

ANXIETY AND DEPRESSION AMONG ORPHANS RESIDING IN ORPHANAGE AT JAIPUR, RAJASTHAN: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Orphans and the other vulnerable children and adolescents (OVCA) living in institutional homes are more prone to behavioral and emotional problems than others as they are deprived of a family's love and care. The present study was conducted with an aim to explore the anxiety and depression levels among orphans in the selected orphanages at Jaipur, City, Rajasthan. **Methodology:** The research design used in the present study was descriptive research design. The study was conducted among 70 orphans residing in government and primary orphanages at Jaipur city, Rajasthan. Non-probability purposive sampling technique was used to select the samples. A structured interview schedule was used to assess the anxiety level and depression level among orphans. The tools used for collection of data were structured interview schedule, which consists of socio-demographic variables, anxiety rating scale and depression rating scale. The analysis of data was done with help of SPSS 18.0. **Results:** In the present study majority of respondents (72.86%) were belong to 14-16 years of age. The most of respondents (40 %) were staying from 0-3 years in orphan home. Additionally, the majority of subjects (72.86%) were having mild anxiety and 10% of were having moderate and only 1.43% were having severe anxiety. The distribution of depression levels highlighted that nearly one-third of participants were in mild depression followed by 24.29% of the participants were having no depression and 10% respondents have moderate depression. In terms of association, there was a limited association between selected demographic variables and levels of anxiety and depression. **Conclusion:** The majority of orphans have mild anxiety and depression. There is a need of educational interventions to decline the levels of anxiety and depression among orphans in Rajasthan.

KEYWORDS: Orphans, Orphanage, Anxiety, Depression, Children, Rajasthan.

INTRODUCTION

Depression is one of the most common mental disorders in the world.^[1] Children are the valuable possession of parents and future nation makers. Any interference in mental or emotional development can cause behavioral disorders in a child.^[2] There's a child, born to parents who have been poor for generations, not allowed to educate themselves or their children, ostracized from main society for centuries.^[3] Behavior is the manner of acting or of conducting oneself, which also depends on one's own feelings and emotion. An emotion is a complex state of feeling that results in physical and psychological changes that influence thought and behavior.^[4] Orphans and the other vulnerable children and adolescents (OVCA) living in institutional homes are more prone to behavioral and emotional problems than others as they are deprived of a

family's love and care. There is a dearth of studies focusing on the psychological health of these children in India.^[4] Family and guardians play an essential role in the health and illness of their children. The growth and development of the children are also affected by the environment, especially when they have experienced the loss of parents.^[5] Emotional and behavioral problems are among the most prevalent chronic health conditions of childhood and often have serious negative consequences for a child's academic achievement and social development.^[6] There are over 20 million orphans in India; more than the total population of Sri Lanka. This figure is from a detailed study by SOS Children's Villages. The ChildLine portal of the Government states that "UNICEF estimates that there are 25 million orphaned children in India in 2007" and, "Another study estimates

that there are about 44 million destitute children and over 12 million orphan and abandoned children in India". The Planning Commission and the Government have never had a structured survey of these children. For all we know, this figure could be much higher.^[7] An orphan's life is perilous because of their lack of care and support. There are many kinds of stressful events that occur among orphans, such as deprivation from family, aggression, and physical and psychological stress, which may influence their lives and mood, and they become irritable and hopeless individuals.^[8] A review of recent studies showed that the prevalence of mental health problems in school going children varies from 6.33% to 43.1% in Indian context.^[9] The present study was designed to explore the anxiety and depression levels among orphans in the selected orphanages at Jaipur, City, Rajasthan.

