

## A Descriptive Study To Assess The Level Of Depression Among Orphan Children (10 To 17 Years) In A Selected Orphanages At Bareilly With A View To Develop Health Education Pamphlet.

MR. Prem chander<sup>1</sup>, Mrs. R. Bhagwathi<sup>2</sup>.,

Nursing tutor ,College of nursing, AIIMS, Raipur

Nursing tutor, College of nursing, AIIMS, Raipur.

Corresponding Author: MR. Prem chander

“Behold children are a gift of the LORD, The Fruit of the womb is a reward”

-Psalms 127:3

---

**Abstract:** According to UNICEF report, In India, 31 million children living as orphans. By 2020, It was project that there will be 400 million orphaned children worldwide. The objectives of the study were to assess the level of depression among children of orphanage. Materials & methods: Descriptive design was used. The sample for the study was n=50. Orphanage children in selected orphanage at Bareilly were selected by using Non probability convenient sampling technique. A structured knowledge questionnaire was used to assess the level of depression; the data was analyzed by using descriptive statistics. Results: The study observes that 14% of the children were having NO depression, 50% of the children suffering from mild depression & moderate 30% where as 6% with severe depression. Conclusion: the study concluded that the highest rate of depression was among girls. Mental and psychological care should be part of routine health care provided to orphan. There is need for well developed system of care for orphans.

**Keywords:** Depression, Orphan, Orphanage, Health education pamphlets.

---

Date of Submission: 12-03-2019

Date of acceptance: 28-03-2019

---

### I. Introduction

Orphan means child whose parents are dead be made an orphan and the orphanage is one the home which cares for orphans. Orphans weren't always defined as children without parents. Very often orphans were neglected kids of single parents, families in financial arrears or homeless children who were living on the streets, sometimes children sought out orphanages- some were called asylum back then because the living conditions were better there than with their families, unfortunately, orphanages were scarce and many children were left on their own.

An orphanage is often examined through problematic psychosocial functioning of children. There is general agreement among researchers that children placed in orphanage setting at a young age and for long periods of time are at greatly increased risk for development of serious psychopathology later in life.

The current research suggests that about 50% of all life time mental disorders begin before the age of 14yrs. India has an orphan crisis .India has about three times the American population living in one-third of the space. Introduce intense poverty, famine, drought, natural disasters, malaria and unaccompanied children. In such conditions, it is no surprise that many parents die, leaving their children to a nation unable to take care of them. On the streets, children are disturbingly vulnerable; evil adults will cripple orphaned children in order to use them for works such as sexual abuse, physical violence, begging and many more just for monitory benefits.

25% of children in the orphanage had major depressive disorders (MDD), which may be explained by various variables including the fact that all the children had lost one of their parents, before the age 11yr. All were females from lower socio-economic class which are no risk factor for the development of depression.

Children who grow up in orphanages or foster care usually have no social connections, and these children are at disadvantage for completing high schools, going to college, or getting job opportunities all of which may be contributing factors in predisposing a child to psychopathologies.

**Need for study:** Depression is a deep sadness with long-term, harmful effects on the health and development of an individual. Orphan children experiences high rates of mind disturbances such as psychological problem with their own life or others.

It is estimated there are between 143 million and 210 million orphan worldwide [recent UNICEF report ] the current population of the United State is just a little over 300 million to give an idea of the

enormity of numbers , every day 5760 more children become orphans, 2102400 more children become orphans every year in Africa alone. Russian study reported that of the 15000 orphans aging out of state – run institution every year 10% committed suicide, 5000 were unemployed, 6000 were homeless and 3000 were in prison within three year.

**[Life adaptation discovery, www. Pubmed.com]**

India has the largest population of children under age 18 in the world about 400 million youngsters . Research is important because the death of a parent or divorce is a risk factor for the development of psychosocial problem among children of divorced parents.

**Key figures:**

- Over 153 million children worldwide are orphans.
- Over 71 million orphans live in Asia, 59 million in Africa, & almost 9 million in Latin America and the Caribbean islands.
- 31 million orphans are found in India.
- In 2007, there were a reported 15 million AIDS orphans. HIV takes the life of a father or mother every 15 seconds.

