

PSYCHIATRIC MORBIDITY AND LONELINESS AMONG CHILDREN LIVING IN ORPHANAGES: AN OBSERVATIONAL STUDY FROM KASHMIR

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Abstract

Background: Orphanages continue to play a key role in third world countries, where the number of orphans is ever increasing, they have no means of survival, and foster care is culturally unacceptable. Children living in orphanages are a vulnerable group at risk of emotional and behavioural problems. This study was done to determine the prevalence of psychiatric morbidity and degree of loneliness among children living in orphanages in Kashmir. **Materials and Methods:** It was a cross sectional study conducted within Srinagar district of Jammu & Kashmir state of India. The study was conducted from February till August 2012 and a total of 280 children (10-17 years) were included in the study. Mini International Neuropsychiatric Interview-for children and adolescents (M.I.N.I Kid) was used for screening for psychiatric disorders while as Revised UCLA Scale for Loneliness was used to determine severity of loneliness. Data was analyzed using SPSS version 20 software and chi square test was applied for bivariate analysis. **Result:** Out of the 280 children interviewed, 136 (48.57%) had one or more psychiatric disorders. Post-Traumatic Stress Disorder (PTSD=34.28%), Major Depressive Disorder (MDD=33.57%) and Separation anxiety disorder (30.36%), were the most common disorders. The prevalence of Conduct disorder (24.14% vs 8.53%, $p=0.0034$) was significantly higher among males as compared to females. Around 60% of the children had severe degree of loneliness while as around 26% had moderate degree of loneliness. **Conclusion:** There is a high rate of psychiatric disorders and loneliness among children living in orphanages in Kashmir.

INTRODUCTION

An orphan is a child who has lost both parents through death. This definition is extended in most of the groups including the loss of parents through desertion or the parents are unable or unwilling to provide care.^[1]

An orphanage is an institution dedicated to the care and upbringing of children who have lost their parent(s). Historically, such institutions were quite prevalent in western societies in the past. An upsurge in such institutions was observed during mid 1700's, mid 1800's and immediately post World War I.^[2] Despite the rising role of foster care for orphans in western society, orphanages continue to play a key role in the war torn third world countries, where their number is ever increasing, they have no means of survival, and foster care is culturally unacceptable.^[3-7]

An orphanage is often examined through problematic psycho-social functioning of children.^[8]

There is general agreement among researchers that children placed in orphanage settings at a young age and for long periods of time are at greatly increased risks for development of serious psychopathology later in life. From this agreement, has emerged a general notion that orphanages are breeding grounds for many psychiatric problems.^[9-11]

In a study conducted by Simsek et al in Turkey, using the 90th percentile as the cut-off criterion, it was found that the Teacher's Report Form (TRF) Total Problem score was higher for children and adolescents in orphanage care than in the community (23.2%, orphanage v. 11%, community).^[12] Similarly, a study done in Uganda found that more orphans, than non-orphans had more common emotional and behavioral problems e.g. more orphans reported finding "life unfair and difficult" ($p=0.03$); 8.3% orphans compared to 5.1% of the non-orphans reported having had past suicidal wishes ($p=0.30$) and more reported past "forced sex / abuse" ($p=0.05$).^[13]

In Kashmir most of the orphans are the victims of armed conflict. The impact on their mental health has been inevitable phenomenon. There is presence of anxiety, stress, PTSD among the children in Kashmir and orphans in particular. The need of an hour has resulted in an institutional care for orphans in the form of orphanage, but these orphanages are not desirable for orphans, as they are the result of armed conflict with strong psychological trauma.^[14] A few studies have been done on psychiatric disorders among orphans in Kashmir by Margoob et al,^[15] which showed high prevalence of PTSD and MDD. They were limited to only few orphanages which included females only. Thus there was a need for further research that would include a large sample size and include both sexes. The current study focuses on the prevalence of major psychiatric disorders and loneliness among the children living in orphanages of Kashmir.