METHODOLOGY

The research design used in the present study was descriptive research design. The study was conducted in government and primary orphanages at Jaipur city, Rajasthan. The samples for the present study were composed of 70 orphans residing in orphan homes. Non-probability purposive sampling technique was used to select the samples. A structured interview schedule was used to assess the anxiety level and depression level among orphans. The tools used for collection of data were structured interview schedule, which consists of socio-demographic variables, anxiety rating scale and depression rating scale. In anxiety rating scale, 22 items were consisted related to assess the anxiety among orphans. Three point scales were adopted to assess the levels of anxiety. The depression rating scale consisted 22 items related to assess the depression among orphans. The reliability of anxiety rating scale and depression rating scale were 0.89 and 0.80 respectively. The analysis of data was done with help of SPSS 18.0.

Inclusion Criteria

- Orphans who were in the age group of 6-16 years in selected orphan homes.
- Orphans who were willing to participate in the study.
- Orphans who can speak & understands Hindi language.

Exclusion Criteria

- Orphans who were not willing and unavailable during the study duration.

Method of data collection

For the present study, permission was obtained from the Director and Head of the institutions and the participants before collecting the data. The investigator was present personally, explained the need and importance of the study to the participants. Samples were selected as per sampling criteria using purposive sampling method. Selected orphans were met individually. The purpose of

the study was explained and co-operation required from the respondent was explained to them and confidentiality was assured. Consent to participate in the study was obtained from each respondents. Interviews were conducted with each child individually in a separate place assuring comfort and privacy. The investigator posed one question after one another and read to responses one by one. The most appropriate response to the respondent was marked in the schedule as the interview progressed. Each interview took around 30- 35 minutes.

RESULTS

In the present study table -1 highlighted that majority of respondents (72.86%) were belong to 14-16 years of age, followed by 24.29% in 10-13 year age group. In education qualification, nearly half of the subjects (48.57 %) were the class standard 5th to 8th class. The most of respondents (40 %) were staying from 0-3 years in orphan home. More than one-third of children were in orphan home because of the care not affordable while 24.29% children were due to lost from family members. The majority of children (67.14%) were admitted in orphanage by the Government orders. Additionally, the majority of subjects (72.86%) were having mild anxiety and 10% of were having moderate and only 1.43% were having severe anxiety (Figure-1). The distribution of depression levels highlighted that nearly one-third of participants were in mild depression followed by 24.29% of the participants were having no depression and 10% respondents have moderate depression (table-2). In terms of association, admission in orphanage was not significantly (*p-value*- 0.526) associated with level of anxiety of the children. Whereas table-3 highlighted that association between age and anxiety level was found significant at 0.05 level of significance (*p-value*- 0.029). In reference to duration of stay in orphanage was not significantly associated (*p-value*- 0.698) with levels of anxiety. In terms of reason for admission (*p-value*- 0.369) was not associated with anxiety level among orphans (table-3). Furthermore, the obtained *p-value* (0.02) of age group was found significant with level of depression. Level of depression was not associated (*p-value*-0.484) with educational qualification, while duration of stay has no significant association (*p-value*- 0.515) with depression (table-4). In terms of reason for admission (*p-value*- 0.518) was not associated with depression level among orphans. Whereas channel of admission in orphanage was not significantly associated (*p-value*- 0.853) with levels of depression.

Table 1: Frequency and Percentage Distribution of Subjects.

N=70

S. No.	Demographic variables	Frequency (%)
1.	Age	6-9 Years
		2 (2.86%)
		10-13 Years
2.	Educational qualification	17 (24.29%)
		14-16 Years
		51 (72.86%)
3.	Duration of stay in institution	I-IV
		14 (20%)
		V-VIII
4.	Reason for admission	34(48.57%)
		≥IX
		22 (31.43%)
5.	Channel of admission	0-3 Years
		28 (40%)
		4-6 Years
6.	Duration of stay in institution	11 (15.71%)
		7-9 Years
		11 (15.71%)
7.	Reason for admission	>9 Years
		20 (28.57%)
		Death of parents
8.	Channel of admission	17 (24.29%)
		Since birth
		11 (15.71%)
9.	Reason for admission	Lost family members
		17 (24.29%)
		Care not affordable
10.	Channel of admission	25 (35.71%)
		Self
		4 (5.71%)
11.	Reason for admission	Relative
		13 (18.57%)
		Social organization
12.	Channel of admission	6 (8.57%)
		Govt. order
		47 (67.14%)

Table 2: Distribution of anxiety and depression among orphans.

