		
25.	Here, do you have: a) Scheduled leisure time b) Space or facilities to sports c) Games or toys available d) Books other than those for school/college e) Television to watch your favourite program f) Newspapers to read	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	
26.	You think about this home as: a. Hygienic b. Happy to live in c. Over crowded	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	
27.	Do you like the food served here during: a) Breakfast b) Lunch c) Dinner d) Snacks	 Ye s☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	
28.	Where did you go for excursion last time from here?	No excursion Specify place	
29.	Are you able to tell your opinion when something is planned for you (like menu for food/excursion/anything)	Yes ☐ No ☐	
30.	Do you have spaces where you can be on your own to relax/study here?	Yes ☐ No ☐	
	Close relationships		
31.	Do you have a friend with whom you can share your thoughts?	Yes ☐ No ☐	
32.	Do you feel that you can depend the adult staff working here in need?	Yes ☐ No ☐	
33.	Have you been in contact with your relatives after you start staying here?	a) No b) Spoke with them over phone c) Met them in person d) Visited them	
34.	How will you rate your overall health?	a) Good b) Not good	
35.	Think of the last time you were sick for more than 2 days. Were you taken to the doctor	a) No b) Yes(specify by	

	when you were sick?	whom)_____	
	Beliefs		
36.	Do you find inner peace or happiness in helping others?	Yes ☐ No ☐	
37.	Do you have any set goal for the future(specify)?	No Yes (specify _____)	If no, skip to Q.38
38.	What is the reason behind it?	a) Encouraged by someone (specify) b) Other reasons(specify)	
39.	Do you have any role model?	a) Yes (specify) b) No	
40.	Do you pray usually?	Yes ☐ No ☐	
41.	Is there a change in your praying habits since you start staying here?	a) No b) Yes (specify reason)	
42.	Are you able to: a) Express your emotions/opinions to others around you b) Confidently do things alone(like going to a shop) c) Be in touch with the children living in this neighborhood	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	
43.	Do you: a) Like the institution you are studying b) Receive appreciations you deserve(Ex:well done, was good) c) Know about child rights d) If yes, what were the sources of information? e) Wish to say about anything else	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	

Life Skills[2,3,4]		
Please select any of the options given below for the statements followed: 1.Always true of me 2.Sometimes true of me 3.Not at all true of me (Just write only the numbers corresponding to your options)		
44	I wish I was someone else	
45	I value what others have to say about my competence and behavior	
46	I feel that there is something very good and special in me	
47	I am aware that I have to play different roles as an individual in the society	
48	I am aware that, depending on the situations, I behave differently	
49	I am sure about my likes and dislikes	
50	Some songs make me feel so sad, I feel like crying.	
51	Other people's trouble doesn't disturb me much	
52	People are responsible for their mistakes, and they have to pay for it	
53	When I see someone's pain or difficulty, I respond spontaneously	
54	I am able to take the position of my friends, as they share their experiences with me	
55	I use the right words for the right situations	
56	Whatever I say people misunderstand me	
57	Whether people listen to me or not, I will say what I want	
58	If I don't understand, I am able to ask a question	
59	No one knows my true feelings	
60	I easily mingle with people	
61	I share my feeling, without hurting others	
62	Breaking friendships doesn't bother me	
63	When I want somebody as my friend, I am able to go and start a talk	
64	I look at a situation and analyze it.	
65	I don't speak, without assessing the situation	
66	When I learn something I keep asking lots of questions	
67	Whenever, there is a problem or a concern, I find another way	
68	When I have taken up some work, difficulties don't bother me much	
69	I collect all the necessary information before I make a decision	
70	Whatever my friends decide I go by it	
71	While deciding I keep checking with others, whether I am on the right track	
72	When I have to decide, I look at how much risk I have to take	
73	If I have a problem, I start finding various options	
74	When I am confused about a problem, I discuss it with others	
75	When I solve a problem, I don't mind trying and failing	

76	I am able to identify my problems	
77	I don't know how to put my feelings into words	
78	Even my best friends don't know about my moods	
79	I am unable to control my emotions	
80	When I feel angry, I am able to tell and talk about it	
81	I am unable to talk about difficult or negative feelings (Grief, disturbed, doubts)	
82	I postpone my work till the last minute	
83	I keep worrying about my health	
84	I have so many ideas in my head, due to that I can't sleep	
85	I feel hardened with my studies	
86	I am unable to find new perspective for situations.	
87	I am able to generate many ideas	
88	When doing a task, I keep improving it	

1Embleton et al (2014),Models of care for orphaned and separated children and upholding children's rights:cross-sectional evidence from western Kenya, BMC International Health and Human Rights

2Gartland et al.(2011),Development of a multi-dimensional measure of resilience in adolescents:the Adolescent Resilience Questionnaire, BMC Medical Research Methodolog, 11:134

3.Subasree R and Nair A.R (2010),Life Skills Assessment Scale, School of Life Skills Education and Social Harmony, Rajiv Gandhi National Institute of Youth Development, Tamil Nadu

4. Flor et al. (2013),The Effect of Teaching Critical and Creative Thinking Skills on the Locus of Control and Psychological Well-Beingin Adolescents,Procedia - Social and Behavioral Sciences 51 – 56

Annexure -XVI

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

തീയതി: UIC: | | | | | | |

ചോദ്യാവലി

ദയവായി നിങ്ങളുടെ പ്രതികരണങ്ങൾ എഴുതുക. ശരിയുത്തരമെന്നോ തെറ്റുത്തരമെന്നോ എന്ന് ഒന്നും തന്നെയില്ല.

