



# Psychosocial Profile of Adolescents Living in Orphanages and Adolescents Living with Biological Parents

Karishma Shekhawat <sup>a++</sup>  
and Rejani Thudalikunnil Gopalan <sup>a#\*</sup>

<sup>a</sup> Department of Clinical Psychology, Mahatma Gandhi Medical College and Hospital, Jaipur, India.

## **Authors' contributions**

*This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.*

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## **ABSTRACT**

Orphans living on their own or living in institutions go through many psychological problems like stress, anxiety, sadness, depression, poor interpersonal relations, etc. This study aimed to compare the psychosocial profile of adolescents living in orphanages and adolescents living with their biological parents. The participants of the study were divided into two groups, adolescents living in orphanages and adolescents living with parents (50 participants each). The age range of participants was between 12-17 years. Sociodemographic data sheet, Adolescent Self-Esteem Questionnaire, Strengths and Difficulties Questionnaire, Balanced Emotional Empathy Scale, Acceptance and Action Questionnaire, Emotion Regulation Questionnaire and EPOCH Measure of Adolescent Wellbeing tools were employed. The results revealed significant differences in self-esteem, psychological flexibility, psychological adjustment, emotion regulation and well-being between adolescents living in orphanages (Group 1) and adolescents living with their biological

<sup>++</sup> Clinica Psychologist;

<sup>#</sup> Professor and Head;

<sup>\*</sup>Corresponding author: E-mail: [rejanigopal@yahoo.co.in](mailto:rejanigopal@yahoo.co.in);

parents (Group 2). Group 1 more often tried to conceal their emotions and avoid expressing their feelings. The well-being experienced by them was lower than Group 2. Also, a positive correlation was found between well-being and self-esteem, emotional empathy, psychological flexibility, psychological adjustment and emotion regulation. For Group 2, well-being shared a positive correlation with self-esteem, psychological flexibility, psychological adjustment and emotion regulation. On correlation analysis, both groups showed differences only in emotional empathy. It was also noticed that a longer duration of stay in an orphanage related to better well-being. Simple linear regression suggested that length of stay at the orphanage (number of years spent in orphanage), self-esteem, emotional empathy and cognitive reappraisal of emotion regulation are the strongest predictors of well-being experienced by Group 2 participants. Conclusively, more attention should be paid to bring about solutions to increase the well-being of adolescents living in orphanages with help of mental health professionals who can help them directly as well as indirectly through people living around them.

**Keywords:** *Adolescents; orphanage; psychological flexibility; empathy; psychosocial profile.*

## 1. INTRODUCTION

An orphan is defined as children from age 0-17 who have lost one or both parents. A child who has lost his/her mother is a 'maternal orphan', a child who has lost his father is a 'paternal orphan' and a 'double orphan' refers to a child who has lost both parents [1]. Orphan adolescents are more at risk of developing psychological problems than others as reported by the Ministry of Women and Children Development, India. Many studies have also shown the occurrence of emotional and behavioural problems in adolescents living in institutional homes as compared to family-reared adolescents [2]. Parental loss or loss of an attachment figure affects all aspects of children's life; be it their physical security, emotional wellbeing, educational and mental development and complete health (Taukeni, 2012).

Adolescence is considered the critical time period for the development of self-esteem and self-identity, and low self-esteem may risk the adolescent's emotional regulation [3]. Non-orphan children were reported to have higher levels of self-esteem than orphan children (Khan et al., 2004) which has disastrous effects of the absence of normal contact with the mother and of basic security on the development of all the ego functions- social, cognitive and language development and development of object relations of orphans. It also leads to children expressing less empathy in orphanages which is related to a lack of adequate primary identification [4] (Mahler, 1968). Various studies have shown that loss of emotional contact with parents is an important cause of emotional oppression of adolescents [5]. It is quite natural for a child to develop some adjustment problems, isolation, anger or fear, who doesn't experience the

feelings of warmth, love, care and security of parents [6]. During childhood, parental loss has been considered a risk factor for the poor mental health of orphans as well as leads to circumstances where children get deprived of needs, emotional support, education, physical and social support, food and shelter [7]. The psychosocial profile of such children may help us to understand them better way but not many studies have been conducted on this especially in India, hence the present study attempted to find psychosocial profile of adolescents living in orphanages and living with parents.