MATERIALS AND METHODS

The study was conducted between February 2012 till August 2012, after getting clearance from the Institutional Ethical Committee. Seven orphanages within Srinagar district of Jammu & Kashmir state of India were randomly selected. A written informed consent (on behalf of the children) and a formal permission from the in charges of these orphanages was obtained. Only those children between age group 10-17 years were included. Those less than 7 years, incapable of giving interview or having developmental disorders were excluded from the study. Around 40 children from each orphanage were randomly selected to achieve a sample size of 280 (confidence level 90%, error 5%, population proportion 40%).

Study Tools (Instruments)

Psychiatric disorders were assessed using Mini International Neuropsychiatric Interview-for children and adolescents (M.I.N.I Kid)¹⁶ while as

loneliness was assessed by applying Revised UCLA scale for loneliness.¹⁷ Interviews were conducted by the first and second author at each orphanage maintaining privacy and confidentiality.

Data Analysis

Data from the proformas was entered in MS-Excel 2013 and was analyzed using SPSS version 20 software (trial version) and p-value less than 0.05 was considered statistically significant. Microsoft Excel 2013 was used for generating charts and diagrams. Data was represented in proportions and percentages. Bivariate analysis was performed using chi-square test and p-value less than 0.05 was considered statistically significant.

Ethical Considerations

Clearance from the Institutional Ethical Committee was taken for approval of the study. Privacy and strict confidentiality was maintained while collecting the data from the people during the study. No risks on the part of the study population was observed as it was only an observational study. The identified children with psychiatric disorder were started on appropriate treatment.

RESULTS

Out of the 280 children interviewed, 164 (58.57%) were females. The mean age of the study population was 13.3 years (± 1.43). Out of the 280 children interviewed, 136 (48.57%) had one or more psychiatric disorders as per M.I.N.I Kid. PTSD (34.28%), MDD (33.57%) and Separation anxiety disorder (30.36%), were the most common disorders. The prevalence of Conduct disorder (24.14% vs 8.53%, $p=.0034$) was significantly higher among males as compared to females. [Table 1] In addition, 32 children (11.43%) had suicidality which included 5 children who had history of at least one suicidal attempt.

Table 1: Different Psychiatric Disorders among the study population

Psychiatric Disorder	Overall Prevalence (N=280)	Prevalence in Males (n=116)	Prevalence in Females (n=164)	P value
Separation Anxiety Disorder	30.36% (85)	31.89% (37)	29.27% (48)	.6375
PTSD*	34.28% (96)	37.93% (44)	31.70% (52)	.2797
MDD [§]	33.57% (94)	37.93% (44)	30.48% (50)	.1938
Panic Disorder	30 % (84)	24.14% (28)	34.14% (56)	.0718
With agoraphobia	19.28% (54)	12.07% (14)	24.39% (40)	
Without agoraphobia	10.71% (30)	12.07% (14)	9.75% (16)	
Social Phobia	24.28% (68)	20.69% (24)	26.83% (44)	.2379
Conduct Disorder	13.57% (38)	24.14% (24)	8.53% (14)	.0034
Generalized Anxiety Disorder	10% (28)	10.34% (12)	9.75% (16)	.8715
Dysthymia	7.85% (22)	5.17% (06)	9.75% (16)	.1602

*Post-Traumatic Stress Disorder §Major Depressive Disorder

Table 2: Degree of Loneliness among the study population (Revised UCLA Loneliness Scale)

Score	Degree of Loneliness	No. of Children	Percentage of Total
20-40	Little or no	41	14.64%
40-60	Moderate	72	25.71%
60-80	Severe	167	59.64%

Using Revised UCLA Loneliness Scale, around 60% of the children had severe degree of loneliness while as around 26% had moderate degree of loneliness. [Table 2]

DISCUSSION

There is a high rate of mental health problems, predominantly those of emotional nature among orphanage children. This appears consistent with findings from studies with other groups of neglected, traumatized and institutionalized children, although the mechanisms may well differ. The most studied factor has been institutional privation and its impact on children's social, cognitive and emotional development.^[18]

The current study found that the prevalence rate of PTSD (34%) was the highest followed by, MDD (33%), Separation Anxiety (30.5%), panic disorder (30%), Social Phobia (24%), Conduct Disorder (13.5%), Generalized Anxiety disorder (10%) and Dysthymia (7.8%). In addition, 32 children had features of suicidality (suicidal ideas or plan). Out of these 5 children had attempted suicide at least once.