പോതുവായ വിവരങ്ങൾ			
നമ്പർ	ചോദ്യങ്ങൾ	പ്രതികരണങ്ങൾ	നിർദ്ദേശങ്ങൾ
1	എത്ര വയസ്സായിരുന്നു കഴിഞ്ഞ ജന്മദിനത്തിൽ?	……..വയസ്	
2	ലിംഗം (ഉദാ: ആൺകുട്ടി/പെൺകുട്ടി)		
3	പഠിക്കുന്ന ക്ലാസ്/കോഴ്സ്/മറ്റെന്തങ്കിലും (വ്യക്തമാക്കുക)		
4	ഈ സ്ഥലം എത്ര നാളുകൊണ്ട് പരിചിതമാണ്	……..വർഷം ……...മാസം	
5	ഇവിടെ വന്നതിന് ശേഷം ഇവിടെ നിന്ന് മാറി താമസിച്ചിട്ടുണ്ടോ?	a. ഇല്ല, ഞാൻ ഇവിടെ വന്നതിൽ പിന്നെ ഇവിടെ തന്നെയായിരുന്നു b. ഉണ്ട് c. ഉണ്ടെങ്കിൽഎത്ര നാളത്തേയ്ക്ക d. എവിടെ/ആരോടൊപ്പം	

പഠനത്തെപറ്റിയുള്ള ചോദ്യങ്ങൾ[1,2]			
6	കുട്ടിയ്ക്ക്ഇപ്പോൾ പടിക്കുന്നതിൽ a. എറ്റവുംഇഷ്ടപ്പെട്ട വിഷയം b. ഏറ്റവും പ്രയാസമേറിയവിഷയം		
7	അരെങ്കിലും പ്രയാസമേറിയ വിഷയം പഠിക്കാൻ സഹായിക്കാറുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	ഇല്ലെങ്കിൽ ചോ. 9 ലേക്ക് പോവുക
8	ഉണ്ടെങ്കിൽ ആരാണ് സഹായിക്കാറ്? (ഒന്നിൽ കൂടുതൽ ഉത്തരങ്ങൾ തിരഞ്ഞെടുക്കാം)	a. സ്കൂളിലെ സുഹൃത്തുക്കൾ b. സ്കൂളിലെ അദ്ധ്യാപകർ c. ഇവിടെയുള്ള കുട്ടികൾ d. മറ്റാരെങ്കിലും (വ്യക്തമാക്കുക)	
9	ക്ലാസ്സിലുള്ള മറ്റു കുട്ടികളുമായി താരതമ്യപ്പെടുത്തുമ്പോൾ സ്വന്തം പഠനത്തെ എങ്ങനെ വിലയിരുത്തുന്നു?	a. വളരെ നല്ലത് b. നല്ലത് c. അത്ര നല്ലതല്ല	
10	ഈ ഇടയ്ക്ക് കഴിഞ്ഞ പരിക്ഷകൾക്ക് ആദ്യതവണതന്നെ വിജയിക്കാൻ സാധിച്ചിരുന്നോ?	a. സാധിച്ചിരുന്നു b. സാധിച്ചിരുന്നില്ല	
11	ഏത് അദ്ധ്യാപകൻ/ അദ്ധ്യപികയെയാണ് എറ്റവും കൂടുതൽ ഇഷ്ടം? (വിഷയം വ്യക്തമാക്കുക)		
12	ഏന്തുകോണ്ടാണ് ഈ അദ്ധ്യാപകനെ/ അദ്ധ്യാപികയെ	a. മനസിലാക്കുന്നത്കൊണ്ട്	

	ഇഷ്ടം?	b. പഠിക്കാൻ എന്നെ സഹായിക്കുന്നത്കൊണ്ട് c. പ്രോത്സാഹിപ്പിക്കുന്നത് കൊണ്ട് d. മറ്റുകാരണങ്ങൾ(വ്യക്തമാക്കുക)	
13	കുട്ടിയ്ക്കുള്ള കഴിവുകൾ അല്ലെങ്കിൽ താല്പര്യമുള്ള കാര്യങ്ങൾഎഴുതുക? (ഉദാ: ഡാൻസ്, കായികം)		
14	ഇതിന് സ്കൂളിലോ കോളേജിലോ മറ്റെവിടെയെങ്കിലും പങ്കെടുക്കാറുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	ഇല്ലെങ്കിൽ ചോ. 16 ലേക്ക് പോവുക
15	ഉണ്ടെങ്കിൽ ആരാണ് പ്രോത്സാഹിപ്പിക്കാറ്?		
16	ഇല്ലെങ്കിൽ, എന്തു കാരണം കൊണ്ടാണ് പങ്കെടുക്കാത്തത്?		
	സാധന സമ്പത്തുകൾ		
17	താഴെ പറയുന്നവയൊക്കെ സ്വന്തമായുണ്ടോ? a. കിടക്ക b. ഒരു പുതപ്പ് c. ഒരുജോഡി ഷൂസ്/പാദരക്ഷ d. രണ്ടോ അതിൽ കൂടുതലോ സ്കൂൾ യൂണിഫോമുകൾ e. പുറത്തിടാൻ പാകത്തിലുള്ള രണ്ടോ അതിൽ കൂടുതലോ	ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐	

