
PSYCHOSOCIAL AND HEREDITY PREDICATORS ON MENTAL HEALTH OF ORPHANS

Arowosegbe, Christianah Kehinde

Department of Psychology and Behavioural Studies
Ekiti State University, Ekiti
Email: ajilakehinde@yahoo.com

ABSTRACT

The research sought to find out the psychosocial and heredity predictors on mental health of orphans, through the use of standardized questionnaires. Two hundred research participants were used in course of this study and three instruments were used which include mental health scale, Mental Health Continuum – Short Form (MHC-SF) Scale by Denise Ruschel Banderira (2016), Copenhagen Psychosocial Questionnaire (**COPSOQ**) by Sannie Vester Thorsen and Jakob Bue Bjorner, (*Scand J Public Health* 2010) and hereditary scale in which pilot study was conducted to find the internal consistency reliability of .73. This study employed a correlational design and examined the extent to which four components of quality of care (including food security, quality of shelter, quality of care giving, and access to health care services) predicted psychosocial well-being of orphaned and separated children (OSC), as well as the extent to which these components of quality of care and key demographic factors, such as age, gender, and orphan status moderated the associations between care settings and psychosocial well-being of OSC. Three hypotheses were tested in the course of this study Regression analysis was used to test the hypothesis. Result of the data analysis revealed that Psychosocial significantly influence respondents mental health ($r(198) = 2.32$ $p < .05$) and Hereditary does not have a significant influence on Respondent Mental health ($r(198) = .293$ $p > .05$).

Keywords: *Psychosocial, Heredity, Mental Health*

INTRODUCTION

Heredity are called inheritance or biological inheritance, is the process of passing traits from parents to their offspring; either through asexual

reproduction or sexual reproduction, the offspring cells or organisms acquires the genetic information of their parents. Through heredity, variations between individuals can accumulate and cause species to evolve by natural selection. The study of heredity in biology is genetics. This genetic makeup has a way of influencing mental of an individual. This is actually a subject of review

Mental health problems are characterized by the extent to which they disrupt an individual's ability to function. As a matter of fact, many consider the inability to learn, work, or participate fully in life to be one of the hallmarks of having a mental illness. Mental health issues generally, including those not severe enough to be labeled by professionals as "illnesses," can still interfere with functioning across all areas of life – socially, emotionally, and physically (Campus Health and Safety.org.). Poor mental health has been known to result in adjustment as well as interpersonal problems, diminished quality of life, deteriorating physical health, etc. Poor mental health and wellbeing can have impact on every area of a person's life including physical health, education, employment, family, relationships, and the effects can last a lifetime.

OBJECTIVE OF THE STUDY

1. To find out psychosocial influence on mental health among Orphans in Kwara State
2. To examine the influence of heredity on mental health among orphans
3. To discover the influence of psychosocial and heredity on mental health among orphans
4. To find out gender differences in mental health of the respondents

SIGNIFICANCE OF THE STUDY

The outcome of this study could be extremely beneficial to the government, NGOs, orphanages, caregivers, teachers, and everyone who has the opportunity of coming in contact with or reaching out to orphans. Findings from this study could educate the government on the state of the mental health of orphans in Nigeria. This will help in providing insight into policies that should be implemented to give adequate attention to the cause of orphans in Nigeria and to improve their lot as citizens of the nation. Some of the policies that can be implemented include the provision of quality education, healthcare, social support, shelter, food,

and a robust environment for orphans. NGOs, orphanages, caregivers and teachers would have firsthand information, from the findings of this study, on the factors that are most crucial to the maintenance of the mental health of orphans. This information will foster the development and adoption of strategies that are concerned with a reappraisal of the quality of care orphans are exposed to.

Furthermore, clinicians, through the outcome of this study, would become more conversant with the psychosocial variables that best predict the mental health and well-being of orphans.

Hypotheses

- Psychosocial will significantly predict mental health in orphans
- Heredity will significantly predict mental health in orphans
- Psychosocial and heredity jointly significantly predict mental health

Operation and Definition of Terms

Mental Health: Mental Health Continuum – Short Form (MHC-SF) Scale by Denise Ruschel Banderira (2016). Mental health refers to cognitive behavioral and emotional wellbeing. It is all about how people think, feel and behave. People sometimes use the term “mental health” to mean the absence of a mental disorder. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community (WHO, 2012).

