“Psychological Distress and Subjective Wellbeing of Institutionalized Orphans: A Comparative Study Approach”

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"Psychological Distress and Subjective Wellbeing of Institutionalized Orphans: A Comparative Study Approach"

By

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THESIS AND DEFENSE APPROVAL FORM

The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance, and recommend the thesis to the Faculty of Psychology for acceptance.

Thesis Title: "Psychological distress, and Subjective well-being of institutionalized orphans: A comparative study Approach."

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Candidate of **MPhil Psychology** at the National University of Modern Languages do hereby declare that the thesis **"Psychological Distress and Subjective Well-being of Institutionalized Orphans: A Comparative Study Approach."** Submitted by me in partial fulfillment of my MPhil degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in the future, be submitted by me for obtaining any other degree from this or any other university or institution.

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Abstract

The main objective of the study was to explore the relationship between psychological distress and subjective wellbeing among biological and social orphan. The sample comprised of overall 213 orphans in institutions in which there are 168 social orphans and 45 biological orphans. All samples were collected from Rawalpindi, Islamabad and Karachi orphanages. This sample age between 12 to 18 years and comprise of 135 males and 78 females. To measure study variable, Urdu version of the scales were used. Kessler psychological distress scale translated by Shiza Shahid (2020) used to measure orphan distress level. BBC Subjective wellbeing scale translated by Amna Khalid (2015) was used to measure individual subjective wellbeing. The result of the study shows significant positive association between psychological distress and subjective wellbeing. Study result indicated biological orphans having high psychological distress and low subjective wellbeing as compared to social orphans. Result also were significant between age, gender, various orphanages and educational institutions. This study helps to understand problems that are increasing source of psychological distress among orphans especially for those living in orphanages from childhood. Results of this research helps policy makers to develop appropriate and good policies that helps donors while donating money to various orphanages.

Keywords: *Psychological Distress, Subjective Wellbeing, Institutionalized orphans*

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List of Abbreviations

APA	American Psychological Association
K-S	Kolmogorov – smirnov
SPSS	Software package for Social Sciences
SC	subscales
M	Mean
SD	standard deviation
N	total number of items
ηp^2	(Partial eta squared values are suggestive of significant effect size. Cohen (1969) classified effect of 0.2 as small, 0.5 as medium, and 0.8 or higher as large).
UNICEF	United Nations International Chidren's Emergency Fund
WHO	World Health Organization
p	Level of significance
Cohens *d*	Effect Size for measuring difference between two groups
R	correlation coefficient
t	degree of freedom

List of Abbreviations

CI	Confidence Interval
UL	Upper Limit
LL	Lower Limit
I-J	Mean Difference
PS	Primary School
SS	Some Secondary School
HS	High School Completed
S.E	Standard Error mean
α	Cronbach's alpha
B	Slope of regression line (how much dependent variable change for one unit change in independent variable)
β	Contribution of independent variable to explain dependent variable
R	Relationship between independent and dependent variable
R^2	variance in dependent variable explain by independent variable

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This thesis is dedicated to my parents who have supported me throughout my career.

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Chapter 1

INTRODUCTION

Islam teaches that best house among Muslim houses is that in which there is an orphan who is treated with kindness and worst house is that in which orphan is treated with unkindness (Ibn-e-Majah, vol. 4, pp. 193, Hadees 337).

According to the United Nations International Children's Emergency Fund, (2020) and Bailey (2009) orphan is *any child who lost one or both parents from any cause of death and is less than 18 years of age.* Approximately, there are 132 million orphans' children in whole world, along with approximately 60 million orphans residing in Asia (Kaifee, 2023). In 2022, a survey in United Nations estimated that 4.5 million orphans' children are residing in Pakistan (Kaifee, 2023). Orphans are more at risk of violation of protection rather than other children because death of anyone among parents and inappropriate care system creates a gap in the field of protection of orphans (United Nations International Children's Emergency Fund, 2006). United Nations Children's Fund shows that there are 140 million children worldwide who have lost one or both parents (United Nations International Children's Emergency Fund, 2015). There are more than 15 million children under the age of 15 with one or both parents died, and the rate was reach 25 million by 2010, especially in Sub-Saharan Africa (Gregson, 1994). Sub-Saharan Africa has more than 80% of orphans affected by HIV and AIDS in throughout world (Shetty & Powell, 2003). There are 143 million orphans children have age range between 0-17 across whole globe in which 72 million orphans present in south and East

Asia (United State Government, 2009). In 2012, there are 56 million orphans in Sub-Saharan Africa due to the HIV and AIDS epidemic (United Nations International Children's Emergency Fund, 2014). In 2009 one in four girls and one in five boys were orphans in Tanzania (United Nations International Children's Emergency Fund, 2011).

Research study conducted on the emotional and physical abuse of children (Morantz et al., 2013) and large number of cases of emotional abuse were reported for orphans rather than physical abuse in a national survey in Tanzania (United Nations International Children's Emergency Fund, 2011). In East Zimbabwe both orphans and non-orphans suffered from child abuse (Nyamukapa et. al., 2010). Study done on orphans in sub-Saharan Africa describes that orphans were experience physical abuse as high as non-orphans (Nichols et. al., 2014). While studies on neglect describe that orphans were more likely face hunger rather than non-orphans (McGregor et. al., 2002), they are more underweight (Miller et. al., 2007), and face lack of social support and fulfillment of basic needs (Puffer et al., 2012).

A number of emotional and behavioral problems as well as psychiatric disorders associated with child maltreatment (McLaughlin et al., 2012). In young adults, child maltreatment associated with earlier disorder onset, higher co morbidity and increased risk for depression compared to those in control group (Widom, 2007). HIV and AIDS-affected children indicated major mental health problems, particularly depression and other internalizing problems (Nyamukapa et. al., 2010). AIDS-related diseases in orphans and food insecurity negative related with neglect orphans' mental health (Orkin, 2009).

Orphans experience behavioral and emotional problems at same level as depression and anxiety disorders in adults as a result of psychological and social issues (Killian, 2008). According to African studies done on orphans ignored the cultural concept of childhood and orphan hood (Chamberlain, 2003). In Africa child neglect associated with orphan hood as there is no-one to care for about the child (Cook, 1998). An orphan child engaged into extended families with no differentiation made between orphans and other child living in that house (Foster & Williamson, 2000). Due to bad household conditions and poor education orphans got engaged in child labour, and died at an early stage (United Nation Educational, Scientific and Cultural Organization, 2003). Orphaned children may be neglected and abused (McLoyd, 1998).

Major feelings of feelings of rejection, confusion, alienation, and depression leads towards helplessness in children's (Corr, 1996). Depression has large association with parental illness and death (Wicks, 1997), maternal depression (Wicks, 1997) and other forms of separation and loss (Killian, 2008). Orphan children are more likely to the risk of violation of protection due to absence of alternative appropriate care system in absence of parents (Bazh, 2001). There is various sort of behavioral and emotional disturbances among children living in orphanages as the first one involves Hyperactivity, attention deficit and communication problems, while the second one involves anxiety and withdrawal behavior which is called neurotic disorders or emotional issues (Bazh, 2001). Behavioral problems are also outward oriented such as aggression and theft or they are also inward issues of an individual such as fear withdrawal (Mudasir et. al., 2012). There is lower level of psychological wellbeing among orphans in Baghdad city (Nyamukapa

et. al., 2010). In childhood boys experience more psychiatric issues rather than girls who have twice depression during adulthood among orphans in Baghdad city (Hussein, 2015). Social change that occurs in the life of an orphan is that 33% orphan suffered economically and 31% have no idea about any sort of change in their life (Afework, 2013).

In overall world 17 million orphans are affected from HIV and AIDS (United Nations International Children's Emergency Fund, 2011). India is the second country after South Africa that has largest HIV and AIDS affected orphans and according to World Bank that there are 2 million orphans in India that affected from HIV and AIDS (Sen, 2007). Orphans who parents died with HIV and AIDS are affected socially, medically and economically (Eileen, 2003). These children also face psychological and stress issues and never get access to education and health care facilities (Eileen, 2003).

According to Diagnostic and Statistical Manual of mental disorders:

"Mental and Psychological distress can be defined as any range of internal psychological issues related to person life. Person also feel trouble, confuse and out of ordinary normal routine" (DSM-5).

Psychological health during whole life were greatly affected by secure attachment due to parental loss (Fearon et. al., 2010). The death of anyone in parents may strongly destroy the attachment bonds with children and negatively impact their development therefore orphan child more likely suffer from mental disorders rather than non-orphans (Fauth et. al., 2009). Orphans living in an orphanages feel more depressed rather than

non-orphans or orphans living with other family members (Mohammad Zadeh et al., 2017). Orphans suffers from psychological distress after facing negative experiences in their life as compared to non-orphans who often face negative events but due to strong family support they can cope from psychological distress (Hindin, 2010). Various negative events includes loss of parents during their childhood or loss of parental attachment at any stage in their life (Irudayasamy, 2006). Orphans report increase rate of depression (Rosner, 2014 & Puffer et. al., 2012), more internalizing and externalizing problems (Robertson, 2013 & Atwine et. al., 2005), and greater posttraumatic stress disorder (PTSD) symptom severity than non-orphaned children (Puffer et al., 2012) in Africa. After controlling variables such as perceived stigmatization, inadequate care, child labor, and child abuse reduce psychological distress in Zimbabwean orphans (Nyamukapa et al., 2010).