	വസ്ത്രങ്ങൾ,സ്കൂൾ യൂണിഫോം കൂടാതെ f. പെട്ടി/മേശ	ഉണ്ട് ☐ ഇല്ല ☐	
18	പഠിക്കുന്ന പുസ്തകങ്ങൾ കൂടാതെ മറ്റെന്തെങ്കിലും വായിക്കാറുണ്ടോ? (ഒന്നിൽ കൂടുതൽ ഉത്തരങ്ങൾ തിരഞ്ഞെടുക്കാം)	a. ഇല്ല–വായിക്കാൻ കിട്ടാറില്ല b. ഉണ്ട്–സ്കൂളിൽവച്ച് c. ഉണ്ട്–ഇവിടെ ലഭ്യമാണ് d. ഇല്ല–താത്പര്യമില്ല	
കളിയെക്കുറിച്ചുംമറ്റുമുള്ളചോദ്യങ്ങൾ'			
19	എന്ത്കളിക്കാനാണ് കൂടുതലിഷ്ടം?		
20	അത്കളിക്കാൻ സ്കൂളിൽ അല്ലെങ്കിൽ ഇവിടെ സൗകര്യമുണ്ടോ?	ഇല്ല ഉണ്ട്–സ്കൂളിൽ ഉണ്ട്–ഇവിടെ ഉണ്ട–രണ്ടിടത്തും	
21	സ്കൂളിൽ അല്ലെങ്കിൽ ഇവിടെ കളിക്കാറുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	ഉണ്ടെങ്കിൽ ചോ. 23 ലേക്ക് പോവുക
22	ഇല്ലെങ്കിൽ എന്തു കൊണ്ട് കളിക്കാറില്ല?		
23	താഴെ പറയുന്ന കാര്യങ്ങൾക്ക് ഇവിടെ സഹായിച്ചു കൊടുക്കാറുണ്ടോ? a. പാചകം ചെയ്യാൻ b. വെള്ളം ശേഖരിക്കാൻ c. മറ്റുള്ളവരുടെ തുണി/ പാത്രങ്ങൾകഴുകാൻ d. വ്യത്തിയാക്കാൻ മറ്റേതെങ്കിലും (വ്യക്തമാക്കുക)	ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐	
24	എന്തൊക്കെയാണ് ഒഴിവു വേളകളിൽ ചെയ്യാറുള്ളത്?		
25	ഇവിടെ		

	a. കൃത്യമായ ഒഴിവു വേളകളുണ്ടോ b. കായിക വിനോദത്തിനുള്ള സ്ഥലവും സൗകര്യങ്ങളുമുണ്ടോ c. കളിക്കാനുള്ള സാധനങ്ങൾ അല്ലെങ്കിൽ കളിപ്പാട്ടങ്ങൾ ഉണ്ടോ d. സ്കൂളിൽ കോളേജിൽ പഠിക്കുന്നത് അല്ലാതെ പുസ്തകങ്ങൾ ഇവിടെയുണ്ടോ e. ടെലിവിഷനിൽ ഇഷ്ടപ്പെട്ട പരിപാടികൾ കാണാൻ സാധിക്കാറുണ്ടോ f. പത്രം വായിക്കുവാൻ ലഭിക്കാറുണ്ടോ	ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐	
26	ഈ വീടിനെപ്പറ്റി എന്ത് തോന്നുന്നു? a. നല്ല വൃത്തിയാണ് b. സന്തോഷം നൽകുന്നു ഇവിടുത്തെ താമസം c. ഒത്തിരി പേരുള്ളതു കൊണ്ട് ഞെങ്ങി ഞെരുങ്ങുന്നതു പോലെ തോന്നുന്നു	അതെ ☐ അല്ല ☐ അതെ ☐ അല്ല ☐ അതെ ☐ അല്ല ☐	
27	ഇവിടെ തരുന്ന ആഹാരം ഇഷ്ടമാണോ? a. പ്രഭാത ഭക്ഷണം b. ഉച്ചയുണ് c. അത്താഴം d. ലഘു ഭക്ഷണം	അതെ ☐ അല്ല ☐ അതെ ☐ അല്ല ☐ അതെ ☐ അല്ല ☐ അതെ ☐ അല്ല ☐	
28	എവിടെയാണ് കഴിഞ്ഞ വിനോദ യാത്രയ്ക്ക് പോയത്?	വിനോദയാത്ര ഇല്ലായിരുന്നു പോയിരുന്നു (സ്ഥലംവ്യക്തമാക്കുക)	

