

STIGMA AS A PREDICTOR OF PSYCHOLOGICAL ISSUES AMONG ORPHANS RESIDES IN ORPHANAGES

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ABSTRACT

Objective: To investigate the effect of stigma in psychological issues such as depression, anxiety and conduct disorder among orphans resides in orphan homes.

Study Design: Correlational research design.

Place and Duration of Study: Data was collected from Gujrat, Gujranwala, Sialkot and Lahore, Pakistan from Jan 2017 to Oct 2017.

Material and Methods: A total of 200 children of ages 12-17 years (mean age=13.820; SD= 1.61886) were selected by using purposive sampling technique to investigate the effect of stigma in developing psychological issues among orphans. Participants were assessed on Demographic form, Orphan Stigma Scale, Revised Children's Manifest Anxiety Scale, Depression Scale for Children and Conduct Disorder Scale.

Results: To examine the relation of Stigma with Anxiety, Depression and Conduct disorder linear Regression Analysis was used. The results show that stigma has a significant predictor with anxiety ($R=0.361$; $R^2=0.130$, $F=29.250$, $p<0.01$) and depression ($R=0.295$; $R^2=0.087$, $F=18.579$, $p<0.01$) whereas in conduct disorder the relationship was insignificant ($R=0.128$; $R^2=0.016$, $F=3.191$, $p>0.076$).

Conclusion: It is concluded from the findings of this research that stigma has a significant impact on depression and anxiety. Further, study indicated that a stigma does not have a significant predictive relationship on conduct disorder in the orphans living in Orphanages.

Keywords: Orphans, Psychological problems, Stigma.

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INTRODUCTION

Orphan-hood brings a large group of emotional wellness vulnerabilities. When an orphan is forced to live in orphan home, he suffers from many problems such as lack of support, emotional bonding, economical problems and poor health. Alongwith all these problems the biggest problem orphans suffer from, is social stigma. They are discriminated against other children, this stigma has a significant impact on their psychology. This problem leads to many psychological issues. Orphans who reside in orphan homes are more prone to develop depression, anxiety and behavioural problems as compared to other children.

Millions of children who lose either one or both parents around the world are growing up in orphan homes, without the affection and care of a family. These homes provide the basic necessities of life but never provide the care, emotional support and sense of self that only loving and caring parents can give. Findings of many studies showed that family life was important to a child's healthy development. Loss of parents leaves a dark space in a child's later life and without parents children suffer from many psychological problems and get totally damaged. Children in institutional care face many economic and social problems such as poverty, poor physical health, attachment disorder, inadequate social skills. Children living in orphan homes are more prone to develop emotional and behavioral problems¹.

A study showed that orphanage children face lack of sympathy, seek behavior in negative ways, have poor self-confidence, discriminate

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affection are likely to rebellion, and are more aggressive than their non-institutionalized children². Children in institutional care who are being neglected and are victims of physical abuse, they have many problems internalizing such as anxiety, depression and externalizing such as aggression, impulsivity and behavior problems¹.

Many researches explained that orphans who reside in orphan homes suffered stigma not only from their relatives but also from other children and community members³⁻⁷. Some studies recognized that stigma as an orphan effected the financial conditions of individuals⁸⁻¹¹.

Stigma has a significant effect on the mental health of orphans. Mainly in developing countries, stigma and disregard are the main challenges that orphans experienced in daily living. One study result found that higher levels of disregarding and stigma are positively correlated with a high level of psychological distress and lower level of emotional well-being. A mediation analysis indicated that due to stigma and marginalization low level of social support significantly related to lower level of emotional well-being¹².

MATERIAL AND METHODS

Correlational research design was used in current study. Data was collected from Gujrat, Gujranwala, Sialkot and Lahore, Pakistan from January 2017 to October, 2017. A total of 200 participants selected by using purposive sampling technique. The inclusion criteria was set as adolescent age ranges 12 to 17 years were taken and children whose father or mother or both had died and lived in orphanages were included. Due to this set inclusion criteria all participants from the orphanages were recruited for the study.

Instruments

A demographic form was used to obtain demographic information about participants. Demographic form included religion, race, age, class, school name, name of orphan home, duration of living in orphanage and family related information.

Orphan Stigma Scale¹³ is a 36-item self-report instrument designed to measure the stigma of orphans residing in orphan homes, with possible scores ranging from 0 to 144. Each response to an item is scored at 5 point likert. The Orphan Stigma Scales how good internal reliability ($\alpha=0.912$) and test-retest reliability ($r=0.872$).

