

Well-being of Orphans : A Review on their Mental Health Status

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ABSTRACT

After reviewing almost twenty latest research studies conducted both in India and abroad related to the assessment of mental health among orphans placed in institutions, it was found that orphans ranked high in negative emotions like: depression, distress, anxiety behaviour and emotional disorders, hyperactivity, abnormal pro social behaviour, peer problem, phobias, post traumatic disorder and aggressiveness. Orphans were found to be highly at risk to psychological disorders as compared to their non-orphans. Studies have revealed the prevalence of overall social emotional and behaviour problems deep rooted in the early experience of these children. Loss of attachment and lack of parental love, care and affection have some or the other way contributed to deteriorate their mental health in later life. Study also concluded that beside degenerating mental health and leading to various psychological and psychiatric disorders, orphanhood also leads to drug addiction and evolution of suicidal tendencies among the orphans. The study concludes that there is an immediate need of supporting framework in the form of intervention programme or module to cater the needs of such vulnerable groups so that they could be availed with the suitable services and advantaged overall.

Keywords : Mental Health, Orphan, Well Being

I. INTRODUCTION

It is an old phrase that 'Health is Wealth' which has been accepted by the people all over the globe. Health is the greatest gift and bounty of nature to mankind. When we talk about mental health it refers to describe and explain the person's social, emotional and cognitive well-being. As per according to W.H.O. 'mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to his or her society or community. This definition thus removes the concept of person's mere absence of diseases, disorder or illness to be mentally healthy but incorporates above mentioned all aspects to be regarded as mentally sane and healthy in genuine way. In the mid of 19th century 'mental hygiene' was the term coined by William Sweetzer which was seen to be precursor of mental hygiene movement which took place and influenced the concept

after promoting positive mental health among the people. Later many other psychologists, educators, sociologists and veterans from medical field came in support of the idea to preserve the mind against influences and incidents of life which inhibit and destroy its peace of state. Mental health affects ways one express, think, relate, perceive and cope up which promotes individuals overall well-being. Mental health of a person is all about how one feels inside. One of the important factors co-related to positive mental health is the ability to cope up with the stresses of life, equilibration of one's emotions, balancing feelings, self-control and building up resilience which reflects the ability to 'bounce back' and to 'return' to normal functioning or condition after an unpleasant situation/incident or trauma.

Benchmarks for a person with good mental health are positive attitude towards life, feeling of security, autonomy, self-confidence, self-evaluation, emotional

stability, self-control and interpretation of one's personality. Attainment of all these mentioned attributes can only be positive when one is well adjusted to the ambience he or she is living in.

It has been observed that certain various incidents in life of a person like abuse, violence, calamity, bereavement and death of near ones serves to be like an insurmountable trauma hampering and degrading the mental health of a person. Such happenings in life leave a very destructive imprint on the long term memory of the person suffering through it. Orphanhood is one of those adversities of life which leave an individual in a state of complete helplessness. If it occurs during early stage of life than this adversity becomes much more intense leading a person into a miserable condition. An orphan is one who's either or both of the parents are dead or have left due to some or other cause. In such circumstances either they are left alone or are treated as burden on their relatives. In most of the cases such children are send to orphanages and other such institutions as they had no one to take care of them. Lack of love, attachment, disapproval and neglect by society for such group leave them to be a prey of wide range of problematic behaviours and disorders which directly or indirectly result in their stunted mental health conditions.

Objectives of the Study

Study was conducted to find out the following objectives:

1. To review the published literature related to mental health status of orphans.
2. To identify various dimensions of mental health affected by orphanhood.
3. To compare orphans and non-orphans in terms of their psychological well-being.

II. METHODS AND MATERIAL

This study comprised of researches taken up at national and international level, published various online and offline journals.

Review of Literature

Makame et al (2002) compared psychological wellbeing of 41 orphans and non-orphans living in the poor suburbs of Dar Es Salaam, Tanzania. Results revealed that orphans had markedly increased

internalizing problems compared with non-orphans and 34% reported they had contemplated suicide in the past year. Multiple regression analysis indicated that the independent predictors of internalizing problem scores were sex (females higher than males), going to bed hungry, no reward for good behaviour, not currently attending school as well as being an orphan.

LucieCluver and Frances Gardner (2007) reviewed researches on the mental health and psychological outcomes of children who are orphaned by AIDS. Reviews found that there is a clear need for further and rigorous research into mental health, risk and protective factors for children orphaned by AIDS. Furthermore it was found critical to adopt a more coordinated approach which allows for meaningful comparisons of child outcomes in different areas.