29	എന്തെങ്കിലും കാര്യങ്ങൾ ഇവിടെ തീരുമാനിക്കുമ്പോൾ അഭിപ്രായം പ്രകടിപ്പിക്കുവാൻ സാധിക്കാറുണ്ടോ (അതായത് ആഹാരം, വിനോദയാത്ര മറ്റേതെങ്കിലും)?	ഉണ്ട് ☐ ഇല്ല ☐	
30	ഒറ്റക്കിരുന്നു വിശ്രമിക്കാനോ പഠിക്കുവാനോ ഇവിടെസ്ഥലമുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	
	അടുത്ത ബന്ധങ്ങൾ		
31	ആശയങ്ങൾ പങ്കുവക്കുവാൻഒരു നല്ല സുഹൃത്തുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	
32	ഇവിടെജോലി നോക്കുന്ന മുതിർന്നവരെആവശ്യങ്ങൾക്ക്ആശ്രയിക്കാൻ സാധിക്കാറുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	
33	ഇവിടെതാമസിക്കുവാൻതുടങ്ങിയതിന് ശേഷം ബന്ധുക്കളുമായിഇടപെടാൻ സാധിച്ചിട്ടുണ്ടോ	a. ഇല്ല b. ഫോണിൽ സംസാരിച്ചിട്ടു c. നേരിട്ട് കിട്ടു d. കാണാൻ പോയിട്ടു	
34	എങ്ങനെ സ്വന്തം ആരോഗ്യത്തെ വിലയിരുത്തുന്നു?	a. നല്ലത് b. അത്ര നല്ലതല്ല	
35	രണ്ട ്ദിവസത്തിൽ കൂടുതൽ കഴിഞ്ഞ തവണ വയ്യാതായത് ചിന്തിക്കൂ. അപ്പോൾ ഡോക്ടറുടെ അടുത്ത് കൊണ്ടുപോയിരുന്നോ?	ഇല്ല പോയിരുന്നു (ആരാണ് കൊണ്ടുപോയതെന്ന് വ്യക്തമാക്കുക)	

വിശ്വാസങ്ങൾ			
36	മറ്റുള്ളവരെ സഹായിക്കുമ്പോൾ ഉള്ളിൽ സമാധാനം അല്ലെങ്കിൽ സന്തോഷം തോന്നാറുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	
37	ഭാവിയിലേയ്ക്ക് എന്തെങ്കിലും ഒരുലക്ഷ്യം ഉറപ്പിച്ചിട്ടുണ്ടോ? (ഉണ്ടെങ്കിൽ വ്യക്തമാക്കുക)	ഇല്ല ഉണ്ട് ————	ഇല്ലെങ്കിൽ ചോ.39 ലേക്ക് പോവുക
38	എന്തുകൊണ്ട് അങ്ങനെയൊരു ലക്ഷ്യം?	പ്രോത്സാഹനം ലഭിക്കുന്നതുകൊ് (ആരിൽ നിന്നുംആണ്വ്യക്തമാക്കുക) മറ്റേതെങ്കിലുംകാരണങ്ങൾ (വ്യക്തമാക്കുക)	
39	ആരെയെങ്കിലുംമാതൃകആക്കിയിട്ടുോ? (ഉണ്ടെങ്കിൽവ്യക്തമാക്കുക)	ഉണ്ട് ☐ ഇല്ല ☐	
40	സാധാരണയായി പ്രാർത്ഥിക്കാറുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐	
41	ഇവിടെതാമസം തുടങ്ങിയതിൽ പിന്നെ പ്രാർത്ഥനാ രീതികൾക്ക് മാറ്റമുണ്ടോ?	ഉണ്ട് ☐ ഇല്ല ☐ (ഉണ്ടെങ്കിൽ കാരണം വ്യക്തമാക്കുക)	
42	സാധിക്കാറുണ്ടോ?		

	a. വിഷമങ്ങൾ /അഭിപ്രായങ്ങൾ ചുറ്റുമുള്ളവരുടെ മുന്നിൽ പ്രകടിപ്പിക്കുവാൻ b. ആത്മവിശ്വാസത്തോടെ കാര്യങ്ങൾ ഒറ്റയ്ക്ക് ചെയ്യുവാൻ (ഉദാഹരണത്തിന് കടയിൽ പോകുവാൻ) c. ഇവിടെ അടുത്തു താമസിക്കുന്ന മറ്റു കുട്ടികളുമായി ഇടപഴകുവാൻ	ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐	
43	കുട്ടിക്ക് a. പടിക്കുന്ന സ്ഥാപനം ഇഷ്ട മാണോ? b. അർഹിക്കുന്ന അനുമോദനങ്ങൾ ലഭിക്കാറുണ്ടോ? (ഉദാ: നന്നായി ചേയ്തു , നല്ലതു ആയി രുന്നു) c. കുട്ടികളുടെ അവകാശ ങ്ങളെക്കുറിച്ച് കേട്ടിട്ടുണ്ടോ? d. ഉണ്ടങ്കിൽ ആരിൽ നിന്നൊക്കെ? e. എന്തെങ്കിലും പറയണം എന്ന് ആഗ്രഹം ഉണ്ടോ?	അതെ ☐ അല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐ ഉണ്ട് ☐ ഇല്ല ☐	

ജീവിത കഴിവുകൾ[2,3,4]

ദയവായി നൽകിയിരിക്കുന്ന വിവരണത്തിന് താങ്കൾക്ക് ഏറ്റവും അനിയോജ്യമായ ഉത്തരം താഴെ നിന്നും തിരഞ്ഞെടുക്കുക

1. എന്റെ കാര്യത്തിൽ എപ്പോഴും ശരിയാണ് 2. ചിലപ്പോഴൊക്കെ ശരിയാണ് 3. എന്റെ കാര്യത്തിൽ ഒരിക്കലും ശരിയല്ല.
(സംഖ്യകൾ മാത്രം എഴുതിയാൽ മതിയാകും)

