

A Descriptive Study on Psychological Wellbeing in Relation to Demographic Variables in Adolescent Orphans of Kashmir Valley

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ABSTRACT

Background: UNICEF and global partners define an orphan as a child who has lost one or both parents. Orphanages, children's villages, or other group residential facilities generally fail to meet young people's emotional and psychological needs. Research indicates that orphaned youth face more negative psychosocial challenges than their younger counterparts do. This study was carried out to find out association of psychological wellbeing of adolescent orphans with the selected demographic variables.

Methods: A descriptive, cross-sectional study carried out among 115 adolescent orphans in orphanage of Srinagar district between July 2020 and February 2021 by using standardized psychological wellbeing scale given by Carol Ryff. Association of psychological wellbeing, with its dimensions, and selected demographic variables were assessed.

Results: Group mean difference on psychological wellbeing revealed that double-orphan adolescents have significantly lower psychological wellbeing as compared to the half-orphan adolescents. Study also revealed that habitat was significantly associated with overall psychological wellbeing and one of the dimensions of psychological wellbeing, i.e., positive relations with others. Educational status was found to have significant association with autonomy dimension of psychological wellbeing only while as type of orphan shows significant association with overall psychological wellbeing and self-acceptance dimension of psychological wellbeing. Time spent in orphanage also shows significant association with purpose in life and self-acceptance dimension of psychological wellbeing.

Conclusions: There is a need for organized social support to improve the physical and psychological health of orphans.

Keywords: Orphans, Adolescents, Psychological wellbeing, Demographic variables

INTRODUCTION

The United Nations Convention on the Rights of the Child defines child as "a human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier" [1]. An orphan is a child whose parents have died, are unknown, or have permanently abandoned them. In the common use, an orphan does not have any surviving parent to care for them. However, the United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV and AIDS (UNAIDS), and other groups label any child who has lost one parent as an orphan [2] and almost 10,000 children become orphans every day. According to internationally accepted figures, there are at least 140 million orphans in the world [3]. 41% of the total population in India (highest population) consists of children below the age of 18 years. Although over 4% of them are orphans and among them, around 13% of them live with either of their parent [4]. An estimate by a UK based charity

Save the Children; Kashmir valley has 215,000 orphans out of which more than 37% have lost one or both parents to the prevailing conflict while 55% were orphaned due to the natural death of parents and remaining 8% due to other reasons. More than 15% of these children live in orphanages [5]. The literature on psychological wellbeing has progressed rapidly since the emergence of the field over five decades ago. Psychological well-being refers to how people evaluate their lives. According to Diener (1997), these

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evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information-based appraisal of one's life that is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person [6]. Researchers have found that psychological well-being is composed of three major elements,

1. the presence of high positive affect – wherein things that contribute to our happiness are weighted,
2. the presence of low negative affect, wherein things that make us depressed and affect our behavior negatively are included; and
3. our life satisfaction, wherein the questions, am I contented with what I have? What I am aiming for? What my dreams are becoming for? [7].

Carol Ryff has worked on the study of psychological wellbeing. When she thought of wellbeing, she thought about it more in terms of optimal psychological functioning rather than happiness. She has identified six broad facets associated with optimal psychological functioning as follows;

- **Autonomy:** This means being self-determining, independent and regulating behavior internally; resisting social pressures to think and act in certain ways; evaluating oneself by personal standards.
- **Environmental mastery:** This means feeling competent and able to manage a complex environment; choosing or creating personally suitable contexts.
- **Sense of Personal growth:** This means having feelings of continued development and being open to new experiences.
- **Positive relations with others:** This mean having warm, satisfying, trusting relationships. It also means being concerned about other welfare and being capable of strong empathy, affection and intimacy; understanding give-and-take of human relationships.
- **Purpose in life:** This means having goals and a sense of direction in life. It means feeling that both the present and past experiences are meaningful; holding beliefs that give a purpose to life.
- **Self-acceptance:** This means having a positive attitude towards yourself; acknowledging and accepting

multiple aspects of self; feeling positive about one's past life [8].

In Kashmir, there is growing concern about the consequences of the epidemic for orphaned children and adolescents. Noted child Psychologist, Prof. A G Madhoosh says children living in orphanages in Kashmir lack individuality and confidence. According to him, social stigma of living in an orphanage adds more to the stress faced by children who have lost their parent or parents. The orphans and orphanages in Kashmir have developed into a challenge in Kashmir. There has been increased number of orphans as a result of loss of life due to armed conflict. Since it has also led to disruption in entire social, economic and political spheres. Hence it has rendered the orphans without care and protection. A study conducted by Tsegaye Afework found that grade level was significantly and positively correlated with psychological wellbeing whereas parental status was significantly and negatively correlated with psychological wellbeing. Gender and age were not significantly related with psychological wellbeing [9]. The impacts of parental death on children are complex and affect the child's psychological and social development. Fredriksan and Kandous state that, orphaned children might have stunted development of emotional intelligence, and life skills such as communications, decision making, negotiation skills etc. Moreover, they often show lack of hope for future and have low self-esteem [10]. Keeping the above facts in view, the investigator felt it is necessary to assess the association of psychological wellbeing, and its dimensions, of orphans with their demographic variables.

METHODS

The present study was carried out at Madre-E-Meharban Institute of Nursing Sciences and Research, SKIMS, Soura, conducted from June 2016 to March 2017 in selected orphanages of district Srinagar, Kashmir.