The Revised Children's Manifest Anxiety Scale¹⁴ (RCMAS-2) is a self-report measure that evaluates anxiety in children and adolescents between ages 6-19 years. This instrument comprises 49 items. Reliability estimates collapsed across the age levels 12 ranged from 0.79 to 0.85 (median=0.82). Of the 48 coefficient alphas reported across age, race, and sex, 17 alphas fell below 0.80.

The Centre for Epidemiological Studies Depression Scale for Children¹⁵ (CES-DC) is a 20-item self-report inventory for depression. This measure assesses the symptoms of depression in children and adolescents, ages 6-17 years. A score of 15 or more indicates considerable level of depression. The CES-DC indicated good internal reliability ($\alpha=0.86$) and test-retest reliability ($r=0.85$).

Gilliam *et al*¹⁶ Conduct Disorder Scale (CDS) is a tool that is used to assess Conduct Disorder. All 40 items CDS which defined the specific diagnostic behavioral characteristic of individuals with Conduct Disorder of age ranges between 5 and 22 years. These 40 items consisted 4 subscales as follows with four point Likert type response of never observed (0), seldom observed (1), sometimes observed (2) and frequently observed (3). The overall reliability coefficient for the scale is 0.96.

Procedure

Phase-I

Scale for Children¹⁴ and Conduct Disorder Scale¹⁶ were translated in Urdu using forward backward translation method for easy comprehension of the participants.

Phase-II

Sample of male and female orphans was collected from various orphan homes of Gujranwala division. A letter of consent was presented to orphan home authorities describing the research project. After getting permission, children were approached in the classrooms with the help of their teachers, and then briefed

criteria and scale battery were administered. To avoid misunderstanding while reading and interpreting, the questions were read out, one by one, by the researcher. Completion of the questionnaires was followed by a vote of thanks to the participants for their contribution in the study.

Ethical Issues in Research**Table-I: Frequencies of demographic characteristics of the sample (N=200).**

Characteristics	Frequencies	Percentages
Age		
12 years	53	26.5
13 years	48	24.0
14 years	37	18.5
15 years	25	12.5
16 years	18	9.0
17 years	19	9.5
Gender		
Male	136	68.0
Female	64	32.0
Class		
Primary	79	39.5
Secondary	113	56.5
Vocational	8	4
Orphan name		
Sweet home Guj	61	30.5
Model children home	42	21
Noor complex	50	25.0
SOS village Sialkot	47	23.5
Mother alive		
Yes	90	45.0
No	110	55.0
Father alive		
Yes	144	72.0
No	56	28.0

about the purpose of the study. Children were also assured about the confidentiality of the personal information gathered during the data collection and would only be utilized when required for the sole purpose of our research work. After filling the personal and demographic information as per predetermined research

Privacy and wellbeing of its participants were kept in mind while conducting this study. Consent was signed from authorities of orphan homes before the start of this study. Orphans also had the right to withdraw anytime from their participation without facing any withdrawal costs. During the whole process of this study,

researcher followed 4 ethical principles; Integrity, Responsibility, Dignity and Respect for person's rights.

Statistical Analysis

Following statistics were used to interpret data in statistical terminology. Descriptive statistics were used for extracting best statistical view of sample data's characteristics in a summarized way. To study the relation of stigma with mental health issues, linear regression analysis were used. These statistical computations were completed by statistical

In table-III the results showed ($R=0.361$, $F=29.250$, $p<0.001$), and explained 0.130% variance in anxiety and the significant p -value shown that it was a significant predictor of anxiety among orphans residing in orphanages (table-I, II & III).

In table-IV results indicated stigma ($R=0.295$, $F=18.579$, $p<0.001$) explained 0.087 variance in depression among orphans residing in orphanages. Overall results showed significant predictive relationship between stigma of orphanhood and depression.

Table-II: Median and range of scales of the study (N=200).

Scale	Median	Interquartile Range
Anxiety	24	12.75
Depression	28.5	16.75
Stigma	69	33.50
Conduct Disorder	34	31.00

Indicated the median and ranges of scales of anxiety, depression, stigma and conduct disorder.

Table-III: Summary of linear Regression analysis of stigma as a predictor of anxiety among orphans resides in orphanages.

Predictor	R	R ²	AdjR ²	F	p -value
Stigma	0.361	0.130	0.126	29.250	0.01

Note $p<0.01$, table shows stigma as a significant predictor of anxiety among orphans.

Table-IV: Summary of linear Regression analysis of stigma as a predictor of depression in orphans resides in orphanages.

Predictor	R	R ²	AdjR ²	F	p -value
Stigma	0.295	0.087	0.082	18.579	0.01

Note $p<0.01$, table shows stigma as a significant predictor of depression among orphans.

Table-V: Summary of linear Regression analysis of stigma as a predictor of conduct disorder among orphans resides in orphanages.