44	ഞാൻ ആഗ്രഹിക്കുന്നു ഞാൻ മറ്റൊരാളായിരുന്നെങ്കിൽ	
45	എന്റെ കഴിവിനെപ്പറ്റിയും പെരുമാറ്റത്തെപ്പറ്റിയും മറ്റുള്ളവർ പറയുന്ന അഭിപ്രായത്തിന് ഞാൻ വില കൽപ്പിക്കാറുണ്ട്	
46	എനിക്ക് തോന്നാറുണ്ട് എന്തൊക്കെയോ വളരെ നല്ലതും പ്രത്യേകതകളും എന്നിലുണ്ടെന്ന്	
47	എനിക്കറിയാം ഞാൻ വിവിധ വേഷങ്ങൾ ഒരു വ്യക്തി എന്ന നിലയിൽ ഈ സമൂഹത്തിൽ ചെയ്യേണ്ടതുണ്ടെന്ന്	
48	എനിക്കറിയാം, സാഹചര്യങ്ങൾക്കനുസരിച്ച് ഞാൻ വ്യത്യസ്തമായി പെരുമാറുമെന്ന്	
49	എന്റെ ഇഷ്ടാനിഷ്ടങ്ങളെക്കുറിച്ച് എനിക്ക് നല്ല ധാരണയുണ്ട്	
50	ചില പാട്ടുകൾ കേൾക്കുമ്പോൾ എനിക്ക് സങ്കടം തോന്നാറുണ്ട്, എനിക്ക് കരയാൻ തോന്നാറുമുണ്ട്	
51	മറ്റുള്ളവരുടെ ബുദ്ധിമുട്ടുകൾ എന്നെ അലട്ടാറില്ല അധികം	
52	ആളുകൾ ഉത്തരവാദികളാണ് അവരുടെ തെറ്റുകൾക്ക് അവർ അതിന്റെ വില കൊടുക്കേണ്ടി വരും.	
53	ഞാൻ ആരുടെയെങ്കിലും വേദനയോ ബുദ്ധിമുട്ടോ കാണുമ്പോൾ ഉടനെ പ്രതികരിക്കാറുണ്ട്	
54	എനിക്ക് എന്റെ സുഹൃത്തുക്കളുടെ സ്ഥാനത്ത് നിൽക്കാൻ കഴിയും, അവർ അവരുടെ അനുഭവങ്ങൾ പങ്കുവയ്ക്കുമ്പോൾ	
55	ഞാൻ ശരിയായ വാക്കുകൾ ശരിയായ സാഹചര്യങ്ങളിൽ ഉപയോഗിക്കാറുണ്ട്	
56	ഞാൻ എന്തു പറഞ്ഞാലും ആളുകൾ എന്നെ തെറ്റിദ്ധരിക്കും	
57	ആളുകൾ ശ്രദ്ധിച്ചാലും ഇല്ലെങ്കിലും എനിക്കു പറയാനുള്ളത് ഞാൻ പറയും	
58	എനിക്ക് മനസ്സിലാക്കാൻ സാധിച്ചില്ലെങ്കിൽ, എനിക്ക് ചോദിക്കാൻ സാധിക്കും	
59	മറ്റൊരാൾക്കും അറിയില്ല എന്റെ ശരിയായ വികാരങ്ങളെ	
60	ഞാൻ എളുപ്പത്തിൽ ആളുകളുമായി ഇടപഴകാറുണ്ട്	
61	ഞാൻ പങ്കുവയ്ക്കാറുണ്ട് എന്റെ വികാരങ്ങളെ, മറ്റുള്ളവരെ മുറിവേൽപ്പിക്കാതെ	
62	കൂട്ടുകെട്ടുകൾ മുറിയുന്നത് എന്നെ അലട്ടാറില്ല	
63	എനിക്ക് ആരെയെങ്കിലും കൂട്ടുകാരായി വേണമെങ്കിൽ അങ്ങോട്ടു പോയി സംഭാഷണം തുടങ്ങുവാൻ സാധിക്കാറുണ്ട്	
64	ഞാൻ സാഹചര്യം നോക്കി അതിനെ വിശകലനം ചെയ്യാറുണ്ട്	
65	സാഹചര്യങ്ങൾ മനസ്സിലാക്കാതെ ഞാൻ സംസാരിക്കാറില്ല	
66	ഞാൻ എന്തെങ്കിലും പഠിക്കുമ്പോൾ, ഞാൻ ഒരുപാട് ചോദ്യങ്ങൾ ചോദിച്ചു കൊണ്ടേയിരിക്കും	
67	എപ്പോഴെങ്കിലും ഒരു പ്രശ്നമോ ആകുലതയോ ഉണ്ടെങ്കിൽ ഞാൻ വേറെ വഴി കണ്ടുപിടിക്കും	
68	ഞാൻ ഒരു ജോലി ഏറ്റെടുത്താൽ ബുദ്ധിമുട്ടുകൾ എന്നെ അലട്ടാറില്ല	
69	ഒരു തീരുമാനം എടുക്കുന്നതിനു മുമ്പ് ഞാൻ എല്ലാ ആവശ്യമായ വിവരങ്ങളും ശേഖരിക്കും	
70	എന്റെ കൂട്ടുകാർ എന്തു തീരുമാനിച്ചാലും ഞാൻ അതിന്റെ കൂടെ നിൽക്കാറുണ്ട്	
71	ഒരു തീരുമാനം എടുക്കുമ്പോൾ, ഞാൻ മറ്റുള്ളവരുമായി ചോദിച്ചു ഉറപ്പ് വരുത്താറുണ്ട് ഞാൻ ശരിയായ പാതയിലാണോ എന്ന്	
72	ഞാൻ തീരുമാനിക്കണമെങ്കിൽ ഞാൻ നോക്കും എത്രമാത്രം അപകടസാദ്ധ്യത എനിക്കുണ്ടാകുമെന്ന്	