N=70

S. No.	Levels of behavioural problems	Anxiety	Depression
1.	Nil	11 (15.71%)	17 (24.29%)
2.	Mild	51 (72.86%)	46 (65.71%)
3.	Moderate	7 (10%)	7 (10%)
4.	Severe	1 (1.43%)	0

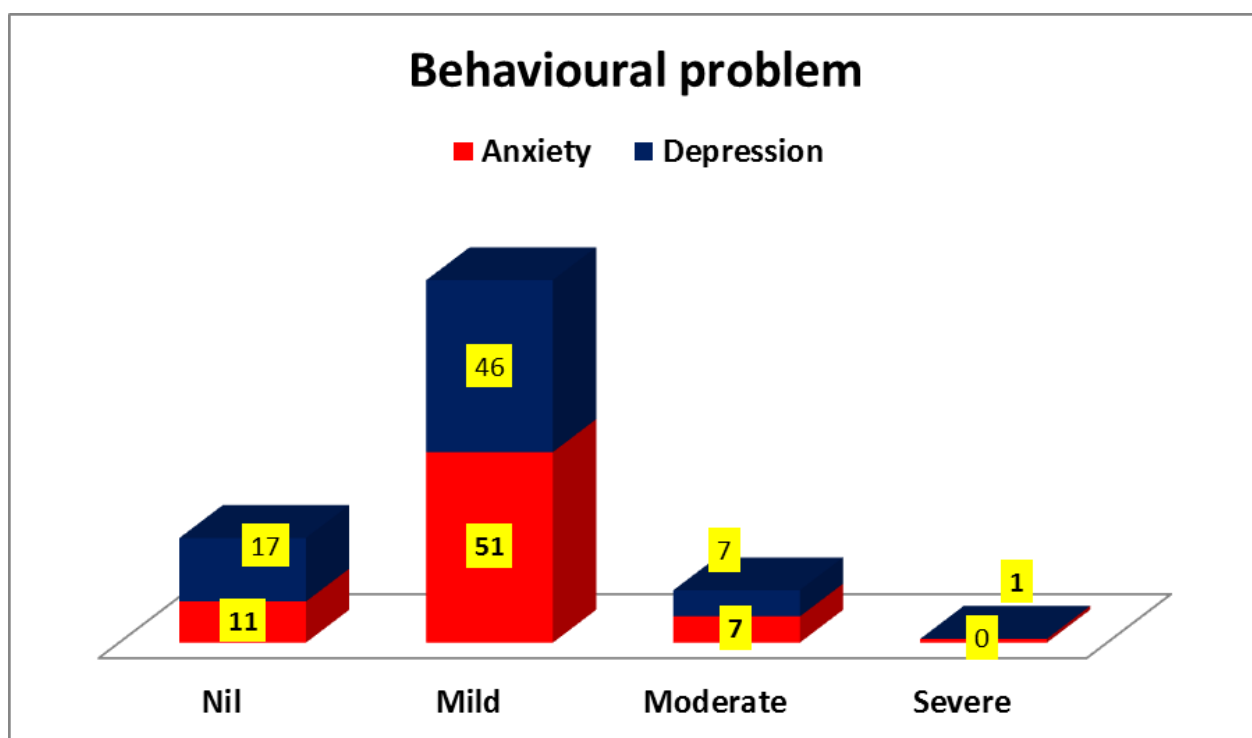


Figure-1: Distribution of anxiety and depression among orphans.

Table-3: Association between demographic variables and levels of anxiety among orphans.

