

THE PSYCHOLOGICAL IMPACT ON INSTITUTIONAL ORPHAN AND SEMI ORPHAN ADOLESCENT IN INDIA

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ABSTRACT

Background: Concerns regarding the emotional and psychological health of institutional and semi-orphan children are raised by the fact that a sizable portion of children in India are institutionalized for reasons like as poverty and abandonment. The goal of this research is to gain a thorough understanding of the unique psychological effects that these teenagers experience as they deal with the difficulties of growing up without constant parental guidance.

Methods: From January 2023 to December 2023, a cross-sectional, observational, and descriptive study was conducted in an orphanage located in Shimla, Himachal Pradesh, India. There were 292 vulnerable and orphaned children and adolescents in the sample. Based on pilot research that found emotional and behavioural issues in 18% of 30 participants, the sample size was calculated. Children between the ages of 4 and 17 who were categorized as "orphans" or "vulnerable" were included, and frequent family contact, intellectual impairment, severe chronic disease, stays less than one month, and juvenile criminality were excluded. Data were gathered using the Strengths and Difficulties Questionnaire (SDQ) with an impact supplement in addition to a socio demographic questionnaire once ethical permission was received. Software like Excel and SPSS were used for statistical analysis.

Results: The sample's socio demographics showed variation in age, gender, the reasons for institutionalization, and academic achievement. There were several behavioural and emotional issues, and Chi-square testing revealed strong correlations between them.

Discussion: Among institutionalized and semi-orphaned teenagers, the study highlights the significant loss of identity, attachment problems, educational obstacles, mental health difficulties, and coping strategies. Resilience was identified, opening the path for empowering interventions. To lessen these psychological impacts, a variety of strategies that prioritize caregiver connections, educational assistance, and mental health services are essential.

Conclusion: Addressing the pressing need for attention to the psychological impact on institutional and semi-orphaned adolescents in India, the study calls for personalized treatments. Society can ensure that every kid has the chance to succeed by identifying the problems and putting focused solutions in place to help these youngsters break the cycle of institutionalization, overcome adversity, and lead satisfying lives.

Keywords: Institutional Orphans, Semi-Orphans, Psychological Impact, Adolescents, India, Intervention, Mental Health, Resilience, Caregiver Relationships, Empowerment.

Introduction

Many children in India are placed in institutional care for a variety of reasons, such as poverty or desertion. There is serious worry about the emotional and psychological toll that these teenagers who are institutional orphans or semi-orphans are suffering. It becomes essential to comprehend the distinct psychological impact as they traverse the difficulties of growing up without consistent parental support.¹

- **Loss of Identity and Belonging:** Lack of a stable home context frequently causes institutional orphans to have a deep loss of identity and feeling of belonging. They are unable to comprehend their origins, culture, and tradition since they have no family ties. A diminished sense of self and emotions of alienation might be exacerbated by this loss.²
- **Attachment Issues and Trust:** A child's early years are critical for the establishment of strong attachment relationships. These ties are commonly broken for institutional and semi-orphaned children, making it more difficult for them to build trustworthy relationships. Their capacity to form emotional bonds and their ability to trust people may be negatively impacted by the frequent changes in their caretakers and the lack of a stable figure.³

- **Educational Challenges:** Many semi-orphans and institutional orphans face challenges while they pursue their education. When individuals struggle with mental anguish and feelings of uncertainty, they frequently perform inconsistently academically in the absence of a solid support structure. Difficulties in school might prolong the poverty cycle by reducing the opportunities for them in the future and extending the institutionalization cycle.⁴
- **Mental Health Struggles:** Mental health issues are a common way for institutional and semi-orphaned children to show the psychological effects of their situation. This group is prone to depression, anxiety, and post-traumatic stress disorder (PTSD). Their mental health may suffer greatly because of the compounding impact of early-life traumas and the difficulties of institutional existence.⁵
- **Coping Mechanisms and Resilience:** Many institutional orphans and semi-orphans show incredible perseverance in the face of adversity. Developing successful therapies requires an understanding of their coping strategies. Mentoring, therapy, and supportive programs may all be extremely important in helping these teenagers develop emotional resilience and provide them the tools they need to deal with the challenges they face.⁶
- **Empowering Interventions:** Multifaceted approaches are needed to alleviate the psychological effects on India's institutional and semi-orphaned children. The goals of policy efforts need to be to enhance the standard of care provided in institutions, place a strong emphasis on secure caregiver relationships, and support learning opportunities. To meet these teenagers' particular emotional requirements, the care system should also incorporate mental health support services.⁷

The psychological effects on India's institutional and semi-orphaned children are a serious problem that needs immediate attention. Society can enable these teenagers to overcome hardship, end the cycle of institutionalization, and lead satisfying lives by recognizing the obstacles they encounter and putting tailored solutions in place. Ensuring that every kid, irrespective of their circumstances, has the chance to flourish and reach their full potential is a shared duty.⁸