### Objectives:

- To compare the self-esteem, emotional empathy and psychological flexibility of adolescents living in orphanages and living with parents
- To compare the psychological adjustment, emotion regulation and wellbeing of adolescents living in orphanages and living with parents.
- To find the impact of psychological adjustment, emotion regulation, self-esteem, psychological flexibility on wellbeing of adolescents living in orphanages and living with parents.
- To assess the relation between the length of stay in orphanage and its impact on the well-being of orphans.

## 2. METHODOLOGY

**Research design:** Cross-sectional research design.

**Sample:** The participants of the study were divided in two groups, adolescents living in orphanages and family-reared adolescents having both parents alive. Each group consisted

of 50 participants which makes a total of 100 participants and they were within the age range of 12-17 years, and living either in orphanages or with both parents in Rajasthan. Purposive sampling method was used for the study to collect data.

**Inclusion Criteria:**

- Adolescent between the age range of 12-17 years
- Adolescents living in orphanages
- Adolescents living with both parents (biological)
- Adolescents who are residents of Rajasthan

**Exclusion Criteria:**

- Participants below 12 years and above 17 years
- Adolescents adopted in a family
- Adolescents living outside Rajasthan
- Adolescents living with single parent

**Tools used:** Following tools were used for the study:

**Adolescent Self-Esteem Questionnaire (Hafekost et al., 2017):** Adolescent self-esteem questionnaire is a revised measure of Rosenberg self-esteem questionnaire especially developed for adolescent population. It is a 13-item measure of global self-esteem that rated on a 5-point Likert scale. Item scores are summed, with positively worded items reverse coded, to determine an individual's self-esteem score. Higher level of self-esteem is reflected by higher score and a score of 17 or less is indicative of low self-esteem. This scale is highly predictive of depression suggesting good construct validity. Cronbach's alpha for ASQ was found to be 0.91 indicating excellent internal consistency.

**Strengths and Difficulties Questionnaire (Goodman, 2002):** It is a screening inventory for assessing emotional and behavioural problems in children and adolescents. It has 25 items covering emotional problems, conduct problems, hyperactivity problems, peer problems and prosocial behavioural. Each subscale consists of five questions with three options; Not true, Somewhat true and Certainly True corresponding to the score of 0, 1 and 2. Five items belonging to conduct problem scale, hyperactivity scale and peer problem scale are reverse scored. Score of

each subscale can be calculated by adding the score of five items of that scale and Total Difficulties Score can be calculated by adding the scores of all the items of subscales except for prosocial subscale. Total Difficulty score of 0-15 indicates that the clinically significant problems are unlikely, score of 16-19 may indicate clinically significant problems and score of 20-40 reflect high risk of clinically significant problem. It is available in three versions parent report, teacher report, and self-report versions which helps in identifying the psychiatric diagnosis in children and adolescents and it was found to have a specificity of 80% and sensitivity of 85% in doing so.

**Balanced Emotional Empathy Scale (Mehrabian & Epstein, 1972; Shazia, 2004):** Mehrabian and Epstein (1972) defined empathy as "the heightened responsiveness to another's emotional experience". Mehrabian (1996) updated the EETS, creating a new 30-item emotional empathy scale which consists of 15 positively-worded and 15 negatively-worded items (therefore the name, the Balanced Emotional Empathy Scale or BEES) rated on a -4 (very strong disagreement) to +4 (very strong agreement) scale. The maximum obtainable score is 120. For males the mean score is 29 and for females the mean score is 60. The BEES correlates .77 with the original EETS and has internal consistency reliability ( $\alpha = .87$ ). This scale of emotional empathy is significantly negatively correlated with measures of aggression and risk of violence, and positively related with a measure of Optimism-Pessimism.

**Acceptance and Action Questionnaire (AAQ-II) (Bond et al., 2011):** This measure assesses experiential avoidance and psychological flexibility. It consists of seven items measured on seven-point Likert scale. Higher total score concludes less flexibility and lower total score indicates more flexibility. The maximum obtainable score is 49 and the cut off is 24 which indicates that scores lower than 24 indicates higher psychological flexibility.