73	എനിക്ക് ഒരു പ്രശ്നമുണ്ടെങ്കിൽ, ഞാൻ വിവിധ സാദ്ധ്യതകൾ കുപിടിക്കാൻ തുടങ്ങും	
74	ഞാൻ ഒരു പ്രശ്നത്തിൽ ആശയക്കുഴപ്പത്തിലായാൽ ഞാൻ മറ്റുള്ളവരുമായി ചർച്ച ചെയ്യും	
75	എനിക്ക് ഒരു പ്രശ്നം പരിഹരിക്കുമ്പോൾ പരിശ്രമിക്കാനും പരാജയപ്പെടാനും എനിയ്ക്കു മടിയില്ല	
76	എനിക്ക് എന്റെ പ്രശ്നങ്ങൾ വ്യക്തമായി തിരിച്ചറിയാൻ കഴിയുന്നുണ്ട്	
77	എനിക്കറിയില്ല എന്റെ വികാരങ്ങളെ വാക്കുകളിലാക്കാൻ	
78	എന്റെ ആത്മമിത്രങ്ങൾക്ക് പോലും എന്റെ മാനസികാവസ്ഥ അറിയാൻ സാധിക്കാറില്ല	
79	എനിക്ക് എന്റെ വികാരങ്ങളെ നിയന്ത്രിക്കുവാൻ സാധിക്കുന്നില്ല	
80	എനിക്ക് ദേഷ്യം തോന്നിയാൽ അതിനെക്കുറിച് പറയാനും സംസാരിക്കാനും കഴിയാറുണ്ട്	
81	ബുദ്ധിമുട്ടുള്ളതും മനസ്സിനെ അലട്ടുന്നതുമായ വികാരങ്ങളെക്കുറിച്ച് സംസാരിക്കാൻ എനിയ്ക്ക് സാധിക്കില്ല (ദു:ഖം, സംശയങ്ങൾ)	
82	ഞാൻ എന്റെ ജോലികൾ അവസാന നിമിഷം വരെ മാറ്റിവയ്ക്കാറുണ്ട്	
83	എനിക്ക് ഉത്കണ്ഠയുണ്ട് എന്റെ ആരോഗ്യത്തെപ്പറ്റി	
84	എന്നിൽ ഒരുപാട് ആശയങ്ങൾ ഉള്ളതുകൊണ്ട് എനിക്ക് ഉറങ്ങാൻ സാധിക്കാറില്ല	
85	എന്റെ പഠനം എനിക്ക് ബാദ്ധ്യതയായി തോന്നുന്നു,	
86	സാഹചര്യങ്ങൾക്കനുസരിച്ച് പുതിയ കാഴ്ചപ്പാടുകൾ ഉണ്ടാക്കാൻ എനിക്ക് സാധിക്കുന്നില്ല	
87	എനിക്ക് ഒരുപാട് പുതിയ ആശയങ്ങൾ രൂപീകരിക്കുവാൻ കഴിയുന്നു	
88	ഒരു പ്രവൃത്തി ചെയ്യുമ്പോൾ, ഞാൻ അതു മെച്ചപ്പെടുത്തുവാൻ ശ്രമിക്കാറുണ്ട്	

1.Embleton et al(2014),Models of care for orphaned and separated children and upholding children's rights:cross-sectional evidence from western Kenya, BMC International Health and Human Rights

2.Gartland et al.(2011),Development of a multi-dimensional measure of resilience in adolescents:the Adolescent Resilience Questionnaire, BMC Medical Research Methodolog, 11:134

3. Subasree R and Nair A.R (2010),Life Skills Assessment Scale, School of Life Skills Education and Social Harmony, Rajiv Gandhi National Institute of Youth Development, Tamil Nadu

4. Flor et al. (2013),The Effect of Teaching Critical and Creative ThinkingSkills on the Locus of Control and Psychological Well-Beingin Adolescents,Procedia - Social and Behavioral Sciences 51 – 56

Annexure -XVII

Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Trivandrum-11

Date: UIC: | | | | | | |

In-depth interview guidelines

Thank you very much for accepting my request to talk to me about your future plans. I would like to know more about your future orientation and preparations.

Questions:

1. Could you tell me what kind of future do you imagine for yourself?
2. Do you have any specific goals? If yes, please explain.
3. What are your current preparations in order to achieve your goals?
4. Can you tell me what kind of preparations do you actually need to achieve your goals?
5. What are the sources of this information?
6. What are your thoughts / perceptions about life after leaving this institution?
7. Do you think that life outside this institution will be different from life inside it? If so, in what ways?
8. How do you think you will adapt independently to the changed circumstances outside this institution?
9. Do you think you are adequately prepared for an independent life outside this institution?

Thank you for sharing your future plans, best wishes!

