

Hope and Depression Levels in Orphan Children at Bagalkot Orphanages: A Cross-Sectional Study

Kavita Kamble¹, Manjunath Nayak¹, Sameerkhan Dhaded¹, Sushma Sajjan¹, Jayashri G Itti^{2*}, Kavita Patil³

¹Basic BSc 4th year Students, Shri B.V.V.S Institute of Nursing Sciences, Bagalkot-587101, Karnataka, India

²Principal, Shri B.V.V.S Institute of Nursing Sciences, Bagalkot-587101, Karnataka, India

³Lecturer, Department of Psychiatric Nursing, Shri B.V.V.S Institute of Nursing Sciences, Bagalkot-587101, Karnataka, India

***Address for Correspondence:** Prof. Jayashri G Itti, Principal, Department of Community Health Nursing, Shri B.V.V.S Institute of Nursing Sciences, Bagalkot, Karnataka-587101, India

E-mail: jayashri.g.itti@gmail.com

Received: 29 Dec 2023 / Revised: 18 Jan 2024 / Accepted: 08 Feb 2024

ABSTRACT

Background: Orphans in our country face unprecedented psychological & sociological problems, often failing to meet acceptable standards. These children, often homeless, experience emotional problems, social damage, unnecessary tension, & discomfort as they lack affection from adults & fail to meet acceptable standards.

Methods: Data were collected using Kay Herth hope scale & depression was measured using CES-D rating scale & using the complete enumeration method, selected 100 orphans living in orphanages in Bagalkot. Karl Pearson's correlation coefficient & chi-square test were used to find correlation & association.

Results: The findings show that the majority of 60% of the respondents had great hope, the majority of orphaned children (77%) had severe depression. The results show that the overall mean percentage Hope score of the orphaned children was 0.069 with a mean & SD of 60.69±8.35. Mean orphan children depression score (%) was 0.2875 with a mean & SD of 28.75±5.6. The value of the correlation coefficient (r) of hope & depression of orphaned children is -0.26. Findings show that a negative significant correlation was found between hope & depression of orphaned children. No association was found between Hope & sociodemographic characteristics of orphaned children. A significant association was found between depression & year of study of orphan children ($\chi^2=0.006$; $p<0.05$), since how many years have you lived in an orphanage for orphan children ($\chi^2=0.0001$; $p<0.05$) & rejection for other variables.

Conclusion: This study concluded that most orphaned children have high hope & high levels of depression. This study is effective in identifying hope & depression among orphaned children.

Key-words: Children's homes, Depression, Hope, Orphans, Psychological problems

INTRODUCTION

UNICEF defines an orphan as a kid under the age of 18 who has lost one or both parents owing to any cause of death. There are around 140 million orphans globally. UNICEF categorizes orphans into three categories: Paternal orphans are children who lost their fathers.

Motherless orphans are children whose mothers have died. A double orphan is a child that has lost both parents ^[1]. Orphans are more prone to have psychological problems than their peers. Psychological problems are accompanied by depression, anger, anxiety & feelings of sadness. These problems are caused by not dealing with the feeling of loss. It is argued that the loss of a parent often threatens children's psychosocial well-being, so some orphans are taken to extended families or orphanages or are cared for by caregivers who may be unqualified or unwilling to take on this role ^[2]. Scientific studies of orphans began in the 18th century & continue to the present day. Children who have

How to cite this article

Kamble K, Nayak M, Dhaded S, Sajjan S, Itti JG, et al. Hope and Depression Levels in Orphan Children at Bagalkot Orphanages: A Cross-Sectional Study. SSR Inst Int J Life Sci., 2024; 10(2): 5043-5049.



Access this article online

<https://ijls.com/>

experienced family deprivation have been found to have various negative traits. According to research, these children & teenagers have a lot of negative characteristics as they grow up, including low IQ, emotional & behavioral disorders, unstable & inappropriate self-esteem, anxiety, & hostility toward adults. They also have low sociometric status in the peer group with poor self-control & socially acceptable behavior, distorted identity & family image, & brain development that proceeds slowly ^[3]. Children, who grow up in orphanages or foster care typically have no social ties & are disadvantaged in terms of completing high school, attending college, or obtaining employment opportunities, all of which may be contributing factors to a child's predisposition to psychopathology ^[4].