PSYCHOSOCIAL: **Copenhagen Psychosocial Questionnaire (COPSOQ)** Sannie Vester Thorsen and Jakob Bue Bjorner, (*Scand J Public Health* 2010). These refer to as combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function. This approach is used in a broad range of helping professions in health and social care setting as well as by medical and social science researchers

Heredity: Pilot study was used to conduct the scale in which question used was generated from research questions on the internet. This is called

inheritance or biological inheritance, is the passing on of traits from parents to their offspring; either through asexual reproduction or sexual reproduction, the offspring cells or organisms acquire the genetic information of their parents. Though heredity, variations between individual can accumulate and cause species to evolve by natural selection. is study of hereditary in biology is called genetics

METHODS

Research Method

The research sought to find out the psychosocial and heredity predicators on mental health of orphans. This chapter is a presentation of the method that was used for the study. The chapter presents the research design, area of study, population, sample and sampling techniques, the research instrument, the validation and reliability of the instrument, the method of data collection as well as the method of data analysis.

Research Design

This study adopted a survey research design. The study selected research participants from among orphans in Kwara State, using a random sampling method with the aim of generalizing the results obtained from this sample to the entire population.

Research Participant

Two Hundred (200) orphans were randomly selected from orphanage home in Kwara State.

Sampling Method

The sampling method that will be used in this research work is a type of non-probability sampling techniques called "Convenience Sampling". This sampling method is simply one where only these who are within to participate would be administered.

Variables in this Research

This study consists of one independent variable and two dependent variables. The dependent variable is Mental Health, while the independent variables are: Psychosocial and Hereditary.

Research Instrument

Three scales which were compiled into a set of questionnaire which will be administered to the respondents. The first scale which is **Mental Health** scale, using **Mental Health Continuum – Short Form (MHC-SF) Scale** to measure the variable by Denise Ruschel Banderira (2016). MHC-SF consists of 14 items that are responded to on a six-point Likert scale, which ranges from “never” (1) to “every day” (6). The instrument includes three subscales that assess subjective or emotional well-being (three items), psychological well-being (six items) and social well-being (five items). Keyes (2005b) found internal reliability and validity values of .80 for all the subscales as well as the global scale.

The second scale is **Hereditary scale**. In this section, the employed instrument for hereditary status is the genetic status scale generated via a pilot study conducted in the course of this research. The pilot study was conducted using 15 participants and it's made up of 18 items which were found highly reliable out of a draft of 18 items. The questionnaire takes a 2-point Likert response format ranging from yes and no. The scale consists of a final draft of 18 items and Sample of the items include: “What are my chances of having inherited a disease or of having passed them on to my children?, Does a genetic test tells the future? Do I really want to know all this? The generated scale which consists of 18 items was found to have a good internal validity and reliability of .73.

The last instrument on this research work is **Psychosocial** scale; **Copenhagen Psychosocial Questionnaire(COPSOQ)** was used to measure **psychosocial variable** by Sannie Vester Thorsen and Jakob Bue Bjorner, (*Scand J Public Health* 2010). The items in COPSOQ II were analyzed using explorative factor analyses, separately within each major domain. The number of factors was decided based on Eigen value analysis and interpretable factor loadings. DIF analyses were performed on selected scales using the logistic regression approach. Internal consistency (reliability and validity is .75 analyzed using Cronbach's alpha. Floor and ceiling effects, defined as the proportion of respondents selecting the lowest (floor) and highest (ceiling) response options for all items in a scale, were determined for all scales. Each item was scored 0–100 (i.e. 0, 25, 50, 75, and 100 for a five response category item). The scale score was computed as the mean item score. If respondents had answered less than half of the questions in the particular scale, the scale score was set to missing. Each scale was scored in the direction.

Procedure for Data Collection

The researcher administered copies of the questionnaires to orphans in Kwara State University, after intimating them with the purpose of the research and the confidentiality of the respondents' response are assured. A total of two hundred (200) copies of questionnaire will be administered to the respondents in their class room and hostels of residence. The participants would be given to fill and return after some few minutes after which the researcher will personally retrieved the questionnaire back.

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	140	70.0	70.0	70.0
Female	60	30.0	30.0	100.0
Total	200	100.0	100.0	

RESULT

Table revealed that 70% of the respondents are male while 30% of the respondents are females.

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
0-20yrs	16	8.0	8.0	8.0
21-40yrs	116	58.0	58.0	66.0
Valid 41 & above	68	34.0	34.0	100.0
Total	200	100.0	100.0	

This table revealed that 8% of the respondents falls in age bracket 0-20yrs, 58% of the respondents are in age bracket 21-40yrs while 34% of the respondents fall in age bracket 41& above.

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean	t	df
Mental Health	Male	140	60.2286	12.62255	1.06680	2.25	198(p<.05)
	Female	60	55.6167	14.62189	1.88768		

Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
Christianity	196	98.0	98.0	98.0
Islam	4	2.0	2.0	100.0
Total	200	100.0	100.0	

This table above revealed 98% of the respondents are Christian while 2% are Islam.