The orphans not only face stigmatization, isolation, and inequity but also limitation of health care providers (Kaur, 2018). Study conducted in Malaysia indicated that orphans living in an orphanages feel more depressed (Mohammadzadeh et al., 2017) and suffers from major depressive disorder rather than non-orphan adolescents (Wan Salwina et al., 2014).

Childhood and adolescence are important period for physical, biological, cognitive, and psychosocial development of an individual (Dornan & Woodhead, 2015). During childhood and adolescence individual have physical and mental health issues that affect the whole life an individual (World Health Organization, 2014).Various researches

explained that not only adults but also children and adolescents have anxiety and depression issues (Slemming et al., 2010).

Anxiety is defined as an emotional state that involves large feelings of worry, terror, and tension (Penninx et al., 2021). Anxiety disorder in an individual involves disturbing thoughts, avoidance of threatening situations, and may also have physiological symptoms such as dizziness, sweating, restlessness, trembling, increased heartbeat etc (Penninx et al., 2021). There is comorbidity of Anxiety disorders with other psychological disorders such as depression (Penninx et al., 2021). Depression usually involves feelings of sadness, guilt, loss of interest, and inability to experience pleasure in enjoyable or previously rewarding activities (World Health Organization, 2012). People with depression usually have physical symptoms such as trouble sleeping, disturbed appetite, loss of energy, impaired concentration, and increased fatigue (Wang et al., 2021).

Another variable under current study domain is subjective wellbeing of orphans. According to Diener (1995); "*Subjective Wellbeing refers to building feelings of affection and responses, domain satisfaction and overall life satisfaction of an individual.*"

"Presence of balance between psychological, physical and relationship wellbeing with lot of physical resources, absence of fatigue, freedom of movement and effectiveness in action and good relationship with other people" (Herzlich and Claudine, 1973).

At start we just look at what is basically wellbeing? There are different perspectives of wellbeing that are present in our daily life and these different perspectives collectively

indicate the social life. These various perspectives that play an important role in life of an individual such as money do not represent an individual whole life but cover some of the important areas of human life (Brandon & Nelson, 2010). There are various components of wellbeing such as first component of wellbeing is *occupational wellbeing.* It refers to person interest level and how person used his current time (Brandon & Nelson, 2010). The second component is *societal wellbeing*. It refers to how person think about self and world depends upon society in which person usually grow up (Brandon & Nelson, 2010).

An important aspect of *positive youth development* approach is that developmental nutrients are necessary in order to increase orphan's subjective wellbeing which refers to assessing cognitive and emotional aspects across different areas of life. (Diener, 2000; Markle, 2012). School-age AIDS orphans spend most of the time with friends and received social support which are important aspects for subjective wellbeing. (Oberle, 2018). School connectedness refers to students' feelings of acceptance and social support from the social environment built in school. (Goodenow, 1993 & Murphy, 2018). Child and adolescents who receive more social support in schools have high emotional wellbeing (Bersamin, 2019).

Peer support is defined as method of exchanging emotional support, sharing knowledge, seeking life skills and connecting people with other friends are important aspects for increasing subjective wellbeing of children and adolescents (Chung, 2020; Roach, 2018). Cluster-randomized trial study indicated that social support from friends decreased AIDS orphans' mental issues and increases their psychological and social well-being (Bajunirwe, 2009). Due to unhealthy physical conditions adolescents never

participated in daily activities which reduce their life satisfaction as compared to those who have who have positive health aspects and do not have any disease for improved subjective wellbeing (Brunner et. al., 2018). Due to increasing economic issues and high rate of HIV and AIDS causes large number of deaths of young adults and leave behind approximately 25000 AIDS orphans (Cabolya, 2016). It is necessary to prepare demanding young generation in the child welfare institutes for independent existence, in order to increase their wellbeing and minimizing the pressure of highly crowded institutes (Shang, 2015). Young adulthood passes through major transition, challenge, and opportunity in their life period (Arnett, 2015; Weatherhead, 2014).

Institutionalized orphans are children who lives in an orphanages rather than family based environment, due to absence of parental and Family care and thus helped by various sort of charitable organizations (United Nations International Children's Emergency Fund, 2019).There are various sorts of impact on children's who lives in an institutions (Zeanah, 2009).Various researches suggested that orphans living in various institutions may face emotional, social cognitive and physical health issues rather than those who lives in family environment.(Zeanah, 2009).

Emotional development in children happens through caregiving response from parents by forming secure attachment (Ainsworth, 1973). Positive parent child interaction increases children emotional development and empathy (Denham, 1998).While orphans living in various sorts of orphanage institutions experience emotional problems, attachment issues, high level of anxiety and depression due to absence of parental care and family environment over there (Zeanah et al., 2009).

Parents also plays an important role in developing social behavior and values among children's (Goodnow, 1994). Copying prosocial behavior are important for social development of children (Fabes, 1998).Orphans living in various orphanages exhibit issues regarding forming social relationships and also face problems in secure attachment with caregivers due to absence of parental social support (Nelson, 2007).

Children exposure to language of parents also leads to their cognitive and mental health developments (Berk, 2017). Hoff's conducted research study that describes role of parents in language and cognitive skills development of children (Hoof, 2003).While children living in various sorts of orphanages may also have cognitive issues due to limited opportunities for getting individual attention from caregivers (Rutter et al, 2007). Orphans living in various institutions suffer from major cognitive issues such as depression anxiety, stress etc (Vedasto, 2015). Depression among orphans in Ethiopia age between 11 to 17 years was 24.1% (Shiferaw et. al., 2018). Depression is a deep sadness issue because orphans not only miss their parents when they get die but also various other positive things such as love and care that they give them during their life (Masmas et. al., 2012). Orphan are more likely to be affected by increase rate of low self-esteem due to poor social support from parents and also due to death of parents (Ayka, 2015).

Institutionalized orphans may face large number of health issues due to facing large number of problems in maintaining a healthy environment for their self (Miller et. al., 2011). Orphans living in Cambodia, Ethiopia, India, and Tanzania age between 11 to 17 years had various physical health issues such as fever, upper respiratory tract infections, gastrointestinal problems, sleep and other mental health issues such as anxiety

and stress (Thielman et al., 2012). Koumi (2012) conducted study on 265 orphans in Tazania age between 6 to 12 years rather than non-orphans found that they are more suffering from physical and mental health issues. Adolescents living in orphanages feel so depressed that they face difficulties in adapting social changes lead towards deviant behavior, increase rate of fever and feeling of dissatisfaction while spending life in the orphanage (Nambi, 1997).

American Heritage Dictionary (2014) define orphanage institution as;

"An organization based on community which strives for providing protection and care to children without parents."

Wikipedia or an online Encyclopedia (2014) also defined orphanage as;

"A residential care institution for the welfare or protection of all orphans; children's whose both parents died or indicated reluctant to take care of the children."

An orphanage institution requires for the care of the children who lost their one or both parents and the tradition of putting orphans in various institutions is most common in poor Asian countries from many years (Margoob, 2006). Most of the researchers and people are against the services practice of these institutions due to expensive demands of these institution to operate and do not properly fulfill the emotional needs of the orphans living in these institutions (Drew, 1998). Orphans living in various institutions face large number of social and emotional problems (Mohamad, 1996). There are more than 50 years of research conducted on institutional care provided in Western countries and found

large impacts on cognition, behavioral and social development of young children (Margoob, 2006). There are over 2 million children are living in orphanages worldwide but in many developing countries, no one knows how many institutions are currently working (Greenberg, 2010).

Institutions in which orphans get positive environment, educational facilities and access to health care leads to positive outcome (Brown, 2020, Smith et al., 2018). Inappropriate environment of orphanage institutions may lead problems in mental health, education and overall wellbeing of all orphans (Thompson, 2019). Well managed institutions with suitable environment can positively affect emotional and cognitive development of children (Nelson et. al., 2007). Inappropriate institutions with not proper environment may lead to developmental and behavioral issues (Smyke et. al., 2007).

There are two main causes: internal and external due to which orphans live in an orphanage. Children who get education and medical care for their survival is internal cause for living in an orphanage (United Nations International Children’s Emergency Fund, 2019). These all major facilities such as education, medical facilities, food and shelter are too much expensive so families admit their children to an orphanage for achieving all these facilities (Latif et al., 2016).

Nadyatusofia’s (2020), research found that mostly orphans live in orphanages not of their personal reason but due to economic issues faces in their life and their parents left them in an orphanage due to financial issues which is external reason for living in an orphanage. It is also confirmed by research of Ministry of Social Affairs and United

Nations International Children's Emergency Fund, (2019) on topic" Save the Children" found that 94 percent of orphans live in an orphanage are due to family relatives and economic issues not for the reason that their parents get died (Nurfahanah, 2019).

A caregiver is a person that not only provides care of the orphan but also play an important role in the emotional development of child (Skinner, 2006). Caretakers provide services to the orphans such as help orphans in their homework, reading stories and gives them advices on education also provides protection and support with honesty and closeness (Cluver, 2007). In order to create healthy environment within orphanages, there should be a good interaction between the children and their caregivers (Wong, 1997).

