

IMPACT OF BIBLIOTHERAPY IN REDUCING THE ANXIETY AMONG ORPHAN CHILDREN IN SELECTED ORPHANAGES OF BANGALORE

Mr. Binesh,

Research Scholar, Shri Jagdishprasad
Jhabarmal Tibrewala University.

Dr. Priyesh M Bhanwara,

Research Guide, Shri Jagdishprasad
Jhabarmal Tibrewala University.

ABSTRACT:

Background: India has an orphan crisis. India has about three times the American population living in one third of the space. On the streets, children are disturbingly vulnerable; evil adults will cripple orphaned children in order to use them for works such as sexual abuse, physical violence, begging and many more just for monetary benefits. **Methods:** The approach used for this study was evaluative research approach. The independent variable of the study is bibliotherapy for orphan children (10-14 years) and dependent variable is level anxiety experienced by the orphan children (10-14 years). The structured anxiety assessment statements were used to collect data and were analyzed and interpreted using descriptive and inferential statistics. **Results:** The majority (90%) had Moderate anxiety and (10%) had mild anxiety in pre test, whereas (100%) had mild anxiety in post test. The overall anxiety scores of respondents were found to be 53.63% with standard deviation 7.9 in pre test. The overall anxiety cores of respondents were found to be 38.24% with standard deviation 7.3 in post test. It is evident that the obtained "t" value 26.11 is greater than the table value at 0.01 level of significance. Therefore, "t" value is found to be significant **Conclusion:** The present study was attempted to assess the impact of bibliotherapy on reduction of level of anxiety experienced by orphan children and concluded that there is reduction in level of anxiety among orphan children after exposure to bibliography. This supports that bibliography is effective in reduction of anxiety level among orphan children.

Key words: Influence; Bibliotherapy; anxiety; orphan children; orphanages.

INTRODUCTION

A kid who has lost or had their parents abandoned is considered an orphan. Only a kid who has lost both parents is often

referred to be an orphan. Orphans or "adult orphans" are other terms for adults.

Known orphans include international leaders like Andrew Jackson and Nelson Mandela, the Muslim prophet Mohammed, and authors like Leo Tolstoy and Edgar Allan Poe. In his artwork, the American orphan Henry Darger depicted the appalling conditions of his orphanage. Other noteworthy orphans include celebrities like Frances McDormand, Ray Charles, Babe Ruth, Louis Armstrong, Marilyn Monroe, and many fictional characters from books and comics.

India has a problem with orphans. In India, three times as many people live in the same area as Americans. It just takes the addition of extreme poverty, starvation, drought, natural catastrophes, AIDS, and malaria to create tragedy and, most importantly, unaccompanied minors. It is not surprising that many parents pass away under such circumstances, leaving their children in the hands of a society that is unable to care for them. Children are shockingly defenseless on the streets; bad persons will cripple orphaned kids so they may be used for laborious tasks like sexual abuse, physical abuse, begging, and other jobs for money.

Anxiety is a condition of imbalance between the expectations that are placed on a person and their capacity to handle those demands. It may also be seen as a stimulus that a person finds difficult or

hurtful. To differentiate it from the events that provoked it, the impact on the person is typically referred to as the anxiety reaction. These reactions include endocrine alterations, autonomic responses, and psychological ones like the sensation of being imprisoned.

Internal anxietyors (those that originate from within the body), external anxietyors (those that come from outside the body), developmental anxietyors (those that happen at predictable times throughout life), and situational anxietyors (unpredictable that happen at any time during the life) can all contribute to anxiety. a few examples are hospitalizations and illnesses, parent or family member loss, and orphanhood.

Growing concern has been expressed in recent years regarding how to handle anxiety in nursing. An individual's physical and psychological well-being can be impacted by anxiety. In a anxietyful situation, a nurse must meet demands for fast, cost-effective treatment. The standard of care is the responsibility of the nurses. A nurse can assist a lot of people cope with these concerns since a calm mind is a focused mind. When anxiety increases a person's capacity to face everyday obstacles, it becomes a quality-of-life issue.

Bibliotherapy has gained a lot of attention as a useful anxiety-reduction strategy. The first use of the term "bibliotherapy" was by Crothes (1916), who gave it that name at the start of the 20th century. Most people are aware of the effectiveness of therapeutic reading. When reading a fantastic novel, we often find ourselves into the world the characters are living in. When a character is suffering, we cry alongside them, we experience joy or sorrow, and we genuinely care about how

the good people handle it and how the evil people are dealt with. Typically, we also come away with fresh perspectives and ideas for our own lives.

