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Impact of Parental Deprivation and Psychological Well-Being among Adolescent Orphans: A Systematic Review

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ABSTRACT

The aim of this review is to systematically synthesize the published research work describing the impact of parental deprivation and psychological wellbeing outcomes among children and adolescents (ages 7–17 years). A range of psychological wellbeing outcomes was assessed (e.g., internalizing behaviors, psychotic symptoms, etc.) to fully understand the relationship between parental deprivation and psychological wellbeing in the context of orphan adolescents.

Methods: Researches published in peer-reviewed journals from 2008 to 2021 were included. This study used online platform i.e., Research Gate, Google Scholar, Psyinfo, PubMed, Medline, and Web of Science and found 20 articles from different countries (Saudi Arabia, Nepal, South Africa, India, China, Zimbabwe, Russia, and Ethiopia) that met the inclusion criteria.

Results: There were 4 cross-sectional studies, 7 descriptive studies, 3 qualitative studies, 4 comparative studies, 2 mixed exploratory studies. Results suggest that orphans have low levels of psychological stability, low level of self-esteem, and higher levels of mental health problems like anxiety, social dysfunction, and depression than non-orphans.

Conclusion: Orphans suffered from low psychological well-being and poor mental health. However, both orphans and non-orphans have had good decision-making skills in social situations.

Key Words: Adolescent Orphan, Parental Deprivation, Psychological Wellbeing, Mental Health

1. INTRODUCTION

Adolescents are the future of the nation. They need a healthy relationship with their parents. The family is one of the most outstanding socializing institutions in society and is essential for developing and protecting children and young adolescents. The family is the fundamental unit of the social institution, and the parents are the primary socializing agents to support their children. Parents and other family members provide love and care in

a good home and help them find their way around the house and outdoors. Regrettably, not every kid and adolescent is raised by their parents. A few of these children and adolescents (orphans) are placed in orphanages.[1] Parental loss can have a profound impact on personality development, and it can occur as a result of parental rejection, estrangement – such as divorce – or death. The study reveals that six out of every ten children under the age of 18 may have experienced the loss of a parent.[2] Only about a fifth of these parentally deprived people has lost a father, mother, or both due to death.[3] Children in deprived homes have poor superego strength, lack acceptance of group moral standards, disrespecting roles, limited mental capacity, and are maladjusted due to a natural family environment.[4] A child's development necessitates a relationship with both his and her mother and father. Research indicate that parental loss causes mental health difficulties.[5]Mental health difficulties are linked to the death of a parent or sibling in about a quarter of the children who are impacted.[3] The link between parental separation and mental health problems may be a marker of other factors, such as genetic liability or family disagreement, indicating the actual risk.[5]Social and neurobiological risk factors for psychiatric disorders are often associated with parental loss, particularly losses due to parental desertion or prolonged separations. Such risk factors may include chaotic environments, a family history of psychiatric disorders, or low socioeconomic status.[2] Most studies that have examined parental separation or desertion independently have found associations with depression and anxiety disorders. Children in this situation display a wide range of emotional and behavioral symptoms, which in different countries are often described as generic childhood disorders after the death of the parents.[6] This study aimed to conduct a systematic study of twenty studies examining the association between parental deprivation and adolescent orphans' psychological well-being.

2. METHOD: REVIEW STRATEGY AND WORKS INCLUDED

From 2008 to 2020, keywords (Psychological wellbeing, Depression, Anxiety, Mental health) from the research topic were searched in several databases, including Research Gate, Google Scholar, Psyinfo, PubMed, Medline, and Web of Science, using an electronic bibliographic database. Several studies have been published on the mental health and psychological well-being of vulnerable children, adolescents, and orphans. We focused on original research in the English language that was published in peer-reviewed journals. After screening, the relevant studies (e.g., reviews) that met inclusion criteria were included. Following criteria were used.

- Participants aged between 7 -21 years of age
- It should be written in English
- Psychological well-being outcomes include externalizing (e.g., attention deficit hyperactivity disorder, conduct problems) and internalizing (e.g., depression, anxiety, and stress).
- Participants involved those who lost their parents (children and adolescents)

2.1. Study selection and data collection

We searched for the relevance of all titles and summaries obtained using the search strategy above. Duplicate articles that were not relevant and articles that did not meet the selection criteria were deleted. A full-text article was obtained for the study selected for inclusion. The research papers included in this review were so diverse that experimental results could not be obtained without integrating the research findings quantitatively. The

studies examined selection bias, study design, confounding factors, blinding, data collection and withdrawal, and dropouts. Whole procedure the study is displayed in figure 1.

