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ORIGINAL STUDY

A Comparative Study on Depression, Anxiety, Stress, and Psychological Wellbeing Among Orphan and Non-Orphan Adolescents

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Abstract

Background: Orphans, other vulnerable children, and adolescents living in institutions are more susceptible to developing behavioral and emotional problems because they lack the love and care of a family. The current study intends to investigate stress, anxiety, and depression inorphans living in the chosen orphanages in Mysuru, Karnataka.

Methodology: Descriptive research methods were implemented in this research. A total of 200 adolescents made up the representative sample, including 100 orphans and 100 non-orphans. The data were taken from numerous orphanages and schools located in the city of Mysore. The samples were chosen using purposive sampling techniques. The level of depression, anxiety, and psychological well-being among orphans was examined using a standardized interview schedule. A structured interview schedule that includes socio-demographic factors, stress, depression, and anxiety as well as the Ryff psychological well-being questionnaire were the instruments used for data collection. The analysis of data was done using version SPSS, 24.00.

Results: The majority of respondents (100%) belonged to 14–18 years of age, and most of the orphans had severe and extremely severe depression anxiety, and stress compared to non-orphans. And there is a significant difference between study variables among the orphan and non-orphan groups.

Conclusion: While compared to non-orphans, orphan adolescents have a high level of Depression anxiety, and stress and a low level of psychological well-being. So, there is a need to provide intervention for orphans to improve their psychological well-being.

Keywords: Orphans, Non-orphans, Depression, Anxiety, Stress, Psychological well-being

1. Introduction

The psychological well-being of children is profoundly and permanently impacted by the loss of one or both parents, which has an impact on all areas of their lives, including their ability to learn, be active, be healthy, play, be productive, and build positive relationships with others [1]. The orphanhood causes several issues, including prejudice, limited access to health and educational resources, difficulties meeting basic physiologic demands, and other things that have an impact on their destiny [2]. Orphans and other vulnerable children and teenagers residing in institutions are more prone to behavioral and emotional problems. It is widely acknowledged as a stressful factor contributing to adolescents’ poor mental health [3]. Census, 17.8 million teenagers who have lost both parents are orphans, making up about

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153 million adolescents overall. Being an orphan has a variety of psychological and emotional challenges. They are at risk of developing anxiety and depression due to a lack of self-determination and the incapacity to make decisions in day-to-day life [4]. Anxiety is defined as a fearful situation in which a person feels hesitant to talk or interact with a feared object and might paralyze intimate relationships [5] and exhibit high anxiety, phobia, and emotional and behavioral problems [6]. Recent birth cohort studies revealed that adolescence is one of the developmental stages when depression most frequently manifests itself [7]. Despite estimates of childhood depressive episodes for children under the age of 12 ranging from 1 to 3%, several studies revealed that the lifetime prevalence of major depression in teenagers ranged from 9.3 to 24.0%, with an additional 11% of adolescents reporting moderate depression [7]. Stress typically describes a negative concept that can have an impact on one's mental and physical well-being. Stress is viewed as a negative emotional, cognitive, behavioral, and physiological process that occurs as a person tries to adjust to or deal with stressors [8]. The meanings of stress might be quite individualized and entirely concrete or abstract. Auerbach and Grambling (1998) described stress as an uncomfortable state of mental and physiological arousal that people experience when they perceive a threat to their safety or well-being.

According to the World Health Organization (WHO), depression is a common mental disease characterized by a gloomy mood, loss of interest in or enjoyment in activities, decreased energy, guilt or feelings of low self-worth, disturbed sleep or eating, and difficulty focusing. The research, depression, along with other physical illnesses like digestive issues, and sleep issues, Adolescents in Indian foster homes experienced fewer psychological issues than those in orphanages [17] individuals exhibited fewer positive emotions, and had low self-esteem, and impairment, which was especially detrimental to behavior changes including despair, anxiety, and low self-worth. Adolescents in Indian orphanages were found to have a high proportion of behavioral issues [18].