The phrases biblio and therapy, which both allude to psychological support, are combined to form the term bibliotherapy. Biblio is derived from the Greek word biblus, which means "book." Bibliotherapy is the practice of using books to assist individuals in resolving issues. It is described as "instruction in the solving of personal difficulties via reading" in Webster's Dictionary (1985, p. 148). The two main schools of bibliotherapy are "cognitive" and "affective," respectively. The majority of the literature that is now available on bibliotherapy with kids is affective bibliotherapy. Through the process of identification, affective bibliotherapy employs fiction and other works of high quality literature to assist readers in making connections to emotional experiences and everyday events.

There are thought to be between 143.2 and 210 million orphans in the globe. In India, there are close to 40 million poor children and around 12.44 million orphans. In India, a million new orphans are added to the population each year. A tour of an orphanage will leave you with lifelong memories since it's heartbreaking to see kids who are living in abject poverty, being rejected, and being mentally and physically stunted.

With 400 million children under the age of 18, India is the country with the greatest population of children worldwide. Unluckily, roughly 25 million of them are orphans who must battle poverty every day and other possible abuses.

Being an orphan is a misfortune, but it tastes even worse when you are a

youngster. Due to their numerous, intricate, and intricately interwoven demands for safety, food, housing, education, and family connections, orphans experience extreme anxiety. Numerous studies have described the various factors that affect orphans' anxiety levels, including the loss of opportunities for quality education, health care, and future development, a lack of basic necessities, poverty, exploitation, stigma, sexual or physical violence, restricted access to services, the economic downturn, grief over losing one or both parents, a lack of affection, injustice, a lack of moral and emotional support and discrimination. Lack of school supplies, affection and care, loneliness, a lack of decent clothing, unstable housing, prejudice, and the inability to select what they want are the primary issues that orphans face throughout life. The majority of orphaned kids try to deal with the issues by working really hard, helping out in people's gardens, carrying water and reading a lot if they're in school, and doing their best to behave themselves. Others resort to begging from friends and family members or from one person to another in an effort to cope. Some of them seek God's intervention and healing via prayer, while others attempt to move from one area to another.

Orphanhood and the issues orphans experience have become a severe danger to local and national development. New, forward-thinking policies and initiatives targeted at enhancing their standard of living and guaranteeing their future are urgently required if the approaching disaster is to be avoided.

In an Indonesian residential institution, 14 participants, aged 10 to 24, including 11 men and 3 women, participated in a

qualitative research to discuss problems and coping mechanisms (orphanage and Muslim boarding school). Insufficient access to educational materials and essentials, as well as residents' feelings of isolation and the residential institution's lack of response, were determined to be key sources of anxiety for the participants. People dealt with these difficulties by seeking out social support from others and attempting to shift the emphasis of their thoughts, such as to more pleasant ones or by just mentally disengaging.

In Namibia, a research was done to investigate the relationship between single and double orphanhood and depressive symptoms and emotional discomfort in kids and teenagers. Children's Depression Inventory (CDI) was given to 157 pupils from 3 schools, comprising 84 non-orphans, 50 single orphans, and 23 double orphans. According to the findings, depressive (anxiety) symptoms were present in 21.9% of single and double orphans and 11.9% of non-orphans. The study provides proof that being an orphan is linked to poor mental health and that anxiety levels are high in about 1 in 6 children and adolescents in Namibia.

Particularly in children's and fantasy fiction, orphaned people are frequently the main characters. The absence of parents frees the protagonists from parental responsibilities and restrictions and deprives them of more conventional lifestyles, allowing them to pursue more intriguing and adventurous lives. Characters that are self-contained, contemplative, and who aspire to love are the result. In an allegoric sense, orphans might look within themselves by striving to comprehend their origins. Fairy tales frequently feature orphans, including most versions of Cinderella. Numerous

researches have been done to demonstrate that bibliotherapy is useful in lowering anxiety in both adults and children.

In general, the author was enlightened by facts and statistics to carry out a study on the Influence of Bibliotherapy in reducing the anxiety among orphan children in selected orphanages of Bangalore, with the objectives 1) to assess the existing level of anxiety among orphaned children. 2) To select and administer the bibliotherapy material among orphan children 3) to assess effectiveness of bibliotherapy on level of anxiety among orphan children.

HYPOTHESIS

H₁: There will be significant difference between pre-test and post test scores for anxiety among orphan children receiving bibliotherapy.