Further studies conducted by Miller and Hendrie (2008) describe that supportive caregivers' role in orphanage institutions play an important role in maintaining wellbeing of an orphans. An emotional connection between caregivers and orphans plays an important role in the upbringing of orphans (Alem, 2020; Forston et al., 2016). A strong emotional relationship leads to orphan's psychological growth and development (Huynh et. al., 2019; Warner et. al., 2017, Dubowitz et al., 2011). Various researches in orphanages describes positive effects of staff training on orphans that helps in home care, positive relationships and strong connection between caregivers and orphaned children (Isnaeni et al., 2021).

There is lack of interaction between orphans and caregivers due to variety of issues such as long work shifts, large numbers of orphans and less caregivers within an orphanage (Akram et al., 2015). The large number of stressful work conditions leads to

inappropriate work role, personal and professional dissatisfaction and internal conflict among caregiver professionals (Spencer et. al., 2007). Experiences of negative interaction between orphans and caregivers result in developmental issues such as physical growth, cognitive issues, language, attachment and emotional issues as well as behavioural issues (Hermenau et al., 2015).The profit making system involves adopt child unethically to make orphanages and collect donations from other countries for these childs or indulge these orphans in child trafficking system (Csaky, 2009).

The relationship between working in a caregiving role and high stress has been described in many countries such as United States (Irenyi et al., 2006; Molnar et al., 2001; Putnam-Hornstein et al., 2011), India (Singh et al., 2012), Hong Kong (Slack et al., 2011), China (Li et al., 2011), Turkey (Hermenau et al., 2015) and Greece (Ormel et al., 2013). According to Noble Prize winner Muhammad Yunus (2003), education is one of the best techniques for finishing the poverty of the poor.

United Nation program on Acquired Immune Deficiency Syndrome (2002), conducted a research on education as;

"Education brings a large number of improvements in the lives of orphans by providing knowledge and skills in life. Education has a great role in the psychological and social development of orphans. It gives orphans large hope in hard time of their life."

According to the research conducted by Miller (2008), education is developmental process. There are large advantages of education in the developing

countries where providing knowledge to orphan increases their social well-being but also reduces poverty rate (Miller, 2008). Parents also plays an important role in educational achievements and success level of children (Tyson, 2009). Children which participated in educational activities after receiving parental support are more active and have more level of knowledge rather than others (Desimone, 1999).

It is a complex service and serve children who experienced neglecting and abuse from their birth parents, families and foster parents. (Barber et. al., 2004) Children in foster care system live with unrelated foster parents, relatives and families who adopted them or these children lives in group homes and residential care system. (Barber et. al., 2004). White House Conference on the Care of Dependent Children (1909) describe that foster care system rather than orphanages take cares of orphans in the west (Hacsi, 1995).

Research in the U.S. has shown that for young generation living in the foster care system, feel distress when they face hardship in their adulthood (Yates et. al., 2012). Young generation faces major difficulties in foster care system within various life aspects such as education, employment, community engagement, relational wellbeing, and psychological health (Courtney, 2009). Only less than 5% foster youth completed a college degree (Weinberg, 2004), two-thirds youth is trying to get employment in early adulthood (Courtney et al., 2011), and nearly half suffered from homelessness during this phase of adulthood (Dworsky et al., 2013). Foster youth faces major of interpersonal and emotional problems rather than other youth living in surrounding environment (Fowler et al., 2011). Unlike other young adults who usually return homes during hard time in

their life youth in foster care system do not return back once they move out of that foster care system (Atkinson, 2008).

Aga Khan Development Network publish report in (2000) which describes;

"The near universal context for giving in Pakistan is that of religion, specifically Islam."

According to the national survey (1998-1999) conducted among individuals giving donations;

"98% of respondents say that the main purpose of donation is strong religious faith present in them. However, 94% of people give donations to various sorts of religious institutions and do not explain causes behind it."

In Islamic terminology the term *"Yatim"* is defined as orphans and it refers to children who is living without care of their father. Most recent definition of orphans given by Islamic scholars as a children who are without appropriate parental supervision or care. Allah says;

"They ask you about orphans…says, 'It is good to set things right for them. If you combine their affairs with yours then remember they are your brothers and sisters: God knows those who spoil things and who improves things. He made you vulnerable too: He is Almighty and wise." (Qur'an 2:220)

And Prophet Muhammad (SAW) says:

"*I and the guardian of the orphan will be in the garden like these two" His two fingers (Al- Adab-al Mufrad: Book 7, Hadith 135).*

"Would you like that your heart become soft and you will get everything what you need? Be merciful with orphans, pat his head and feed him from what you eat. This will further soft your heart and makes you to get what you need."

Agha khan development network (1998) describes that the people of Pakistan contributed 41 billion rupees (1.5% of the GDP) and volunteered 1.6 billion hours of time to only to the religious organizations. This research study includes large individual organizations that gives religious donations rather than institutional funding. Berger (2003) define the term religious non-governmental organizations as;

"Any formal organizations which usually follow religious traditions and works in a nonprofit, independent, voluntary way to promote the public good at the national or international level and also helps children within various sorts of institutions."

Clarke (2006) defines *"faith-based charitable or development organizations"* as:

"Organization that help all the poor groups including orphans also provides funding and manage projects which finishes poverty with in the country."

Martin, Chau and Patel (2007) argue that Faith Base Organizations works in the societies for long duration of time as compared to NGOs. It is also argued that Faith Base Organizations are less rely on foreign donations and give more assistance to the

orphanages (Clarke, 2006). There is various sort of charities given by people who follow Islam all over the world such as zakat, sadaqat and khairat such as; voluntary forms of giving to any poor people etc. (Clarke, 2006). Charity based on religious values usually involve funding along with zakat being the largest source of funding at the individual and institutional level in south Asia (Benthall, 1998).

Political scenario of orphanages in Pakistan

Throughout historical period, Islamic culture formed special charitable political organizations known as *'waqfs'* which provides helps to all needy orphans (Singer, 2012). Muslim majority populations have specialized government institutions and ministries that have responsibilities to maintain the subjective wellbeing of institutionalized orphans (Mohsin, 2016). These governmental agencies implement a range of projects such as cash stipend, educational assistance, and also health care services for all the orphans (Mohsin, 2016). Non-governmental organizations also play an important role in supporting the initiatives taken by government for the wellbeing of orphans through providing psychiatric counseling, vocational training and mentorship progrmmes that especially help those orphans suffering psychological issues (Lekorwe, 2007). There are various orphanages running in Punjab in order to address the needs of neglected and vulnerable child (Lone, 2021). These orphanages are government funded, private funded, run under supervision of various rich people and also various non-governmental organizations support these orphanages (Lone, 2021).

It must also be need to keep in mind that madrassas are commonly places where children in need of care usually (orphans) along with other children are enrolled (Lone, 2021). However, these madrassas are not officially recognized and registered at higher level (Lone, 2021). There is also conception of maltreatment of children in the name of religious education at some places (Lone, 2021). However, in Pakistan social orphans not lived in foster care system because there are not enough resources and even people do not concentrate about it (Lone, 2021). Abuse and neglected child from family side went to the orphanages because there is no separate system of orphanages and foster care in Pakistan unlike other countries (Lone, 2021).

It is also important for authorities running orphans welfare programmers to take necessary licenses and also authorization from government to function properly and they are also responsible for the management of orphanages and also foster care system which provides care and support to all orphans (Karim, 2013). Minimum requirements that should be provides to all orphans includes education, food, health facilities and emotional support in order to protect the physical and emotional wellbeing of orphans (Asutay, 2007).

Rationale

Understanding the psychological well-being of orphans is important for developing effective interventions and support systems, particularly in regions like Pakistan where geographical, political and socio-economic challenges increase their vulnerabilities and issues. This research concentrate on the psychological aspects of two different but related groups of orphans: biological and social orphans. By focusing on these two categories, we aim to explain the significant differences in their psychological experiences and needs within the Pakistani context.

Firstly, the distinction between biological and social orphans is important as their pathways into orphanages and various life experiences differ significantly. Biological orphans, who are living in orphanages since birth and have lost their parents due to various reasons such as illness, accidents, or left permanently, can result in intense distress, identity issues. Conversely, social orphans are those who left their families due to social, economic issues, personal conflict, or other harsh situations, often carry intense trauma, and disrupted attachments. Traumatic incidents developed in these orphans due to living in an orphanages for long duration and absence of mental health facilities for them (Ahmad et al., 2005). Recognizing the differences between biological and social orphans is important for providing appropriate interventions.

There were large researches conducted on problem faced by orphans in daily settings but little work done regarding institutional care of both biological or social orphans (Tahir et. al., 2016) even various researches conducted just on government or private

institutes but few researcher give attention towards work on both sort of institutes together and one of the uniqueness of this research is that it not only includes biological and social orphans from government and private orphanages in Islamabad and Rawalpindi but also from Karachi which indicates diversity of data from various institutes.

In Pakistan, orphanages are the primary institutions responsible for the care of both biological and social orphans. There is currently no separate, comprehensive care system or rehabilitation models designed specifically for these two types of orphans. While in the West, there are different types of institutions such as orphanages and foster care systems for neglected and abused children. Even children living in care institutions as well as orphanages are more prone to psychological and social issues rather than children living in foster care system (Panpanich, 1999). This study aims to investigate whether separate rehabilitation models are needed for these two types of orphans in Pakistan. It seeks to determine if there are differences in mental health and living conditions between the two groups or if they can coexist in the same environment. While resource limitations may prevent the establishment of separate care systems, government action may be required if deemed necessary.

