

Analytical Study on Impact of Child Centered Play on Socialization of Children Development

Ajay Kumar Kotadiya¹, Dr. Chander Kant Chawla²

¹Research Scholar, OPJS University, Churu, Rajasthan

²Associate Professor, OPJS University, Churu, Rajasthan

Abstract

Children require more care than any other group in society. The information in this page is supported by a wide range of evidence. A study was conducted to evaluate the impact of child-centered play on the socialization of children at a particular orphanage. Lack of biological parents has an impact on a child's development and wellbeing. This study looks at the living situation, academic achievement, and nutritional status of children residing in the households whose parents or both parents were deceased.

Keywords: *Psychosocial problems; Orphan children; Primary school Depression, Orphan children.*

1. INTRODUCTION

Juvenile delinquency is not largely inherited because it is a learned behavior brought on by an unfavorable setting in which kids are left to grow up neglected. After independence, children require more care than any other group in society. However, this segment has only been given advantages to ensure their future since the First World War, and as a result of the laws and regulations, the issue of juvenile delinquency is one of the most challenging social issues that all countries must deal with. Both industrialized and emerging cultures have seen a constant increase in its scale throughout the modern era. This is largely because the forces of modern society's fast social development have rocked the basic foundation of society.

A vital part of good overall health is having a healthy mouth. Even though having healthy teeth is only one aspect of having good oral health, many kids lack adequate dental and general health due to active and unchecked caries. Almost everyone has dental caries and periodontal disease, which are both highly common. The most common ailment among children around the world is dental caries. The World Health Organization (WHO) states that it is the second most prevalent illness in kids. Dental caries' prevalence and severity have been steadily rising, according to a number of research conducted around the nation. General well-being and oral health are intricately linked. When a child's oral health is developing poorly, they should be viewed as a risk.

Juvenile delinquency is not largely inherited because it is a learned behavior brought on by an unfavorable setting in which kids are left to grow up neglected. After independence, children require more care than any other group in society. However, this segment has only been given advantages to ensure their future since the First World War, and as a result of the laws and regulations, the issue of juvenile delinquency is one of the most challenging social issues that all countries must deal with. Both industrialized and emerging cultures have seen a constant increase in its scale throughout the modern era. This is largely because the forces of modern society's fast social development have rocked the basic foundation of society.

This website tries to give a succinct summary of a variety of research and conclusions that can guide ways to caring for children who have been removed from parental care due to orphanhood, abandonment, or other circumstances. A description of the continuum of care, which is a range of care options, current global estimates, key statistics, and facts about orphans and children living in orphanages are all provided. Additionally, there are interventions that improve family care and work to prevent children from being placed in orphanages. The information in this page is supported by a wide range of evidence. The beneficial effects of family care on children's development have been repeatedly shown in research conducted over many years in a variety of cultures and circumstances.

Play is founded on the idea that it is a child's natural means of expressing themselves. A youngster is given the opportunity to express his emotions and problems in this way, much as an adult might in some types of therapy. Children at school age seem to still engage in some type of imaginative play. Children who live in orphanages can acquire healthy behaviors and social skills with the use of role play. Orphaned children frequently exhibit deficits in their emotional, social, and physical development. Children that are institutionalized are more susceptible to several diseases. Children in orphanages may experience serious behavioral, emotional, and social issues, including antisocial or violent behavior. They are less familiar with and cognizant of the

2. LITERATURE REVIEW

E. A. Bangboye et.al (2020) Background: The number of orphans and vulnerable children in Nigeria has increased as a result of HIV/AIDS. Household hunger is a gauge of vulnerability. Assessment of household hunger among OVC households in Lagos State and its contributing factors is the goal. Methods: 1300 OVC households in 5 vetted Local Government Areas participated in a cross-sectional study. Using the Household Vulnerability Assessment index, the LGAs were chosen. A structured questionnaire was used to conduct in-person interviews with the heads or carers of families in order to collect data on socio-demographic, household economic, and food-related factors. After controlling for confounding variables, a multivariate logit model was fitted to find independent predictors of household hunger. The population density was 5.1 and 52.8% of the population was female. There were more women (84.6%) than men (78.3%) who reported not having any food to eat.

Solomon Kassie Alem (2020) The psychosocial problems orphan children encounter in public elementary schools were the focus of this study. The study's mixed-methods approach prioritizes both quantitative and qualitative research techniques. 73 individuals in total participated in the study. The fifty-five orphaned students who participated in the questionnaires were chosen using a simple random sample technique, whereas the six orphaned children, nine teachers, and three non-governmental officials who participated in the interview were chosen using a purposeful selection technique. In order to evaluate the data descriptive statistics and pinpoint the psychological problems of orphan children, the mean score and standard deviation were calculated. to ascertain whether the expected and actual mean scores differed statistically significantly.