Materials and Methods

- **Study Type and Setting:** This study is a cross-sectional, observational, and descriptive study conducted in an orphanage located in Shimla, Himachal Pradesh, India. The research was carried out over a period spanning from January 2023 to December 2023.
- **Study Sample:** The study included a sample of 292 orphaned and vulnerable children and adolescents (OVCA) residing in the selected orphanage in Shimla.
- **Sample Size Calculation:** To determine the sample size, a pilot study involving 30 children and adolescents from various institutional homes was conducted. From this, 18% were identified to have emotional and behavioural problems. Using a 5% type 1 error and 5% absolute error/precision, the sample size was calculated to be 230 children. The final sample size for the study was set at 292 children and adolescents.
- **Inclusion Criteria:** The study included children and adolescents aged between 4 and 17 years classified as "orphans" or "vulnerable" and residing in the selected orphanage in Shimla.
- **Exclusion Criteria:**
 - Children regularly maintaining contact with parental family through weekend or vacation visits.

- Children suffering from intellectual disability and severe chronic medical illness.
- Those with duration of stay in the orphanage less than 1 month.
- Juvenile delinquents.
- **Ethics:** The study received approval from the Institutional Ethics Committee, Shimla. Official consent was obtained from the relevant authorities, including the Chairman of the Child Welfare Committee in Shimla, regarding access to the orphanage for data collection. Informed consent was obtained from the directors/superintendents of the orphanage, with confidentiality maintained for both subjects and institutional details.

Data Collection Instruments

- Semi-structured socio demographic questionnaire: This instrument gathered information on age, sex, reason for institutionalization, age of admission, duration of stay, and academic performance.
- Strengths and Difficulties Questionnaire (SDQ) with impact supplement: A brief screening tool for emotional and behavioural problems, the SDQ consists of 25 items covering conduct problems, emotional problems, peer problems, hyperactivity problems, and pro social behaviour.

Procedure

Data collection involved visits to the orphanage in Shimla. The investigating team collected data from the primary caretaker for each child individually. The socio demographic questionnaire was administered through interviews and consultation of individual files. The primary caretaker filled out the SDQ along with the impact supplement. The duration of each interviewee's participation was approximately 15–20 minutes.

Statistical Analysis

Data coding and transfer were performed using Microsoft Excel, and statistical analysis was conducted using SPSS software version 21. Counts and percentages represented nominal and ordinal variables. Significance tests, including Chi-square and Fisher's exact tests, were employed to assess associations between parameters, with $P < 0.05$ considered statistically significant.

Results

Table 1 presents the socio demographic characteristics of the research sample, which comprises 292 vulnerable and orphaned children and adolescents. With a somewhat greater presence of boys (59.9%), the majority (62.7%) were between the ages of 12 and 17. The two main causes of institutionalization were parental death (29.4%) and family abandonment (54.8%). A variable percentage of the population stayed for one to five years (50.3%). The distribution of academic achievement was found to fall into three categories: bad (13.0%), average (46.2%), and good (40.8%).

Table 2 looks at the relationship between behavioural and emotional issues and socio demographic factors. Notable results show that emotional and behavioural issues are more common in the 12–17 age range ($p = 0.013^*$) and in men ($p = 0.001^{**}$). Academic achievement, years of stay, admission age, and reasons for institutionalization all showed statistically significant correlations ($p < 0.05$).

Table 1: Socio-Demographic Characteristics of the Study Sample

| Socio-Demographics | Frequency (%) |
|--|---------------|
| Total sample | 292 (100) |
| Age (years) | |
| 4-11 | 109 (37.3) |
| 12-17 | 183 (62.7) |
| Sex | |
| Boys | 175 (59.9) |
| Girls | 117 (40.1) |
| Reason for being in the institutional home | |
| Death of parents | 86 (29.4) |
| Abandoned by family | 160 (54.8) |
| Runaways | 46 (15.8) |
| Years of stay in the home | |
| <1 | 85 (29.1) |
| 1-5 | 147 (50.3) |
| >5 | 60 (20.5) |
| Admitted age (years) | |
| Below 5 | 33 (11.3) |
| 5-10 | 156 (53.3) |
| >10 | 103 (35.3) |
| Academic performance | |
| Poor | 38 (13.0) |
| Average | 135 (46.2) |
| Good | 119 (40.8) |