Annexure -XVIII

അച്ചുത മേനോൻ സെന്റർ ഫോർ ഹെൽത്ത് സയൻസ് സ്റ്റഡീസ്, ശ്രീ ചിത്ര തിരുന്നാൾ ഇൻസ്റ്റിറ്റ്യൂട്ട് ഫോർ മെഡിക്കൽ സയൻസസ് ആൻഡ് ടെക്നോളജി, തിരുവനന്തപുരം–11

തീയതി: UIC: | | | | | | |

ആഴത്തിലുള്ള അഭിമുഖം

അഭിമുഖത്തിനായുള്ളമാർഗ്ഗനിർദ്ദേശകരേഖകൾ:

വളരെയധികം നന്ദിയുണ്ട് എന്റെ അപേക്ഷ സ്വീകരിച്ചുതാങ്കളുടെ ഭാവി പദ്ധതികളെകുറിച്ച്സംസാരിക്കാൻ തയ്യാറായതിന്. എനിക്ക്താൽപ്പര്യമുണ്ട്, താങ്കളുടെ ഭാവി പരിപാടികളും അതിനു വേണ്ടിയുള്ള തയ്യാറെടുപ്പുകളേയും കുറിച്ചറിയൻ.

ചോദ്യങ്ങൾ

1. എന്നോട് പറയാൻ സാധിക്കുമോ ഏതു രിതിയിലുള്ള ഭാവിയാണ് കുട്ടി സ്വയം കുട്ടിയ്ക്ക് വേണ്ടി സങ്കൽപ്പിക്കുന്നത് എന്ന്?
2. എന്തെങ്കിലും വ്യക്തമായ ലക്ഷ്യങ്ങൾ കുട്ടിയ്ക്കുണ്ടോ? ഉണ്ടെങ്കിൽ ദയവായി വിശദീകരിക്കുക?
3. കുട്ടിയുടെ ലക്ഷ്യങ്ങളിലേക്കെത്താൻ ഇപ്പോൾ എന്തൊക്കെ തയ്യാറെടുപ്പുകൾ നടത്തുന്നുണ്ട്?
4. യഥാർത്ഥത്തിൽ എന്ത് തരം തയ്യാറെടുപ്പുകളാണ് കുട്ടിയുടെ ലക്ഷ്യത്തിലേയ്ക്ക് എത്താൻ കുട്ടിയ്ക്ക് വേണ്ടുന്നതെന്ന ്എന്നോട് പറയാമോ?
5. ഇതിനെ കുറിച്ചുള്ള വിവരങ്ങൾ എവിടെ നിന്നാണ് കുട്ടിക്ക് ലഭിക്കാറ്.
6. ഇവിടെ നിന്നും പോയിക്കഴിഞ്ഞുള്ള ജിവിതത്തെ കുറിച്ച് താങ്കളുടെ ആശയങ്ങൾ /ധാരണകൾ എന്തൊക്കെയാണ്?
7. ഇതിന് പുറത്തുള്ള ജിവിതവും ഇവിടത്തെ ജിവിതവും വ്യത്യസ്ഥമാണന്ന് കുട്ടികരുതുന്നുണ്ടോ? ഉണ്ടെങ്കിൽ, എതൊക്കെ രീതിയിൽ?
8. ഈ സ്ഥാപനത്തിന് പുറത്തുള്ള ജിവിതത്തിൽ, മാറുന്ന സാഹചര്യങ്ങളുമായി സ്വതന്ത്രമായി പോരുത്തപ്പെടുന്നതിനെകുറിച്ച് എന്ത് തോന്നുന്നു

9. ഇതിന് പുറത്തുള്ള സ്വതന്ത്രമായ ജീവിതത്തിന് വേണ്ടി ആവശ്യത്തിന് തയ്യാറെടുത്തിട്ടുണ്ടെന്ന് തോന്നുന്നുണ്ടോ?

Annexure-XIX

INTEGRATED CHILD PROTECTION SCHEME – KERALA

Proceedings of Member Secretary, State Child Protection Society

Sub : Social Justice Department – Integrated Child Protection Scheme – Permission to visit All Government Children's Homes under Social Justice Department – Orders issued.

Read : Letter dated 02.02.2016 from Sumitha T S, Student of Master of Public Health, AMCHSS, SCTIMST, Thiruvananthapuram.

Order No : ICPS 2/6670/2016 Dated : 20/02/2016

Ms. Sumitha T S, Student Master of Public Health, Achutha Menon Centre for Health Science Studies, Sree Chithra Tirunal Institute for Medical Sciences and Technology, Medical College, Thiruvananthapuram has requested permission to visit all Government Children's Homes in order to conduct a study among adolescents in Children's Home under Integrated Child Protection Scheme. The list of Children's home are as below.

1. Government Children's Home, Poojappura, Thiruvananthapuram.
2. Government Children's Home, Beach Road, Kollam.
3. Government Children's Home, Thiruvanchoor, Kottayam.
4. Government Children's Home, Mayithara, Alappuzha.
5. Government Children's Home, Kakkanad, Ernakulam.
6. Government Children's Home for Girls, Vellimaadukkunnu, Kozhikkode.
7. Government Children's Home for Boys, Vellimaadukkunnu, Kozhikkode.
8. Government Children's Home for Boys, Thrissur.