3. RESULTS

Twenty studies met inclusion criteria for the review. Study designs were 4 cross-sectional studies, 7 descriptive studies, 3 qualitative studies, 4 comparative studies, 2 mixed exploratory studies. Each study was from different countries, with research originating from countries (Saudi Arabia, Nepal, South Africa, India, China, Zimbabwe, Russia, and Ethiopia). Studies have focused on mental health and psychological wellbeing and children age group between 7 to 17 years. Details of the included studies and their key findings are given in

Table 1: Studies on Psychological wellbeing among orphan children and adolescents in developing countries.

S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
1	N=50 (orphans from selected orphanages) Age group: 16-18 yrs. They are used for mixed exploratory methods.	➢ In-depth interviews with open-ended questionnaires.	❖ The study revealed that participants lived in a socially depressed environment. They have faced extreme poverty, and when they live with their extended families, they are abused and presented with unsympathetic gestures	Orphans had a negative impact on psychosocial well-being.	(Ntuli et al., 2020) South Africa
2	N=300 (orphan: 150 and non-orphan:150) Age group: 12- 18 yrs. They were used for exploratory mixed-method.	➢ (DASS) Depression Anxiety and Stress scales. ➢ Adolescent Decision Making Questionnaire (ADMQ).	❖ The study shows that anxiety, depression, and stress are positively linked to decision-making. ❖ Girls had high levels of anxiety compared to boys.	Girls and boys had a high level of decision-making authority. Both orphans and non-orphans had higher decision-making skills.	(Shafiq et al., 2020) Pakistan
3	N=602 (orphans and vulnerable adolescents) Age group:	❖ Beck Depression Inventory-II (BDI-II). ❖ It was used to	❖ The overall presence of clinically relevant depressive symptoms was 33.2%. ❖ Women developed	Symptoms were high in depressive were found in adolescents	(Bhatt et al., 2020) Nepal

S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
	13-17yrs. It's a Cross-sectional, quantitative survey design.	assess symptoms of depression in orphans and adolescents at risk	depressive symptoms 1.96 times more often than men (95%). ❖ The adolescents who consumed alcohol were 3.42 times more likely to develop depressive symptoms than those who did not (95%)	who live in child care homes	
4	N=80 (Parentally deprived: 40 and non-deprived: 40) Age group: 14-16 yrs. This is a descriptive study	➢ Mental Health Battery (MHB)	❖ Parentally deprived adolescents have shown poor mental health status. ❖ Orphaned adolescents are at higher risk of developing mental health problems than their non-surviving peers.	The significant impact of parental deprivation on mental health problems.	(Kumari & Jahan, 2020) India
5	N=40 (orphan adolescents: 20 and non-orphan adolescents: 20) Age group: 9-10 yrs. This is a Qualitative Study	➢ General health questionnaire.	❖ The study shows that somatic, anxiety, social dysfunction, and depression are higher in orphans compared to non-orphan adolescents. ❖ An orphaned adolescent had poor mental health.	Orphans experienced somatic anxiety, social dysfunction, and depression. And higher levels of mental health problems than non-orphans.	(Dey & R., 2019) India
6	N=60 (orphans=30 snf non-orphans=30) Age group: 13-18yrs. This is Descriptive Research.	➢ Child and Youth Resilience Measure ➢ Ryff's multidimensional psychological well-being scale.	Resilience does not influence the psychological well-being of orphan adolescents. At the same time, resilience had a significant influence on the psychological well-being of non-orphaned adolescents.	Finding shows that There is no significant influence of resilience on psychological well-being in orphan adolescents,	(Sahad et al., 2018) India