**Emotion Regulation Questionnaire (Gross & John, 2003):** The questionnaire has 10 items rated on a 7-point Likert type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher the scores the greater the usage of that particular emotion regulation strategy. ERQ is designed to assess individual differences in the habitual use

of two emotion regulation strategies: cognitive reappraisal and expressive suppression. Alpha reliabilities are .79 for Reappraisal and .73 for Suppression. Test-retest reliability across 3 months was .69 for both scales. The ERQ was developed to measure the habitual use of 2 emotion regulation strategies: reappraisal and suppression.

**EPOCH Measure of Adolescent Wellbeing (Kern et al., 2016):** The questionnaire consists of 20 items, each domain having four items each rated on a five-point Likert scale. Scores are calculated for each domain separately by doing average of the four items and the maximum obtainable score in each domain is 5. It consists of five different positive characteristics that together support higher levels of well-being: engagement, perseverance, optimism, connectedness, and happiness and the tool demonstrated adequate psychometric properties.

**Procedure:** Tools were administered individually. For the collection of data from adolescents living with their biological parents, a google form was prepared including the informed consent which was then circulated. All the

sample for the study was selected based on inclusion and exclusion criteria of the study. It was optional for them to write their names in the forms.

**Statistical Analysis:** The responses obtained from participants were analysed using statistical procedure such as mean and standard deviation, t test, correlation, and simple linear regression.

### 3. RESULTS

#### 3.1 Sociodemographic Details Such as Age, Gender, Religion, Residence, Education, Socioeconomic Status and Length of Stay in Orphanage

The mean age of the participants included in the study in Group 1 was 14.7 years in both groups. In Group 1, 58% were females and 42% were males. In this group, 94% were Hindus and 6% were Muslims. All the participants of this group have their residences in urban areas. The mean education was found to be 7<sup>th</sup> class. Mean length of stay in orphanage was found to be 6.15 years (Table 2).

**Table 1. Summary of the demographic details of the study sample of Group 1 and 2**

Variables	Group 1		Group 2		Total	
	N	Percentage	N	Percentage	N	Percentage
Gender						
Female	29	58%	33	66%	62	62%
Male	21	42%	17	34%	38	38%
Religion						
Hindu	47	94%	44	88%	91	91%
Muslim	3	6%	4	8%	7	7%
Sikh	0	0%	2	4%	2	2%
Residence						
Urban	50	100%	37	74%	87	87%
Semi-urban	0	0%	9	18%	9	9%
Rural	0	0%	4	8%	4	4%

**Table 2. Mean and SD of Age, Education and Length of stay of Group 1, Group 2 and Total sample**

Variables	Group 1 (N=50)		Group 2 (N=50)		Total (N=100)	
	M	SD	M	SD	M	SD
Age	14.76	1.68	14.77	1.75	14.76	1.71
Education	7.22	2.90	9.80	2.01	8.51	2.80
Length of stay	6.15	4.94	14.77	1.75	10.46	5.69

In Group 2, 66% were females and 34% were males. 88% are Hindus, 8% were Muslims and 4% were Sikhs. 74% of the participants have their residence in urban areas, 18% in semi-urban areas and 8% in rural areas. The mean education was found to be 10<sup>th</sup> class. Also, 12% belong to high socio-economic status, 86% belong to middle socio-economic status and 2% belong to low socio-economic status. The mean length of stay was found to be 14.7 years.

In overall data, the average age was found to be 14.7 years, dominated by females, belonging to Hindu religion with an educational background of 9<sup>th</sup> class and mean length of stay was found to be 10.46 years.

Table 3 shows that, significant difference was found on self-esteem, psychological flexibility, psychological adjustment, emotion regulation, well-being and length of stay between Group 1 and Group 2. No significant difference was found on emotional empathy between the two groups.

Group 1 scored significantly less than Group 2 on self-esteem, psychological flexibility, cognitive reappraisal strategy of emotion regulation and all domains of well-being which are engagement, perseverance, optimism, connectedness and happiness, and length of stay. Group 1 scored significantly higher than Group 2 on total difficulty score, prosocial behaviour, emotional symptoms, conduct problems and expressive suppression strategy of emotion regulation.