Furthermore, shortage of comprehensive care systems and rehabilitative models especially made according to the needs of biological and social orphans in Pakistan emphasize the importance of this research. By addressing need of research work done on depression among orphans (Shaiq, 2020) this research clarifying the various patterns for usage of services between biological and social orphans, this research can inform the

development of targeted interventions, specialized support services, and policy reforms aimed at increasing the well-being and other important prospective of orphaned children in Pakistan.

Ultimately, this research contributes to the growing body of knowledge on orphan psychology and inform evidence based practices that less intensify the psychological outcomes of parental loss and socio-economic adversity among Pakistan's orphaned population. By recognizing the unique needs and vulnerabilities of biological and social orphans, we encourage friendly and supportive environment that empowers these children to well develop even due to various hardships in their life.

Moreover, Pakistan's social political landscape, characterized by terrorism, violence, natural disasters, and economical issues, further intensify the problems of orphaned children. These external stressors not only contribute to the growing population of orphans but also impact their mental health and psychosocial well-being. In present study qualitative open ended questions were added based on research work conducted on adolescents' orphans in Tanzania by investigating orphans present living situation and interaction with others within an orphanage in Pakistan in order to find out impact of orphanage environment on orphans living in detail. (Cherewick, 2023; Christopher et. al., 2021). By investigating the psychological distress and subjective wellbeing along with open ended questions in order to find out the experiences of institutionalized orphans regarding their living conditions, available facilities, and interactions with others in different institutions (added as per external reviewer suggestions) among biological and

social orphans, this research seeks to identify the specific stressors and protective factors relevant to each group.

Statement of the Problem

Large group of orphans grown in institutions due to facing family issues are at great risk of developing psychological disorders due to absence of family's love, care, and parental secured attachment that are important for emotionally secured adults (Earls et al., 2008; Liu, 2006). All the mental issues especially emotional and behavioral issues begin in the early teenage and every fifth adolescence suffers from mental issues that need proper support (Atwine, 2005). After death of parents' bad life experiences put negative impact on the psychological health of orphans (Dorsey, 2015).

Adolescent is an important period of life that has large impact on the mental wellbeing (Schulz, 2016). Mental health of adolescents were greatly affected by parental death, inappropriate family conditions, movement towards various sorts of orphanages and lack of economic support (Woldeamanuel, 2016).The goal of this research is to find out what are the differences in psychological distress that were experienced by biological and social orphans living in any particular orphanage and how it effects their subjective wellbeing through comparative study approach.

Research Objectives

1. To determine the difference among biological and social orphans on the variables of psychological distress and subjective wellbeing.
2. To examine the relationship between psychological distress and subjective wellbeing and to examine the predictive association between the above variables.
3. To study the role of demographic variables (age, gender, education and institutions) on study variables (Psychological distress and subjective wellbeing).
4. To explore the orphan's reasons for coming to the institution, subjective feelings regarding the institution, the facilities provided at the institution and their perceptions regarding the treatment given by the caregivers of the institution.

Research Questions

These research questions were formed on the basis of research work done on Tanzanians institutionalized orphans where researcher asked research questions in order to find out orphans' feelings after coming within particular institute, facilities available for them within that institute and about challenges also caregivers' attitude with the orphans (Christopher et. al., 2021). While remaining questions were formed based on research work done on adolescents' orphans living in cimahi orphanages where researcher asked question regarding reasons for coming to the particular orphanage and their feelings after living over there (Suryaningsih, 2022).

1. What were your reasons for coming to the institution?
2. What are your feelings after coming to the institution?
3. What are the facilities or services available for you in this institution?
4. How is the behavior of the caregivers with you in the institutions?

Research Hypotheses

$H_{1:}$ Social orphans scores higher on psychological distress (depression & anxiety) and scores low on subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) as compared to biological orphans.

H_2: There is negative association between psychological distress (depression & anxiety) and subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) among institutionalized orphans.

$H_{3:}$ Psychological distress (depression & anxiety) negatively predict subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) among institutionalized orphans.

$H_{4:}$ Females orphans scores higher on psychological distress (depression & anxiety) and scores low on subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) as compared to males' orphans.

$H_{5:}$ Older age of orphans is positively associated with subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) and negatively associated with psychological distress (depression & anxiety).

H_6: There is significant differences among orphanage institutions on the variables of psychological distress, depression, anxiety, subjective wellbeing, psychological wellbeing, physical wellbeing, and relationship wellbeing.

H_7: Higher education groups scores less on psychological distress (depression & anxiety) and scores higher on subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing.

Theoretical Framework

Attachment theory (Bowlby, 1951) describe that continues adult attachment to parents would also lead to a decrease in well-being after loss of parent (Cicirreli, 1993). Bolwby (1973) state that individual attachment is based on three aspects: Firstly, child who experience confidence in their attachment with parents they feel more secure rather than child who feel unsecure (Bowlby, 1973). Secondly, child attachment with parents is sensitive part of their childhood, adolescence and adulthood (Bowlby, 1973). Thirdly, child expectation from their caregiver also affect their mental health directly (Bowlby, 1973). As mother love is necessary need for increasing wellbeing of every child and when they cannot receive it even they get physical care and social stimulation within an orphanage these child feel unwanted in their life (Goldstein et al., 1973).The aim of present research is to find out that which group of orphans either biological and social have reduce rate of wellbeing after parental death and how psychological distress contributes towards decrease rate of wellbeing among biological and social orphans.

Adults whose both parents alive have increase wellbeing level due to strong attachment figures (Cicirreli, 1993). An important perspective on family life (Bengtson, Allen, 1993) describes the importance of "linked lives" in maintaining well-being of an individual (Elder, 1998; Crosnoe, 2003). After death of parent's orphans and other closed ones need support from health care providers and other family members regarding maintaining their mental health and good development (Chodorow, 1978; Cicerelli, 1983). So present research purpose is to find out after coming within an orphanages and reducing support and linkage with other family members which extent mental health of social orphans affected and only social orphans majorly affected from psychological distress because they spend some duration of their life with their parents or other family members and then come within an orphanage or also biological orphans suffer from psychological distress which are living in an orphanage from childhood.

Children relationship with their parents also influences wellbeing of children (Amato & Afifi, 2006; Baruch & Pleck, 1991; Umberson, 1992). Mother provide instrumental, emotional and financial support to their adult child either they are boy or girl (Cooney & Uhlenberg, 1992; Eggebeen & Hogan, 1990; Rossi, 1990). Father also plays many role in life of their children either they are boy or girl such as care providers, companion, teacher, protector (Lamb, 1997). There is some sort of conflict regarding role of mother and father and biology determine mother to be more nurturing parent (Rossi, 1984). Children living within an orphanages have more psychological issues because they largely feel their separation from mother (Freud, 1973). Maternal separation was the major cause of psychological issues among all orphans living within various sorts of

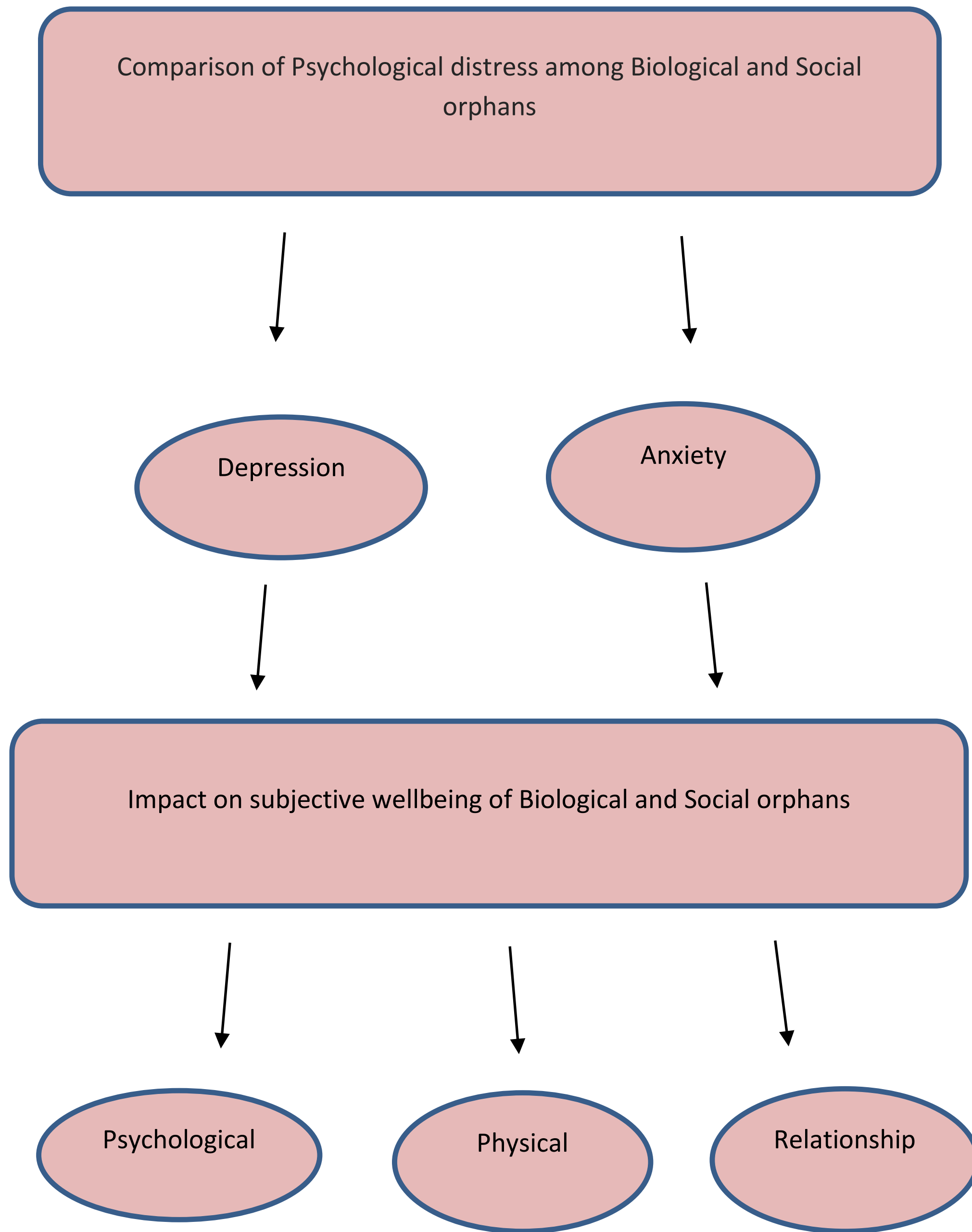
orphanages (Bowlby, 1951). While there is nothing about biology of father that prevent them from becoming a primary or secondary attachment figure (Lamb, 1997). Even some children are more attached with their fathers (Lamb, 1997).The basic purpose of this research is to find out whether more social orphans comes in an orphanage after death of their mother, father or either both parents and how they are feeling after coming within an orphanage after passing certain amount of time with family.