Depression is a severe mental health condition that affects people of all ages, including children & teenagers. The major feature of depression is a constant sense of melancholy, impatience, and a lack of interest or satisfaction in any activity. The illness may develop chronic in around 15-20% of individuals, especially if the patient is untreated or their treatment is insufficient ^[5].

Hope is the sum of the ability to use a method or strategy to achieve a desired goal (agency thinking) and the motivational skills the method or strategy must use. Hope allows a person to carry on despite difficulties & enables them to deal with things they know may not improve ^[6].

Although everyone experiences sadness & hopelessness from time to time, it becomes problematic when the sadness keeps up or gets in the way of regular hobbies, social activities, academic work, or family time. Children who experience melancholy & hopelessness regularly may be diagnosed with depression. Depression is common in older children & adolescents. Children with persistent signs & symptoms of depression need support from the mental health care profession ^[7].

MATERIALS AND METHODS

Study Design & Participants- A cross-sectional design was used to conduct the study in January 2023. A convenience sample of 100 orphans residing in the Government Orphanage for Boys & Girls at Bagalkot was selected for the study. Orphans residing in the government orphanage for boys & girls willing to participate in the survey & orphans, who are present at the time of data collection are included in the study.

Orphan children, who were not physically fit during data collection were excluded from the study.

Instruments

Kay Herth's Hope Scale- The level of hope was measured using the Herth's Hope Scale. This is a 30-point scale & is a 4-point scale. Response options range from 0 to 3 for each item (0 = never applies to me, 1 = rarely applies to me, 2 = sometimes applies to me, & 3 = often applies to me).

Note that the following items must be graded in reverse: 6, 10, 13, 17, 22 & 26. The total score ranges between 0 (minimum) & 90 (maximum), so the higher the score, the better the level of hope. A Cronbach's α of 0.792 was obtained by administering the scale to 100 orphans. The reliability coefficient obtained for the Kay Herth Hope Scale was 0.86, indicating the instrument's reliability.

CES-D Child Rating Scale- When the CESD Rating Scale is used, the level of depression is depression. This is a 20-item scale & 3 points scale. Response options for each item range from 0 to 3 (not at all = 0, a little = 1, a little = 2, a lot = 3). The reliability obtained for the CESD Child Rating Scale was 0.89, indicating that the instrument is reliable.

Sociodemographic Variables & Clinical Characteristics-

Sociodemographic data included age, gender, years of education, religion, relatives, duration of stay in the orphanage, reasons for entering the orphanage, vocational training & orphans.

Data Collection Process- Prior permission was obtained from the affected orphanages before the data collection process began. Researchers were involved in the data collection process. All orphans who met the inclusion criteria were contacted to collect data. Approval of the orphanage director was received. The purpose of the study was explained to the participants before the survey was administered.

Inclusion Criteria- The study included all orphanage-residing children who were willing to participate & available at the time of data collection.

Exclusion Criteria- Children who felt pain during data collection & who were not willing to participate were excluded from the study.

Statistical Analysis- Data analysis was performed using SPSS v25. For continuous variables, mean (M) & standard deviation (SD) were utilized, while descriptive statistics like frequency & percentage were employed for variables. The Karl Pearson correlation coefficient & chi-square test were used to identify the link between hope & anxiety.

Ethical Approval- The study was approved by the Ethical Committee (BVVS/IEC/SIONS/202223/155), Sajjalashree Institute of Nursing Sciences, Bagalkot, BVVS placement right was obtained from Government Orphanage for Boys & Girls Bagalkot. Informed consent was obtained from all participants before the study.