Orphan hood is a curse, but it is better when associated with childhood. Later life depression can have serious repercussions in increasing mortality and disability health care utilization and longer hospital stay. Deteriorating health, a sense of isolation and hopelessness and difficulty and adjusting to new life leads to depression and which leads to suicide.

**A Descriptive Study To Assess The Level Of Depression Among Orphan Children (10 To 17 Years) In A Selected Orphanages At Bareilly With A View To Develop Health Education Pamphlet.**

**Objectives:**

- To assess the level of depression among children of orphanage.
- To find the association between the level of depression and selected demographic variable

**Hypothesis:-** H1- There will be significant association between the level of depression and selected demographic variables.

**II. Material and methods**

**Research design:-** In this study descriptive design was used

**Research setting:** Selected orphanages at Bareilly district U.P.

**Sample and sampling techniques:-** 50 orphan childrens were selected by using non- probability convinient sampling techniques .

**Criteria for sample selection:-**

**Inclusive criteria:**

- ✓ Orphanage children who are willing to participate in the study
- ✓ Orphanage children who are between 10-17yr.
- ✓ Children who are cooperative.
- ✓ Orphanage children who are able to read and write the Hindi and English.

**Exclusive criteria:**

- ✓ Orphanage children who are not willing to participate in the study
  - ✓ Orphanage children who are below 10 and above 17years.
- Orphanage children who are not able to read and write the Hindi and English.

**Ethical consideration:-** The study protocol approved by the Research ethics committee of the faculty of the Nursing. The nature of the study was harmless. All data were kept confidential and used only for the research purpose. The study subjects willingly agreed to participate in the study and gave their verbal consent and each participant was free to withdraw at any time throughout the study. Before the interview, children were informed about the purpose of the study and assured them about confidentiality of data. The interview took about 20-30 minute

**Development of data collection instrument:-** A structured knowledge questionnaire was used during data collection and this was developed based on the objective of study and through review of literature.

**Tool description**

The instruments used for data collection was structured knowledge questionnaire, which consist of 3 sections  
The tool consist of the following sections

- ✓ Section A- Includes the socio-demographic variables.
- ✓ Section B- Structured interview schedule to assess psychosocial problems.
- ✓ Section C- Increase rating scale to assess coping strategies.

**III. Results And Discussion**

**Table 1 : Overall Mean , SD , of depression level among orphan children. N=50**

Variable	Mean	SD
Depression among orphan children	16.5	6.55

Data in Table 1 shows Overall mean, SD of depression among orphan children.

**Table: Frequency and percentage distribution of the level of depression among orphan children.**

Level of depression	Score	Frequency	% of children
No depression	0-10	7	14%
Mild depression	10-20	25	50%
Moderate depression	21-30	15	30%
Severe depression	31-40	3	6%
Total	50	100	

Data presented in the Table 2, showed that majority of the subjects experienced some level of depression. Among them highest percentage (50%) belonged to mild depression, 30% to moderate and 6% to severe category. However 14% belonged to the category of No depression.

S.N O	Demographic variable	No depression		Mild depression		Moderate depression		Severe depression		Df	Calculated value	Tabulated value	Level of significance
		F	%	F	%	F	%	F	%				
1.	Age in year a)10-17yr b)above 17 year	F	%	F	%	F	%	F	%	3	2.46	7.8	#
		8	16%	21	42%	12	24%	3	6%				
		0	0	3	6%	3	6%	0	0%				
2.	Gender a)male b)female	F	%	F	%	F	%	F	%	3	4.8	7.8	#
		8	16%	22	44%	11	22%	3	6%				
		0	0%	2	4%	4	8%	0	0%				
3.	Religion a)Hindu b)Muslim c)Sikh d)Christian e)other	F	%	F	%	F	%	F	%	1	0.681	3.84	#
		2	4%	5	10%	6	12%	2	0%				
		0	0%	1	2%	0	0%	0	0%				
		0	0%	2	4%	0	0%	0	0%				
		6	12%	16	32%	9	18%	1	2%				
		0	0%	0	0%	0	0%	0	0%				
4.	Education status a)primary b)secondary	F	%	F	%	F	%	F	%	3	12.63	7.8	*
		3	6%	17	34%	9	18%	1	2%				
		5	10%	7	14%	6	12%	2	4%				
5.	Reason to join the orphanage a)nobody to look after the family b)death of the parents c)divorce d)disaster victims	F	%	F	%	F	%	F	%	9	10.85	16	#
		7	14%	20	40%	9	18%	3	6%				
		1	2%	4	8%	3	6%	0	0%				
		0	0%	0	0%	0	0%	0	0%				
		0	0%	0	0%	3	6%	0	0%				

