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# Mental Health Among Orphan and Non-Orphan Adolescents in Delhi National Capital Region (NCR)

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## ABSTRACT

**Background:** Mental health is defined as a state of happiness in which each person understands his or her own potential 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 learn to cope with the issues while experiencing life adversity.

**Aim:** The main aim of this study to find mental health among the orphan and non-orphan adolescents in Delhi.

**Method:** 40 orphan adolescents were selected from the different orphanages of the national capital region of India using 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.

**Result:** 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 ( $t = 10.30$ ;  $p < .001$ ).

**Conclusion:** Study shows that orphans mental health were poor than non-orphan adolescents..

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

## INTRODUCTION

Mental health comprises of our feelings, cognitive process and enlightenment. It affects our thinking, feeling, life processes and also effects our stress handling skills. Mental health is very important at every stage of life<sup>1</sup>. 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<sup>2</sup>.

Mental health play 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 adolescent<sup>3</sup>. 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 mid20s. 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 association with health and social outcomes such as higher alcohol, tobacco and illicit substances use, adolescent pregnancy, school dropout and delinquent behaviours. Parenting style refers to the way parents interact with each other and with children. Studied had shown that parents -child interactions and relationships and parenting style affect mental health both in positive and negative ways<sup>4</sup>.

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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 per cent of these children live in single-parent households, who are also socially and economically marginalized than those 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, 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, Chhattisgarh are home to billions of orphan children under age 18. This may rise to 7.1 million and states in eastern region Bihar, Orisha, Jharkhand and West Bengal have up to 5.2 million till 2021. These states have a double number of orphan children. Poverty has played a significant role to increase the number of abandoned and orphan children in these states. Military affected areas are also to be partially blamed. The importance is given to understand their physical states and mental health by several organizations all over the world. According to United Nations International Children's Emergency Fund (UNICEF), children those who have no parents or have a single parent, are malnourished and don't reach till their full potential of psychological and intellectual capabilities<sup>5</sup>. Another study in Tanzania shows a comparison of the psychological health of orphans and non-orphans, originates wide evidence of reduced psychological wellbeing for orphans. This shows most orphans having a psychological impairment, especially affected behaviour changes such as depression, anxiety and low self-esteem<sup>6</sup>. The world bank also says orphans have higher tendencies toward social disorganization than non-orphans<sup>7</sup>. To fulfil this gap present study was conducted with the following objectives.

### Need for the study

Mental health is a major concern worldwide. Due to natural disasters, war, illnesses and poverty a large number of populations is living as an orphan in orphanages. The orphan needs care, support, and safety from society to resettle in life by getting employment and Making family. Mental health is an important component of human health which leads to the 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 NCR region. It will help to plan and improve the services in orphanages by mental health professionals, government and non-government organizations (NGO) 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 the orphan and Non-orphan adolescents.
2. To study the difference in somatic, social dysfunction, anxiety and depression issues among the orphan and Non-orphan adolescents.

### Hypothesis

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:** Descriptive correlational research design was used to conduct the study.

### Sampling:

**Sampling technique.** Purposing sampling was used.

The samples were selected from 5 orphanages located in Delhi NCR. A total number of 40 orphan adolescent and 40 non-orphan adolescents were selected as per following inclusion and exclusion criteria's:

### Inclusion Criteria

Age range 10 to 19 year only.

English and Hindi speakers only.

Minimum education Higher Secondary School.

Orphans living in an orphanage only.

Non-orphans living with both the parents.

### Exclusion Criteria

Subjects who were uninterested in 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 <sup>8</sup>.

### Procedure

To fulfil the objectives of the study, 31 orphanages located in Delhi-NCR were approached, among those 5 orphanages permitted to collect the data. 670 orphans living in orphanages were interviewed for their counselling 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 purpose. Data were collected by using the general health questionnaire.

## RESULTS ANALYSIS

In this study, the data obtained was analysed by using the Statistical Package for Social Sciences (SPSS) -21 version, paired sample t-test was calculated to see the difference between both the groups Obtained result is mention below.

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

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

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 adolescent 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 adolescent ( $M=8.40$ ;  $SD 2.58$ ) ( $M=3.32$ ;  $SD 2.39$ ) (Table 1). Compared to non -orphan adolescents. depression was higher in orphan adolescent ( $M=5.87$ ;  $SD= 3.89$ ) ( $M=.55$ ;  $SD=.74$ ). compared to non-orphan adolescents. The result shows that there was a significant difference in somatic, social dysfunction, anxiety and depression, demotion in orphan and non-orphan adolescents.