Adaptation theory (Brickman, 1978) describe that when any negative event happens it can have negative effect on subjective wellbeing of an individuals and with the passage of time person get use to of that event its negative effect on subjective wellbeing get reduced. As in present research work we need to assess which group of orphans either biological or social orphans accept negative event of parents' death as soon as possible and how it impacts their subjective wellbeing. According to this theory, there are chances that orphans who have increase age group tend to show more subjective wellbeing and low psychological distress because they get more use to of event of parental death as compared to small age group.

Conceptual Framework

In conceptual framework, psychological distress scores among biological and social orphans compared to see that which group have high scores on depression subscale and anxiety subscale. Next biological and social orphan's scores on BBC subjective wellbeing scale compared to see that which group attain high scores on subjective wellbeing scale by comparing scores on psychological subscale, physical subscale and relationship subscale of subjective wellbeing. After it is also analyzing that whether there is any impact of psychological distress on subjective wellbeing of biological and social orphan and which group attain high scores on psychological distress and how it impacts their subjective wellbeing.

Conceptual Framework



Methodology

For the current study data was gathered by convenient sampling based on accessibility of sample. Following this, all participants received a demographic sheet along with the questionnaires translated in Urdu so that all participants read it easily. They received guidance on completing the questionnaire emphasizing that there is no correct and incorrect response. Assurances were given regarding confidentiality of the information so that all orphans easily fill information without any hesitation and hiding information. Participants were assured that all information will be utilized for research purpose and were thanked for their humble co-operation.

Operational Definitions

Institutionalized orphans

Institutionalized orphans are defined as children's under age of 18 who lost their both parents, either mother or father, living in residential care system such as orphanages or foster care system since their birth or later in life (Buckner, 2004).

Biological orphans

Biological orphans are those orphans who lost their both parents or lost either mother or father and are living in residential care system such as orphanage since their birth (UNICEF, 2014).

Social orphans

Social orphans are those orphans with no person looking after them even one or more parents are still alive. Parents are mostly drug abuser, alcoholic, and sometimes not interested in their child (Tercer, 2007).

Psychological Distress

According to American Psychological Association Psychological distress is a complete state of mental (depression, anxiety, restlessness, loneliness and others depressive disorders) and physical (joint pain, dizziness, fatigue, stomach ache, vomiting, nausea etc.) symptoms associated with changing of mood in large number of people (APA, 2023).

Subjective Wellbeing

Subjective wellbeing is defined as: "An individual personal perception of health, happiness and satisfaction with their life (Davis, 2024). Person having high subjective wellbeing perceives positive and negative events in an appropriate way and indicates cognitive satisfaction with their life" (Diener, 2002).

Chapter 2

LITERATURE REVIEW

In 2020, a research conducted in Lahore, Pakistan, in order to examine the psychological well -being of orphans residing in orphanages. The study sample comprised of 300 children, age between 10 to 11 years including 150 orphans and 150 non-orphans. The study findings indicated that children in orphanages had increased levels of stress, depression, and poor decision-making ability as compared to those living along with their parents (Shafiq, 2020).

A research conducted to find out mental health problem and Post Traumatic Stress Disorders among orphans living in care homes in Lahore, Pakistan. Data was collected from 132 orphan children aged between 9-19 years old. The research result indicated high prevalence of Post-Traumatic Stress Disorder (70.45%), common mental health issues (43.94%) among these orphans (Ali, 2020).

Research study conducted in Peshawar in order to find out health status of orphans living in orphanages using anthropometric measures, visual acuity, dental and oral hygiene. The study included orphans with a mean age of 12 years. The results presented significant high percentage of malnourished orphans (58.6%), orphans indicated Anemia (30.5%), and had jaundice (0.4%). In addition, many orphans had problems with visual acuity, increased ear wax, hearing problems, skin disorders, and poor dental and oral health. These findings suggest that large orphans in the orphanage had poor status of physical health problems (Hassan, 2021).

Research study conducted on 265 children in Cairo aged between 6-12 years living in orphanages and found that they more experienced psychiatric disorders. The study also found that 64.53% of children in institutional care had behavioral disturbances, 23.3% had nocturnal enuresis, 19.62% had attention deficit hyperactive disorder (ADHD) and 17.36% had oppositional defiant disorder are most common psychiatric disorders (Koumi, 2012).

A study conducted in Ghana compared orphans and non-orphan's life quality. There are 200 children aged 7-17 years, with 100 orphans and 100 non-orphans participated in this study. The results indicated that orphaned children experienced more stress as compared to non-orphans in daily life (Yendork, 2014).

In eastern India region named Odisha, Routray and his associates (2014) conducted a study, with purpose of examining the growth and developmental of orphaned children from their childhood to 18 years of age. The sample size was 70 children including 35 orphans and 35 non-orphans. The main objective was to find out the appropriate interventions to apply into orphans in future. The study findings explain that the absence of mother and family care was linked to delayed growth and developmental among the orphans (Routray et. al., 2014).

Another cross-sectional study in India examines the nutritional and cognitive development of orphans, age between 6 to 16 years which found that orphans have more exposure to malnutrition and cognitive delay compared to those children living along

with their parents. The total sample size of the study was 70 children, including 35 orphans and 35 non-orphans (Kamath et. al., 2017).

A cohort study from (2009-2019) on 1931 participants in Western Kenya in order to compare the impact of healthy surroundings on the mental health of orphans age between 8 to 18 years living in various institutions, family environment, and in the streets. Orphans in family environments experienced traumatic events. However, orphans living in various institutions are less likely to experience mental health issues such as depression, suicidality, anxiety and post-traumatic stress disorder (PTSD) compared to orphans in family system. Orphans on the streets were significantly more experience psychological issues rather than those living in institutions or family environment (Omari et. al., 2021).

A cross-sectional study to examine the prevalence of depression among 602 orphans (13-17 years) living in childcare homes in Nepal. They used Beck Depression Inventory II to assess depressive symptoms among the orphans. Study results indicated that there is a high prevalence of depression on among orphans living in childcare homes. They also find out that females' orphans are more victims of bullying, physical health problems, and especially those females who have low social support are more at risk for depression rather than male orphans (Bhatt et. al., 2020).

In Nigeria, Insecurity, insurgency, and terrorism are major challenges leading to the loss of many lives (Obi, 2015). Due to these reasons many children are homeless, lose family love and care (Obi, 2015). A longitudinal survey to find out the symptoms of

depression and anxiety in adolescence age of 11 years or more in Norway. The structural equation model was used to find out association between temperamental such as child emotionality, shyness and contextual factors such as family issues, maternal distress. Their findings showed that facing problems at early stage in life done 25% variation in anxiety and depression symptoms in adolescent girls, and 38% in boys. Maternal distress for 18 months also responsible for high levels of anxiety and depression in early adolescence. Family issues in childhood age also significantly predict depression in adolescence (Karevold et al., 2009).

The high prevalence of child mental health problems including emotional and behavioral problems causes death in future life (Maselko, 2016). Most common behavioral problem in adolescent orphans is aggression, destructive behavior, fighting, lying, and isolation because of a lack of proper psychological and emotional support (Suzuki, 2015). Emotional disorders are characterized by various problems such as anxiety, depression, fear, anger, stress, frustration, low self-esteem, and somatic symptoms (World Health Organization, 2016). Orphans face permanent loss of parents which makes them emotionally disturbed, unhappy, fearful, and anxious with increased level of aggression (Datta, 2018).