MATERIALS AND METHODS

The present study is evaluative research approach was adopted in order to assess the Influence of Bibliotherapy in reducing the anxiety among orphan children at Sneha orphanages Bangalore, An one group pre-test post-test (pre- experimental) design has been used to attain the objectives of the present study. Study was conducted at Sneha orphanages Bangalore. The Independent variable is bibliotherapy for orphan children and Dependent variable is level anxiety experienced by the orphan children. The target population of the present study comprises of Orphan children in the age group of 10-14 years living in selected orphanages in Bangalore. By adopting purposive sampling technique 60 Orphan children's of age group of 10-14 years was used to collect data. Data collection was carried out for a period of one month. This data were entered into the excel sheets and analyzed using SPSS for windows, Version 16.0, Chi-square test

was used for the evaluation of the level of significance.

Sampling criteria

The samples were selected with the following predetermined set of criteria.

Inclusion criteria:

1. All orphan children in the age group of 10-14years living in orphanages suffering from considerable anxiety.
2. Conscious and mentally alert
3. Children who are cooperative

Exclusion criteria:

1. Children who are critically ill.
2. Children with neurological deficit.
3. Children who are not interested in reading.

Selection and development of the tool

The investigator has prepared the structured anxiety assessment statements to assess the level of anxiety experienced by orphan children in selected orphanages for the present study. The tool was having two sections, section 1: Demographic variables such as age, sex and educational status, duration of stay in the orphanage, any visitors and the number of visits. Section 2: Anxiety statements on which include Social anxiety Physical Anxiety Cognitive anxiety, Emotional anxiety and Spiritual anxiety.

Development of bibliography

The first draft of the bibliography was developed based on the objectives of the study and was given to 7 experts in the field of child health nursing along with objectives, criteria rating scale based on their suggestions and recommendations (i.e. expansions of abbreviations used and correction of certain items), the final draft of bibliography was prepared for orphan children (10-14years). Bibliography Stories included Biography of A.P.J. Abdul Kalam, The Star Fish Story, Loyalty and Friendship, The Secret of

Happiness, Reflection Of You, Inspiring stories of Orphans Of Our Time and An orphan girls success story.

Method of data collection

After receiving official authorization from the relevant authority, data was gathered from 60 participants, with the orphan children chosen using a purposive selection approach. The subject’s willingness to engage in the study was determined after the investigator gave a self-introduction and described the objective of the investigation. The individuals have been guaranteed of their anonymity and the confidentiality of the information they have supplied, and signed informed permission has been acquired. The pre-test was administered on the first day, followed by the Bibliography, after one week, and the post-test was administered using the same tool.

RESULT

The data were analyzed on the basis of the study objectives, using both descriptive and inferential statistics. Findings are organized in the following headings

Table – 1: frequency and percentage distribution of Demographic profile of orphan children

Demographic variable	Frequency	Percentage
Age		
10 years	6	10.0
11 years	12	20.0
12 years	6	10.0
13 years	12	20.0
14 years	24	40.0
Gender		
Male	30	50.0
Female	30	50.0
Educational status		
No formal education	6	10.0
Primary	12	20.0

school		
Middle School	12	20.0
High School	30	50.0
No formal education	6	10.0
Duration of stay in orphanage		
From six months	6	10.0
One Year	18	30.0
Two to four years	12	20.0
More than 5 years	24	40.0
Number of visitors per day		
No	48	80.0
One to two person	12	20.0
Total	60	100%

The distribution of the subjects by age revealed that the (40%) were completed 14 years and (10%) completed 10 years of age, orphan children (50%) were males and females respectively. Education status of orphan children (50%) was studying high school and only (10%) were not having formal education. Duration of stay in orphanage children (40%) were staying more than 5 years and only (10%) were staying from past six months and Number of visitors per day orphan children (80%) was not having any visitors and only (20%) were getting one or two person as visitors.

Table – 2: pre test and post test anxiety level of orphan children N=60

ANXIETY LEVEL	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Mild anxiety	6	10.0	60	100.0
Moderate anxiety	54	90.0	0	0.0

Severe anxiety	0	0.0	0	0.0
Total	60	100	60	100

The distribution of orphan children according to their anxiety level shows majority (90%) had Moderate anxiety and (10%) had mild anxiety in pre test, whereas (100%) had mild anxiety and no participants had moderate or severe anxiety.