MarinusH.vanIjzendoorn et al (2008)studied 3888 children in 19 different countries; on comparison of intellectual development of children living in children's orphanages was compared with that of children living with foster families. Findings showed that children growing up in orphanage had low IQ as compared to children in foster homes. The age at placement in the children's home, the age of the child at the time of assessment and the development level of the country residence were associated with the size of the delays. Children growing up in orphanage showed a substantial lower level of IQ (avg. IQ of 84) than their peers reared in foster families (avg. IQ 104).

Nagy Fawzy and AmiraFourad (2010)studied emotional and development disorders among orphanages children in Sharkia governorate. Sample comprised of 294 children from 4 orphanages of Sharkia. Students were subjected to psychiatric assessment for depression, anxiety, self-esteem and paediatric development disorders. Finding showed that rate of depression was 21%, anxiety was 45%, low self-esteem was 23% and development disorder was 61%. It further included that there was high rate of emotional and development disorders among orphanage children and strongly inter related with socio demographic characteristics.

Susan N. Ngunu (2011) investigated the psychosocial problems of orphans and their impact on the academic achievement. Sample consisted of 84 orphans and 120 non orphans. It also comprised of 10 teachers. Results revealed that the psychosocial problems of orphans

affected their academic achievement; the orphans had more psychosocial problems and low academic scores than non-orphans. Recommendations were made for both interventions measures that would be employed and further research.

Ali Mostafaci et al (2012) compared “happiness in orphan and non-orphan children. Using cluster sampling 74 orphan and non-orphan children were selected. Results showed that there was a significant difference between orphanage and non-orphanage children in positive and negative emotions. Orphanage children show more negative emotions and less positive emotions in comparison with non-orphanage children. There was no significant co-relation between age, education and happiness.”

Azza Ibrahim et al (2012) conducted “study to assess the prevalence and the predictors of depression among orphans in Dakhalia governorate orphanages. A cross sectional descriptive study included 200 orphans in orphanages of Dakhalia governorate, Egypt. Results revealed that 20% of orphans were prone to depression. Girls were about 46 times more likely to have depression than boys. Logistic regression analysis showed that the only independent predictor of depression is child gender.”

Grace Zhou (2012) studied “demographic and behavioural predictors that influence the psychosocial health of orphans. Data involved 1851 children across six sites in Cambodia, Ethiopia, India, Kenya and Tanzania, who were enrolled in the positive outcomes for orphan study (POFO). Results revealed that maternal orphan, double orphan and children who engage in labour outside home were particularly vulnerable to psychosocial distress. In addition multivariate models showed that variation in site and living arrangements were significantly associated with the subject’s psychosocial outcomes.”

M.MudasirNaqshbandi et al (2012) examined “the effect of institutionalization on orphans and aimed to find out the psychological impact on orphans. Results showed that conflict is the major reason for increase in the number of orphans in Kashmir. It also pointed out the fact that, most of the orphans faced psychological problems and almost all agreed that their adjustment in conventional society would be difficult once they are out of institutions.”

Mohamed A. EL Koumi et al (2012) identified the prevalence of emotional and behavioural problems and

the associated factors in orphanage children. Sample consisted of 265 children of 6-12 years of age group living in three different orphanages care systems. Results revealed prevalence of behavioural disturbances was 64.53% among those in institutional care and the most prominent psychiatric disorders were nocturnal enuresis 23.3% attention deficit hyperkinetic disorder (ADHD) 19.62% oppositional defiant disorder 17.36%.

WasimaRahman et al (2012) examined “the prevalence of the behaviour and emotional disorder among the children living in orphanage in Dhaka city and assessed the possible factors associated with the presence of disorders among the studied population. Total 342 cases were included. Results revealed that overall prevalence of behavioural and emotional disorders were 40.35% in which behavioural disorder was 26.9%, emotional disorder was 10.2% and both behavioural and emotional disorder were 3.2%. Higher length of stay in orphanage and low level of education of foster mother were significantly associated with the psychiatric morbidity of the respondents.”

AfeworkTsegaye (2013) compared “psychological well-being of orphan and non-orphan children in Ethiopia to explore the conditions or situations that could promote the psychological well-being of orphans. Sample comprised of 120 non orphans and three representatives of charity clubs in the selected schools. Findings revealed that orphans had lower psychological well-being as compared to non-orphans. Grade level was significant and positive correlated with psychological well-being. Gender and age were not significantly related with psychological well-being.”

ShekmneshAsfawesen et al (2013) assessed the factors associated with psychological distress of AIDS orphan adolescents in Mekelle city, Tigray, Ethiopia. Sample consisted of 239 subjects of 10-19 years of age group. Results showed that 25.3% participants were depressed in the week before the survey 17.7% orphans adolescents were anxious. Self-esteem and employment opportunity were the main variables associated with depression and anxiety.