These emotional problems increase with the increase in duration of stay in the orphanage (Sujatha, 2014). There are increase rate of anxiety among orphans due to decrease level of self-esteem and low ability to make decisions in life (zadeh, 2018 & Shuja, 2021). Children present in various orphanage institutions may receive their

education either inside or outside the institution (Klitzing, 2015). Children who faced adverse conditions in an orphanage, during early years of their life, also experience various physical and behavioral problems (Klitzing, 2015).

There are large numbers of orphans in various countries due to COVID-19 pandemic (Shiferaw, 2018). While there are various sorts of policies among different countries that implemented for vulnerable, abandoned, and orphaned children, residing in various institutions and face neglect that have bad impact on mental and physical health of orphans (Shiferaw, 2018). Most of the psychological issues that orphans experienced includes Depression, anxiety, and low self-esteem (Thielman, 2012).

Parents also plays a significant role in psychological, social and physical wellbeing of their child (Amato, 2010 & Bowlby, 1982). Positive involvement of parent plays an important role in cognitive and social development of their child (Amato, 2010 & Bowlby, 1982). When children get support and emotional help from their parents it leads to increase subjective wellbeing among children (Diener et al., 2010). However, neglected and bad behavior of parents leads to emotional and behavioral problems among children (Baumrind, 1991 & Bowlby, 1988). A longitudinal study describe stress lies within inappropriate parenting practices, results in negative relationship between child and parent (Kaufman et al., 2019). These issues lead to the poorer developmental outcomes for children (Hermenau et al., 2015).

Cross sectional research conducted to compare physical wellbeing of village orphanage children, village non-orphan children and orphans (Panpanich et al., 1999). In

this study 137 village orphans, 80 village non-orphans and 76 orphanage adolescents were participated (Panpanich et. al., 1999). After conduction of study results indicated that 54.8% orphans were malnourished whereas 33.3% of village orphans and 30% of village non-orphans were malnourished (Panpanich et. al., 1999). However, 64% of orphan children had reduced growth rate. Young children were more malnourished and indicated reduced growth as compare to other groups involved in study (Panpanich et. al., 1999). This study result indicated that orphan adolescents as more vulnerable and exposed to wellbeing issues as compared to village orphans and non-orphans (Panpanich et. al., 1999).

A comparative study was conducted in India between orphan (50 participants from 2 government orphanages) and non-orphan (50 participants from 2 government schools) adolescents usually between ages of 12-18 years. Main aim of study was to compare peer attachment and wellbeing among orphans and non-orphans. Peer attachment scale and Stirling children wellbeing scale was used for assessment of adolescents. In result orphan scores on attachment with peer was higher than non-orphan. While wellbeing scores were lower than non-orphans. In addition, orphan show moderate scores on self-image (Patel, 2022).

Adolescents who grow up in orphanage tend to compare their life with those who lives at their homes and which in turn influence their subjective wellbeing (Zotova et. al., 2016). Adolescents in orphanages have low life satisfaction which means that they have pessimistic bad attitudes toward their future, feelings of not getting attention from anyone, feel sad because they do not get opportunity in life to serve their parents, and feel

shy in their friends' social circle (Yuniana, 2013). These adolescents feel sad due to lack of family support, absence of parents, and have no one to share their life stories while facing problems and issues while living in an orphanage. (Yuniana, 2013).

Indigenous context

Every society has different culture and family system (Akbar et. al., 2009). Pakistani culture is based on Islam, which promote harmony and unity (Akbar et. al., 2009). In Pakistan inhabitants have inherited family values, and from past few years a change in family structure occur within collectivistic culture and now society is moving towards nuclear family system based on individualistic culture (Akbar et. al., 2009). Due to major changes orphans were raised by blood relatives are now sent to orphanages. Statistics indicated that total number of orphans in orphanages was increasing from past few years and there is much less support and infrastructure provided by government for this vulnerable population (Pakistan's Orphans, 2016).

There are many private welfare organizations in Pakistan especially in Islamabad like Edhi foundation, Al-khidmat and other welfare organizations that fulfills basic needs and provides shelters to many helpless and physically abused orphans (Naqvi & Ibrar, 2018). There are large number of shelters home located in large cities such as Lahore, Islamabad, Rawalpindi, Karachi, and Peshawar, where orphans girls are provided with protective care under supervision of authorities (Tarar, Ranjha, & Almas, 2021).

Research on adolescents' orphans in secondary school in Pakistan indicates more health risk as compared to primary and middle school level (Rubab, 2022). It also

indicated that number in siblings is also significantly associated with health risk behaviors (Rubab, 2022). Those who did not know about their order among their siblings were more at risk of bad behavior rather than others (Rubab, 2022). These research results are opposite to previous literature indicated that in UK middle child is more suffering from risky behaviors (Pasqualini et al., 2021). Similarly, another study done in Germany found that there is no association between birth order and risk behavior development (Lejarraga et al., 2019).

Children living in orphanages and shelter homes experience a different environment as compared to those at home (Rubab, 2022). There is lack of social support and lack of proper facilities in orphanages make these children more vulnerable to different bad risky behaviors (Rubab, 2022). Children living in nuclear families reported higher health risk as compared to those living in joint family systems can experience greater social support (Rubab, 2022). This could decrease the risk of unhealthy behaviors among them (Rubab, 2022). Children age between 13-15 years more developed health risk behaviors as compared to children age between 16-18 years (Rubab, 2022). Children aged between 10- 12 years more likely to indicate health risk behaviors (Rubab, 2022). This could be explained by the fact that as children grow in age, their social interaction also get increases (Rubab, 2022).

Research study indicates positive relationship between negative life event and psychological distress and negative relationship between social support and psychological distress (Aaqib, 2024).There was significant moderating effect of social support on relationship between psychological distress and negative life event (Aaqib,

2024). Wanna (2010) describes that orphans tend to receive more social support from friends rather than non-orphans (Aaqib, 2024).

There is a rapid increase in population of orphans within Pakistan through natural disasters, conflict and disease related death of both parents (Kavak, 2014). The death of both parents may leave many children under care of grandparents, community, relatives or institutions built by government and non-government settings (Akram et al., 2015). Orphanage institutes often lack ability to meet child emotional needs (Akram et al., 2015). Gydosh (2015) describe that the loss of parents during childhood has ever long lasting impact for its whole life. Traumatic incident happens in children due to living in an orphanages and lack of mental health facilities for them (Ahmad et al., 2005). Children psychological issues at growing stage were caused by bad living situation such as absence of proper education system, absence of suitable food, poor residential system and missing recreation system (Hassan and Marghoob, 2006).

Subjective wellbeing is determined by our inborn abilities and traits (Diener, 2011 & Lykken, 1996). Set point theory describe that the effect of life events on individual subjective wellbeing is little as it is basically determined by personality and genetics (Conceicao, 2008 & Lykken, 1996). The two most prominent personality traits that are related to subjective wellbeing are extroversion and neuroticism (Diener, 2003 & DeNeve, 1998). Neuroticism linked to high rate of negative emotions such as anxiety, fear, loneliness and depression while extrovert individuals are more cheerful and excitement seeking (Diener, 2003 & DeNeve, 1998). Based on Grays (1970) theory of

personality, extrovert are associated with pleasant emotions and neurotic individuals are associated with unpleasant emotional state (Larsen, 1997 & Tellegen, 1985).

Teenagers residing in an orphanages face large number of issues in their life and these problems are conflict with peers, adjustment, low subjective well-being (Nadyatusofia, 2017). Children in orphanages feel lack of meaning in life. However, meaning in life is an important indicator of Subjective wellbeing (Nafisah, 2018). Subjective wellbeing is defined as satisfaction of an individual from life characterized by high positive and low negative affective level (Fitriani et al., 2022). Subjective Wellbeing is defined as an individual satisfaction from their daily life associated with quality of their life and increased in happiness level (Thamarapani, 2022). There are various domains of subjective wellbeing such as emotional, intellectual, physical, social, spiritual, work domain (Hollingsworth, 2015). Orphans teenagers who are in positive continuum have certain important characteristics for increasing subjective wellbeing such as good life, happiness, health, longevity (Timar et. al., 2015). Various benefits of Subjective wellbeing reduce the risk of mental issues, improve brain functions, and improve academic achievement performance level (Santini et al., 2022). There are various internal and external factors that influence the subjective wellbeing of an individual. Internal factors are related to gratitude, forgiveness, personality, self-esteem, spirituality, life goals, achievement, experience, self-actualization, health quality. External factors include social relations, family support, academic performance, friendships, school climate, work, future, media coverage (Rulanggi et al., 2021, Agustin et al., 2020, Cipta et al., 2019).