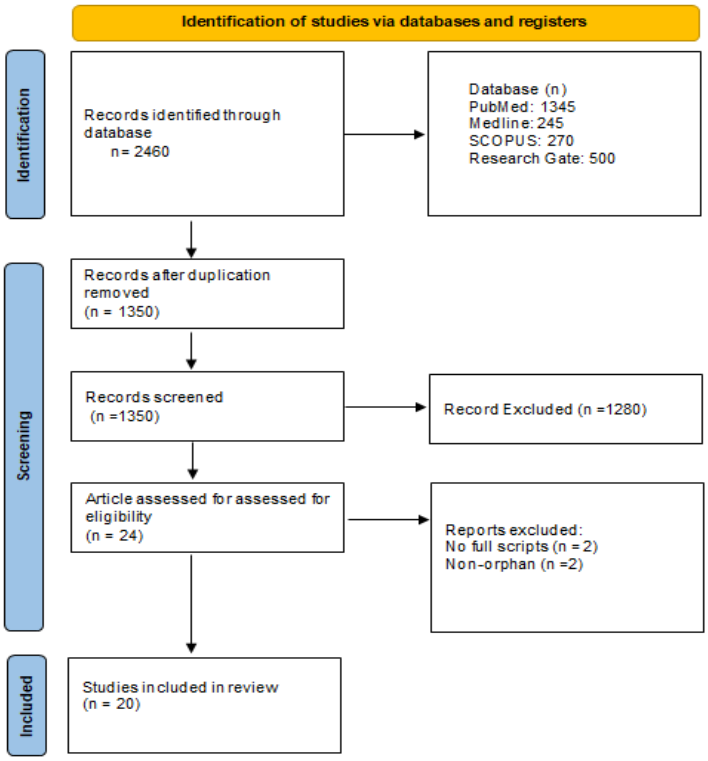
S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
				whereas there is a significant influence on psychological well-being in non-orphaned adolescents.	
7	N=480 (orphan adolescents: 240 and non-orphan adolescents: 240) Age group: 13-17 yrs. This is a descriptive study	➢ Validated Depression, Anxiety, and Stress Scale 21 Item (DASS21, Malay version).	❖ The study shows that depression, anxiety, and stress are higher in orphans compared to non-orphan adolescents. ❖ An orphaned adolescent had poor mental health.	Orphans experienced depression, anxiety, and stress. And higher levels of mental health problems than non-orphans.	(Sahad et al., 2018) Malaysia
8	N=342 (orphans) Age group: 7-18 yrs. It's a cross-sectional, descriptive study	➢ Development and well-being assessment questionnaire (Bangle version)	❖ A total of 51.9% boys and 38.0% girls suffered from emotional and behavioral disorders. ❖ A higher proportion of behavioral and emotional disorders was found between 10 and 14 years in the age group—significant association with behavioral and emotional disorders in the orphans.	Behavioral and emotional disorders are common among orphans and adolescents in residential care homes.	(Shiferaw et al., 2018) South West Ethiopia
9	N=370 (orphans and non-orphans) Age group: 10-18 yrs. Used for comparative cross-sectional study design	Ryff's psychological well-being scale was used to measure psychological well-being.	❖ The study reveals that out of 370 children, 185 (50%) were orphans. Only 62 (33.5%) of the orphaned children achieved a high score for overall psychological well-being. ❖ Whereas 107 (57.8%) of their non-orphaned peers achieved a high score. ❖ The non-orphaned children had average	Orphans had a low level of Psychological well-being than non-orphans.	(Hailegiorgis et al., 2018) Ethopia

S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
			mental well-being scores approximately 10.8 higher than their orphaned counterparts		
10	N = 220 (orphans) Age group: 11-17 years. This is an institution-based cross-sectional design.	The hospital anxiety and depression scale.	The prevalence rate of depression among orphans is high. Provide psychological support in the routine health care of orphans. There is still a need for preventive measures to establish depression.	This study reveals that the prevalence of depression is high in orphan children.	(Shiferaw et al., 2018) South West Ethiopia
11	N=370 (180=orphan 185= Non orphan) Age group: 12-18 yrs. This is a comparative study	Psychological well-being scale	33.5% of orphaned children scored high on mental well-being, while 57.8% of non-orphaned children of the same age scored high scores. The non-orphaned children had a psychological well-being of 10.8 higher than the orphaned children.	The study shows a significant difference in the psychological well-being of orphaned and non-orphans. Orphaned children were more amenable to negative psychological well-being than their Nonorphans.	(Hailegiorgis et al., 2018) Ethiopia
12	N=216 (Selected orphans) Age group: 16-18 yrs. It is a cross-sectional, quantitative surveys design.	➢ Quality of Life questionnaire (WHO QOL-BREF)	❖ Findings reveal that orphans are more vulnerable to social and medical distress than any other part of the population	The descriptive analysis indicated that orphan's overall quality of life reached a moderate level.	(Alonazi, 2016) Saudi Arabia
13	N=120 (both orphan and	➢ Clinical profile of	❖ (91%) reported various types of physical health	Orphans had more physical health problems	(Sangam et