**Table 3 - Association between the level of depression and selected demographic variables**

6.	<b>Duration of stay in the orphanage</b> a)less than 6 months b)7 to 12 months c)above 3 years												
		1	2%	7	14%	3	6%	0	0%	6	3.67	12.59	#
		2	4%	7	14%	5	10%	2	4%				
		5	10%	10	20%	7	14%	1	2%				
7.	<b>Previous information regarding depression</b> a)Yes b)No									6	2.987	12.59	#
		3	6%	16	32%	9	18%	1	2%				
		5	10%	8	16%	6	12%	2	4%				
8.	<b>Source of information regarding depression</b> a)Internet b)Newspaper c)Magazine d)Healthcare professional									9	21.37	16.92	*
		0	0%	1	2%	2	4%	0	0%				
		1	2%	3	6%	6	12%	2	4%				
		4	8%	3	6%	0	0%	1	2%				
		3	6%	18	36%	6	12%	0	0%				
9.	<b>Any visitor</b> a)Yes b)No c)If yes, Please Specify..									6	0.450	12.59	#
		3	6%	11	22%	8	16%	2	4%				
		6	12%	5	10%	5	10%	1	2%				
		0	0%	6	12%	3	6%	0	0%				
10.	<b>Residential area</b> a)Rural b)Urban c)Slum									6	7.988	12.59	#
		1	2%	8	16%	4	8%	3	6%				
		7	14%	16	32%	11	22%	0	0%				
		0	0%	0	0%	0	0%	0	0%				

This table shows that the educational status and source of information regarding depression has statistical significance at the level  $p < 0.05$ , hence the hypothesis is accepted

Major findings of the study shows that majority (88%) were in the age group of 10-17yr.majority (88%) of the samples were females. majority (64%) were Christian.60% of orphan children had the primary education as their qualification. most (78%) of the orphan children in the orphanage for the reason being due to no body to look after them in the family. Nearly (46%) of the orphan children were staying in orphanage for above 3 years. Maximum samples (56%) had previous knowledge . majority of the children (52%) has health care professionals as a source of information. highest number of childrens (48%) has no visitors. 68% of children were living in urban area.

Majority (86%) of orphan children experienced some form of depression. Out of which 50% showed mild depression, 30% were at moderate intensity and least of them experienced severe depression (6%).

The overall mean for the depression among orphan children was 16.32 with the SD of 6.55. The study proved that there was no significant association between demographic variables such as age, gender, reason to join the orphanage, Duration of stay in the orphanage , Previous information regarding depression , any visitor ,residential area. But there was association between educational status and source of information.

The overall mean for the depression among orphan children was 16.32 with the SD of 6.55. The t-test revealed that there was no significant association between demographic variables such as age , gender, reason to join the orphanage , Duration of stay in the orphanage , Previous information regarding depression , any visitor ,residential area. But educational status and source of information had statistical significance at  $p < 0.05$ .

