

Research Paper

## A Comparative Study of Orphans and Non Orphan Adolescents on Adjustment, Mental Health and Life Satisfaction

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### ABSTRACT

This study aimed to compare the adjustment, mental health, and life satisfaction between orphan and non-orphan adolescents aged 14 to 18 years, utilizing a sample of 100 participants. The research employed quantitative methods, including standardized questionnaires to assess mental health indicators, adjustment levels, and life satisfaction metrics. Results indicated significant differences in mental health outcomes, with orphans exhibiting higher levels of anxiety and depression compared to their non-orphan counterparts. Additionally, orphans reported lower life satisfaction and adjustment scores, highlighting the unique challenges faced by this population. The findings underscore the need for targeted interventions to support the mental well-being and overall adjustment of orphaned adolescents, emphasizing the importance of fostering resilience and providing adequate resources to enhance their life satisfaction.

**Keywords:** *Orphans, Mental health, Adjustment, Life Satisfaction*

Children and adolescents have always been an important focus of study for mental health researchers. A child who is below 18 years of age and who has lost one or both parents may be defined as an orphan (George, 2011). Children who are living without parents because of abandonment or because their parents gave them up as a result of poverty, alcoholism or imprisonment, etc (Dillon, 2008). The children who has lost mother called maternal orphan and the child who has lost father called paternal orphan. These children are very much prone to psychological problems because of ingenuous emotional and physical behaviour to deal with psychological hits like loss of one or both parents. In India, along with the growing total population of the country, the number of orphan and abandoned children is also increasing. There are more than 25 million orphan or abandoned and about 44 million destitute children in India (Unicef, 2012). The psychological health of orphans' adolescent children's leaving a yawning gap for further research in this regard in India. According to Ministry of Women and Child Development Integrated Child Protection Scheme GOI (2017) emphasised that the Children and adolescents who are orphans, runaways, or abandoned by families and bring reared in institutional homes form one such vulnerable group. Emotional and behavioural problems influence the child's overall development, specifically academic and social outcome as adults (Breslau et al., 2009).

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However, only a few local studies have examined the psychological well-being or conducted educational interventions among adolescents who living in orphanages (Mohammadzadeh, et al, 2017b; Farah Syazrah, Muhammad Fadhil &Norizan, 2015; Nurulwahida, Aizan&Khaliza, 2014; Wan Salwina et al., 2014; Ramli, Yahaya &Lazin, 2010). In addition, local researchers have not yet give the proper attention on studies among between group of adolescents; orphan and non-orphan. Local studies have focused on mental health among different samples such as school students (Hashim et al., 2011) and IPT students (Shamsuddin, et al., 2013). Therefore, information about mental health among orphan adolescents is very limited and the lack of information in this area becomes the major challenge to develop effective intervention and treatment programs among orphan adolescents in Malaysia. Hence, this current study is an effort to contribute information on mental health among orphan adolescents, which by identifying the different levels of mental health among orphan and non-orphan adolescents. The present study tries to explore the adjustment, mental health and life satisfaction among adolescent orphans in comparison with non-orphans.

According to some research (Fritz, 1995), about 5% of adolescents suffer from depression symptoms such as persistent sadness, falling academic performance and a lack of interest in previously enjoyable tasks. In order to be considered major depression, symptoms such as suicidal thoughts, lack of appetite and loss of interest in social activities must continue for a period of at least two weeks (Arbetter, 1993). Research has also found a correlation between major depression in adolescence and the likelihood of depression in young adulthood (Rao, 1994). Not only were most depressed adolescents depressed adults, but serious social adjustment problems plagued these individuals as they moved into adulthood.

Based on reports from the World Health Organization (WHO), mental health disorders in children and adolescents have increased each year and this issue will continue to increase by 50% until 2020 (Bayera et al., 2010). In 2015, the National Health and Morbidity Survey Statistics has been implemented by the Ministry of Health Malaysia (MOH), found that adolescents are among those with the highest number of people experiencing mental health, especially aged 16 to 19 years of which 29.2% comprised 4.2 million people more than 31 million Malaysians (Ministry of Health, 2015).