Table 2: Independent t-test table comparing the Male and Female respondents mental health

The table above revealed that there is a significant difference between Male and Female respondent mental health ($t(198) = 2.25$ $p < .05$)

Table 3: Regression Analysis table showing the influence of hereditary and psychosocial on Mental Health

Regression

Model		Unstandardized Coefficients		Standardized Coefficients	t	p.
		B	Std. Error	Beta		
1	(Constant)	56.171	6.205		9.053	.000
	Psychosocial	1.024	.072	1.023	2.328	.043
	Hereditary	.035	.119	.021	.293	.770

a. Dependent Variable: Mental Health

This table revealed that Psychosocial significantly influence respondents mental health ($r(198) = 2.32$ $p < .05$) and Hereditary does not have a significant influence on Respondent Mental health ($r(198) = .293$ $p > .05$).

DISCUSSION

This study was conducted to find out psychosocial and heredity predicators on mental health of orphans. A total number of three hypotheses were tested to confirm this statement. Result of the data analysis revealed that Psychosocial significantly influence respondents mental health ($r(198) = 2.32$ $p < .05$) and Hereditary does not have a significant influence on Respondent Mental health ($r(198) = .293$ $p > .05$). In the first hypothesis, which state that psychosocial will significantly predict mental health in orphans. By using regression analysis to test this hypothesis, the hypothesis was accepted which shows that Psychosocial significantly influence respondents mental health. This result tells us that there is a significant relationship found between psychosocial and mental health. Erikson outlines a more realistic perspective of personality development (McAdams, 2001). Based on Erikson's ideas, psychology has re-conceptualized the way the later periods of life are viewed. Middle and late adulthood are no longer viewed as irrelevant, because of Erikson, they are now considered active and significant times of personal growth. Erikson's theory has good face validity. Many people find that they can relate to his theories about various stages of the life cycle through their own experiences. However, Erikson is rather vague about the causes of development. What kinds of experiences must people have to successfully resolve various psychosocial conflicts and move from one stage to another? The theory does not have a universal mechanism for crisis resolution. Indeed, Erikson (1964) acknowledges his theory is more a descriptive overview of human social and emotional development that does not adequately explain how or why this development occurs.

The second hypothesis posited that hereditary will significantly predict mental health, result state that hereditary does not have a significant influence on Respondent Mental health while, Difficulty in accessing basic services- such as health, education, food, legal, financial and psychosocial services. A very limited choice of livelihood strategies and means of generating income. A tendency to rely on negative coping strategies, such as early marriage, commercial sex or harmful forms of labor. A heavy responsibility, particularly for children who are head of

household, for the survival and wellbeing of other members of the household. These challenges expose orphans and vulnerable children to experiences that militate against their mental health and wellbeing. lastly

The third hypothesis posited that psychosocial and heredity will significantly predict mental health. Using regression analysis to test this hypothesis, result states that Psychosocial significantly influence respondents mental health and Hereditary does not have a significant influence on Respondent Mental health. In the same vein, Elope (2013) reported that Nigerian children who have lost one or both parents are prone to academic stress which eventually leads to poor school performance or the lack of education. Tagurum, et al., (2015) corroborated the foregoing as it was observed that, the death of parents usually affects and frustrate the education of children adversely making access tough and sometimes impossible. This is especially in the aspect of financial challenges which makes a significant percentage of such children drop-out of school. Those who decides to remain mostly have the experience of educational difficulties such as inability to pay tuition fees regularly and consistently, the lack of learning resources which includes school uniforms and learning stationery among others (Wiseman, 2002; United States Agency for International Development & Catholic Relief Services and Catholic Secretariat of Nigeria, 2008). Other hitches encountered by orphans in school according to Nwokoro (2011) are insufficient food, clothing, and shelter/accommodation resources. However, deficiency of identified resources causes psychological discouragement which in turn negatively affects the studies of orphans and occasionally majority unwillingly dropout of school (Wiseman,2002; Ibeh, 2011; Keat, 2014; Oyedele, Chikwature & Manyanga, 2016).

Orphanhood is a global phenomenon. Over the years, due to the HIV/AIDS pandemic and the upsurge of killings, terrorism, accidents, and other disasters, there has been a steady increase in the orphan population across the globe, particularly in Africa. These crises have negatively impacted the lives of many orphans as they are faced with multifaceted challenges that leave them helpless, distraught, and distressed.

CONCLUSION

This study provides valuable evidence that Psychosocial significantly influence respondents mental health and Hereditary does not have a significant influence on Respondent Mental health.

RECOMMENDATION

Previous research clearly indicates that orphaned and separated children (OSC) need special consideration and care due to the devastating and complex psychosocial effects of orphanhood. Currently, there is widespread belief, a plausible logic, and some empirical evidence that supports the premise that adequate care for OSC can be most effectively provided in "family environments." Consequently, global policies (Better Care Network, 2014; Save the Children, 2009; UNICEF, 2011) recommend alternative care institutions only be used as a last resort after all community-based care options have been exhausted when searching for the best alternative care option for orphaned or separated children, few

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