N=70

S. No.	Demographic variables		Chi-square value	p-value
1.	Age	6-9 Years	4.237 df-2	0.12
		10-13 Years		
		14-16 Years		
2.	Educational qualification	I-IV	10.883 df-4	0.02
		V-VIII		
		≥IX		
3.	Duration of stay in institution (Years)	0-3	0.718 df-2	0.698
		4-6		
		7-9		
		>9		
4.	Reason for admission	Death of parents	3.883 df-3	0.369
		Since birth		
		Lost family members		
		Care not affordable		
5.	Channel of admission	Self	0.403 df-1	0.526
		Relative		
		Social organization		
		Govt. order		

Table 4: Association between demographic variables and levels of depression among orphans.

N=70

S. No.	Demographic variables		Chi-square value	p-value
1.	Age	6-9 Years	7.091 df-2	0.02
		10-13 Years		
		14-16 Years		
2.	Educational qualification	I-IV	1.451 df-4	0.484
		V-VIII		
		≥IX		
3.	Duration of stay in institution (Years)	0-3	3.259 df-4	0.515
		4-6		
		7-9		
		>9		
4.	Reason for admission	Death of parents	3.244 df-4	0.518
		Since birth		
		Lost family members		
		Care not affordable		
5.	Channel of admission	Self	0.035 df-1	0.853
		Relative		
		Social organization		
		Govt. order		

DISCUSSION

The main aim of the study was to explore the anxiety and depression levels among orphans in the selected orphanages at Jaipur, City, Rajasthan. On the basis of the findings of the study the below said conclusion were drawn. In a descriptive study, Nagy Fawzy and Amira Fouad stated that prevalence of anxiety was 45% among orphanage children.^[10] Another studies revealed that 20-33% of orphans had depression.^[11-12] In current study, the anxiety data shows that majority of respondents 51(72.86%) had mild anxiety, 11(15.71%) respondents had no anxiety, 7(10%) respondents had moderate anxiety and only 1(1.43%) had severe anxiety. In this

regard, Abdel Aziz Mousa Thabet., et al. (2017) showed that 30.9% of children rated as anxiety cases.^[13] Depression data shows that majority of respondents 46(65.71%) had mild depression, 17(24.29%) respondents had nil depression and 7(10%) respondents had moderate depression and no respondent found with severe depression. In this context, Ramgopal et al (2016)^[14] conducted a cross sectional descriptive study among 180 children in the age group of 12-18 years living in orphanage. The study revealed that 53% of the participants in age group of 12-14 years had depression. According to severity of depression 52% had mild depression, 23% had moderate depression, 14% had

severe depression, 9% had very severe depression and 38% of depressed children had suicidal intentions. The research elaborated that association between age and anxiety level was found significant at 0.05 level of significance (p -value- 0.029). Furthermore, the present findings highlighted that duration of stay has no significant association (p -value-0.515) with depression. The finding was supported by Shiferaw G et al that Sex, age and duration of stay in foster care were independent predictors of depression among orphans in orphanages.^[15] Another study by Demoze MB et al (2018)^[16] communicated that age of entrance was the variable associated with depression. The present study also communicated that the obtained p -value (0.02) of age group was found significant with level of depression. Whereas Kaur R, Vinnakota A. (2018)^[17] revealed that depression was found to be significantly associated with academic performance. Additionally, admissions in orphanage, duration of stay in orphanage, reason for admission were not significantly associated with levels of anxiety of the children. Moreover, levels of depression were not associated with educational qualification, duration of stay, reason for admission and channel of admission in orphanage among orphans.

CONCLUSION

The findings of this study highlighted that most of the orphan children have mild anxiety and depression. Admissions in orphanage, duration of stay in orphanage, reason for admission were not significantly associated with levels of anxiety of the children. Moreover, levels of depression were not associated with educational qualification, duration of stay, reason for admission and channel of admission in orphanage among orphans. There is a need of educational interventions to decline the levels of anxiety and depression among orphans in Rajasthan.

LIMITATION: The study was conducted with small sample size.

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