RESULTS

Table 1 provides information about the sociodemographic variables of the sample. The characteristics include age, sex, year of studying, religion, presence of relatives, duration of stay in the orphanage, reason for being in the orphanage, academic performance, & orphanhood status. The majority falls into the 13-14 years age group. Most of the orphan children in the study were male (45 out of 100). Most orphans were in the 8th grade (76 out of 100). Most orphan children were Hindu (87 out of 100). 83 out of 100 orphan children reported having relatives. 58 out of 100 orphan children stayed in the orphanage for 1-5 years. The most common reason for being in the orphanage was the death of parents (59 out of 100). 27 out of 100 orphan children had average academic performance. The majority of the orphan children were both maternal & paternal orphans (36 out of 100).

Table 1: Sociodemographic characteristics of the sample

Demographic variables	Frequency	Percentage (%)
Age:		
a. 13-14years	81	81
b. 15-16 years	14	14
c. 17-18years	05	5
Sex:		
a. Male	45	45
b. Female	53	53
c. Transgender	02	2

Year of studying	76	76
8 th	13	13
9 th	11	11
10 th		
Religion		
Hindu	87	87
Muslim	13	13
Christian	0	0
Others	0	0
Do you have any relatives/?	83	83
Yes	17	17
No		
Since how many years you are staying in orphanage?		
<1	28	28
1-5	58	58
>5	14	14
Reason for being in orphanage	59	59
Death of parents	26	26
Abandoned by family	15	15
Runways		
Academic performance		
Poor	25	25
Average	27	27
Good	5	54
Orphan hood		
Maternal orphan	35	35
Paternal orphan	29	29
Both	36	36

The mean score for hope among orphan children is 60.69, indicating that, on average, orphan children have a moderate level of hope. The standard deviation of 8.35 suggests some variability in the hope scores among orphan children. The mean percentage of 0.60 indicates that, on average, orphan children have a hope score of approximately 60.69% of the maximum possible score. These findings suggest that while orphan children generally have a moderate level of hope, there is variation in their hope scores (Table 2).

Table 2: Area-wise mean, SD & mean percentage of Hope score among orphan children

Area	Maximum Score	Mean	S. D	Mean percentage
Hope among orphan children	90	60.69	8.35	0.60

Table 3 provides information about the depression scores among orphan children. Results depict that the total mean percentage of depression among orphan children score was 0.28 with mean & SD 28.75±5.6.

Table 3: Mean, SD & mean percentage of depression score among orphan children

Area	Maximum score	Mean	SD	Mean (%)
Depression among orphan children	60	28.75	5.6	0.2875

The correlation coefficient between hope & depression of orphan children is depicted in Table 4. The table shows that the correlation coefficient (r) value between hope & depression is -0.26. Hence, as per the calculated correlation coefficient value, there is a negative correlation between hope & depression. Thus, research hypothesis H₁ states “there will be a positive correlation between hope & depression” is rejected.

Table 4: Correlation between hope & depression of orphan children

Correlation between Hope & Depression	
Correlation coefficient (r)	-0.26

A research hypothesis was developed to determine the relationship between hope & the socio-demographic factors they picked. H₂ predicted that there would be a substantial relationship between hope & their chosen socio-demographic variables. The hypothesis was tested using Chi-square test. There was no significant relationship between orphan children's hope levels & any of their sociodemographic factors (Table 5). Thus, the H₃ hypothesis was rejected for all sociodemographic factors.

Table 5: Association of the hope of orphan children with their selected socio-demographic variables

Socio-demographic variables	Df	Chi-square	p-value
Age	1	0.23	0.63
Sex	1	0.01	0.92
Year of study	1	0.12	0.72
Religion	1	0.12	0.72
Do you have any	1	0.23	0.63
Since how many years you are staying in orphanage?	1	0.02	0.88
Reason for being in orphanage	1	0.21	0.64
Academic performance	6	1.13	0.98
Orphan hood	1	0.22	0.63

Df = degrees of freedom; NS = Not significant; *S=Significant ($p < 0.05$)

A research hypothesis was developed to investigate the relationship between orphan children's depression levels & chosen socio-demographic characteristics. Therefore, H₃ predicted that the chosen socio-demographic factors of orphan children & their depression levels would significantly correlate. The Chi-square test was used to evaluate the hypothesis (Table 6). The study found a significant correlation between orphan children's depression & their year of education ($\chi^2 = 0.006$; $p < 0.05$) & length of stay in orphanages ($\chi^2 = 0.0001$; $p < 0.05$). Thus, the H₂ stated is accepted for socio-demographic variables year of studying, since how many years have you been staying in orphanage of orphan children & rejected for other variables?