If the subjective wellbeing decreases, there are large chances that mental issues will occur, brain function will be disrupted and academic achievement will get reduce in the youngster's orphans (Khairat et. al., 2015). Interviews with 12 adolescents in two unknown orphanages indicates negative feelings of anger in these orphans when they get punishment from their caregivers, feel that they are living in prison, fear of sharing problems with caregivers, uncomfortable and sad feelings in an orphanage because they are far from parents also reduce subjective well-being of these orphans (Khairat et. al., 2015). Low subjective well-being also has bad impact on self-esteem (Khairat et. al., 2015), pessimistic feelings about life (Miftahuddin, 2017), feelings of losing everything (Diener, 2004), and poor academic performance (Hamvai, 2010). Based on the top down theory of Richard Gregory (1970), the subjective well-being of a person depends on the positive point of view that someone uses to perceive and interpret the conditions or events they experienced. Person cognitive processes such as belief, perception and positive point of view about any perspective of life determines one's subjective well-being (Diener et al., 1999). So, changing one's perceptions, beliefs and point of view about anything in positive way improves one's subjective wellbeing (Diener et al., 1999).

Adolescents who have satisfaction in their life think positively on perceived blessings (Diener, 1994). There is connection between thoughts and feelings and both influence each other such as life satisfaction for all blessings in adolescents living in orphanages results in positive emotional reactions (Lynn, 2010). Person life satisfaction associated with subjective well-being (Diener et. al., 1997). Positive social relations can made through building social contact between individuals (Soekamto, 2012). These social

relations will be made when person develop high self-esteem and reduce mental issues in their life (Ariati, 2010). Close social relations lead to a high subjective well-being among orphan's livings in orphanages (Ryan et. al., 2000). Optimism increase subjective wellbeing, happiness, satisfaction and hope of an individual about future (Diener et al., 1999; Lounsbury et al., 2003).

Chapter 3

RESEARCH METHODOLOGY

Research Design

In order to collect data from biological and social orphans at a single point in time, a cross-sectional survey design is used for this study. The research questionnaire includes scales, demographics along with detailed questions about the orphans' motivations for entering the orphanage, their feelings after staying in a particular orphanage, the facilities available to them, and the behavior of their caregivers with them. The orphans are housed in a variety of government and private orphanages located in Rawalpindi, Islamabad, and Karachi.

Research Instruments

1. Demographic Information sheet and Consent form

Research specific demographic information sheet along with consent form was developed to gather data. Demographic information sheet included age, gender, orphan status (Biological/Social), educational institution, educational level, orphanage name, along with open ended questions like the orphan's reasons for coming to the institution, subjective feelings regarding the institution, the facilities provided at the institution and their perceptions regarding the treatment given by the caregivers of the institution.

2. Kessler Psychological Distress Scale

Kessler Psychological Distress Scale in urdu version translated by shiza shahid (2020) is used for this study. This scale was originally developed by Kessler in 1992 as a measure of psychological distress. There are two subscales of this scale such as anxiety and depression subscales. Six items such as 1,4,7,8,9,10 included in depression subscale and four items such as 2,3,5,6, included in anxiety subscale. Scoring of this scale range from 10-50 (Kessler, 2009). It is five-point likert rating scale range from “None of the time” to “All the time”. Total score was calculated by adding an individual response on all the ten items. This reliability of urdu translated version of Kessler psychological distress scale is α= .80.However, original reliability of this scale ranges from 0.81 to 0.97 McDowell, (2006).

3. BBC Well Being Scale

BBC wellbeing scale is used to measure individual wellbeing (Pontin et al; 2011). This scale measures individual wellbeing in term of psychological, physical work productivity and good relationship with other people in society (Pontin, Schwannauer, Tai & Kinderman, 2011). This scale consists of 23 items with 4-point likert rating scale range from “not at all’ to “completely satisfy” and item 5 is reverse scored. It consists of three subscales such as psychological wellbeing (12 items), Physical health and wellbeing (7 items) and Relationship (4 items). The scores of an overall scale have high internal consistency and reliability (α=0.93) whereas internal consistency of psychological wellbeing subscale is 0.93, physical health and wellbeing subscale is 0.88 and

Relationship subscale is 0.79 respectively (Pontin, et al., 2011). However, this scale also has good concurrent and face validity which makes this scale valid for measuring subjective wellbeing. Urdu translation of subjective wellbeing scale was done by Khalid (2015) that is used for this study after taking her permission and internal reliability of Urdu translated version is (α=0.91).

Locale

The study will conduct in orphanages of Rawalpindi, Islamabad and Karachi. Rawalpindi is located in the potohar region and total area of this city is 154 square kilometer and population is about 2,377,000 in this city in 2023. Various sorts of public and private sector orphanages are present over there. Islamabad is located in northern east part of the country. Its population is about 1,232,000 means 2.84% increase in population rather than 2022. Total area of Islamabad is 906.5 square kilometer. Karachi is also the 12 largest cities in the world of Pakistan. It is the capital of Sindh province. Its population is about 17,236,000, 2.35% increase in population rate rather than 2022. The total area of Karachi is 3780km square.

Main Study

Data for this study was gathered from orphans' age between 12-18 years living in orphanages of Islamabad, Rawalpindi and Karachi. A large number of orphanages were approached but only seven orphanages gave permission to carry out research work in their institute. Remaining orphanages either didn't have sample size of this age group or had permission granting issues from their higher authorities. Seven orphanages that give

permission for data collection are both government and private institutes belong to Rawalpindi, Islamabad and Karachi. All sorts of orphans either biological or social were present in various sorts of orphanages except MGW Rawalpindi orphanage contains only social orphans. It also happens in case of BM orphanage contain only Biological orphans of this particular age group.

Four of these orphanages were specifically for girls such as EK, SOS Rawalpindi, MGW and BM Rawalpindi. While three of them for boys such as MK, AIM and AIF.

First of all, Orphanage administration was contacted on calls and reference letter along with brief detail of study was given. Three of these orphanages such as MGW, SOS Rawalpindi, AIF specifically asked for detail research proposals and scales for review, research results that was later provided.

Data collection was completed in group settings so that there should be uniformity in the instructions and conditions except AIF where data was collected individually. It took almost 20 minutes for the settlement of all participants, attaining their attention and providing them initial instructions regarding research work. After it, participants took almost minimum 35 and maximum 45 minutes for the completion of the booklet except AIF where some participants took less than 35 minutes and some participant took more than 45 minutes to one hour in order to complete whole research questions booklet.

Data Collection

Data was collected from participants' age between 12 to 18 years, particularly biological group orphans and social group orphans belong to specific locations. Total

sample size was used total 213 in which 168 samples for social orphans (comes in orphanage later in life) and 45 sample from Biological orphans (living in orphanage from childhood) was used for present study. All samples were collected from Rawalpindi, Islamabad and Karachi orphanages.

Inclusion criteria

- Biological and social orphans living in orphanage institutions of Rawalpindi Islamabad and Karachi.
- Biological and social orphans age between 12-18 years old.
- All orphans living in particular orphanages also getting education from educational institution.

Exclusion criteria

- Biological and social orphans other than specific age criteria selected for this research study.
- Orphans that are not suffering from any sort of psychological issue with in any particular orphanage.

Research Ethics

At first, participants were brief about the topic and major purpose of research work. Then they were given consent form and reading of consent form were done for all the participants in start. After their consent, they were given demographic sheet, information

sheet and a set of scales. All the instructions about questionnaires were provided to participants after their settlement. Participants were also informed that they could leave study at any time when they feel uncomfortable. However, no one respondent left study in the middle and didn't showed any distressed signs on research questions. Participants were given ample time for responding to the questionnaire. At the end of data collection participants were debriefed and answered their queries regarding research work.

DATA ANALYSIS

For quantitative part of the study, data was firstly entered into (SPSS-25) cleaned in order to remove the errors which can create problems for further analytical procedure. Normal distribution of data was checked to meet parametric assumptions. Results of descriptive statistics was used to find mean, alpha, standard deviation, skewness. For categorical variables, percentage and frequency were calculated. T test was used to find out differences between biological and social orphans, males and females, government and private orphanages in term of study variable i.e psychological distress and subjective wellbeing.

Bivariate correlation analysis was performed to find relationship between psychological distress, subjective wellbeing and age also. Regression analysis was used to find out the impact of psychological distress on subjective wellbeing and its sub scales among biological and social orphans. Anova was performed to find differences among various educational institutions.

Chapter 4

RESULTS

This chapter represents the results of the research study. The results were collected and combined after performing various analysis for the study. All the results have been demonstrated below mentioned tables along with various sorts of descriptions related to them.

Sample characteristics

Data was collected from 213 orphan's early adolescents in which 168 (78.9%) belong to social group and 45 (21.1%) belongs to biological group. Overall, most of the participants were males 135 (63.4%) and belong to 142 (66.7%) late adolescents' age group between (15-18 years).

Mostly participants about 58 (27.2%) belong to Anjum Faiz ul Islam Mandra orphanage and get education from some secondary school 114(53.5%). There are maximum about 31(14.6%) social orphans who passed three years of their life in orphanages as compared to all others social orphans. While 45 (21.1%) belongs to the biological group orphans. Following table explain the demographic characteristics of biological and social group orphans (N=213) in detail.