Predictor	R	R ²	AdjR ²	F	p -value
Stigma	0.128	0.016	0.011	3.191	0.076

Note: $p>0.05$, table shows stigma is not a significant predictor of conduct disorder among orphans.

package for social sciences (SPSS) version 21.0.

RESULTS

The sample consisted of 200 orphans residing in orphan homes between ranges 12 to 17 years (mean age, 13.82 years). Inclusion criteria comprised or only those children whose father or mother or both had died and who lived in orphanages.

Table-V showed stigma as an insignificant predictor of Conduct Disorder among orphans ($R=0.128$; $F= 3.191$, $p=0.076$).

DISCUSSION

Findings of this research reflect that Stigma is a significant predictor of psychological issues among orphans residing in orphan homes. These findings are consistent with studies conducted previously as results showed nega-

tive relationship between stigma and marginalization with emotional well-being and positive correlation with psychological distress¹². Further, study results concluded that children residing in orphanages had more mental health problems than children who lived with families^{16,2}. Death of parents makes children helpless and at high risk for physical and psychological issues. The condition becomes worse when they have to live in an orphanage. They are labeled and discriminated by society against other children; this labeling and discrimination ultimately increases many psychological problems for children. Another study investigated the reason of the psychological distress in orphans, result reported mistreatment, abuse and stigmatization with orphan leads to sever psychological problems¹⁷.

Another study result also supported our findings. Researchers measured the maltreatment and perceived stigmatization as an orphan. Orphans reported significantly more experiences of neglect, depressive symptoms, posttraumatic stress symptoms, and aggressive behavior in comparison group. Result found positive relationship between neglect, abuse, and stigmatization with orphans which leads to externalizing and internalizing problems. In another study conducted in Tanzania, reported same indications that neglect and stigmatization were related to orphans, depression and perceived stigmatization moderated the relationship between neglect and depression. It also showed that orphans are at high risk of experiencing neglect, abuse and perceived stigmatization¹⁸.

First hypothesis was that "stigma would be a significant predictor of anxiety among orphans residing in orphan homes". There are number of studies that support the result of current study, Dabla¹⁹ identified that mental health issues are reported by orphanages children which were alarming such as depression was 100%, 80% stress, 100% anxiety and lack of comprehension were also 100%. A study including five orphanages reported depression,

anxiety and lack of comprehension. Four orphanages showed stress and psychological issues mainly arising due to distressing circumstances²⁰.

Second hypothesis was that Stigma would be a significant predictor of depression among orphans residing in orphan homes was also supported by results; it reflects that Stigma was a significant predictor of depression among orphans residing in orphan homes. A lot of previous researches have shown positive relationship among stigma and depression, for example, according to Hermenau *et al*¹⁸ evidence show orphans reporting higher signs of depression^{21,22}. Another study also confirms that children in institutions had higher prevalence of clinically significant depression than children lived at home. The findings of the study revealed that 20% of orphans had depression with total mean score (72.65 ± 1.10)²³.

According to various studies high depression was reported in orphans^{21,22}, they were more internalizing and externalizing problems^{24,25}, than non-orphaned children^{5,18,21}. It was also revealed that orphans have higher depression symptoms, were easily bullied and less likely to have trusted friends than non-orphans²⁰.

Third hypothesis "Stigma would be a significant predictor of conduct disorder among orphan resides in orphan homes" was not confirmed by results. The reason of a non-significant result may be because orphans suffered externalizing issues but were less involved in conduct problems due to controlled environment. They were strictly observed and monitored by orphanage administration so, the chances to be involved in conduct behavior became minimal. Though, previous researches exhibited different findings.

Behrendt and Serigne²⁷ identified greater suicide risk in orphaned boys. Certain psychological disorders such as depression (45%) and post-traumatic stress disorder (28%) were also evident. Research demonstrates that children

raised in deprived environment were at high risk for attention and behavior problem.

Finding of the study revealed that orphans had greater emotional and behavioural issues. Van Eerdewegh and others³⁰ noted orphans who lost their parents, 77% children exposed depressive symptoms compared to the non-orphans.

A survey of orphanages in Kashmir with a sample of 140 children indicates that orphans had high prevalence of social phobia, generalized anxiety, separation anxiety, post-traumatic stress disorder, panic disorder, dysthymia, and conduct disorder. There was a high rate of mental health issues, predominantly those of emotional nature among orphanage children²⁰.

CONCLUSION

It is concluded from the findings of this research that stigma has a significant impact on depression and anxiety. Further, study indicated that a stigma does not have a significant predictive relationship on conduct disorder in the orphans living in Orphanages.

Disclaimer

This article is part of an MPhil thesis.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any authors.

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