S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
	non-orphan) Age group: 12-18 yrs. Used descriptive method	orphan children. ➢ Checklist to assess physical health problems. ➢ Ryff scale to assess psychological well-being (1989)	problems. ❖ (94.17%) of the orphans reported a moderate level of psychological well-being.	and moderate psychological well-being.	al., 2015) India.
14	N=4,368 (Orphans) Age Group: 10-18 yrs. Cross-sectional study	Rosenberg's self-esteem scale	The study shows that orphans had low self-esteem. In addition, the analysis shows that of the orphans examined, only 40% received social benefits, 27% voluntary support, and 35% financial and material support for their education and daily life.	Orphans are found to have a low level of self-esteem.	(Erango & Ayka, 2015) Ethiopia
15	N=120 (Orphans) Age group: 8-18 yrs. This is a descriptive study	➢ Multivariate personality inventory ➢ The scale of self-concept for children.	The study shows that the Low levels of psychological stability in the orphan's group.	The results show the dependence of the psychological stability of orphans on the extent of personal fear, inner tension, sociability, and self-expression in society.	(Matyash & Volodina, 2015) Russia
16	N=55 (orphan children) Age group: 6-21 yrs. This is a qualitative research design	➢ Used interviewing techniques ➢ Focus group discussion	The study shows that the orphanage facility nurtures the child's emotional, physical, social, and intellectual development.	The orphan's well-being was good. Institutionalized orphans face challenges in parental death, limited resources, and a lack of parental affection.	(Moyo et al., 2015) Zimbabwe

S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
17	N= 50 (orphan and non-orphan children). Age group between 12-18 years. Descriptive Study.	Resilience scale (Wagnild and Young)	The results showed that the main reason for living in the orphanage was the death of the parents, closely followed by financial problems for single parents. Most of the children were left behind in these institutes by their mothers and relatives.	There was a significant difference in resilience between orphaned and non-orphaned children, with orphaned children being more resilient than non-orphaned children.	(Katyal, 2015) India
18	N=200 (orphans and vulnerable adolescents) Age group: 7-17 yrs. It is a comparative study.	➢ Child Depression Inventory. ➢ Manifest anxiety scale in children. ➢ Kid cope scale for Quality of Life (WHO)	❖ 41 % of orphans had mild-to-severe depressive symptoms compared to non-orphans.	Orphaned children had a lower level of quality of life than non-orphaned children. Orphans are more stressed than non-orphans.	(Salifu Yendork & Somhlaba, 2014) South Africa
19	N= 459 (Selected children who lost a parent to HIV and children with healthy surviving parents) Age group: 10-18 years. This is a descriptive study.	➢ Children Depression scale ➢ The multidimensional scale of perceived social support.	❖ The study reveals those who are surviving with a sick parent have a high score in depression, loneliness, post-traumatic stress, and social support	The children reported significantly worse mental health problems (i.e., depression, loneliness, PTS) and social support than those whose surviving parent was healthy.	(Zhao et al., 2010) China
20	N=20 (orphan children) Age group: 10-14yrs. It's	➢ Used Unstructured interviews to identify the problems that the orphans	❖ All children showed a high level of emotional distress and lagged behind their academic performance. Therefore, psychosocial support is	Psychosocial support for vulnerable orphans has positive results	(Chitiyo et al., 2008) Zimbabwe

S. No.	Sample size and study design	Assessment tool	Prevalence rate and common associative risk factors	Findings	Reference and location of the study
	Qualitative	had by telling their psychosocial characteristics . ➢ And examine the academic performance of students.	initiated. ❖ The training was conducted by the Regional Psychosocial Support (REPS).		



Discussions

Each reviewed study demonstrated that adolescents aged from 07–21 years lost their parents. This parental deprivation significantly leads to psychological impacts such as low psychological wellbeing, depression, anxiety, stress, low quality of life, and low mental health outcomes. The current systematic review suggests that orphans have struggled more than non-orphans. [7]It's challenging to define orphan hood. Orphan hood is frequently linked to various issues, including prejudice, health issues, poor school performance, inadequate nutrition, and sexual abuse. These orphans struggle daily for biological survival, love and affection, and protection from exploitative abuse and prejudice. Age, gender, financial level, body image, household relationship, peer relationship, and social inequality impact the development of self-esteem and psychological

wellbeing. Many studies show that adolescents have significant psychological and social problems resulting from one or both parents dying, including social discrimination, stigmatization, exploitation, emotional neglect, and psychological suffering. [8] According to a previous study, age, gender, socio-economic level, body image, family relationships, relationships with peers, and social inequality impact the development of self-esteem.[9] Orphan children have more physical and emotional health demands than non-orphan children, but there are concerns that they may not receive the same level of care.[10]Orphans have different physical and mental health demands than non-orphans, but there are concerns that they will not receive the same level of care. The number of orphans is fast increasing, and the orphans' health is deteriorating due to a lack of attention to the facilities.[11]