Nasir Mohammad Bhatt (2014) compared “the mental health status among orphan and non-orphan secondary school students of Kashmir valley. Sample consisted of 210 secondary schools students (131 orphan) and (79 non orphan) from different schools and orphanages. Age of sampling group ranges from 13-17 years with

mean age of 15 yrs. Results revealed significant difference in emotional stability and depression levels between two groups. Orphans were found at the lower side of emotional stability and higher levels of depression as compared to the non-orphans secondary school students.”

Proscovia Nabunya and Fred M. Ssewamala (2014) examined the effects of parental loss on the psychosocial well-being of AIDS orphaned children in communities heavily affected by HIV/AIDS and to ascertain if boys and girls are affected differently. Sample consisted of total of 1410 adolescents who had lost one or both parents due to HIV/AIDS. Findings indicated that both boys and girls reported high levels of sadness, isolation, being scared and worried following parental loss. Controlling for socio demographic characteristics parental loss affect boys and girls differently. Parental loss has significant negative effects including socio economic and psychological distress on children especially girls.

Rabia Majeed et al (2014) investigated “the personality difference between adolescent institutionalized orphans, non-institutionalized orphans and non-orphans. Study was conducted in five orphanages and twelve schools of Lahore. Sample consisted of 240 adolescents, aged between 13-19 years divided into three group of non-orphan (n=80), institutionalized orphans (n=80) and non-institutionalized (n=80). Results revealed that there was significant difference in hostility and world view of institutionalized orphans, non-institutionalized orphans and non-orphans, although there was no significant difference in dependency, self-esteem, self-adequacy, emotional responsiveness and emotional stability among the three groups.”

Sebsibe Tadesse et al (2014) explored “the psychosocial problems and coping strategies of orphan and vulnerable children living in two orphanages in North West Ethiopia. Findings revealed that orphan and vulnerable children in the orphanages accessed all the basic services necessary to sustain their lives. Beside this it also showed that children suffered from a set of multi-dimensional and intertwined psychosocial problems that were least addressed in the orphanages.”

Sujata.R and Subin Mariza Jacob (2014) viewed “the psychosocial well-being of orphan adolescents. Study was conducted among 40 adolescent children of 12-17 years of age selected from two orphanages in Mangalore. Results showed 7.5% at risk for

hyperactivity disorder, 37.5% at risk for peer problems and 12.5% with severe peer problem. Regarding pro social behaviour 22.5% were at risk while 5% had abnormal pro social behaviour. No child was found to have conduct problems.”

Aijaz Ahmed Bhatt et al (2015) determined the nature and extend of mental health issues in institutionalized adolescent orphans of district Kupwara. Sample consisted of 11-17 years from four orphanages. Results showed that 6.5% reported suicidal tendencies, 11.25% dysthymic symptoms, 10% panic disorders, 20% agoraphobia, 7.5% separation anxiety disorder, 16.25% social phobia, 15% specific phobia, 6.25 PTSD symptoms, 1.25% substance dependence, 3.75% ADHD, 1.25 % conduct disorders, 3.75% ODD, 8.75% GAD and 23.75 comorbid conditions and 13.75% met DSM IV criteria for MDE.

Joana Salifu Yendork and Nceba Z. Somhlaba (2015) explored problems experienced along with coping and coping efficacy of 89 orphan children sampled from orphanages and 100 non orphans sampled from public schools in Acera, Ghana. Results revealed that orphans experienced more relationship problems with peers than non-orphans whereas non orphans experienced more problems with caregivers than orphans. Beside this adolescent used more self-criticism and wishful thinking than children. There were not significant age difference on social withdrawal, cognitive restructuring, distraction, blaming others, problem solving, emotional regulation, support seeking and resignation.

III. CONCLUSION

After profoundly reviewing of several studies it is precisely to be concluded that orphanhood is a very disconsolating, disolating and miserable trauma in one’s life. Such incidents or events are not only stressor in one’s overall development but it also exposes a child to the risk of neglect and poor mental health. Placement of a child in an institution like orphanage away from parental love and affection have founded to be a threat to his personality moreover make him prone to vivid psychological disorders and distress. Thus loss of adequate or integrated support lead to problems, especially for the vulnerable group who have lost their natural social supports due to some or the other cause or who have care needs beyond the resources of those supports.