Jugal Kishore et.al (2017) A person's or a family's socioeconomic status (SES) is a measure of their position in society and has a profound impact on all aspects of life. It is recognized to have an impact on the accessibility, affordability, acceptability, and utilization of the current healthcare facilities. The myriad variables in the real world make it impossible for anyone measurement tool to provide a comprehensive assessment of SES, even if it were desirable. In India, a number of scales have been developed to classify diverse populations according to socioeconomic status. The Udai Pareek-Trivedi scale from 1964, the Gopalswamy scale from 1976, the Aggarwal scale, and the Tiwari-Abrash Kumar scale are among the scales still in use. Despite the fact that each of these scales has certain benefits, they also each have some negatives, making

John Charles et.al (2022) Worldwide, 2 billion people experience moderate to severe food insecurity, necessitating corrective action that includes actions to bolster the economy. In this study, food security among Tanzanian caregivers of orphans and vulnerable children (OVC) was evaluated in relation to the impact of household economic strengthening (HES) intervention. The USAID Kizazi Kipya project's baseline (2017–2018) and midline (2019) data on OVC caregivers served as the basis for the longitudinal study. Utilizing the Household Hunger Scale (HHS), the outcome was classified into three categories: little to no hunger (food secure), moderate hunger, and severe hunger. The primary independent variable was participation in the WORTH Yetu economic strengthening intervention, which was financed by USAID Kizazi Kipya. Generalized estimating equation (GEE) for multivariate analysis was used in the data analysis. an average age of 50.3.

Mariana et.al (2017) Although Tanzania's alternative care systems for orphans and vulnerable children have helped, there are still issues that make it difficult to provide these children with proper care. In an effort to promote family-based care for OVC, the primary goal of this study was to investigate the alternative care systems now in place for orphans and vulnerable children in Dar es Salaam. In order to consider the theoretical underpinnings of the study, the researcher used ecological systems and attachment theories. Through the use of mixed methods research, both qualitative and quantitative research techniques were used simultaneously. In order to get qualitative data for the study, semi-structured interviews, focus groups, and observation were used. Questionnaires were used to gather quantitative data. The investigation was conducted in the city.

Mural Christian et.al (2020) Children who do not have a single parent or both parents appear to suffer from a variety of psychiatric disorders more frequently than other children because they are more likely to be damaged

due to a lack of love and affection. Additionally, according to several research papers, orphan youngsters experience despondency because no one is willing to assist them. Researchers have found that internalizing problems, such as depression and anxiety, are more likely to affect orphaned youngsters.

3. RESEARCH AND METHODOLOGY

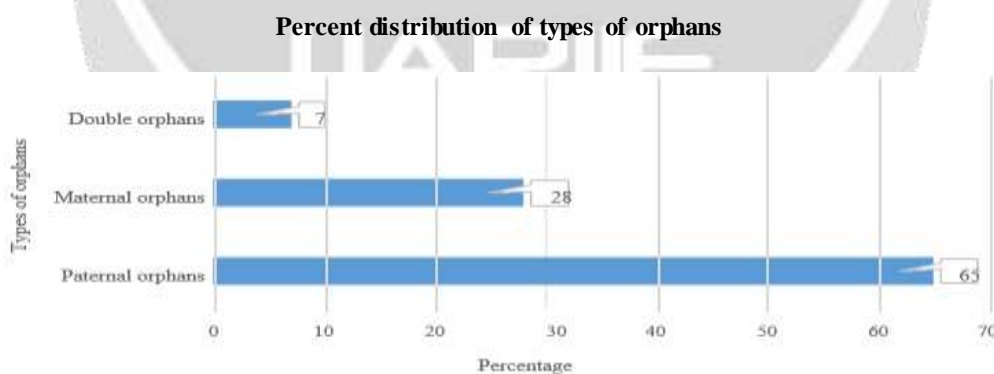
Information from the National Family Health Survey, India, 2015–16 (NFHS–4fourth)'s wave was used in this study (International Institute for Population Sciences and ICF, 2017). The National Family Health Survey provides statistics on fertility, child health, education, and other significant characteristics of Indian households that are CAUSES AND VARIOUS NEEDS OF OBC CHILDRENS LIVING IN ORPHANAGES nationally representative. Mumbai's International Institute for Population Sciences carried out this survey. Only information pertaining to children under the age of 18 (0–17) was used in this article. In this study, housing situation, educational success, and nutritional status—three variables—have been compared between orphans and non-orphans. ORPHANAGES Orphans in institutions or kids who don't reside in households can't be included in the statistics because it comes from a household survey.