3.2 Early deprivation

Early parental deprivation leads to higher rates of neurodevelopmental and mental disorders during adulthood.[12]The early parental loss will lead to the risk for depressive and childhood traumatic events like physical and psychosocial health problems. The term "maternal deprivation" appears to imply that one of the most harmful pathogenic elements in child development is the harm that can be caused when a child is separated from their birth mother. An intimate, warm, and continuous relationship with a parent is necessary for healthy emotional development and psychological well-being. “Especially Mothers love in childhood and adolescence is to mental health.[13] But due to unavoidable circumstances, some of the children are put into the orphanages and face parental separation. Parent separation is three forms like Maternal Separation: Separation of the child only from their mother [2] Paternal Separation: Separation of the child only from their father. [3] Dual Separation: Separation of the child from both parents. As a result of parental separation and parental loss, the child experiences the inability to form future bonds, an affectionless psychopath, delinquency (behavioral problems in adolescence), and cognitive and emotional development problems .[14] The majority of them are caused by dysfunctional caregiver interactions, poverty, child abuse, parental ignorance, and inadequate childcare. These cases are considered as "nonorganic" failure to thrive. In maternal deprivation syndrome, the mother is the primary caregiver, and physical contact between mother and child may usually be absent or distorted in maternal deprivation. This may lead to psychological problems in the child's future.[13]

3.3 Factors that can contribute to parental deprivation

Parental deprivation has long-term consequences no matter when it occurs. Some reasons are parental separation, unwanted or unplanned pregnancy**,** more inadequate levels of education (especially failure to schools)**,** lower socio-economic status**,** and mental health illness.[15] Those under the age of two who lose their parents are at risk of attachment disorders and severe cognitive, emotional, and developmental problems. And adolescents may face various complaints, anxiety symptoms, depression, anger behavior, clinginess, and aggressive behavior expected for preschoolers.[16]They may be overly responsible for taking care of the surviving parent, caretaker, or children is blaming themselves for the parent's death.

3.3. Orphans' psychological well-being:

A parent-child relationship promotes a child's physical, emotional, and social growth. Every child and every parent values and cultivates this special bond. The parent-child relationship is inevitable, but the loss of parents

has profound effects on the adolescent's psychological and physiological development. Early life experiences, such as parental deprivation, can lead to psychological problems, including stress, anxiety, depression, and poor mental health.[15] This study focuses on the effects of parental deprivation and mental well-being in adolescent orphans. The death of one or both parents has severe and long-term effects on the children's psychological wellbeing, affecting every area of their lives. Psychological well-being seems to be strongly influenced by the stability of the family environment. It could be said that parental attachment has been found to exert influence during infancy or childhood and the transitional phase of adolescence.

Adolescents in orphanages often do not have a caregiver, and they are increasingly susceptible to physical and psychological health problems. Displaced orphans are not accompanied and do not receive adequate physical and psychological treatment due to a lack of family support. They are generally prone to physical or psychological health problems. They deny the long-term impact of orphanages. Orphans are deprived of their primary caregivers. The long-term effects of insulating hoods are generally detrimental. These children are at higher risk of malnutrition, anemia, tooth decay, and ohms .[17]Orphans have experienced severe social and psychological problems with themselves and others while living in social isolation. In general, isolated children appear to be socially disadvantaged and are more likely to face emotional distress, despair, depression, and anger than children(18). Research shows that there are differences in the psychology of adolescents and adolescents who are isolated. Orphans are more sensitive to negative psychological status than children's comments. [19]For them, they live with extended families without family support and experience abuse and hostility. They may experience physical health issues as well as a lack of psychological well-being. It is a common mental condition defined by the World Health Organization (WHO) as depression, mood fluctuations, lack of interest or pleasure, low energy, guilt feelings, and depression. Disruption of self-control, sleep, and appetite, lack of concentration.[20] The prevalence of orphaned youth depression was 36.4% with physical ailments such as digestive problems, insomnia, boredom or helplessness, and social isolation. Experiences of stress affect all interpersonal relationships that lead to the development of their personality.[21]Strong negative emotions, poor self-image, low self-confidence, increased daily stress, poor internal and external stress management, psychological problems, impairments in creative activities, and cognitive motivation are consequences of poor communication.