Life satisfaction is also defined as one's positive evaluation of his whole life according to the criteria determined by the individual himself (Diener et al. 1984) and satisfaction with life is related with the fact that the individual's experiences in the important life areas (school/college, job, family etc.) which create positive feelings are more than the experiences that create negative feelings (Diener 2000). High levels of life satisfaction have been associated with several social-emotional outcomes such as lower rates of suicide attempts (Kim & Kim 2008), decreased substance use (Fergusson & Boden 2008), and greater parent-peer attachment (Ma & Huebner 2008). Studies report that similar to findings based on adult populations, most adolescents are satisfied with life, although there are inconsistent findings regarding the level of life satisfaction during the adolescent years.

Amuthoni (2011) investigated the prevalence of psychological disorders among institutionalized orphans in rural and urban settings in Kenya adopted a cross-sectional descriptive method. The teacher-rated Rutter's scale for the identification of emotional and behavioral problems was also used. Focus group discussions were held with selected key staff of the orphanages to gain an understanding of the objectives of the various orphanages

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and how the orphans viewed the institutions, according to the caretakers. 673 children aged 8 years and above were interviewed.

Zhao et al (2008) in this study the orphan respondents were from three different setting arrangements (group home, AIDS orphanage, kinship care). The aim of study was to compare the perceived life improvement and life satisfaction among the orphans who have lost both the parents. It was found that the group of double orphan children selected from group homes or from government supported groups having more positivity in their life than children from other setting arrangements and also found that the life satisfaction and life improvement is directly linked with the fulfilment of basic requirements.

Dhyani and Singh (2013) investigated the psychological health of the orphans and non orphans' adolescents. The psychological variable of adjustment is the main focus of this study. For data collection sample of 90 adolescents under the age group of 14-18yr was selected in which 45 were from SOS bhimtal and 45 non-orphans adolescents from biological nuclear families of bhimtal. In order to measure the level of adjustment among orphans and non orphans the standardized adjustment inventory was used. After the analysis of data, it was found that in all the domains, girls from SOS and Biological nuclear families having higher level of adjustment as compared to the boys.

Ushanandini and Gabriel (2017) investigated the extent of mental health among deprived or orphan children, for this purpose the sample of 217 children from different four shelter homes was selected. Mental Health Inventory" (MHI) developed by Jagdish and Srivastava (1983) with 54 item multidimensional was used to measure the mental health of adolescent respondents. It was explored that the maximum number of respondents had mental health lower than normal level, not happy in their life and also unable to maintain the balance between their needs and conflicting environment efficiently.

Parasar et al. (2018) studied the difference between the two psychological variables of depression and self esteem among the orphans or deprived children and non orphans or children living in their own home environment with parents. For the data collection sample consists of 37 institutionalized children and 31 non-orphan children. To measure the depression level among orphans and non-orphans the depression inventory (CDI, Dr. Maria Kovacs, 1992) is used. To measure self-esteem among orphans and non orphans the self-esteem scale (RES, Rosenberg, 1989) is used. This study concludes that the psychological variable of self-esteem is significantly less in institutionalized children as compared to non-orphans and the level of depression is more in orphan children as compared to the non-orphan children.

Kaur et al, (2019) studied the orphans and the other vulnerable children and adolescents (OVCA) living in institutional homes is more prone to behavioral and emotional problems than others as they are deprived of a family's love and care. The sample consisted of 292 orphans and OVCA in institutional homes of Visakhapatnam city. The socio-demographic data were collected using a semi-structured questionnaire. The Strengths and Difficulties Questionnaire (SDQ) with impact supplement was used to assess the behavioral and emotional problems in them. The results showed that 49 (16.78%) out of 292 children and adolescents were found to be having behavioral and emotional problems.

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So all the above listed proves that there is a great link between Adjustment, mental health and life satisfaction of the orphan as well non orphan adolescents.

### **METHODOLOGY**

#### *Objectives of the study*

1. To study and compare the adjustment of orphan and non orphan adolescents.
2. To study and compare the mental health of orphan and non orphan adolescents.
3. To study and compare the life satisfaction of orphan and non orphan adolescents.
4. To study the relationship between adjustment, mental health and life satisfaction of orphan and non orphan adolescents.

#### *Hypothesis of the study*

1. There is a significant difference between orphan and non orphan adolescents on adjustment.
2. There is a significant difference between orphan and non orphan adolescents on mental health
3. There is a significant difference between orphan and non orphan adolescents on level of their life satisfaction
4. There is a significant relationship between adjustment, mental health and life satisfaction of orphan and non orphan adolescents.