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

## DISCUSSION

Mental health is a very important aspect for both groups. Mental health problem such as depression, anxiety, social

dysfunction, stress somatic and other issues among adolescents and early adults are currently estimated to range from 5 to 80% in different populations worldwide<sup>9</sup>.

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

A similar study shows the psychosocial problems of orphans and non-orphans that prevalence of psychosocial problems (negative emotion, stigma, depression and behavioural problems) were higher among orphans than non- orphan adolescents<sup>10</sup>. Other study shows that the orphans are ill-treated by society, which affects their mental health<sup>11</sup>. Because of the many tragedies such as loss of a parent at primary age has caused orphan adolescents loss of 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<sup>12</sup>. These conditions influence orphan adolescents to experience such as depression anxiety, stress, social problem and somatic issues<sup>13,14</sup>.

We found in our study that orphan adolescent was highly suffered from mental health with caparison than non-orphans' adolescents. Another study in Malaysia showed that orphan who is living in the orphanage were more depressed and exposed to major depressive disorder compared to that those are living with their family<sup>15</sup>.

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 counselling care are significantly associated with mental health among orphan and non-orphans' adolescent.

## 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 environment issues, orphans suffer higher mental health issues in comparison with non-orphan adolescents.

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**Conflict of interest:** Nil

**Sources of funding:** Nil

**Ethical clearance:** Ethical clearance was obtained from SGT University Gurugram. We clearly explained aim of the study to the participants and information was collected after the consent form was filled from each participant. The rights were given to the study participants to discontinue participation at any time and participant name and other information were not used at the time of data collection and all personal information kept confidentially was assured at the study period.

## REFERENCES

1. National Institute of Mental Health (US). National Institute of Mental Health. US Department of Health, Education, and Welfare, Public Health Service, National Institute of Mental Health; 1960. [www.mentalhealth.gov/basics/what-is-mental-health](http://www.mentalhealth.gov/basics/what-is-mental-health) .
2. SOS Children's Villages Canada is a registered charity in Canada. (Charity Registration Number 13824 7259 RR0001) <https://www.soschildrensvillages.ca/india-now-home-20-million-orphans-study-finds>
3. A Study on Mental Health among the Adolescent Orphan Children Living in Orphanages. 2017;7. <https://iiste.org/Journals/index.php/RHSS/article/download/38534/39618> · PDF file.
4. Dwairy M, Menshar KE. Parenting style, individuation, and mental health of Egyptian adolescents. *Journal of adolescence*. 2006 Feb 1;29(1):103-17. [european-science.com/eojnss/article/view/5165](http://european-science.com/eojnss/article/view/5165)
5. World Health Organization. Early Child Development. Fact sheet N 332. Retrieved May. 2009; 21:2012.
6. Foster G, Makufa C, Drew R, Kambeu S, Saurombe K. Supporting children in need through a community-based orphan visiting programme. *AIDS Care*. 1996 Aug 1;8(4):389-404.
7. Doryan E, Hunter S, Subbarao K, Walker C, Lukoda M, Ghebrikidan AT, Baingana F, Maclean H, Frederiksen B, Kamwendu C, Muwonge J. Orphans and other vulnerable children: what role for social protection world bank vision, Conference, 2001;7.
8. Goldberg DP. *Manual of the General Health Questionnaire*. Windsor. England: NEFR Publishing. 1978.
9. Greydanus D, Hawver EK, Greydanus MM, Merrick J. Marijuana: current concepts. *Frontiers in public health*. 2013 Oct 10; 1:42.
10. Bhatt AA, Rahman S, Bhatt NM. Mental health issues in institutionalized adolescent orphans. *Int J Indian Psychol*. 2015; 3:57-77.
11. Naqshbandi MM, Sehgal R, Hassan F. Orphans in orphanages of Kashmir "and their psychological problems". *International NGO Journal*. 2012 Oct;7(3):55-63.
12. Thabet L, Thabet AA. Mental health problems among orphanage children in the Gaza Strip. *Adoption & Fostering*. 2007 Jul;31(2):54-62.
13. Afework T. A Comparative Study of Psychological Well-being Between Orphan and Non-orphan Children in Addis Ababa: The Case of Three Selected Schools in Yeka Sub-City. *The school of psychology Addis Ababa University*. 2013.
14. Dorsey S, Lucid L, Murray L, Bolton P, Itemba D, Manongi R, Whetten K. A qualitative study of mental health problems among orphaned children and adolescents in Tanzania. *The Journal of nervous and mental disease*. 2015 Nov;203(11):864.
15. Mohammad Zadeh M, Awang H, Shahar HK, Ismail S. Emotional health and self-esteem among adolescents in Malaysian orphanages. *Community mental health journal*. 2018 Jan 1;54(1):117-25.