Table – 3: Mean, mean percentage and standard deviation for the pre test anxiety scores of orphan children N=60

Sl . No.	Anxiety aspects	No. of Items	Max Score	Mean	Mean %	SD
1	Social anxiety	12	48	23.53	49.02	2.258
2	Physical Anxiety	10	40	22.65	56.62	2.711
3	Cognitive anxiety	10	40	20.45	51.12	2.078
4	Emotional anxiety	15	60	34.35	57.25	2.169
5	Spiritual anxiety	5	20	10.58	52.9	1.680
Overall		52	208	111.57	53.63	7.997

The maximum mean percentage obtained by the orphan children is found in the aspect of emotional anxiety (52.9%) followed by Physical Anxiety (56.62%), Spiritual anxiety (52.9%), Cognitive

anxiety (51.12%) and least mean score (49.02%) found in the aspect of Social anxiety. The overall anxiety scores of respondents were found to be 53.63% with standard deviation 7.9 in pre test.

Table – 4: Mean, mean percentage and standard deviation for the post test anxiety of orphan children N=60

Sl . No.	Anxiety aspects	No. of Items	Max Score	Mean	Mean %	SD
1	Social anxiety	12	48	19.72	41.08	2.811
2	Physical Anxiety	10	40	12.48	31.2	0.504
3	Cognitive anxiety	10	40	14.42	36.05	2.381
4	Emotional anxiety	15	60	24.35	40.58	0.481
5	Spiritual anxiety	5	20	8.58	42.9	2.52
Overall		52	208	79.55	38.24	7.343

The maximum mean percentage obtained by the orphan children is found in the aspect of Spiritual anxiety (42.9%) followed by Social anxiety (41.08%), Emotional anxiety (40.58%), Cognitive anxiety (36.05%) and least mean score (31.2%) found in the aspect of Physical Anxiety. The overall anxiety scores of respondents were found to be 38.24% with standard deviation 7.3 in post test.

Table 5: Comparison of pretest and post test anxiety scores of orphan children regarding Bibliography N=60

Sl. No.	Anxiety Naspects	Pre test		Post test		Mean difference	t Value	Df	Inference
		Mean	SD	Mean	SD				
1	Social anxiety	23.53	2.258	19.72	2.81	3.817	8.767	59	S
2	Physical Anxiety	22.65	2.711	12.48	0.504	10.167	27.543	59	S
3	Cognitive anxiety	20.45	2.078	14.42	2.381	6.033	15.063	59	S
4	Emotional anxiety	34.35	2.169	24.35	0.481	10.0	36.618	59	S
5	Spiritual anxiety	10.58	1.680	8.58	2.52	2.0	5.935	59	S
Overall		111.57	7.997	79.55	7.343	32.017	26.11	59	S

The obtained "t" value 26.11 is greater than the table value at 0.01 level of significance. Therefore, "t" value is found to be significant. It means there is reduction in anxiety level among orphan children after exposure to bibliography. This supports that bibliography is effective in reduction of anxiety level among orphan children.

Implications of the Study
Nursing Practice

In the delivery of healthcare, nurses perform a crucial and significant role. Anxiety health education and awareness programs will help to increase measures to avoid psychological issues, such as anxiety. To reduce the risk of psychiatric morbidity, nurses who work in both hospitals and the general population should be knowledgeable about caring for patients who have acute or chronic illnesses. Anxiety-related health and psychological issues are avoided by early detection and management. Bibliotherapy is a anxiety-reduction strategy that is both affordable and effective. The public should be made aware of this intervention by the nurses.

According to the study's findings, orphan children require bibliotherapy; customers need to be ready to care for them and overcome depressing ideas and pessimism.

Nursing Education

The current healthcare delivery system places more of a focus on prevention than on cure. The study also suggests that medical professionals need to be aware of alternative anxiety management and preventive strategies in addition to prescribing medications. The nursing curriculum should be designed such that students are exposed to various treatment techniques for clients who have psychological issues. Nursing students should be encouraged to read books that will help them deal with their own anxiety. This experience will also help them choose books for their patients, especially those in long-term care facilities, to help them cope with their anxiety and anxiety. Reading materials ought to allow readers to see themselves in the shoes of those who overcame impairments. If bibliotherapy is proven to be beneficial, it can be utilized as a anxiety-reduction technique for carers

of clients, orphan children, and student nurses.