**Table 3. Mean, SD and t-value of Group 1, Group 2 and total sample on SE, EE, PF, PA, ER, Well-being and Length of stay**

Variables	Group 1		Group 2		Total		t	p
	M	SD	M	SD	M	SD		
Self-esteem (SE)	37.140	5.900	42.600	7.284	39.87	7.143	-4.118	.000**
Emotional Empathy (EE)	69.060	13.176	72.600	21.159	70.83	17.626	-1.004	.318
Psychological Flexibility (PF)	29.766	6.708	24.480	10.093	27.12	8.930	3.081	.003**
<b>Psychological Adjustment (PA)</b>								
Total Difficulty Score	18.580	6.298	16.120	5.755	17.35	6.03	2.039	.044*
Prosocial Behaviour	8.240	1.623	7.260	1.946	7.75	1.850	2.734	.007**
Hyperactivity	4.680	2.280	4.620	2.137	4.65	2.199	.136	.892
Emotional Symptoms	6.180	1.965	4.740	2.529	5.46	2.367	3.178	.002**
Conduct Problems	4.640	2.067	3.480	1.619	4.06	1.938	3.123	.002*
Peer Problem	3.080	2.709	3.280	1.969	3.18	2.359	-.422	.674
<b>Emotion Regulation (ER)</b>								
Cognitive Reappraisal	22.920	5.612	28.140	6.044	25.53	6.368	-4.475	.000**
Expressive Suppression	22.540	3.182	18.520	4.652	18.520	4.652	5.043	.000**
<b>Well-being</b>								
Engagement	2.160	.820	2.970	.883	2.565	.940	-4.752	.000**
Perseverance	2.320	.889	3.370	.845	2.845	1.011	-6.050	.000**
Optimism	2.040	1.013	3.185	.894	2.612	1.11	-5.990	.000**
Connectedness	2.430	.997	3.545	.959	2.987	1.123	-5.697	.000**
Happiness	2.370	.935	3.475	.979	2.922	1.103	-5.767	.000**
<b>Length of stay</b>	6.15	4.94	14.77	1.75	10.46	5.69	-11.60	.000**

\*\*p<0.01, \*p<0.05

**Table 4. Results on Simple linear regression of SE, PF, EE, PB, CP, Ha, ES, ERCR, ERES and LOS on Eg, Pr, Op, Ct and Hp (domains of well-being) of Group 1 and Group 2.**  
**Model Summary**

Group 1					Group 2				
Engagement (DV)					Engagement (DV)				
IV	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Sig. F Change	IV	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Sig. F Change
SE	.466 <sup>a</sup>	.218	.201	.001	PF	.336 <sup>a</sup>	.113	.094	.017
EE	.678 <sup>a</sup>	.460	.449	.000					
ERCR	.465 <sup>a</sup>	.216	.200	.001					
LOS	.635 <sup>a</sup>	.403	.390	.000					
Perseverance (DV)					Perseverance (DV)				
SE	.581 <sup>a</sup>	.338	.324	.000	SE	.488 <sup>a</sup>	.239	.223	.000
EE	.508 <sup>a</sup>	.258	.242	.000	PF	.318 <sup>a</sup>	.101	.083	.024
CP	.388 <sup>a</sup>	.151	.133	.005	PB	.402 <sup>a</sup>	.162	.144	.004
ERCR	.573 <sup>a</sup>	.328	.314	.000	Ha	.316 <sup>a</sup>	.100	.081	.025
LOS	.647 <sup>a</sup>	.419	.407	.000	ES	.333 <sup>a</sup>	.111	.093	.018
					CP	.289 <sup>a</sup>	.083	.064	.042
					ERCR	.358 <sup>a</sup>	.128	.110	.011
					LOS	.372 <sup>a</sup>	.138	.120	.008
Optimism (DV)					Optimism (DV)				
SE	.574 <sup>a</sup>	.330	.316	.000	SE	.592 <sup>a</sup>	.350	.337	.000
EE	.569 <sup>a</sup>	.324	.310	.000	PB	.320 <sup>a</sup>	.103	.084	.023
CP	.312 <sup>a</sup>	.097	.079	.027	Ha	.323 <sup>a</sup>	.104	.085	.022
ERCR	.648 <sup>a</sup>	.420	.408	.000	ES	.330 <sup>a</sup>	.109	.090	.019
LOS	.687 <sup>a</sup>	.472	.461	.000	ERCR	.420 <sup>a</sup>	.176	.159	.002
Connectedness (DV)					Connectedness (DV)				
SE	.465 <sup>a</sup>	.216	.200	.001	SE	.530 <sup>a</sup>	.281	.266	.000
EE	.516 <sup>a</sup>	.266	.251	.000	PF	.453 <sup>a</sup>	.206	.189	.001
PF	.406 <sup>a</sup>	.165	.147	.003	ES	.491 <sup>a</sup>	.241	.226	.000
PB	.297 <sup>a</sup>	.088	.069	.036	ERES	.287 <sup>a</sup>	.082	.063	.004
CP	.349 <sup>a</sup>	.122	.103	.013					
ERCR	.663 <sup>a</sup>	.440	.428	.000					
LOS	.638 <sup>a</sup>	.407	.395	.000					
Happiness (DV)					Happiness (DV)				
SE	.480 <sup>a</sup>	.231	.215	.000	SE	.489 <sup>a</sup>	.239	.223	.000
EE	.642 <sup>a</sup>	.412	.399	.000	PF	.314 <sup>a</sup>	.099	.080	.026
PF	.465 <sup>a</sup>	.216	.200	.001	PB	.490 <sup>a</sup>	.241	.225	.000
PB	.394 <sup>a</sup>	.155	.137	.005	ES	.505 <sup>a</sup>	.255	.239	.000
CP	.341 <sup>a</sup>	.116	.098	.015	ERCR	.317 <sup>a</sup>	.100	.082	.025
ERCR	.712 <sup>a</sup>	.507	.497	.000					
ERES	.341 <sup>a</sup>	.116	.098	.015					
LOS	.738 <sup>a</sup>	.545	.536	.000					