Care type and gender have been reported to play an essential role in social anxiety .[10] Orphans were found to have low levels of spiritual well-being, while non-orphans had high levels of spiritual well-being. Orphans who receive educational support may delay the onset or severity of depression symptoms. A parent's illness or death impacts every aspect of a child's life, and it typically marks the beginning of significant changes. Parental death and illness are traumatic childhood occurrences linked to various physical and mental health problems.[20]According to WHO data, mental disorders in children and adolescents are increasing every year, and this problem will increase by 50% by 2022(22). According to the Malaysian Ministry of Health's National Health and Morbidity Survey Statistics from 2015, adolescents ages 16-19 are more likely to experience mental health problems. In Malaysians, 29.2% comprised 4.2 million people affected by mental health issues.[23] A parent's illness or death impacts every aspect of a child's life, and it typically marks the beginning of significant changes. Parental death and illness are distressing events for children that have been related to a variety of physical and mental health problems. Adverse occurrences, such as the loss of parents at a young age, resulted

in the orphans' lack of parental attachment. They had to face other environments before their parents died.[10]Adverse effects are common in orphaned minors due to inadequate care by orphanage guardians. [24] Compared to non-orphaned adolescents who still had the opportunity, these conditions influenced orphaned adolescents to experience emotional instabilities such as stress, anxiety, and depression. [10] Parents provide care, love, and devotion to society. Society receives care, love, and affection from parents.[22] There are 68.9 million orphans in Asia, the largest number globally(1). However, mental disorders are higher in orphans than in non-orphan teenagers .[25]According to studies, adolescents in orphanages are more likely to develop emotional illnesses like anxiety, despair, and stress. Orphans had faced more physical health problems and moderate psychological well-being.

3.4 Mental Health among Orphans:

Mental health is an essential component of a child's or adolescent's healthy.[22]Adolescents with good mental health can identify their skills, manage daily stress, and contribute to their communities[26]; nonetheless, psychological concerns have contributed to mental health disorders among adolescents across the country.[24]Orphans in orphanages face a world where they must go about their daily lives without receiving appropriate attention from their caretakers. As a result, orphaned adolescents are more likely than non-orphaned adolescents to experience emotional and behavioral problems such as depression, social inhibition, loneliness.[22] Although the processes may differ, the high prevalence of mental health disorders, primarily emotional problems, appears similar to studies of other neglected, traumatized, and institutionalized children. The loss of a parent as a youngster causes a slew of psychological and emotional issues. They are in danger of anxiousness due to a lack of self-determination and incapacity to make decisions, impacting their performance.

Sometimes known as orphan hood, it is a stressful situation that has been linked to children's poor mental health.[21] Emotional issues, including despair and anxiety, and behavioral issues like hyperactivity and conduct problems have been highlighted in studies.[27] There are also some groups of children who are more prone to psychological issues than others. According to the Integrated Child Protection Program, children and adolescents who grew up in institutions in India who are orphans, runaways, or abandoned by their relatives are among the most vulnerable groups(ICPS) (MWCD, 2018). According to a study of the research, behavioral and emotional disorders affect 18.3% to 64.53% of orphans and other vulnerable adolescents.[28] Due to abuse, exploitation, neglect, and lack of parental love and care, standard community samples were observed to be between 8.7 percent and 18.7 percent; Orphans and other children at risk are more prone to emotional and behavioral problems. They're also more emotionally dependent, insecure, and deprived. Aside from these issues, most children are reared in institutions where they receive insufficient individual attention. These variables can negatively impact young children's social and emotional development.[12] Emotional and behavioral issues impact a child's whole development, particularly intellectual and social consequences as an adult. [12]Emotional and behavioral problems affect a child's entire development, particularly intellectual and social consequences as an adult.(12)Therefore, it is crucial to assess and evaluate mental health disorders in these institutionalized children so that effective intervention techniques can be developed for them at the right time. Most of the cross-sectional descriptive studies were conducted to fill the information and knowledge gap about the extent and types of emotional and behavioral problems in orphans and other vulnerable children and adolescents (OVCA)

living in institutions due to the lack of relevant studies in India Consistent with these observations, this is the first known systematic review that has critically reviewed the evidence on mental health risk and protective factors.