Table 6: Association of the levels of depression of orphan children with their selected socio-demographic variables

Socio-demographic variables	Df	Chi-square value	p-value
Age	1	2.5	0.11

Gender	-2	5.27	1
Year of studying	1	7.37	0.006*
Religion	1	1	0.92
Do you have any relatives?	1	1	0.77
Since how many years you are staying in orphanage?	2	19.75	0.0001*
Reason for being in orphanage	1	0.2	0.65
Academic Performance	1	0.41	0.52
Orphan hood	1	3.54	0.05

Df = degrees of freedom; NS = Not significant; *S=Significant ($p < 0.05$)

DISCUSSION

Residential facilities that provide care & education for orphans are known as orphanages. Children living in orphanages are more likely to suffer from malnutrition & are a socially disadvantaged group that is commonly disregarded by the general public [8]. Approximately 24 million children globally are parentless [9], of which 8 to 10 million are babies and/or orphans [10]. It has long been customary in Asian nations with low socioeconomic status to place underprivileged children in orphanages with little financial or emotional support [11,12]. This cross-sectional study included a sample of 100 orphans from Bagalkot orphanage to measure hope & depression. The research shows that the majority of children (81%) are under the age of 13-14, 14% are between the ages of 15-16 & 5% are between the ages of 17-18. This research is based on the research conducted in Punjab by Navpreet et al. The results showed that most of the orphans (63%) were between the ages of 12-14 [13].

The findings revealed that most orphans (53%) were female & 47% were male. The results of this study are consistent with Alem study in the Amhara region of Ethiopia. The results show that most orphans are women (55.73%) [14]. Research results show that most orphans (76%) are eighth graders, 13% are ninth graders & 11% are tenth graders. The findings revealed that 87% of them were Hindu & 13% were Muslim. The findings of this study are consistent with the study conducted by

Dandona *et al.* [15] in Hyderabad, a city in Southern India. The results showed that most of the orphans practiced Hinduism. According to the survey results based on whether they have relatives, 83 percent of the orphans answered "yes" & 17 percent answered "no". The results of this study are based on the research conducted by Bhatt & Apidechkul [16] in five districts of Nepal. The results showed that most orphans (84.6%) had relatives. The analysis results according to the years they stayed in the orphanage showed that 28% of those who stayed in the orphanage stayed for more than 1 year, 58% stayed between 1-5 years, & 14% stayed for more than 5 years. These results are similar to the study conducted by Kaur *et al.* [17] in Visakhapatnam city. The results showed that most orphans (50.3%) lived in orphanages for more than 1-5 years.

Research on the reasons for entering the orphanage showed that most children stayed in the orphanage because their parents died (59%), 26% stayed in the orphanage because their families abandoned them, & 15% remained in the orphanage because they ran away. The results of this study are similar to the survey conducted by Elattar *et al.* [18] Province. The results showed that most orphans (47.5%) were sent to orphanages because their parents died.

The findings showed that 35% of children were orphaned by their mothers, 29% by their fathers, & 36% by both. The observations of this study are consistent with the study of Duraisamy *et al.* [19] near Mysore City. The results showed that most of the orphans (100%) were two orphans. When the level of hope for orphans is examined, it is seen that the majority of orphans (60%) have high hope, 40% still have moderate hope, & childless orphans have very little hope. The study's findings are similar to the survey conducted by Angarreni from Tanjung Barat Orphanage in South Jakarta. The results are consistent with research showing that being hopeful & the tendency to be emotional & have strong emotions are associated with loneliness [20].