Tables 4 and 5 describes the results of simple linear regression analysis and the impact of predictor variable on criterion variable in Group 1 and Group 2. In Group 1, self-esteem, emotional empathy, psychological flexibility, prosocial behaviour, conduct problem, cognitive reappraisal, expressive suppression and length of stay significantly predicted the well-being. In Group 2, self-esteem,

psychological flexibility, prosocial behaviour, conduct problem, hyperactivity, emotional symptoms, cognitive reappraisal, expressive suppression and length of stay significantly predicted the well-being. Over all, self-esteem, psychological flexibility, conduct problem, prosocial behaviour, cognitive reappraisal, and length of stay significantly predicted the well-being.

**Table 5. Coefficients table of simple linear regression**

<b>Group 1</b>					<b>Group 2</b>				
<b>Engagement (DV)</b>					<b>Engagement (DV)</b>				
<b>IV</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>Sig.</b>	<b>IV</b>	<b>B</b>	<b>SE</b>	<b>Beta</b>	<b>Sig.</b>
SE	.065	.018	.466	.001	PF	-.029	.012	-.336	.017
EE	.042	.007	.678	.000					
ERCR	.068	.019	.465	.001					
LOS	.105	.018	.635	.000					
<b>Perseverance (DV)</b>					<b>Perseverance (DV)</b>				
SE	.088	.018	.581	.000	SE	.057	.015	.488	.000
EE	.034	.008	.508	.000	PF	-.027	.011	-.318	.024
CP	-.167	.057	-.388	.005	PB	.175	.057	.402	.004
ERCR	.091	.019	.573	.000	Ha	-.125	.054	-.316	.025
LOS	.116	.020	.647	.000	ES	-.111	.045	-.333	.018
					CP	-.151	.072	-.289	.042
					ERCR	.050	.019	.358	.011
					LOS	-.179	.065	-.372	.008
<b>Optimism (DV)</b>					<b>Optimism (DV)</b>				
SE	.099	.020	.574	.000	SE	.073	.014	.592	.000
EE	.044	.009	.569	.000	PB	.147	.063	.320	.023
CP	-.153	.067	-.312	.027	Ha	-.135	.057	-.323	.022
ERCR	.117	.020	.648	.000	ES	-.117	.048	-.330	.019
LOS	.141	.021	.687	.000	ERCR	.062	.019	.420	.002
<b>Connectedness (DV)</b>					<b>Connectedness (DV)</b>				
SE	.079	.022	.465	.001	SE	.070	.016	.530	.000
EE	.039	.009	.516	.000	PF	-.043	.012	-.453	.001
PF	-.060	.020	-.406	.003	ES	-.186	.048	-.491	.000
PB	.183	.085	.297	.036	ERES	-.059	.029	-.287	.004
CP	-.168	.065	-.349	.013					
ERCR	.118	.019	.663	.000					
LOS	.129	.022	.638	.000					
<b>Happiness (DV)</b>					<b>Happiness (DV)</b>				
SE	.076	.020	.480	.000	SE	.066	.017	.489	.000
EE	.046	.008	.642	.000	PF	-.030	.013	-.314	.026
PF	-.065	.018	-.465	.001	PB	.247	.063	.490	.000
PB	.227	.076	.394	.005	ES	-.196	.048	-.505	.000
CP	-.154	.061	-.341	.015	ERCR	.051	.022	.317	.025
ERCR	.119	.017	.712	.000					
ERES	-.100	.040	-.341	.015					
LOS	.140	.018	.738	.000					