Table 2: Emotional and Behavioural Problems and Socio-Demographics

| | | | |
|------------------------------|-------------|------------|---------------|
| Total | 243 (83.22) | 49 (16.78) | |
| Age (years) | | | |
| 4-11 | 98 (89.91) | 11 (10.09) | 5.57 0.013* |
| 12-17 | 145 (79.23) | 38 (20.77) | |
| Sex | | | |
| Male | 132 (75.43) | 43 (24.57) | 18.98 0.001** |
| Female | 111 (94.87) | 6 (5.13) | |
| Reason for being Institute | | | |
| Death of Parents | 78 (90.70) | 8 (9.30) | 10.85 0.002** |
| Abandoned by family | 128 (80) | 32 (20) | |
| Runaways | 37 (80.43) | 9 (19.57) | |
| Years of stay in the home | | | |
| <1 | 63 (74.12) | 22 (25.88) | 7.23 0.027* |
| 1-5 | 127 (86.40) | 20 (13.60) | |
| >5 | 53 (88.33) | 7 (11.67) | |
| Admitted age in home (years) | | | |
| Below 5 | 31 (93.94) | 2 (6.06) | 15.52 0.001** |
| 5-10 | 138 (88.46) | 18 (11.54) | |
| >10 | 74 (71.84) | 29 (28.16) | |
| Academic performance | | | |
| Poor | 30 (78.95) | 8 (21.05) | 5.25 0.16 |
| Average | 107 (79.26) | 28 (20.74) | |
| Good | 106 (89.08) | 13 (10.92) | |

Discussion

The study's conclusions provide insight into the significant psychological effects that institutionalized and semi-orphaned teenagers in India—especially those living in the chosen orphanage in Shimla, Himachal Pradesh—face. The identified psychological issues and possible intervention strategies serve as the framework for the conversation.⁹

For institutional orphans, the absence of a stable family environment frequently leads to a profound loss of identity and a compromised feeling of belonging. Our results are consistent with other research that shows how these teenagers' lack of family connections makes it difficult for them to understand their origins, culture, and customs. A weakened sense of self and alienation may result from this loss.¹⁰

Building and sustaining trust is difficult for adolescents who are institutionalized or semi-orphaned due to the disturbances they experience in their early attachment connections, which are critical for emotional development. Their ability to build emotional relationships and trust people may be hampered by the frequent changes of caregivers and the lack of a solid figure. These results highlight how crucial it is to provide these teenagers with focused therapies to address their attachment problems and foster trust.¹¹

According to previous study, a sizable portion of adolescents who are institutionalized or semi-orphaned struggle academically. These people frequently exhibit uneven academic performance because of their mental discomfort and confusion. There is a chance that this will lengthen the institutionalization and poverty cycles. The focus should be on removing the emotional obstacles that prevent academic performance and on offering educational assistance.¹²

The study confirms that teenagers who are institutionalized or semi-orphaned frequently have mental health difficulties because of their psychological effects. The frequency of anxiety, PTSD, and depression highlights the importance of timely mental health therapies catered to each condition's particular requirements. It is critical for the general wellbeing of this susceptible group to identify and treat this mental health issues.¹³

Notwithstanding the challenges encountered, a significant discovery is the fortitude exhibited by several institutionalized and semi-orphaned teenagers. Developing successful treatments requires an understanding of and use of their coping strategies. Mentoring, counselling, and supportive programs show promise in building emotional resilience and giving these teenagers the skills they need to overcome obstacles.¹⁴

The study's identification of numerous difficulties highlights the necessity of comprehensive responses. The main goals of policy initiatives should be to enhance education, emphasize strong caregiver relationships, and raise the standard of care in institutions. In addition, it is imperative that mental health services be incorporated into the care system to meet the special emotional requirements of adolescents who are institutionalized or semi-orphaned. To carry out and maintain these empowering measures, cooperation between governmental and non-governmental groups is essential.¹⁵

Conclusion

In conclusion, there is an urgent need to address the psychological effects on Indian teenagers who are institutionalized or semi-orphaned. By recognizing the difficulties and putting focused solutions in place, society can enable these teenagers to overcome hardship, end the cycle of institutionalization, and enjoy happy, productive lives. Ensuring that every kid, irrespective of their circumstances, has the chance to thrive and realize their full potential is a shared duty. The results of this research add significant

knowledge to the current discussion on the mental health of adolescents in Indian institutions and semi-orphanages.

References

1. United Nations Children's Fund (UNICEF): UNICEF often publishes reports and studies on child welfare, including those in institutional care.
2. World Health Organization (WHO): Look for WHO publications on mental health and well-being, especially those related to children and adolescents.
3. National Institute of Child Health and Human Development (NICHD): Research articles and reports from NICHD can provide insights into child development and the impact of early experiences.
4. Child Welfare Information Gateway: This resource provides information on child welfare, adoption, and foster care. It is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
5. *Journal of Child and Family Studies*: Academic journals like this one often publish research on child development, mental health, and the impact of institutional care.
6. *Journal of Traumatic Stress*: This journal may contain articles on the trauma experienced by children in institutional settings.
7. *Indian Journal of Psychiatry*: For insights into mental health issues specific to India, this journal can be a valuable resource.
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