The study included seven background parameters for the analysis: household wealth index, religion, caste, place of residence, region in India, child's sex, and age. The "household wealth index" does nothing more than rank children inside a nation according to a specific wealth level; it bears no relationship to the nation's official poverty line. Children are distributed among the four main religions of Hinduism, Islam, and Christianity in the graph "Religion." Christ, as well as Others (it includes all other religions except these three). "Caste" depicts how children are divided into the four castes of "scheduled caste," "scheduled tribes," "other backward caste (OBC)," and others (it includes all other castes except these three). Binary logistic regression and bivariate analysis are employed to determine.

4. DATA ANALYSIS

Orphan children and their living arrangement

This section largely focuses on the living arrangements of the orphans under the age of 18 (0 to 17 years) who are living in the households. According to statistics from the National Family Health Survey's fourth round, which was conducted in 2015–16, almost 5% (4.92%) of the total sample size (N) of 49958 children were orphans. Children in homes between the ages of 0 and 17 are included in the sample size. The percentage of paternal, maternal, and multiple orphans is shown in Fig. 1. Two-thirds of all orphans, or 65 percent, were paternal, while 28 percent were maternal, and 7 percent were double orphans (Fig. 1).



N = 49958.

Fig. 1. Percent distribution of types of orphans (aged 0–17), NFHS-4 [2015–16].

Either parent (defined as either the mother or the father, whichever is still alive), grandparents (defined as either the grandmother or the grandfather, whichever is still alive), other relatives (defined as siblings, cousins, and other extended family members), an adopted or foster home, and other households (includes working as a domestic servant, do not share blood relation with the member of the household). It was discovered that maternal and paternal orphans primarily resided with their grandparents, then with their mothers and fathers, respectively. The majority of double orphans resided with other family members, then their grandparents. A

sizeable portion of the double orphans also resided in other houses, whether as adopted children or in foster care (Table 1).

Table 1 Percent distribution of orphans (aged 0–17) and their living arrangement in Indian Households, NFHS-4 [2015–16].

Type of Orphans	Living with (%)					
	Either Parent		Grandparents	Other relatives	Adopted/Foster home	Other Households
	Father	Mother				
Paternal orphan	–	63.5	22.0	13.0	1.0	0.5
Maternal orphan	63.2	–	23.6	10.6	1.9	0.5
Double orphan	–	–	31.3	55.6	9.5	3.6

N = 49958

Various background factors were used to determine the percentage of orphans in the society. Orphans were found to be more prevalent in households belonging to scheduled castes, scheduled tribes, and lower economic strata. Additionally, in terms of location, more orphans were discovered in India's northeast. Christians had the highest percentage of orphans, then people of other religions and Hindus (Table 2).

Table 2 Percent distribution of orphans (aged 0–17) by background characteristics, NFHS-4 [2015–16].

Background Characteristics	Orphans (%)
Household Wealth index	
Poorest	5.8
Poorer	5.1
Middle	4.6
Richer	3.8
Richest	2.7
Religion	
Hindu	4.6
Muslim	4.1
Christian	5.3
Others	5.0
Caste	
Scheduled castes	5.0
Scheduled tribes	5.8
Other backward classes	4.3
Others	4.0
Place of residence	
Urban	4.4
Rural	4.6
Region in India	
North	4.8
East	4.3
West	4.2
South	4.4
Central	4.7
North-east	6.2
Sex of child	
Male	4.5
Female	4.6
Age of child	
0–4	1.1
5–8	3.0
9–12	5.7
13–17	9.0

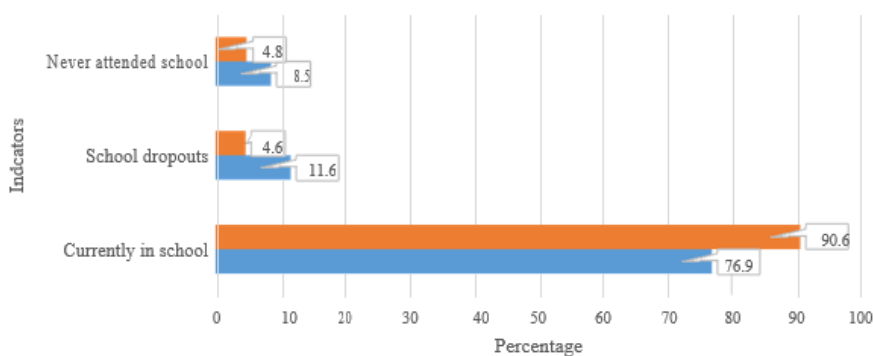
Chance ratio as the home wealth index rises, the likelihood of having orphan children lowers. In comparison to the Northern region, the odds of orphans were 1.17 times greater in the North-East. Compared to Hindu households, Muslim households were likely to have 9% fewer orphan children. The socioeconomically disadvantaged sectors of India (scheduled castes and scheduled tribes) had a high rate of orphanage (Table 3).