Abbreviations: Self-esteem (SE), Psychological Flexibility (PF), Emotional Empathy (EE), Prosocial Behaviour (PB), Conduct Problem (CP), Hyperactivity (Ha), Emotional Symptoms (ES), Cognitive Reappraisal (ERCR), Expressive Suppression (ERES) and Length of Stay (LOS) on Engagement (Eg), Perseverance (Pr), Optimism (Op), Connectedness (Ct) and Happiness (Hp) (domains of well-being)

For Group 1, Engagement is significantly positively correlated with self-esteem, emotional empathy and cognitive reappraisal. Perseverance is significantly positively correlated with self-esteem, emotional empathy, cognitive reappraisal and significantly negatively correlated with conduct problem. Optimism is significantly positively correlated with self-esteem, emotional empathy, cognitive reappraisal and significantly negatively correlated with conduct problem.

Connectedness is significantly positively correlated with self-esteem, emotional empathy, prosocial behaviour, cognitive reappraisal and significantly negatively correlated with conduct problem. Happiness is significantly positively correlated with self-esteem, emotional empathy, prosocial behaviour, cognitive reappraisal and significantly negatively correlated with psychological flexibility, conduct problem and expressive suppression.

**Table 6. Correlations of Wellbeing with SE, EE, PF, Prosocial Behaviour (PB), Hyperactivity (Ha), Emotional Symptoms (ES), Conduct Problem (CP), Peer Problem (PP), ERCR, ERES in Group 1 and Group 2**

	Well-being									
	Engagement		Perseverance		Optimism		Connectedness		Happiness	
	Gp 1	Gp 2	Gp 1	Gp 2	Gp 1	Gp 2	Gp 1	Gp 2	Gp 1	Gp 2
SE	.47**	.17	.58**	.49**	.57**	.59**	.47**	.53**	.48**	.49**
EE	.68**	-.00	.51**	.10	.59**	-.05	.52**	-.03	.64**	.25
PF	-.19	-.34*	-.14	-.32*	-.19	-.18	-.41**	-.45**	-.46**	-.31*
PB	.15	-.05	.13	.40**	.18	.32*	.30*	.23	.39**	.49**
Ha	.23	-.12	-.01	-.32*	.01	-.32*	-.026	-.26	.11	-.24
ES	-.01	-.28	-.15	-.33*	-.23	-.33*	-.15	-.49**	-.20	-.50**
CP	-.08	-.05	-.39**	-.29*	-.31*	-.14	-.35*	-.17	-.34*	-.27
PP	.14	-.05	-.07	-.08	-.03	-.15	-.19	-.21	-.19	-.23
ERCR	.46**	.01	.57**	.36*	.65**	.42**	.66**	.17	.71**	.32*
ERES	-.27	-.16	.00	.04	-.20	.08	-.20	-.29*	-.34*	-.13
Length of stay	.64**	-.12	.65**	-.37**	.69**	-.06	.64**	-.16	.79**	-.20

\*\* $p < 0.01$ , \* $p < 0.05$

For Group 2, Engagement is significantly negatively correlated with psychological flexibility. Perseverance is significantly positively correlated with self-esteem, prosocial behaviour, cognitive reappraisal, and significantly negatively correlated with psychological flexibility, hyperactivity, emotional symptoms, and conduct problem. Optimism is significantly positively correlated with self-esteem, prosocial behaviour, cognitive reappraisal, and significantly negatively correlated with hyperactivity and emotional symptoms. Connectedness is significantly positively correlated with self-esteem, and significantly negatively correlated with psychological flexibility, emotional symptoms and expressive suppression. Happiness is significantly positively correlated with self-esteem, prosocial behaviour, cognitive reappraisal, and significantly negatively correlated with psychological flexibility, and emotional symptoms.