These rates are somewhat higher than those found in previous studies done in Kashmir.^[15] This can be attributed to the increasing number of orphanages in Kashmir which fail to provide adequate psychosocial support to these children. UNICEF estimates that Kashmir has as many as 100,000 special or orphaned children. However, an independent study by UK based 'Save the children' puts the number of orphans at 2.15 lacs.^[19] These figures still seem to be conservative as very less information flows from distant areas.

In our study, PTSD was present in about 34% of children. This is because most of these orphaned children are likely to have been affected by both direct exposures to trauma and family loss due to the armed conflict in Kashmir. Empirical studies on children in an armed conflict show the determinant effects on children's mental health and wellbeing.

A study of children in Kashmir showed that out of 103 children 37 show symptoms of PTSD (Margoob, 2005).^[20] The problems that emerge are internalizing violence which tends a child to perceive abnormal situations as normal ones. A lot has to be researched on the response of children in an armed conflict but the children coping process in the political violence has remained for and under estimated (Punamiki & Suleiman, 1990).^[21]

Major Depressive Disorder was present in 33% of children, which may be explained by various variables including the fact that all the children had lost one of their parent before the age of 11 years. Also low psychosocial support made them vulnerable to depression. These results show that distinct association between low self-esteem and depression were certain consequences of orphanhood and played a significant role in lowering the children's life quality. Low self-esteem and

depression could be considered as intermediate variables on the causal pathway between orphanhood and quality of life and being an orphan and depression were the negative ones.

Similarly, Separation Anxiety Disorder was present in about 36% of children. This may be explained due to the fact that most of these children live far away from their families and hometown. They are brought into an entirely new environment at a very young age which contributes to their already distressing situation after loss of their parent(s). Negative family communication, rural residence and loss of both parents are contributing factors. Although family communication may not be possible or appropriate for many children, in this study the circumstances appeared to vary and many children were visited by or spent brief periods with their family of origin.

The prevalence of Conduct Disorder was significantly higher among males (24.14%) than females (8.53%) $p=0.0034$. This is in accordance with the general prevalence of Conduct Disorders among children and adolescents. The disorder appears more prevalent in males than females (1.4:1) prior to adolescence.^[22]

Using the Revised UCLA loneliness scale, almost 60% of children had severe loneliness, 25.7% had moderate loneliness while as 15% had little or no loneliness. We found that although the basic material needs could be met, orphans in orphanages were almost totally separated from the outside world and could not access normal families and society relations. This would very likely harm their personality in adulthood and social skills.^[23,24]

In our study the combined score of sample children in orphanages is greater than average score of 40, correlating well with psychological morbidity in these children. The observations are consistent with studies that consider orphanage children vulnerable to medical and psychosocial hazards of institutional care.^[25] The observation could be explained by the fact that most of the orphanage children have experienced many traumatic incidents,^[26] yet they do not have an access to mental health services. The results are also consistent with other studies that consider children of orphanages more susceptible to long-term psychological and social effects than children in foster care.^[27]

Although orphans in this study were physically healthy but orphans are at greater risk of being infected by a variety of infectious diseases without parents' care, such as diarrhea, anemia and upper respiratory disease, all of which threaten normal growth and nutritional status. The overall high prevalence of psychiatric morbidity in orphan children population could be attributed to the serious social implications of the turmoil to the Kashmiri families. More than 50,000 families are rendered homeless and as such have lost their initiative to protect themselves or their children.^[28]

CONCLUSION

There is a high prevalence of psychiatric disorders (especially PTSD, depression) and loneliness among children living in orphanages in Kashmir.

Limitations

Our study was limited to a particular geographical area and a limited sample size. Further studies including multiple sites and a larger sample size are required.

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