3.5 Anxiety and Depression:

According to the study, anxiety, stress, and depression are more connected with orphans than non-orphans.[29] Orphans have a higher rate of anxiety than non-orphans. Furthermore, the orphans are socially anxious and have a limited social connection. Orphans are more likely than typical adolescents to develop clinical depression. Parental deprivation influences mental health, and orphans have poor mental health.[29] Limited sources and a lack of parental affection are obstacles for institutionalized orphans. Orphans had a significant rate of depression. According to the study, orphans have a high rate of depression. This finding suggests that routine health care for orphans should include depression screening and mental health and psychological care. According to this study, 24.1 percent of orphan children suffer from depression. There is still a need to develop depression prevention strategies. [24]Abuse is a severe issue. Various forms of domestic violence and child maltreatment exist in almost every civilization. Domestic violence has been identified as a risk factor for developmental problems in children, including adolescents experiencing parental disputes, quarrels, and abuse were identified as a risk factor for developmental difficulties in children.

4. LIMITATION OF THE RESEARCH:

This review had some limitations. In this type of research, the findings focused only on rural or urban areas. They were not focused on both and did not include a more comprehensive population analysis. Therefore findings may be based on only parental deprived children facing problems like psychosocial problems. It should not focus only on orphans, and it should be focused on caretakers and siblings.

The study should not focus on orphans alone but should look at caretakers and siblings as well. Thus, findings may be limited to evaluating only deprived children experiencing psychosocial problems.

5. CONCLUSION

According to the studies, Orphans and non-orphans both suffered from low psychological wellbeing and poor mental health. However, both orphans and non-orphans have had good decision-making skills in social situations. According to the study, the first is to raise awareness of government and non-government groups about rehabilitation programs for orphans. Second, depression screening and mental and psychological care for orphans should be integrated into regular health care. Third, orphanages should be taught life skills such as coping with stress, problem-solving, and decision-making.

REFRENCES

1. Sangam S, Naveed A, Athar M, Prathyusha P, Moulika S, Lakshmi S. International Journal of Health Sciences and Research. 2015;5(1):156–64.
2. Benson KM, Riggs SA. Childhood Bereavement and Parents ' Relationship With Children. 2012;19–21.
3. Ghosh SM. Parental deprivation and mental health. Lancet. 1966;2(7458):325–6.

4. Katyal S. A study of resilience in orphan and non-orphan children. Int J Multidiscip Res Dev. 2015;2(7):323–7.
5. Kendler KS, Sheth K, Gardner CO, Prescott CA. Childhood parental loss and risk for first-onset of major depression and alcohol dependence: The time-decay of risk and sex differences. Psychol Med. 2002;32(7):1187–94.
6. Dowdney L. Annotation: Childhood bereavement following parental death. J Child Psychol Psychiatry Allied Discip. 2000;41(7):819–30.
7. Ntuli B, Mokgatle M, Madiba S. The psychosocial wellbeing of orphans: The case of early school leavers in socially depressed environment in Mpumalanga Province, South Africa. PLoS One [Internet]. 2020;15(2):1–17. Available from: http://dx.doi.org/10.1371/journal.pone.0229487
8. Erango MA, Ayka ZA. Psychosocial support and parents' social life determine the self-esteem of orphan children. Risk Manag Healthc Policy. 2015;8:169–73.
9. Parasar A, Lal Dewangan R. A comparative study of self esteem and level of depression in adolescents living in orphanage home and those living with parents. Int J Humanit Soc Sci Res. 2018;51(2):2455–2070.
10. Sahad SM, Mohamad Z, Shukri M. Differences of Mental Health among Orphan and Non-Orphan Adolescents. Int J Acad Res Psychol [Internet]. 2018;5(1):556–65. Available from: www.hrmars.comurl:http://dx.doi.org/10.6007/IJARP/v5-i1/3492
11. Atwine B, Cantor-Graae E, Bajunirwe F. Psychological distress among AIDS orphans in rural Uganda. Soc Sci Med. 2005;61(3):555–64.
12. Breslau J, Miller E, Breslau N, Bohnert K, Lucia V, Schweitzer J. The impact of early behavior disturbances on academic achievement in high school. Pediatrics. 2009;123(6):1472–6.
13. Bretherton I. The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. Dev Psychol. 1992;28(5):759–75.
14. Ros-DeMarize R, Chung P, Stewart R. Pediatric behavioral telehealth in the age of COVID-19: Brief evidence review and practice considerations. Curr Probl Pediatr Adolesc Health Care [Internet]. 2021;51(1):100949. Available from: https://doi.org/10.1016/j.cppeds.2021.100949
15. Salifu Yendork J, Somhlaba NZ. Stress, coping and quality of life: An exploratory study of the psychological well-being of Ghanaian orphans placed in orphanages. Child Youth Serv Rev [Internet]. 2014;46:28–37. Available from: http://dx.doi.org/10.1016/j.childyouth.2014.07.025
16. Matyash N, Volodina J. Psychological Stability of Orphans in Crisis Situations. Procedia - Soc Behav Sci. 2015;214(June):1070–6.
17. Navpreet, Kaur S, Meenakshi, Kaur A. Physical Health Problems and Psychological Well-Being among Orphan Children of Selected Orphanage Homes. Int J Heal Sci Res. 2017;7(Oktober):158–64.
18. Alonazi WB. The impact of chronic disease on orphans' quality of life living in extended social care services: A cross sectional analysis. Health Qual Life Outcomes [Internet]. 2016;14(1):1–6. Available from: http://dx.doi.org/10.1186/s12955-016-0459-x
19. Dey P, R. BD. The Effect of Resilience on the Psychological Well Being of Orphan and Non-Orphan Adolescents. Indian J Ment Heal. 2019;6(3):253.