#### 4. DISCUSSION

The present study aimed to compare the effects of self-esteem, emotional empathy, psychological adjustment, psychological flexibility, and emotion regulation on well-being of adolescents living in orphanages and adolescents living with parents. The results of the analysis will be discussed in three sections.

##### I. Sociodemographic details

Table 1 shows the descriptive statistics of the socio-demographic data, in the total sample,

62% are females and 38% are male participants. Most of the adolescents living in orphanages were girls and the reason could be cultural bias based on gender where boys are more likeable by their parents as compared to girls. UNICEF (2021) indicated similar findings that the majority of the orphans living in orphanages are girls. Most of the orphans started their education after getting into the orphanage and hence were in lower classes according to their age. A study done by Singh and Sekhar [8] revealed similar results where orphans were having low educational background than non-orphans and the main reasons highlighted in their study were unavailability of transport as the distance was far, high cost of education, prioritising household work, repeated failures and lack of interest in studies.

##### II. Comparison of self-esteem, emotional empathy, psychological flexibility, psychological adjustment, emotion regulation and wellbeing of adolescents living in orphanages and living with their biological parents.

Table 2 shows that, there was a significant difference on self-esteem and psychological flexibility between orphans and non-orphans in favour of non-orphans. No significant difference was found on emotional empathy between the two groups. The possible reasons could be the lack of psychosocial support, absence of parenting due to which no proper guidance have been provided to children and also lack of feeling



of care and love. Similar findings were presented by a study which revealed low self-esteem in orphans than non-orphans and the reasons were impoverished social life, death of their parents due to AIDS [9]. Studies indicate that the development of self-esteem in adolescents is related to the parenting styles or child rearing behaviours (especially parental support) which can be one of the factors contributing in higher self-esteem of non-orphans [10] (MacDonald et al., 2004). Few studies suggest no significant difference on self-esteem between orphans and non-orphans [11]. A study done by Sethi & Asghar (2015) revealed that orphans have higher self-esteem than non-orphans.

Significant difference was found on prosocial behavior between orphans and non-orphans and higher scores were obtained by orphans' group. For emotional symptoms, there is significant difference between orphans and non-orphans and as the mean value of orphans was found to be higher than non-orphans, emotional symptoms are more expressed in orphans. For conduct problem, significant difference between two groups was found, as the mean value is higher in orphans, this indicated more conduct problems in orphans. Datta et al. [12] conducted a study which revealed similar findings mentioning that conduct problem was one of the most prevalent behavioral problems followed by peer-problems, emotional symptoms and hyperactivity in orphans as compared to non-orphans. No significant difference was found in the expression of hyperactivity and peer problems between the two groups.

Emotion Regulation was calculated for the two strategies i.e., cognitive reappraisal and expressive suppression. For Cognitive Reappraisal, significant difference was found between orphans and non-orphans in favour of non-orphans. For Expressive Suppression, significant difference was found between the two groups with more use of expressive suppression by orphans. This shows that, orphans more frequently suppress the emotions as they don't feel like expressing to others and non-orphans more frequently express their emotions to others. A study conducted by Morelen (2008) to compare the emotion regulation of children living in Ghana and USA. The result of the study revealed that orphans reported more emotion dysregulation as compared to others. If the child is concealing his/her outward expression of

emotions then he/she is using expressive suppression strategy of emotion regulation. Frequent use of expressive suppression has been associated with behavioral problems, problems in social competence and psychological wellbeing [13].

On Wellbeing, significant difference was found between orphans and non-orphans on Engagement, Perseverance, Optimism, Connectedness and Happiness. The results indicated higher levels of wellbeing experienced by non-orphans. A study was conducted by Karfe and colleagues [14] to assess the psychological wellbeing and academic achievement. The results indicated that the orphans had lower psychological wellbeing than non-orphans.