### **Interpretation-**

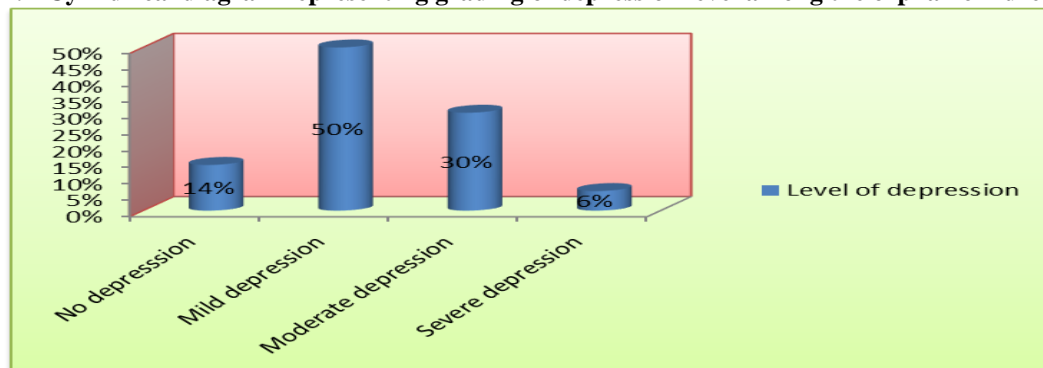
The findings of the present study identify the thrust area in the field of mental health i.e depression among the orphan children. It highlights the global concern for prompt intervention in order to promote their psychological well being. The study observe that 14% of the children were having no depression,50% of the children were suffering from mild depression and moderate 30% whereas 6% with severe depression. In addition to this, the most significant variable like gender and reason to join the orphanage were strongly

associated which indicated that female gender was more susceptible to acquire and most of them felt that they were degraded while at home and thus found nobody to care for them.

The result of the study are believed to be helpful in the following ways – The study assess the status and the psychological well being of the orphan children. As a result , the concerned bodies, policy markers , schools of family . Governmental and non-governmental organization will work together on orphans or strengthen the existing programs in order to increase the psychological well being of orphan children.

This research is important for those involved in therapy and in counseling to identify children who are at low level of psychological wellbeing and to develop and improve prevention and intervention for orphans. The finding of this study will also provide importance direction for conducting further research in the areas of psychological wellbeing and mental health of orphans.

**Table 4:- Cylindrical diagram representing grading of depression level among the orphan children .**



#### **IV. Recommendations**

On completion of the study based on the findings and keeping the limitations in view, the following recommendations are offered for further research.

- A similar study can be undertaken with a large sample to generalize the findings.
- A comparative study can be conducted to assess the depression level between institutionalized and non-institutionalized inmates.
- A study can be conducted to assess the factors influencing depression among children.
- A correlation study between depression among institutionalized children and family support can be studied.
- A comparative study on bio-psychosocial problems among institutionalized and non-institutionalized children's can be conducted.

#### **V. Conclusion**

On the basis of findings of the study obtained, following conclusion was drawn .The highest rate of depression was among girls. Mental and psychological are should be part of routine health care provided to orphans. Depression is not only the deviated state of mind but more than that. Medical sciences have proved that changes in neurochemicals, hormones are main causes of depression. But changes in psychosocial aspects also take place leading to depression. Developmental aspects also play a great role in depression. If the developmental series were not satisfied with life or has to drop many activities and interest or not equipped with specific education for handling the problems also may be the cause of depression.

#### **References:**

- Psychiatric Mental Health Nursing, Third edition , Noreen Caran Frisch Laurence E. Frisch.
- Safely Thomas Max. children of the laboring poor expectation and experience among the orphans of Early Modem Augsburg 2008.
- Balew G. worker N, Tilaye T, Huruy K, Fetere T, “Assessment of household. Burden of orphaning and coping strategies by Guardian and families with orphans and vulnerable children” Ethisb Med. J. 2010 July, 48(3) 219-28p.
- K. Park “Textbook of Preventive and social Medicine”, 7<sup>th</sup> edition , Page no. 242
- USAID, Highly vulnerable children: Cause, consequences and actions, report, Washington DC, Aug 2007,Page No. 65.
- Dr. Bimla Kapoor “Textbook of Psychiatric Nursing” Kumar publishing house, 1<sup>st</sup> edition.
- Hazel P,(2002).Depression in children. British Medical Journal 325, 229-231.