1.1. Need for the study

In India, along with the growing total population of the country, the number of orphan and abandoned adolescents is also increasing. According to the UNICEF 2018, there are more than 25 million orphan or abandoned and about 44 million destitute adolescents in India. Very few studies have been done on the psychological health of the orphan adolescents and leaving a gap for further research and orphans are facing more psychological problems. So, in this study is going to study about and depression, anxiety, stress, and psychological well-being among orphan and non-orphan adolescents.

The study aims to explore the relationship between, depression, anxiety, stress, and psychological well-being among orphans and non-orphans.

The objectives of the study are.

1. Difference between depression, anxiety stress, and psychological well-being among orphans and non-orphans.
2. To find out the relationship between depression, anxiety, and stress among orphans and non-orphans.

2. Method

A Descriptive - Correlative Research Design was used in this study to investigate the relationship between depression anxiety stress and psychological well-being among orphans and non-orphans.

2.1. Participants

The study population comprised 200 orphans and non-orphans aged 7–18 years residing around Mysore city. A purposeful sampling technique was
used to collect. The size of the sample (was 200, orphan:100, non-orphan:100). A specially created questionnaire based on the DASS-21, Ruff Psychological Wellbeing, and 16 Personality Profiles was used to obtain the data. Participants in this study came from institutions and orphanages. Orphans who had received a diagnosis of a psychological disorder in addition to a physical impairment were excluded. In addition, surveys that were not completed were disregarded. The instruments looked at were the Depression, Anxiety, Stress Scales (DASS)24 and the Ryff psychological health measure (PWB).

2.2. Procedure

The study was authorized by the JSS AHER's ethical review committee. The study was also allowed to be done by the official authorities of the orphanages and schools in Mysore city. All participants under the age of 18 provided written informed permission, which was signed by a parent or legal guardian. Anonymity and confidentiality were guaranteed. Both oral and written instructions were given. The opportunity to withdraw from the study was provided to participants, and their responses would not be used in the analysis. Data were analyzed using SPSS 24 to test the hypothesis. Descriptive statistics were used to determine the mean, standard deviations, and range. Reliability analysis was then completed to determine the reliability of the standardized scales. The correlation was calculated using the Pearson product-moment.

2.3. Measures

At first, socio-demographic information, including age, class, and sex, was collected. Orphans who had been diagnosed with psychological illnesses as well as any physical handicaps were not included. The Ryff psychological well-being scale and the Depression, Anxiety, Stress Scales (DASS)21 were the instruments employed.

2.4. Ryff's Psychological Well-Being Scales (PWB), 42-Item Version (Ryff, 1989)

It comprises six dimensions: acceptance of oneself, environmental mastery, personal growth, healthy connections with others, and life purpose (Ryff, 1989). Autonomy refers to how much a teenager views themselves as capable of standing up to cultural pressure. How much the adolescent feels of control and ability to behave in their environment. Personal development: How much a child believes they are still improving and growing. Positive interpersonal relationships: the extent to which children have satisfying, dependable relationships with others. Children's level of faith in a higher power and their sense of purpose in life. The extent to which children feel good about themselves is known as self-acceptance. The test-retest reliability value for RPWBS is 0.82.

2.5. DASS -21(Depression Anxiety Stress Scale-21)

The Depression Anxiety Stress Scale-21 was developed by Lovibond in South Whales, Australia, in 1995. There are four options for each of the 21 statements on the DASS-21 questionnaire. Stress, anxiety, and sadness are three dimensions included in the measurement. Anhedonia, boredom, lack of interest, self-depression, dysphoria, hopelessness, and value of life are all measured by the Depression scale. The anxiety scale measures situational anxiety, skeletal muscle effects, autonomic arousal, and the subjective experience of anxious affect. The responsiveness of the stress scale is influenced by the degree of ongoing non-specific arousal. It assesses how difficult it is for a person to relax after getting excessively tense, nervous, or irritable. Participants are asked to rate how frequently they encountered each state during the preceding week using a point frequency scale. Test- retest and split-half reliability coefficient scores were 0.99 and 0.96 respectively.