### **III. Impact of self-esteem, emotional empathy, psychological flexibility, psychological adjustment, emotion regulation and length of stay on wellbeing of adolescents living in orphanages and living with their biological parents**

Tables 3 and 4 shows the results obtained by simple linear regression and it was found that, self-esteem, emotional empathy and cognitive reappraisal of emotion regulation strategy is found to have a positive impact on all the domains of wellbeing, which indicates that self-esteem, emotional empathy and cognitive reappraisal act as predictor of wellbeing experienced by adolescents living in orphanage. Psychological flexibility and prosocial behaviour were found to have a positive impact on connectedness and happiness domains of wellbeing. On the contrary, conduct problems has a negative impact on connectedness and happiness domains of wellbeing. Expressive suppression strategy of emotion regulation also has a negative impact on happiness experienced by participants of group 1. Studies also support the finding that emotion regulation predicted perseverance, happiness, resilience and connectedness [15, (Morrish et al., 2019; Verzelletti et al., 2016)]. It was found that self-esteem has a positive impact on perseverance, optimism, connectedness and happiness domains of wellbeing. Psychological flexibility positively impacts all the domains of well-being except for optimism. Prosocial behaviour and cognitive reappraisal have significant positive impact on perseverance, optimism, and happiness domains of wellbeing. Significant

negative impact was found on wellbeing of participants of this group by conduct problems, hyperactivity, emotional symptoms and expressive suppression [16-22].

The results of simple linear regression which indicated length of stay in orphanage as the predictor of well-being with highest of its impact on the happiness domain of well-being. The results revealed that the if the child has been staying in the orphanage for a longer period of time, then his well-being will be higher as compared to those who have stayed for a short period of time in the orphanage. A qualitative study also presented similar findings that adolescents living in institutional care for 10-12 years get used to living there and feels difficult to live outside (Khoo, Mancinas & Skoog, 2015). Another study also explained that most of the adolescents staying in the orphanage for less than a year exhibited more conduct and peer problems and the reason could be feeling of an unsafe environment and lacking trust in others (Elatter, Alabd & Mohammed, 2019).

## 5. CONCLUSION

Based on the analysis of the data, the study found that adolescents living in orphanages have lower self-esteem, psychological flexibility, poor psychological adjustment, poor emotion regulation and lower levels of well-being as compared to adolescents living with their biological parents. The statistically significant positive impact of self-esteem, emotional empathy, psychological flexibility, prosocial behaviour and cognitive reappraisal on well-being and significant negative impact of conduct problems and expressive suppression on the well-being of adolescents living in orphanages. In the non-orphans group, self-esteem, psychological flexibility, prosocial behaviour, and cognitive reappraisal have a significant positive impact on well-being and conduct problems, whereas hyperactivity and expressive suppression has a negative impact on well-being. Length of stay in the orphanage is positively correlated with well-being and posits a significant impact on it. The longer they stay the in orphanage, the more well-being experienced by the participants.

## 6. LIMITATIONS OF THE STUDY

- Small sample size of 100 adolescents.
- Interviews with caretakers were not done which could have helped more in

understanding the strengths and weaknesses of adolescents living in orphanages.

## 7. IMPLICATIONS OF THE STUDY AND FUTURE DIRECTIONS

The psychosocial profile obtained in the present study will help in understanding the improvements to be made in the living conditions of the orphanages as well as increasing the emotional support for them. As no orphanage was providing the facility for orphans to meet a clinical psychologist who can properly address the mental health issues they were facing, the adolescents in the orphanages were developing negative coping skills like expressive suppression, emotional symptoms and others. Hence, at least weekly visits of clinical psychologists should be made available in the orphanages. As a more in-depth understanding of the long-term effects of stays in orphanages on mental health is an important area, future studies need to focus on the risk for mental health issues and the vulnerabilities.

## CONSENT

The participants were explained and clarified any doubts regarding the study and written consent was taken.

## ETHICAL APPROVAL

After ethical committee approval from the medical college, the Child Welfare Committee of Jaipur granted permission to collect data from different orphanages of Jaipur.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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