Based on her request including concept note, permission is granted to Ms. Sumitha T S, Student of Master of Public Health, Achutha Menon Centre for Health Science Studies, Sree Chithra Tirunal Institute for Medical Sciences and Technology, Medical College, Thiruvananthapuram to visit all the above mentioned Government Children's Homes Under Social Justice Department from March 01, 2016 to September 30, 2016 in order to conduct a study among adolescents in Children's Home.

Conditions

1. Permission is granted only for the period mentioned above.
2. Interview with the inmates of the institution should be done in the presence of the Superintendent of the Institution or an officer authorised by the Superintendent on behalf.
3. The visit and research work should not hinder the usual functioning of the institution.
4. The visit and the research work should in no way cause inconvenience to any inmates of the institution and the identity of the inmates should not be revealed.
5. Taking photographs, video audio recording at the institution and its premises can be done only with the prior permission of the Superintendent concerned.
6. Research work should be done with the consent of superintendent and after getting the assent of the child.
7. If necessary , the service of the counsellors of DCPUs is also to be used

For Director of Social Justice

To

Ms. Sumitha T S
Master of Public Health (Student)
Achutha Menon Centre for Health Science Studies
Sree Chithra Tirunal Institute for Medical Sciences and Technology
Medical College, Thiruvananthapuram
Email : sumitha34@sctimst.ac.in

Copy to :

1. The Superintendents
   All Government Children's Homes
2. Stock File.

ANNEXURE-XX

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
Thiruvananthapuram - 695 011, Kerala, India
(An Institute of National Importance under Govt. of India)
Grams : Chitramet, Phone : +91-471-2443152, Fax : +91-471-2550728 / 2446433, E-mail : sct@sctimst.ac.in, Website : www.sctimst.ac.in

Institutional Ethics Committee
(IEC Regn No. ECR/189/Inst/KL/2013)

SCT/IEC/915/MAY -2016 06-06-2016

MPH Scholar, AMCHSS,
SCTIMST, Thiruvananthapuram

The Institutional Ethics Committee reviewed and discussed your application to conduct the study entitled "INDIVIDUAL AND SOCIAL-ENVIRONMENTAL LEVEL PROTECTIVE FACTORS FOR INSTITUTIONALIZED ADOLESCENT'S MENTAL HEALTH - A STUDY AMONG ADOLESCENTS IN CHILDREN'S HOMES UNDER THE INTEGRATED CHILD PROTECTION SCHEME, KERALA" (IEC/915) on 30th May, 2016.

The following documents were reviewed:

Original submission

1. *Approval letter from TAC* 2. *IEC Application Form* 3. *Cover page*
4. *Principal investigator's short curriculum vitae* 5. *Project proposal*
6. *Participant information sheet in English and Malayalam*
7. *Informed consent form for guardian in English and Malayalam*
8. *Assent / dissent for children in English and Malayalam*
9. *Information sheet for in depth interview in English and Malayalam*
10. *Informed assent for in-depth interview in English and Malayalam*
11. *Cover sheet about children's home in English and Malayalam*
12. *Self administered questionnaire for children in English and Malayalam*
13. *In-depth interview guidelines in English and Malayalam*
14. *Permission letter issued from ICPS, Kerala.*

Revised submission

1. *Covering letter addressed to the Chairperson, IEC, SCTIMST dated 04.06.2016 with checklist*
2. *List of amendment made as per IEC Recommendations*
3. *TAC Approval Letter*
4. *IEC Application Form* 5. *Principal investigator's short curriculum vitae* 6. *Project proposal*
7. *Participant information sheet in English and Malayalam*
8. *Informed consent form for guardian in English and Malayalam*
9. *Assent / dissent for children in English and Malayalam*
10. *Information sheet for in depth interview in English and Malayalam*
11. *Informed assent for in-depth interview in English and Malayalam*
12. *Cover sheet about children's home in English and Malayalam*
13. *Self administered questionnaire for children in English and Malayalam*
14. *In-depth interview guidelines in English and Malayalam*
15. *Permission letter issued from ICPS, Kerala.*

The following members of the Ethics Committee were present at the meeting held on 30th May, 2016 at G. Parthasarathi Board Room, AMCHSS, SCTIMST

SL. No.	Member Name	Highest Degree	Gender	Scientific /Non Scientific	Affiliation with Institution(s)
1.	Dr. Meenu Hariharan	DM	Female	Clinician (Gastro-Enterologist)	No
2.	Dr. R.V.G. Menon	PhD	Male	Lay Person	No
3.	Smt. Sathi Nair	MA	Female	Lay Person	No
4.	Dr. Kala Kesavan. P	MD	Female	Pharmacologist	No
5.	Dr. Mala Ramanathan	MSc, PhD, MA	Female	Ethicist/Social Scientist (Member Secretary)	Yes

IEC Decision

The IEC approved the conduct of the study in the present form.

Remarks:

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

There was no member of the study team /guide who participated in voting / decision making process. The ethics committee is organized and operated according to the requirements of Good Clinical Practice and the requirements of the Indian Council of Medical Research (ICMR).

Sincerely,

Mala Ramanathan
Member Secretary, IEC

ORIGINALITY REPORT

2%

SIMILARITY INDEX

PRIMARY SOURCES

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6	Chopra, Geeta. "The Situation of the Child in India: Quest for Equity", Child Rights in India, 2015. Crossref	22 words — < 1%
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