Nursing administration

Nurse Managers should take the initiative to develop policies or strategies for offering library services to patients and their families while they are hospitalized. The majority of mental institutions had developed libraries by the eighteenth century in Europe, and by the middle of the nineteenth century in the United States. Early in the nineteenth century, numerous doctors started advising books for the emotional struggles of the mentally sick. The nurse administrator should encourage the use of bibliotherapy in diverse contexts since it is very affordable and less costly. It is important to provide in-service programs to lower level administrators like ward in-charges so they may choose the resources for their patients' outpatient therapy. The nurse authors should take a keen interest in writing, developing and refining bibliotherapy material for the effective use in various areas like clinical practice, community and home healthcare.

Nursing research

In terms of India, the use of bibliotherapy in clinical practice is still a largely untapped field. To evaluate the effectiveness of this extremely viable and less expensive therapy in numerous additional disorders and contexts, many more research studies might be conducted. The current study is only a first attempt, but it will inspire and drive health professionals to do several other research studies in this field. Researchers may also look at medicines that boost patients' self-esteem and sense of value.

The current analysis thus provides limitless possibilities and consequences for nursing practice, education, and research

aspects of orphan children on lowering their level of anxiety.

RECOMMENDATIONS

1. A similar study can be replicated on a large sample to generalize the findings.
2. A similar study may be conducted in different setting.

LIMITATIONS OF THE STUDY

1. Study was conducted in specific geographic area imposes limits on generalization
2. The findings could be generalized only to the population which fulfilled the criteria in the study.
3. The study limited to assessment of anxiety

CONCLUSION

The present study was attempted to assess the influence of bibliotherapy on reduction of level of anxiety experienced by orphan children and concluded that there is reduction in level of anxiety among orphan children after exposure to bibliography. This supports that bibliography of great personality have influenced the orphan children in reduction of anxiety level what they experience in orphanage.

REFERENCES:

1. Harrington, Joel F. *The Unwanted Child: The Fate of Foundlings, Orphans and Juvenile Criminals in Early Modern Germany*. 2009.
2. Bullen, John. *Orphans, Idiots, Lunatics, and Historians: Recent Approaches to the History of Child Welfare in Canada, Histoire Sociale: Social History*. May 1985; 18(35):133-145.
3. Safley, Thomas Max. *Children of the Laboring Poor: Expectation and Experience among the Orphans of Early Modern Augsburg*. 2006.
4. Funkquist A, Eriksson B, Muula AS. *The vulnerability of orphans*. 2007 May; 9(2):102-129.
5. Kurtz C, Bunzell M, Nagler S. *Anxiety and autonomy among orphaned adolescents*. 1993 Dec; 16(4):457-462.
6. Sen, Satadru. *The orphaned colony: Orphanage, child and authority in British*

- India. *Indian Economic and Social History Review* oct-dec;44(4):463-464.2007
7. Nyamukapa CA, Gregson S, Lopman B, Saito S, Watts HJ, Monasch R. Orphan psycho social dianxiety; theoretical frame work tested with data. *Am J Public Health* Jan;98 (1): 133-41.2008
 8. Wanat S, Whisnant J, Reicherter D, Solvason B, Juul S, Penrose B, Koopman C. Coping with the challenges of living in an Indonesian residential institution. *Jan 25; 96(1):45-50.2010*
 9. RuizCasares M, Thombs BD, Rousseau C. The Association of Single and Double Orphan hood With Symptoms of Depression among Children and Adolescents in Namibia. *Eur Child Adolesc Psychiatry* Jun;18(6):369-376.2009
 10. Sullivan, A. K. &Strang and H. R. *Bibliotherapy in the classroom: Using literature to promote the development of emotional intelligence. Childhood Education ;79(2):74-80.2002*
 11. Berns CF. *Bibliotherapy: Using books to help bereaved children. OMEGA.Journal of Death and Dying* 2004; 48(4):321-336. 2004
 12. Fawzy Nagy, FouadAmira. *Psychosocial and developmental status of orphanage children: epidemiological study. Current psychiatry* 2010 Apr;17(2):342-344.
 13. Foster G, Makufa C, Drew R, Mashumba S, Kambeu S. *Perceptions of children and community members concerning the circumstances of orphans in rural Zimbabwe. AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV ;91(4):459-465.2002*
 14. Reena Georg. *Effectiveness of bibliotherapy on Anxiety reduction among Hansen's disease patients in selected settings In Mangalore. Rajiv Gandhi University of health science, 2005.*
 15. Hridya A.PV. *Effect of bibliotherapy on anxiety among children at selected orphanages, Coimbatore. The Tamilnadu Dr. M.G.R Medical University, 2014.*