2.6. Data analysis

Data analysis to analyze objectives 1) and 2), we conducted Pearson correlation and objective 3 Man Whitney U test. comparing orphans and non-orphans regarding their Depression Anxiety Stress and their Psychological well-being. All outcome variables are not Normally Distributed so we used a Nonparametric test. Man, Whitney U tests were then calculated. All analyses used a two-tailed $a=0.05$.

3. Result

The study looked at how psychological well-being, including stress, anxiety, and depression, varied between orphans and non-orphans. The participant's demographic data is shown in Table 1. 100 orphans from various orphanages and 100 non-orphans from various schools were selected for the study. There were 200 total samples in the analysis. The Man Whitney U test to determine group differences is displayed in Table 2. Significant disparities between the orphans' and non-orphans'
groups are revealed using an independent U test. Table 3 displays the relationship between sadness and significant findings on anxiety, stress, and psychological well-being have been found. Table 4 shows how often orphans suffer from depression and anxiety. N = 100. Levels of behavioral issues such as Depression.

4. Discussion

According to the study, orphans have higher levels of stress, anxiety, and depression than non-orphans. Studies show that orphans have poor social skills and experience social anxiety [18]. In the present study, orphan adolescents have high levels of depression, anxiety, and stress are compared to non-orphans, more common in orphans. The study’s findings, depression, anxiety, and stress among orphan adolescents are significantly predicted by psychological well-being. Additionally, there is a strong link between stress, depression, and psychological well-being. Similarly to this, orphans are more likely to experience severe depression than nonorphans [9]. These conclusions are supported by prior research that revealed significant rates of post-traumatic stress disorder, anxiety, and depression among orphans residing in the Gaza Strip. Another study, which confirmed the high prevalence of depression among orphans, identified the presence of visitors, a longer stay, low levels of social support, community discrimination, and a younger entering age as risk factors for depression [18].
The study was limited in some ways. A low sample size was used in the study. In the future, longitudinal studies should be conducted to better understand the experiences of these adolescent orphans. To make conclusions regarding how orphanages affect the psychological well-being of orphans, it would be helpful to examine the factors of depression, anxiety and coping, and general quality of life at various time points. This study, however, is the first to examine the prevalence of anxiety, depression, and stress among orphans. The study also points out that anxiety, stress, and depression can have a significant impact on orphans’ psychological well-being and mental health, which can have significant repercussions on their personal and professional lives. Previous research has examined the prevalence of anxiety, depression, and stress among orphans. However, this study also points out that psychological factors like stress, worry, and depression can affect how they feel about themselves and their mental health, which can greatly impact their personal and professional lives. The study has repercussions; the first is that governmental and non-governmental groups should focus on and emphasize the necessity for therapeutic programs for orphans so they can live healthily and perform as productively as possible. Second, standard medical treatment given to orphans should include screening for anxiety, sadness, stress, and psychological care. Third, the teaching of life skills, such as how to cope with stress, manage it, solve problems, make decisions, establish, and maintain positive peer relationships, and handle conflict.

5. Conclusion

According to the findings of the current study, stress, anxiety, and depression are all positively correlated with psychological well-being. The orphan and non-orphan groups differ significantly from one another. Most orphaned adolescents have a low level of psychological well-being and experience significant levels of stress, anxiety, and despair. There is a significant difference between the orphan and non-orphan groups. Most orphan adolescents have a low level of psychological well-being and a high level of depression anxiety and stress. The study suggests that to find rehabilitative programs for orphans, awareness needs to be raised at governmental and non-governmental entities.

5.1. Implication of this study

This study addressed the level of depressive, anxiety, stress and psychological wellbeing among orphan and non-orphan. And depression symptoms and factors predictive of mental health, and general health in orphan adolescents. One avenue for intervention is to support the increase psychological wellbeing and reduce depression anxiety and stress. Second, basic medical care given to orphans should include depression screening as well as mental and psychological care. Thirdly, implementing life skills training into practice to improve psychological well-being, problem-solving, stress management, and coping mechanisms.

Conflict of interest

There is no conflict of interest.

References