Table 3 Odds ratio of orphans (0–17 years) with background characteristics, NFHS-4 [2015–16].

Background Characteristics	Odds ratio	[Confidence Interval]
Household Wealth index		
Poorest@	1.00	
Poorer	0.80***	[0.77, 0.82]
Middle	0.66***	[0.63, 0.68]
Richer	0.50***	[0.47, 0.52]
Richest	0.31***	[0.29, 0.33]
Religion		
Hindu@	1.00	
Muslim	0.91***	[0.87, 0.95]
Christian	1.08	[0.98, 1.18]
Others	1.26***	[1.17, 1.36]
Caste		
Scheduled castes@	1.00	
Scheduled tribes	1.14***	[1.09, 1.19]
Other backward classes	0.93***	[0.90, 0.96]
Others	0.96	[0.92, 1.01]
Place of residence		
Urban@	1.00	
Rural	0.72***	[0.69, 0.75]
Region in India		
North@	1.00	
East	0.76***	[0.74, 0.79]
West	0.88***	[0.84, 0.92]
South	1.02	[0.98, 1.07]
Central	0.85***	[0.82, 0.89]
North east	1.17***	[1.12, 1.23]
Sex of child		
Male@	1.00	
Female	0.99	[0.97, 1.02]
Age of child		
0-4@	1.00	
5-8	2.84***	[2.66, 3.03]
9-12	5.49***	[5.16, 5.85]
13-17	9.16***	[8.62, 9.74]

N = 49958, @reference category, ***p < 0.001; **p < 0.005; *p < 0.010.

11.6 percent of orphans dropped out of school in this instance, compared to 4.6 percent of non-orphans. This figure represents the percentage of school dropouts. Third, children who are currently enrolled in school, with 90.6 percent of non-orphans and 76.9 percent of orphans attending. This demonstrates how the lack of a parent interfered with a child's education because, when compared to non-orphans, over twice as many orphans did not attend school and three times as many orphans dropped out [Fig. 2].



Non-orphans Orphans

Fig. 2. Educational Status of Orphans and Non-orphans (aged 5–17 years) based on the three indicators, NFHS-4 [2015–16]. N = 745738.

These indicators combine information about other background variables with information about the actual level of schooling. This correlation of indicators with various variables demonstrates that orphans were underrepresented in practically all empirical relationships. When compared to non-orphans, school dropouts and children who never attended school accounted for the majority of orphans, and both groups were declining as the family wealth index rose. Particularly among orphans, children from remote areas and female youngsters demonstrated low educational status. Orphans' educational status was lower among Muslims and in marginal sections of society (scheduled caste and scheduled tribes) compared to non-orphans; additionally, children from these groups of people were less likely to receive an education than those from other groups or from other religions [Table 4].

Table 4 Percent distribution of Orphans and Non-orphans (aged 5–17 years) who never attended school, school dropouts, and currently in school by background characteristics, NFHS-4 [2015–16].