The results of the survey of orphans show that most of them (77%) suffer from severe depression, among them (22%) have mild depression, 1% have mild depression & no one will be depressed. The study's findings are similar to the study conducted by Thapa in the Rupandehi region of Nepal. The results showed that most orphans were depressed, with the mean score & standard deviation ($M = 19.7$, $SD = 4.3$) [21].

The mean, standard deviation, & percentage of orphan Hope show that the percentage of the total is 0.069, while the mean & standard deviation are 60.69 ± 8.3 . The mean, standard deviation, & percentage of orphan depression scores show that the total percentage score is 0.2875, & the mean & standard difference is 28.75 ± 5.6 . The research results examining the relationship between orphan hope & depression show that the correlation coefficient (r) value is 0.2678. Therefore, according to the calculation value of the correlation coefficient, there is a negative correlation between the orphan's hope & depression.

The study's results examining the relationship between the orphan's hope & depression showed that the correlation coefficient (r) value was 0.2678, so when we calculated the correlation coefficient value, there was a positive relationship between the orphan's hope & depression. The findings of the correlation between the orphan children's depression levels & the specific sociodemographic variables that were chosen showed that the combination of melancholy & the selection of different people among orphans showed a positive relationship between the years of education of orphans with melancholy ($\chi^2=0.006$; $p<0.05$), because you were born from others. No significant relationship exists between other orphanage demographic variables ($\chi^2=0.0001$; $p<0.05$). The findings of this investigation align with the research methodology employed by Bhagwati in Bareilly. The findings revealed a substantial interaction ($\chi^2=3$ & $p<0.05$) between depression & sociocultural factors, including years of education^[22].

CONCLUSIONS

In general, psychological problems are common among orphans in the study area. The results of this study have important implications for understanding the emotional & psychological well-being of orphans in orphanages & those living with their parents. A similar study could be conducted on a larger stratified sample, including orphans from different social groups, to expand the findings. A study can be conducted to understand the hope & sadness of orphans. More research can be done to understand the problems faced by orphans.

CONTRIBUTION OF AUTHORS

Research concept- Kavita Kamble, Manjunath Nayik, Sameerkhan Dhaded & Sushma Sajjan

Research design- Kavita Patil & Jayashri. G. Itti

Supervision- Kavita Patil & Jayashri. G. Itti

Materials- Kavita Kamble, Manjunath Nayik, Sameerkhan Dhaded & Sushma Sajjan

Data collection- Kavita Kamble, Manjunath Nayak, Sameerkhan Dhaded & Sushma Sajjan

Data analysis & interpretation- Kavita Kamble, Manjunath Nayak, Sameerkhan Dhaded & Sushma Sajjan

Literature search- Kavita Kamble & Manjunath Nayak

Writing article- Sameerkhan Dhaded & Sushma Sajjan

Critical review- Kavita Patil & Jayashri. G. Itti

Article editing- Sushma Sajjan & Manjunath Nayak

Final approval- Kavita Patil & Jayashri. G. Itti

REFERENCES

1. Gulaghan PL. Orphans in Indian families & their lives: Understanding their education and livelihood, 2015.
2. Christopher T, Mosha M. Psychological problems experienced by orphans and caregivers in a Tanzanian orphanage., 2023; 4(1): 14.
3. Shulga IT, Savchenko DD, Fiinkova BE. Psychological characteristics of young orphans with family differences. Int J Environ Sci Edu., 2016; 11(17): 10493-504.
4. Earls F, Raviola GJ, Carlson M. Promoting child & adolescent health in the context of HIV/AIDS with a focus on subSaharan Africa. J Child Psychol Psych, 2008; 49(3): 295–312.
5. Asimakopoulo E, Madianos M. Prevalence of major depression PTSD comorbidity among intensive care unit survivors in five hospitals in Athens. Mental health problems, 2014; 35(12): 954-963.
6. Lopez SJ, Snyder C, Pedrotti JT. Hope: many concepts, many measures. Durham Lopez & Snyder (Ed.). Effective psychological assessment: Washington Manual of Standards and Tests. American Psychological Association., 2004; 91-106.
7. Centers for Disease Control and Prevention (CDC). Anxiety and depression in children. Available from: <https://www.cdc.gov/childrensmentalhealth/depression.html>.
8. Reddy SB, Jyothula N, K&ula I, Chintada GS. Nutritional status and personal hygiene of children living in the orphanages of Bhubaneswar: capital city of Odisha. Int J Community Med Public Health., 2019; 6(1): 379–86.

