

## Mental Health among Orphan and Non-Orphan Adolescents

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### Abstract

Mental health is defined as a state of happiness in which each person understands his or her own protentional of handling challenges of life. A mentally healthy person can work effectively and joyfully and can make an influence on others. An orphan is a person who has lost both his parents and mostly learns to cope with the issues while experiencing life adversity. The main aim of this study is to find mental health among orphan and non-orphan adolescents in Raipur and Bilaspur. 40 orphan adolescents were selected from the different orphanages of the Raipur and Bilaspur of Chhattisgarh using a purposive sampling method, similarly, 40 non-orphan adolescents were selected from different schools. General Health Questionnaire- 28 was used to measure somatic, anxiety, social dysfunction, and depression. Both the group were found significantly different on somatic ( $t = 10.30; p < .001$ ), anxiety ( $t = 10.30; p < .001$ ), social dysfunction ( $t = 10.30; p < .001$ ) and depression issues ( $t = 10.30; p < .001$ ). Study shows that orphans' mental health was poorer than non-orphan adolescents.

**Key Words:** Mental health, Orphan adolescents, Non-Orphan adolescents

### INTRODUCTION

Mental health comprises our feelings, cognitive process, and enlightenment. It affects our thinking, feeling; and life processes and also affects our stress handling skills. Mental health is very important at every stage of life. Many factors such as biological, brain chemistry genes, life experiences such as trauma or abuse, and family history of mental health are causes of mental health problems. According to the World Health Organization when children do not achieve social and behavioural potential then they lose their confidence and suffer from many mental health issues.

Mental health plays an important role in Adolescent life. In this period adolescents feel lots of changes in their life. When they enter social life. They feel lots of changes and

face many issues. Social problems like delinquency, crime, suicide, alcoholism, drug addiction, prejudice, underachievement, and dropping out of school are more sensitive problems in adolescents. WHO says that worldwide 10-20% of adolescents experience mental health half of all mental illnesses begin in the age of 14 and two-quarters by mid-20s. Therefore, Adolescents face major challenges like stigma, isolation, and discrimination, as well as lack of access to health care and education facilities. Recent studies have identified mental health problems - in particular depression, as the largest cause of the burden of disease among young people.

Poor mental health can have serious effects on the wider health and development of adolescents and is associated with health and social outcomes such as higher alcohol, tobacco, and illicit substance use, adolescent pregnancy, school dropout, and delinquent behaviours. Parenting style refers to the way parents interact with each other and with children. Studies have shown that parent-child interactions and relationships and parenting styles affect mental health both in positive and negative ways.

According to the National Health Survey- 3 which includes data from 2005 to 2006, 41% of India's population is under 18 and it was also the largest child population in the world. According to the study, an additional 13 percent of these children live in single-parent households, which are also socially and economically marginalized than those in houses with both parents. 85% of children with single parents are mostly living with their mothers and 4% of the Indian population are orphans. However, the challenges of mental health are different for orphans.

Orphan is defined as abandoned children, who have lost their parents. Studies reveal that India is home to 20 million orphans. States Uttar Pradesh, Madhya Pradesh, and Chhattisgarh are home to billions of orphan children under age 18. This may rise to 7.1 million and states in the eastern region Bihar, Orissa, Jharkhand, and West Bengal have up to 5.2 million by 2021. These states have double the number of orphan children. Poverty has played a significant role in increasing the number of abandoned and orphan children in these states. Military-affected areas are also to be partially blamed. The importance is given to understanding their physical states and mental health by several organizations all over the world. According to the United Nations International Children's Emergency Fund (UNICEF), children who have no parents or have a single parent, are malnourished and

don't reach their full potential of psychological and intellectual capabilities. Another study in Tanzania shows a comparison of the psychological health of orphans and non-orphans, originating wide evidence of reduced psychological well-being for orphans. This shows most orphans have a psychological impairment, especially affected behavior changes such as depression, anxiety, and low self-esteem. The World Bank also says orphans have higher tendencies toward social disorganization than non-orphans. To fulfill this gap present study was conducted with the following objectives.

### **Rational of the study**

Mental health is a major concern worldwide. Due to natural disasters, war, illnesses, and poverty, a large number of populations are living as an orphan in orphanages. The orphan needs care, support, and safety from society to resettle in life by getting employment and having a family. Mental health is an important component of human health which leads to successful adjustment. This study will develop an understanding of the status of mental health among orphan adolescents and compare it with non-orphan adolescents living in Raipur and Bilaspur. It will help to plan and improve the services in orphanages by mental health professionals, and government and non-government organizations (NGOs) working for orphans. We believe this finding will be of interest to the readers of this journal.

### **Objectives**

1. To study the somatic, social dysfunction, anxiety, and depression issues among orphan and non-orphan adolescents.
2. To study the difference in somatic, social dysfunction, anxiety, and depression issues among orphan and non-orphan adolescents.

### **Hypotheses**

1. There would be somatic, social dysfunction, anxiety, and depression issues among the orphan and non-orphan adolescents.
2. There would be a significant difference in somatic, social dysfunction, anxiety, and depression issues among the orphan and non-orphan adolescents.