Background characteristics	Never attended school (%)		School dropouts (%)		Currently in school (%)	
	Orphans	Non-orphans	Orphans	Non-orphans	Orphans	Non-orphans
Household Wealth Index						
Poorest	15.0	10.7	11.8	10.3	73.2	79.0
Poorer	7.4	4.5	11.5	10.3	81.1	85.1
Middle	4.9	2.8	11.7	10.4	83.4	86.8
Richer	3.7	2.0	11.0	10.7	85.3	87.3
Richest	3.6	1.2	12.2	11.0	84.2	87.7
Religion						
Hindu	7.9	4.4	11.8	10.7	80.3	85.0
Muslim	15.0	8.6	12.2	10.2	72.8	81.3
Christian	4.6	3.1	10.6	9.3	84.8	87.7
Others	7.2	3.3	10.2	10.6	82.6	86.1
Caste						
Scheduled castes	9.3	5.4	11.9	10.7	78.8	83.9
Scheduled tribes	9.4	6.4	11.3	9.9	79.3	83.7
OBC's	8.4	4.7	11.8	10.8	79.8	84.5
Others	6.4	3.5	11.6	10.4	82.0	86.1
Place of residence						
Urban	7.8	3.5	11.5	10.7	80.7	85.8
Rural	8.7	5.4	11.7	10.4	79.6	84.2
Regions of India						
North	6.8	3.9	11.8	10.8	81.4	85.3
East	11.5	6.6	11.0	9.9	77.5	83.4
West	4.8	3.2	9.9	10.4	85.3	86.3
South	3.8	1.8	11.8	11.3	84.4	86.8
Central	11.2	6.6	12.9	10.9	75.9	82.5
North-east	5.9	3.3	10.6	9.3	83.5	87.4
Sex of child						
Male	8.3	4.4	11.5	10.3	80.2	85.2
Female	8.7	5.4	11.8	10.6	79.5	83.9
Age of child						
5 – 9	10.5	7.0	1.0	0.9	88.5	92.0
10–13	7.3	3.1	20.6	21.8	72.1	75.0
14–17	8.6	4.5	9.4	8.2	82.0	87.3

N = 745738.

5. CONCLUSION

The person's personality is greatly influenced by their childhood experiences. And because of this, everyone in every community places a high value on children and their welfare. Additionally, it has shown the negative consequences that children may have from living away from their families. This resource emphasizes the value of successful interventions to build families and avoid unnecessarily severing them. The impact of child-centered play on the socialization of orphanage children was examined in a study. It was discovered that orphans had higher rates of school dropouts and the proportion of kids who never went to school. There were several reasons given by kids for not attending school, but one of the biggest ones had to do with their homes.

6. REFERENCES

1. E. A. Bamgboye et.al (2020) Socio-economic status and hunger among orphans and vulnerable children households in Lagos State, Nigeria DOI:10.4314/ahs.v20i2.47
2. Solomon Kassie Alem (2020) Investigating psychosocial problems of orphan children in primary schools <http://dx.doi.org/10.33902/JPR.2020058810>
3. Jugal Kishore et.al (2017) Scales used in India to evaluate socio-economic status in medical research: Limitations of existing scales and the need of a more comprehensive one <https://www.researchgate.net/publication/329287402>
4. Mural Christian et.al (2020) A Study to Assess the Effectiveness of Spiritual Prayer in Reducing Level of Depression among Orphan Children in Selected Orphanage Homes of Central Part of Gujarat State DOI: <https://doi.org/10.37506/ijphrd.v11i5.9393>
5. Ammara Asif. Self-Esteem and depression among orphan and Non-orphan children. MedCrave Group LLC, June, 2017. [cited 14 April] Available from: <https://pdfs.semanticscholar.org/b38d/5229eb24f4b63c75ad6d219b6f93aa443ac3.pdf>
6. U.S. Department of Health & Human Services. What is mental health? Mental Health.gov. S.W. Washington; 2017. [cited 14 April] Available from: <https://www.mentalhealth.gov/basics/what-is-mental-health>
7. Your dost. Socking depression statistics in India (online). Published on March 2017.(cited on 22 May 2018). Available from: <http://yourdost.com/blog/2017/03/depression-statistics-in-india.html?q=/blog/2017/03/depression-statistics-in-india.html&q=/blog/2017/03/depression-statistics-in-india.html&>
8. Wikipedia, The free encyclopedia. Prayer (online). Published on May 2018.(cited on 13 June 2018). Available from:https://en.wikipedia.org/wiki/Prayer#Prayer_healing
9. UNICEF. Orphans[document on internet].updated June,2017. [cited 20 April] Available from : https://www.unicef.org/media/media_45279.html
10. The age. Pell adamant prayer cures cancer.[document on internet]. Updated 21 Dec 2009.[cited 20 April] Available from : <http://www.theage.com.au/national/pell-adamant-prayer-cures-cancer-20091221-l8fy.html>
11. Creswell, J., W. (2014). Research design: qualitative, quantitative and mixed method approaches /4thed/. Thousand Oaks, California: SAGE Publications.
12. UNICEF (2016). The rights of every child. Retrieved from <https://www.unicef.org.uk/child-rightspartners/wp-content/uploads/sites/3/2016/08/CRC>.
13. UNICEF (2017). Orphans. Retrieved from: https://www.unicef.org/media/media_45279.html [Accessed on 23 December 2019].
14. UNICEF. (2013). Improving child nutrition. UNICEF, New York: The achievable imperative for global progress.