9. Wete AT, Zerfu TA, Anbese AT. Magnitude and associated factors of wasting among under-five orphans in Dilla town, Southern Ethiopia 2018: a cross-sectional study. *BMC Nutr.*, 2019; 5: 33. doi: 10.1186/s40795-019-0295-6.
10. Laurie A. Orphanages are no place for children. *The Washington Post* 2013 Aug 9. https://www.washingtonpost.com/opinions/orphan-ages-are-no-place-for-children/2013/08/09/6d502fb0-fadd-11e2-a369-d1954abcb7e3_story.html. Accessed 14 Apr., 2020.
11. Vaida N. Nutritional status of children living in orphanages in district Budgam, J & K. *Int J Humanit Soc Sci Invent.*, 2013; 2(2): 36–41.
12. Ahmad LM, Ganesan P. Health and nutritional status of orphan children's living in orphanages with special reference to the district of Anantnag of Jammu & Kashmir. *Int J Indian Psychol.*, 2016; 3(2): 163–96. doi: 10.25215/0302.191.
13. Navpreet, Kaur S, Meenakshi. Physical & mental health problems of orphans in selected orphanages. *Int J Health Sc Res.*, 2017; 7(10): 158-64.
14. Alem S. Examination of psychological problems of orphan children in primary schools. *J Educ Sociol Psychol.*, 2020; 4.
15. Kumar SP, Dandona R, Kumar GA. AIDS orphans in South India suffer more than other orphans. *Int J Mental Health Systems*, 2014; 8: 13.
16. Bhatt KB, Apidechkul T, Srichan P. Depressive symptoms among orphans & vulnerable youth in orphanages in Nepal. *BMC Psychiatry*, 2020.
17. Kaur R, Vinnakota A, Panigrahi S. Description of behavioral & emotional problems of orphans & other vulnerable children at home. *Indian J Psychol Med.*, 2018; 40(2): 161-68.
18. Elattar N, Alabd A, Mohammad R. Impact of orphan children's emotional & behavioral problems & length of institutionalization on their life satisfaction. *EAS J Nurs Midwifery*, 2019; 1(3): 76-78.
19. Duraisamy P, Raman R, Rithvik S, Kashyap R. A comparative study of depression, anxiety, stress and psychological disorders in orphan & nonorphan youth. *Int J Health Allied Sci.*, 2023; 11: 262-67. doi: 10.55691/2278-344X.1036 2278-344X.
20. Anggraeni A. Comparison of Hope and Loneliness Based on EndLife Studies at Tanjung Barat Orphanage in South Jakarta, 2020; 6: 185.
21. Thapa K. A Comparative Study of Self-esteem & Depression among orphans & children living with their parents in Rupandehi district, Nepal. *International Journal of Scientific & Research Publications.*, 2020.
22. Cher P, Bhagwati R. A descriptive study to assess the level of depression among orphans in selected orphanages in Bareilly with the aim of developing a health guide: clean drinking. *J Nurs Health Sci.*, 2019; 8(2): 41–46.

Open Access Policy:

Authors/Contributors are responsible for originality, contents, correct references, and ethical issues. SSR-IJLS publishes all articles under Creative Commons Attribution- Non-Commercial 4.0 International License (CC BY-NC). <https://creativecommons.org/licenses/by-nc/4.0/legalcode>