20. Doku PN, Akohene KM, Ananga MK, Debrah TP. A systematic review of the mental health of orphans and vulnerable children within the context of HIV/AIDS in Africa. Int J Psychiatry. 2019;4(2):1–20.
21. Kumari A, Jahan N. Mental health among orphan and non-orphan adolescents in delhi national capital region (Ncr). Int J Curr Res Rev. 2020;12(20):20–7.
22. Sahad SM, Mohamad Z, Shukri MM. Differences of Mental Health among Orphan and Non-Orphan Adolescents. Int J Acad Res Psychol. 2017;4(1):556–65.
23. Hashemi MS, Yarian E, Bahadoran P, Jandaghi J, Khani MM. Prevalence of mental health problems in children and its associated socio-familial factors in urban population of Semnan, Iran (2012). Iran J Pediatr. 2015;25(2).
24. Shiferaw G, Bacha L, Tsegaye D. Prevalence of Depression and Its Associated Factors among Orphan Children in Orphanages in Ilu Abba Bor Zone, South West Ethiopia. Psychiatry J. 2018;2018:1–7.
25. Mohammadzadeh M, Tajik E, Awang H, Latiff LA. Emotional health and coping mechanisms among adolescents in Malaysian residential foster care homes: A comparative study with adolescents living with families. Asian J Psychiatr [Internet]. 2018;32(December):156–8. Available from: https://doi.org/10.1016/j.ajp.2017.12.011
26. Sturgeon S. Promoting mental health as an essential aspect of health promotion. Health Promot Int. 2006;21 Suppl 1:36–41.
27. Bhatt KB, Apidechkul T, Srichan P, Bhatt N. Depressive symptoms among orphans and vulnerable adolescents in childcare homes in Nepal: A cross-sectional study. BMC Psychiatry. 2020;20(1):1–10.
28. Hashemi SM, Bagheri A, Marshall N. Toward sustainable adaptation to future climate change: insights from vulnerability and resilience approaches analyzing agrarian system of Iran. Environ Dev Sustain. 2017;19(1):1–25.
29. Shafiq F, Haider SI, Ijaz S. Anxiety, Depression, Stress, and Decision-Making Among Orphans and Non-Orphans in Pakistan. Psychol Res Behav Manag [Internet]. 2020 Mar;Volume 13:313–8. Available from: https://www.dovepress.com/anxiety-depression-stress-and-decision-making-among-orphans-and-non-or-peer-reviewed-article-PRBM
30. Hailegiorgis MT, Berheto TM, Sibamo EL, Asseffa NA, Tesfa G, Birhanu F. Psychological wellbeing of children at public primary schools in Jimma town: An orphan and non-orphan comparative study. PLoS One. 2018;13(4):1–9.
31. Moyo S, Susa R, Gudyanga E. Impact of Institutionalisation of Orphaned Children on Their Wellbeing. IOSR J Humanit Soc Sci Ver III [Internet]. 2015;20(6):63–9. Available from: www.iosrjournals.org
32. Zhao Q, Li X, Fang X, Zhao G, Zhao J, Lin X, et al. Difference in psychosocial well-being between paternal and maternal AIDS orphans in rural China. J Assoc Nurses AIDS Care [Internet]. 2010;21(4):335–44. Available from: http://dx.doi.org/10.1016/j.jana.2009.12.001
33. Chitiyo M, Changara DM, Chitiyo G. Providing psychosocial support to special needs children: A case of orphans and vulnerable children in Zimbabwe. Int J Educ Dev. 2008;28(4):384–92.