#### *Sample*

The study sample consisted of 100 adolescents—the first sub-sample consisted of 50 orphan (single and double orphans) adolescents living in shelter homes (the out-of-home care) and the second sub-sample will consist of 50 non orphan adolescents living within their families. The total sample further constituted equal number of male and female participants. All the participants were in the age range of 14–18 years. All the participants were selected using purposive sampling method.

#### *Tools planned for the study*

Following tools were used for the current study.

- **Socio-demographic questionnaire.** This questionnaire includes questions on the background information of the participant, such as age, education, occupation, single or double orphan etc.
- **General Health questionnaire (GHQ-12):** This questionnaire (Goldberg, 1972) has been widely used as a screening instrument for the detection of the possible presence for psychiatric morbidity. Goldberg developed the 60 item original version of the GHQ in 1972. Now the 30, 28 and 12 item version is in vogue. The scale was translated in Hindi by Gautam et al 1987. The 12 item version which is a very popular screening measure in primary care and community settings will be used in the current study.
- **Adjustment Inventory for school students (Sinha and Singh, 1993).** Adjustment inventory has been designed for use with Hindi knowing school students of age group 14-18 years (class IX to XI). The inventory contains 60 items, 20 items in each area of adjustment. 20 items measure Emotional adjustment, 20 items measure Social adjustment and 20 items measure Educational adjustment. Emotional Adjustment: High scores indicate unstable emotion.

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- **The Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS):** In this study, to evaluate students' life satisfaction, The Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson, Huebner, & Valois, 2003) was used.

### *Design of the study*

The present study is based on cross-sectional design. In cross-sectional studies, a number of variables are measured at one point in time, and the degree of association between selected variables is examined.

### *Statistical Analysis*

It will include the following techniques for analysis

- Descriptive statistics: Mean, SD
- Inferential statistics: t-test
- Correlation: Pearson product moment correlation

## RESULTS

The present study was conducted to assess the differences in life satisfaction, mental health and adjustment of orphan and non orphan adolescents. After data collection and scoring statistical analysis was done in order to test the formulated hypothesis of the study. Mean, standard deviation (SD), t- test and correlation were used to analyze the data. Results have been described below.

**Table No. 1 Mean, SD and Independent t test results showing differences on adjustment of orphan and non orphan adolescents**

VARIABLES	Orphan (N=50)		Non orphan (N=50)		T
	Mean	SD	Mean	SD	
<b>Social adjustment</b>	13.02	3.04	11.76	2.22	2.37*
<b>Educational adjustment</b>	12.62	3.43	11.96	1.94	1.185
<b>Emotional adjustment</b>	10.44	3.86	7.34	3.087	4.43**

**Note.** Statistical significance: \*p < .05; \*\*p < .0

Table No. 1 shows the mean, standard deviation (SD) and t-values on social, emotional and educational adjustment of orphan and non orphan adolescents. T value on social *adjustment scale* (t=2.37 P>0.05) shows significant difference between orphan and non orphan adolescents. Further analysis of mean scores shows that orphan adolescents have higher means scores (13.02±3.04) as compared to non-orphan adolescents (11.76±2.22). T value on *educational adjustment scale* (t=1.185 P<0.05) shows no significant difference between orphan and non orphan adolescents. T value of *emotional adjustment scale* (t=4.43 P>0.01) shows significant difference between orphan and non orphan adolescents. Further analysis of mean scores shows that orphans have higher means scores (10.44±3.86) as compared to non orphan adolescents (7.34±3.08).

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**Table No. 2 Mean, SD and Independent t test results showing differences on mental health (GHQ) of orphan and non orphan adolescents**

VARIABLES	Orphan (N=50)		Non-Orphan (N=50)		T
	Mean	SD	Mean	SD	
<b>Mental health (GHQ)</b>	5.48	1.97	4.26	1.45	2.754**

**Note.** Statistical significance: \*p < .05; \*\*p < .01.

**Table No. 2** shows the mean, standard deviation (SD) and t-values on mental health or GHQ of orphan and non orphan adolescents. T value on mental health or GHQ (t=2.754, P>0.01), shows significant difference between orphan and non orphan adolescents. Further analysis of mean scores on mental health or GHQ shows that orphans have higher mean scores (5.48+1.97) as compared to Non-Orphans who have mean scores (4.26+1.45).