After getting approval and taking permission from the chairman of the selected Orphanage, 115 adolescent orphans aged between 12-18 years were selected by using stratified proportionate simple random sampling technique. All the cases were assessed for socio-demographic variables such as gender, habitat, educational qualification, type of orphan, and time spent in orphanage. To assess the PWB of the respondents, the researcher employed the Ryff's PWB scale a self-report inventory, in English and Urdu language. The scale consists of a series of statements reflecting the six areas of PWB: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Subscale consists of 9, 9, 6, 9, 6, and 7 items, respectively. Respondents rate statements on a scale of 1-6, with 1 indicating strong disagreement and 6 indicating strong agreement.

Statistical analysis

Data was organized in Microsoft Excel Sheet and was analyzed using SPSS version 20.0 and SYSTAT-13. Frequency and percentage distribution were used to describe the demographic variables. Chi-square test was used to analyze the association of PWB and its dimensions with selected demographic variables (gender, educational status, Habitat, Type of orphan and Time spent in Orphanage). A p-value of <0.05 was considered statistically significant.

RESULTS

Table 1 represents the distribution of study subjects according to their socio-demographic variables. The data obtained are described in terms of gender, habitat, educational status, type of orphan, and time spent in orphanage.

Table 1. Frequency and percentage distribution of subjects according to demographic variables. N= 115

Variables		F	%
Gender	Male	90	78
	Female	25	22
	Total	115	100
Habitat	Rural	80	70
	Urban	35	30
	Total	115	100
Educational status	7th	25	22
	8th	35	30
	9th	30	26
	10th	20	18
	11th	5	4
	Total	115	100
Time spent in orphanage	< 6-months	24	21
	> 6-months	91	79
	Total	115	100

From **Table 2**, it is evident that Habitat was significantly associated with psychological wellbeing and Positive relation with others. Educational status was found to be significantly associated with Autonomy dimension of psychological wellbeing. Type of orphan had significant association with psychological wellbeing and one of its

components that is Self-acceptance. While Time spent in orphanage had significant association with 2 dimensions of psychological wellbeing viz Purpose in life and Self-acceptance.

Table 2. Association between Psychological wellbeing and demographic measures.

	A U	EN	PG	PR	PL	SA	PW B
Gender	0.4 5	0.3 8	0.7 1	0.77	0.16	0.85	0.80
Habitat	0.1 4	0.0 6	0.2 1	0.05 *	0.19	0.35	0.01 *
Educational Status	0.0 0*	0.1 2	0.1 1	0.12	0.16	0.44	0.27
Type of Orphan	0.5 3	0.0 7	0.0 9	0.10	0.46	0.01*	0.05 *
Time spent in Orphanage	0.3 5	0.2 5	0.5 0	0.19	0.05 *	0.001 *	0.60

*Significant at 0.05 level of significance

AU: Autonomy; ENV: Environmental Mastery; PG: Personal Growth; PR: Positive Relation with others; PL: Purpose in Life; SA: Self-acceptance; PWB: Psychological Wellbeing

DISCUSSION

Globally, an orphan is defined by international organizations based on age and parental status. The UNICEF, UNAIDS, and USAID joint report on orphan estimates and program strategies, children on the brink, defines an orphan as a child aged 0-17 years whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead [11]. The association between the psychological wellbeing of adolescent orphans with their selected demographic variables (Gender, Habitat, Educational status, Type of orphan and Time spent in orphanage) by using Chi-square reveals that there is association with Habitat ($p=0.01$) and Type of orphan ($p=0.05$) only. These findings are in contrary with the findings of study conducted by Afework Tsegaye [9] to compare the psychological well-being of orphan and non-orphan children in Addis Ababa which resulted in that parental status was significantly and negatively correlated with psychological wellbeing. Results were found to be consistent in Gender and age, as Gender and Age were not significantly related with psychological wellbeing [9]. Another study was conducted by Tsige, Workye [12] to compare the psychological wellbeing among institutional and non-institutional orphan children in Gulele Sub City of Addis Ababa and the result were in contrast which revealed that there is statistically significant difference among children of different educational levels in terms of psychological wellbeing. It was also revealed that orphans do not differ in their psychological wellbeing as a result of their current place of living and gender, which is in consistent with the results found in our study. Our study also revealed that only Habitat and Type of orphan had significant association with overall psychological wellbeing and some of its components viz positive relation with others and self-acceptance respectively. These results are in favor of the results of the study done by Hailegiorgis MT where it was found that Grade level and parental status were significantly associated with total psychological wellbeing and some of its components. In our study, educational status was found to be significantly associated with Autonomy dimension of psychological wellbeing. Results of one of the studies done by Hailegiorgis MT found that Grade level had significant positive relationship with autonomy, environmental mastery, positive relations with others, self-acceptance, purpose in life, personal growth and with total psychological wellbeing. This difference may be because of the studies being done at different places, developing and developed countries respectively. The difference may also be because in later study, children were living with their guardians and not only in Institutions. Time spent in orphanage was found to have significant association with 2 dimensions of psychological wellbeing that is Purpose in life

and Self-acceptance, in our study. This might be related to orphanage environment not amenable for orphans to find goal in life and to accept multiple aspects of self [13].

LIMITATIONS

The sample size is limited to 115 adolescent orphans of selected orphanage in Srinagar which limits the generalization of research findings. The study was conducted in a single orphanage.

CONCLUSION

In view of difference in overall psychological wellbeing as well as in other dimensions, the orphans need to be treated and taken care of accordingly. Qualified counsellors and trained psychiatric nurses to be posted in the orphanages for the overall wellbeing of orphans.

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