IV. REFERENCES

- [1] Ali, Y.F., Banna, E.A., Youssef, U.M., Raya, Y.M., Ismail, A.A. (2012). Psychiatric morbidity among a sample of orphanage children in Cairo. *International journal of paediatrics*. Retrieved from <http://dx.doi.org/10.1155/2012/141854>.
- [2] Asfawesen, S., Aregay, A., Berhe, H. (2013). Prevalence of psychological distress and associated factors among AIDS orphan adolescents in Mekelle city, Tigray, Northern Ethiopia: Cross sectional study. *Journal of medical sciences*, 3(7), 260-269. Retrieved from www.gjournals.org
- [3] Bhatt, A.A., Rahman, S., Bhatt, N.M. (2015). Mental health issues in institutionalized adolescent orphans. *International journal of Indian psychology*, 3(1), 57-77. Retrieved from <http://www.ijip.in>.
- [4] Bhatt, N.M. (2014). A study of Emotional Stability and Depression in Orphan Secondary school students. *International Journal of Education and Psychological Research (IJEPR)*, 3(2), 95-100.
- [5] Cluver, L., Gardner, R. (2007). The mental health of children orphaned by AIDS: a review of International and southern African research. *Journal of child and adolescent mental health*, 19(1), 1-17. EISSN 1728-0591.
- [6] Fawzy, N., Fouad, A. (2010). Psychosocial and development status of orphanage children: Epidemiological study. *Journal of current psychology*, 17(2), 41-48. ISSN: 1110-5925.
- [7] Ibrahim, A., EL-Bilsha, M.A., EL-Gilany, A.H., & Khater, M. (2012). Prevalence and predictors of depression among orphans in Dakahlia's orphanages, Egypt. *Internal Medicine and Public Health*, 4(12), 2036-2043.
- [8] Ijzendoorn, M.H.V., Luijk, M.P.C.M., Juffer, F. (2008). IQ of children growing up in children's homes: A meta analysis on IQ delays in Orphanages. *Merill-palmer quarterly*, 54(3), 341-366. doi:10.1353/mpq.0.0002.
- [9] Majid, R., Khan, M.A., & Khan, M.N.S. (2014). A comparative study of personality differences between orphans and non-orphans of Lahore. Unpublished thesis.
- [10] Makame, V., Ani, C., Grantham, S., Gregor, M. (2007). Psychological wellbeing of orphans in Dar-E-Salam, Tanzania. *Journal of Acta Paediatrica*, 459-465. Stockholm. ISSN 0803-5253.
- [11] Mostafaci, A., Aminpoor, H., Mohiadin, & Mohammad khani. (2012). The comparison of happiness in orphanage and non orphanage children. *Annals of Biological Research*, 3(8), 4065-4069. Retrieved from <http://scholarresearchlibrary.com/archieve.html>.
- [12] Nabunya, P., Ssewamala, F.M. (2014). The effects of parental loss on the psychosocial wellbeing of AIDS orphaned children living in AIDS impacted communities: does gender matter?. *Children and youth services review*, 131-137. Retrieved from <http://dx.doi.org/10.1016/j.childyouth.2014.05.011>.
- [13] Naqshbandi, M.M., Sehgal, R., & Hassan, F.U. (2012). Orphans in orphanages of Kashmir and their psychological problems. *International NGO Journal*, 7(3), 55-63. Retrieved from www.academicjournals.org/INGOJ: doi: 10.5897/INGOJ12.016.
- [14] Ngunu, S.N. (2011). Psychosocial problems and their impact on the academic achievement of orphans in selected primary schools in Nairobi. Retrieved from <http://ir-library.ku.ac.ke/handle/123456789/1427>.
- [15] Rahman, W., Mullick, M.S.I., Pathan, M.A.S., Chowdhury, N.F., Shahidullah, M., Ahmed, H., Roy, S., Mazumder, A.H., & Rehman, F. (2012). Prevalence of behavioural and emotional disorders among the orphans and factors associated with these disorders. *BSMMU Journal*, 5(1), 29-34.
- [16] R, S., & Jacob, S.M. (2014). Study on emotional and behavioural problems among adolescent children in selected orphanages at Mangalore. *Zenith International Journal of Multidisciplinary research*, 4(7), 253-259. Retrieved from zenithresearch.org.in.
- [17] Tadesse, S., Dereje, F. & Belay, M. (2014). Psychological well-being of orphan and vulnerable children at orphanages in Gondar Town, North West Ethiopia. *Journal of public health and epidemiology*, 6(10), 293-301. Retrieved from <http://www.academicjournals.org/JPHE>. doi: 10.5897/JPHE2014.0648.
- [18] Tsegaye, A. (2013). A comparative study of psychological wellbeing between orphan and non-orphan children in Addis Ababa: The case of three selected schools in Yeka sub-city. Unpublished thesis.
- [19] Yendork, J.S., Somhlaba, N.Z. (2015). Problems, coping and efficacy: An exploration of subjective distress in orphans placed in Ghanaian orphanages. *Journal of loss and trauma*, 509-525. doi:10.1080/15325024.2014.949160.
- [20] Zhou, G. (2012). Understanding the psychological well-being of orphans and vulnerable children (OVC): The intersection of research and policy. Unpublished thesis.