**Table No. 3 Mean, SD and Independent t test results showing differences on life satisfaction of orphan and non orphan adolescents**

VARIABLES	Orphan (N=50)		Non-orphan (N=50)		T
	Mean	SD	Mean	SD	
Satisfaction with family	5.2400	1.87964	5.3800	1.04764	0.394
Satisfaction with Friendship	5.3200	1.67137	4.90	1.19	1.46
Satisfaction with School experience	5.0800	1.30681	5.00	1.17	0.322
Satisfaction with Myself	5.0400	1.17734	5.02	1.30	0.81
Satisfaction with Where I live	4.8600	1.45700	5.12	1.31	0.931
Overall life Satisfaction	5.0800	1.79387	4.96	1.19	0.394

**Note.** Statistical significance: \*p < .05; \*\*p < .01

**Table No. 3** shows the mean, standard deviation (SD) and t-values on life satisfaction scale of orphan and non orphan adolescents. T value on all the dimensions of life satisfaction scale shows no significant difference between orphan and non orphan adolescents.

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**Table No. 4 Correlation between adjustment, life satisfaction and mental health of orphan and non orphan adolescents**

	VARIABLES	G.H.Q	Emotional adjustment	Social Adjustment	Educational adjustment	Overall Life Satisfaction
<b>G.H.Q</b>	<b>Pearson Correlation</b>		.116	.107	.161	-.078
	<b>Sig. (2-tailed)</b>	.....	.252	.291	.111	.443
	<b>N</b>		99	99	99	99
<b>Emotional adjustment</b>	<b>Pearson Correlation</b>	.116				-.028
	<b>Sig. (2-tailed)</b>	.252	.....	.....	.....	.780
	<b>N</b>	99				100
<b>Social Adjustment</b>	<b>Pearson Correlation</b>	.107				-.025
	<b>Sig. (2-tailed)</b>	.291	.....	.....	.....	.805
	<b>N</b>	99				100
<b>Educational adjustment</b>	<b>Pearson Correlation</b>	.161				-.201*
	<b>Sig. (2-tailed)</b>	.111	.....	.....	.....	.044
	<b>N</b>	99				100
<b>Overall Life Satisfaction</b>	<b>Pearson Correlation</b>	-.078	-.028	-.025	-.201*	
	<b>Sig. (2-tailed)</b>	.443	.780	.805	.044	.....
	<b>N</b>	99	100	100	100	

**Table No. 3** shows the correlation between life satisfaction, adjustment and mental health scale of orphan and non orphan adolescents. Significant correlation (–ve) was found only between overall life satisfaction and educational adjustment of orphan and non orphan adolescents. However no significant correlations were found between all the variables under study.

**DISCUSSION & CONCLUSION**

It has been seen that parental deprivation either through death or separation from significant attachment figures was a major factor affecting the psychological wellbeing of a child. Keeping this in mind the study was conducted with the objectives: To study and compare the adjustment, mental health and life satisfaction of orphan and non orphan adolescents and further to study the relationship between adjustment, mental health and life satisfaction of orphan and non orphan adolescents.

In view of the first objective of the study analysis of results shows significant difference between orphan and non orphan adolescents on social *adjustment* and *emotional adjustment*. Orphans have higher means scores compared to non orphan adolescents on both of these scale which shows they have unstable emotions and poor Social Adjustment as compared to no-orphan adolescents. Similar findings have been reported by Rajalekshmi (2017) who investigated adjustment problems through three psychological variables,

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problem of social conduct; lack of cooperation, insecurity, intense feeling of inferiority among orphans in classroom.

In view of the second objective of the study analysis of results shows significant difference between orphan and non orphan adolescents on mental health or GHQ. Orphans have higher mean scores as compared to Non-Orphans which indicates orphan adolescents have poor mental health as compared to non-orphan adolescents. Ushanandini and Gabriel (2017) investigated the extent of mental health among deprived or orphan children, for this purpose the sample of 217 children from different four shelter homes was selected. Mental Health Inventory” (MHI) developed by Jagdish and Srivastava (1983) with 54 item multidimensional was used to measure the mental health of adolescent respondents. It was explored that the maximum number of respondents had mental health lower than normal level, not happy in their life and also unable to maintain the balance between their needs and conflicting environment efficiently.

In view of the third objective of the study analysis of results shows no significant difference between orphan and non orphan adolescents on all the dimensions of life satisfaction scale.

In view of the fourth objective of the study analysis of results shows Significant correlation (–ve) between overall life satisfaction and educational adjustment of orphan and non orphan adolescents. Which means poor educational adjustment is associated with low life satisfaction. However no significant correlations were found between all the other variables under study.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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