- Poongothoi S, Pradeepa R, Ganesan A, Mohan U. Prevalence of depression in a large urban south Indian population ,Chennai urban rural epidemiology study. Available from: [URL:http://www.plosone.org/article/info/0007185](http://www.plosone.org/article/info/0007185)
- Kumar R Research Methodology- A step by step guiding of beginners. London: Sage publication;1999.
- Kerlinger NF: Foundation of Behaviour Research . 2<sup>nd</sup> edition New Delhi: Sujeet publication: 1983.
- Knapp TR. Quantative Nursing Research. London: Sage publication, 1998
- Basvanthappa BT. Nursing research, 1<sup>st</sup> edition. New Delhi; JP Brothers, 2005.
- Gupta BN, statistics theory and practice. Agra: Sahitya Bhavan, 1991.
- Valvanne. J, Juna K, Erkinjunti T, Tilvis R. Major depression in the elderly: a population study in Helsinki. Int Psychogeriatr. 1996; 8(3)437-43.
- Meleis IA. Theoretical Nursing: Development & progress 2<sup>nd</sup> ed. Philadelphia; J.B Lippincott company: 1991.
- Kozier B, Glenora E. Fundamentals of Nursing , Standard & Practice. 4<sup>th</sup> edition, California : Mosby publication: 1999.
- Christensen JP, Kenny JW. Nursing process: Application of conceptual models. 3<sup>rd</sup> ed. Philadelphia: C.V. Mosby company, 1990.
- Parkers M. Nursing Theories & Nursing Practice FA Davis 2001.
- Polit F, Hungler P.Nursing research Principles & methods.Philadelphia Lippincott, 1999.
- Dempsy A.P, Dmpsy D.A, Using Nursing research process . critical evaluation & utilization. 5<sup>th</sup> edition Philadelphia: Lippincott publishers; 2000.
- Allan Tasman, Jerald Kay, Jeffrey A. Liberman. Psychiatry vol-2, 2<sup>nd</sup> edition Page No. 1210-1211.
- Ellis, B Heidei Ph.D, Fisher Philip A Ph.D, Zaheri, Sonia M.S. predictors of disruptive behaviour, developmental delays, anxiety & affective symptomatology among institutionally reared Romanian childrens.
- World Bank (2004). Reaching out to African's orphans :a framework for public action.
- Sengendo , J And Nambi , J (1997) . The effect of orphanhood : a study of orphans in Rakai District . Health Transitions Review , 7, 105 -124
- Madhosh AG, The present turmoil & plight of children in Kashmir. A project report. A Ministry of Health/Kalyan Mantralaya government of India West Block 8, Wing 2, 2<sup>nd</sup> floor, R K Puram . New Delhi.
- R. Sreevani, " A guide to Mental Health Psychiatric Nursing", 3<sup>rd</sup> edition 262p.

#### WEBSITES

- [1]. Chennai urban rural epidemiology study of depression. Available from: [URL:http://www.plosone](http://www.plosone)
- [2]. Orphan, from Wikipedia, [www.pubmed.com](http://www.pubmed.com)
- [3]. Life adaptation discovery, [www.pubmed.com](http://www.pubmed.com)
- [4]. <http://www.google.co.in>.
- [5]. [http://en.m.wikipedia.org/wiki/orphan children](http://en.m.wikipedia.org/wiki/orphan_children)
- [6]. [http://www.chillibreeze.com.com/articles-orphan children](http://www.chillibreeze.com.com/articles-orphan_children)

#### JOURNALS

- [1]. Hersor , Lionel (1980). The 7<sup>th</sup> Jack Tizard memorial lecture, Aspects of adaptation, journal of child psychology & psychiatry, 31(4): 493-510.
- [2]. Keller, M.; Lavori, P.; Beardslee, W.R.; Wunder, J. & Ryan, N. 1991. Depression in children and adolescents: New data on undertreatment and a literature review on the efficacy of available treatments. Journal of Affective Disorders. Vol. 21, 163-171.

MR. Prem chander. " A Descriptive Study To Assess The Level Of Depression Among Orphan Children (10 To 17 Years) In A Selected Orphanages At Bareilly With A View To Develop Health Education Pamphlet." .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.02 , 2019, pp. 41-46.