### **Methodology**

**Design:** A descriptive correlational research design was used to conduct the study.

## **Sampling:**

**Sampling Techniques.** Purposing sampling was used.

The samples were selected from 2 orphanages located in Raipur and Bilaspur. A total number of 40 orphan adolescents and 40 non-orphan adolescents were selected as per the following inclusion and exclusion criteria:

### **Inclusion Criteria**

Age range 10 to 19 years only. English and Hindi speakers only.

Minimum education Higher Secondary School. Orphans living in an orphanage only.

Non-orphans living with both parents.

### **Exclusion Criteria**

Subjects who were uninterested in the study.

Subjects who were suffering from any serious physical or mental issues.

Physically handicapped subjects.

Non-orphan living with a single parent.

## **Tools**

### **General Health Questionnaire 28**

The GHQ-28 was developed by Goldberg in 1978 and has since been translated into 38 languages. Developed as a screening tool to detect those likely to have or to be at risk of developing psychiatric disorders, the GHQ-28 is a 28-item measure of emotional distress in medical settings. Through factor analysis, the GHQ-28 has been divided into four subscales. These are somatic symptoms (items 1–7); anxiety/insomnia (items 8–14); social dysfunction (items 15–21), and severe depression (items 22–28) It takes less than 5 minutes to complete.

## **Procedure**

To fulfill the objectives of the study, 2 orphanages located in Raipur and Bilaspur were approached, among those 2 orphanages permitted to collect the data. 250 orphans living in orphanages were interviewed for their counseling needs. The duration was also used to identify the subject as per the inclusion and exclusion criteria of the sample. 40 orphans were selected based on inclusion and exclusion criteria. The subject was given detailed information

about the study, and consent was taken from the subject to use the data for research purposes. Data were collected by using the general health questionnaire.

## RESULTS ANALYSIS

In this study, the data obtained was analyzed by using the Statistical Package for Social Sciences (SPSS) version- 21, A paired sample t-test was calculated to see the difference between both the group's. Obtained result is mentioned below.

**Table 1: S.D. and t-test of General Health dimensions**

Variable	Orphan Mean	S. D	Non-orphan mean	S. D	t.
<b>Somatic</b>	6.47	4.02	2.15	1.79	<b>6.2*</b>
<b>Social dysfunction</b>	8.40	2.58	3.32	2.39	<b>9.10*</b>
<b>Anxiety</b>	7.27	3.92	2.07	2.54	<b>7.0*</b>
<b>Depression</b>	<b>5.87</b>	<b>3.89</b>	<b>.55</b>	<b>.74</b>	<b>8.5*</b>

The above result shows that in somatic complaints, there was a significant difference between orphans and non-orphans ( $t =$ ;  $p < .001$ ). Similarly, anxiety in orphan adolescents was higher ( $M=7.27$ ;  $SD=3.92$ ) ( $M=2.07$ ;  $SD=2.54$ ) in Comparison with non-orphan adolescents. Social dysfunction was also higher in orphan adolescents ( $M=8.40$ ;  $SD=2.58$ ) ( $M=3.32$ ;  $SD=2.39$ ) (Table 1) Compared to non-orphan adolescents. Depression was higher in orphan adolescents ( $M=5.87$ ;  $SD=3.89$ ) ( $M=.55$ ;  $SD=.74$ ) Compared to non-orphan adolescents. The result shows that there was a significant difference in somatic, social dysfunction, anxiety and depression, and demotion in orphan and non-orphan adolescents.

The result shows that orphan adolescent's mental health was much less rather than non-orphan. Orphan children face many issues because of parenting lack or other issues.

## DISCUSSION

Mental health is a very important aspect for both groups. Mental health problems such as depression, anxiety, social dysfunction, stress, and other issues among adolescents and early adults are currently estimated to range from 5 to 80% in different populations worldwide. Orphan children suffer from many mental health problems because they don't

have their parents or family, they lack confidence their economic condition is very poor and their development is affected by various biological changes. They can't control their emotions and behaviour, therefore, they suffer from many mental health issues.

A similar study shows psychosocial problems of orphans and non-orphans that the prevalence of psychosocial problems (negative emotion, stigma, depression, and behavioural problems) was higher among orphans than non-orphan adolescents. Other study shows that the orphans are ill-treated by society, which affects their mental health. The many tragedies such as the loss of a parent at a primary age have caused orphan adolescents to loss parental attachment in their lives. Living in the orphanage, deprived orphan adolescents of their parent's attention and love. They face a different environment after the death of their parents. These conditions influence orphan adolescents to experience such as depression anxiety, stress, social problem, and somatic issues.

We found in our study that orphan adolescents were more likely to suffer from mental health with caparison than non-orphan adolescents. Another study in Malaysia showed that orphan who are living in orphanages were more depressed and exposed to major depressive disorder compared to those living with their family.

In our study, it was found that there was a significant difference in somatic, anxiety, social dysfunction, and depression among the orphan and non-orphan adolescents. Both hypotheses were accepted. Another finding describes ill-treatment and no counseling care are significantly associated with mental health among orphan and non-orphan adolescents.

## **CONCLUSION**

According to our study, there was a significant difference in the mental health of orphans rather than non-orphan adolescents. Due to the lack of family and environmental issues, orphans suffer higher mental health issues in comparison with non-orphan adolescents.

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