Table 1.1

Frequency (f) and Percentage (%) *for Demographic Characteristics (N=213).*

Variables and categories	*n* (%)	*n* (%)	*n* (%)
	Biological group	Social group	Total
Type of Orphans			
Social		168(78.9)	168(78.9)
Biological	45(21.1)		45(21.1)
Gender			
Male	6 (13.3)	129 (76.8)	135 (63.4)
Female	39 (86.7)	39 (23.2)	78 (36.6)
Age in Years			
Early Adolescence (12-14)	26(57.8)	45 (26.7)	71 (33.3)
Late Adolescence (15-18)	19(42.2)	123 (73.3)	142 (66.7)
Institution Name			
MK	2(4.4)	23 (13.7)	25 (11.7)
EK	12(26.7)	4 (2.4)	16 (7.5)
SOS	5 (11.1)	10(6.0)	15 (7.0)
AIM	3 (6.7)	55 (32.7)	58(27.2)
AIF	1 (2.2)	51 (30.4)	52 (24.4)
MGW	0	25 (11.7)	25 (11.7)
BM	22 (10.3)	0	22 (10.3)

	n (%)	*n* (%)	*n* (%)
	Biological group	Social group	Total
Education			
Primary	35(77.8)	19 (11.3)	54 (25.4)
Some secondary	9 (20.0)	105 (62.5)	114 (53.5)
Completed high school	1 (2.2)	38 (22.6)	39 (18.3)
College level		4 (1.9)	4 (1.9)
University level		2 (.9)	2 (.9)
Institution duration			
1 year		29 (13.6)	29 (13.6)
2 years		24 (11.3)	24 (11.3)
3 years		31 (14.6)	31 (14.6)
4 years		9 (4.2)	9 (4.2)
5 years		18 (8.5)	18 (8.5)
6 years		12 (5.6)	12 (5.6)
7 years		5 (2.3)	5 (2.3)
8 years		7 (3.3)	7 (3.3)
9 years		13 (6.1)	13 (6.1)
10 years		10 (4.7)	10(4.7)
11 years		4 (1.9)	4 (1.9)
12 years		1 (.5)	1 (.5)
13 years		4 (1.9)	4 (1.9)
14 years		1(.5)	1(.5)
Since Birth	45 (21.1)		45 (21.1)

	n (%)	*n* (%)	*n* (%)
	Biological group	Social group	Total
Psychological Distress Levels			
Mild (20-24)	10 (22.2)	105 (62.5)	115 (53.9)
Moderate (25-29)	12 (26.6)	43 (25.5)	55 (25.8)
Severe (30-50)	17 (37.7)	20 (11.9)	37 (17.3)

Reliabilities of scales

The following table indicated reliabilities of all the Urdu version of all the scales in term of Cronbach's alpha reliability (α).

Table 1.2

Reliability of the Kessler Psychological Distress Scale, BBC Wellbeing Scale (N=213).

Scales	*N*	*M*	*SD*	*α*	Range		Skewness
					Actual	Potential	
Kessler psychological distress scale							
Psychological distress	10	16.1	6.6	.82	10-41	10-50	1.1
Depression	6	9.7	4.5	.80	6-28	6-30	1.3
Anxiety	4	6.4	3.3	.81	4-20	4-20	1.2
BBC Wellbeing scale							
Subjective wellbeing	23	61	13.3	.87	26-89	26-89	-.28
Psychological health	12	33	7.5	.82	13-48	15-45	-.65
Physical health	7	18.3	5.4	.81	7-28	7-35	-.53
Relationship	4	9.2	3.8	.83	4-16	4-20	-.05

N = Total number of items, *M* = Mean, *SD* = standard deviation, α = Cronbach's alpha

Result of the present study indicated that Kessler psychological distress scale along with its subscale have high reliabilities including both depression and anxiety subscale. While BBC wellbeing scale also indicated high reliability along with its subscales such as psychological wellbeing, physical wellbeing and relationship wellbeing show high scores regarding reliability.

Table 1.2 above also indicates the descriptive statistics such as mean, standard deviation for all the variables used in study such as psychological distress and subjective wellbeing. The skewness value recommends that the data is normally distributed and parametric test assumptions are met.

Associations

Hypothesis 1

It was hypothesized that social orphans scores higher on psychological distress (depression & anxiety) and scores low on subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) as compared to biological orphans.

An independent sample t test was used to find the psychological distress among orphans living in orphanage from their childhood (biological orphans) and those who comes in orphanages later in their life (social orphans).

Table 1.3

Differences Between Biological and Social Orphans on the Variables of Psychological Distress, Depression, Anxiety, Subjective Wellbeing, Psychological Wellbeing, Physical Wellbeing, and Relationship Wellbeing (N = 213).

	BIOLOGICAL (n = 45)		SOCIAL (n = 168)				95% *CI*		Cohen's *d*
Variables	*M*	*SD*	*M*	*SD*	*t (211)*	*p*	*UL*	*LL*	
Psychological Distress	20	7.7	15	5.9	-4.16	.000	- 2.68	- 7.64	.24
Depression	12	4.8	9	4.2	-4.47	.000	1.84	-4.74	.16
Anxiety	7.8	3.6	6.0	3.0	-3.12	.003	-.67	-3.05	.12
Subjective wellbeing	56	12.7	62	13.1	3.02	.003	10.9	2.30	.14
Psychological Wellbeing	31	7.1	34	8.5	1.83	.068	4.78	-.17	-
Physical wellbeing	17	5.3	18	5.4	1.49	.138	3.16	-.43	-
Relationship wellbeing	6.8	3.2	9.8	3.7	4.79	.000	4.20	1.75	.13

Note. $p < 0.01$, *CI* = Confidence Interval, *UL* = Upper Limit, *LL* = Lower limit

An independent sample t test was conducted to compare the psychological distress scores for biological and social orphans. There was significant difference in scores for biological orphans and social orphans. Biological orphans have more psychological distress as compared to social orphans.

Independent sample t test also used to compare the depression subscale scores of psychological distress for biological and social orphans. There was significant difference in scores for biological orphans and social orphans. Results indicated that biological orphans have more depression as compared to social orphans.

Independent sample t test also used to compare the anxiety subscale scores of psychological distress for biological and social orphans. There was significant difference in scores for biological orphans and social orphans. Results indicated that biological orphans are more anxious as compared to social orphans.

Independent sample t test used to compare the BBC wellbeing scores for biological and social orphans. There was significant difference in scores for biological orphans and social orphans. Results indicated that social orphans indicate high level of subjective wellbeing as compared to biological orphans. It means low psychological distress leads to high subjective wellbeing among social orphans.

Independent sample t test also compares scoring of relationship subscale of subjective wellbeing in term of biological and social orphans. There was a significant difference in relationship wellbeing scores for biological orphans and social orphans. Relationship wellbeing scores indicate high level for social orphans as compared to biological orphans. It means low psychological distress of social orphans leads towards high relationship wellbeing as compared to biological ones.

Generally, overall results indicated that biological orphans have high psychological distress including high scores on depression and anxiety subscales leads to decrease in overall wellbeing scale including relationship wellbeing subscale as compared to social orphans. Biological orphans have also low scores on relationship wellbeing subscale because they remain in an orphanage from their childhood and cannot familiarize with relationship building with family members as compared to social orphans who spend their initial stage of life with family members also have somehow information about relationship building strategies with family members and comes in orphanages later in their life. Social orphans have low psychological distress leads to high overall wellbeing scale especially relationship wellbeing subscale represents high scores.

Hypothesis 2

There is negative association between psychological distress (depression & anxiety) and subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) among institutionalized orphans.

Table 1.4

Pearson Correlation *Between Psychological Distress, Depression, Anxiety, Subjective Wellbeing, Psychological Wellbeing, Physical Wellbeing, and Relationship Wellbeing Among Institutionalized Orphans (N=213).*

Variables	1	2	3	4	5	6	7
1. Psychological Distress	-	.92**	.86**	-.19*	-.107	-.21**	-.21**
2. Depression		-	.62**	-.16*	.07	-.19**	-.20**
3. Anxiety			-	-.16*	-.11	- .20**	-.18*
4. Subjective Wellbeing				-	.92**	.82**	.73**
5. Psychological Wellbeing					-	.60**	.56**
6. Physical Wellbeing						-	.45**
7. Relationship Wellbeing							-

**$p < .01$, *$p < .05$

Results show that there is a strong significant positive correlation of psychological distress with depression subscale ($r = .92$, $p < 0.01$), anxiety subscale ($r = .86$, $p < 0.01$). However, there is low negative correlation with total subjective wellbeing ($r = -.19$, $p < 0.05$), physical wellbeing subscale ($r = -.21$, $p < 0.01$) and relationship wellbeing subscale ($r = -.21$, $p < 0.01$). It means increase in psychological distress leads to some level decrease in individual subjective wellbeing.

While depression subscale has moderate significant positive correlation with anxiety subscale ($r = .62$, $p < 0.01$). However, depression subscale has mild significant negative association with subjective wellbeing ($r = -.16$, $p < 0.05$) also mild negative significant association with physical wellbeing subscale ($r = -.19$, $p < 0.01$), relationship wellbeing subscale ($r = -.20$, $p < 0.01$). It means depression goes on increasing with increase in anxiety and decrease in subjective wellbeing, physical wellbeing, and relationship wellbeing.

Anxiety subscale have mild significant negative correlation with wellbeing ($r = -.16$, $p < 0.05$) physical wellbeing subscale ($r = -.20$, $p < 0.01$) and mild negative significant correlation with relationship wellbeing subscale ($r = -.18$, $p < 0.05$).

Individual subjective wellbeing has strong significant positive association with psychological wellbeing ($r = .92$, $p < 0.01$), Physical wellbeing ($r = .82$, $p < 0.01$), have medium significant positive association with relationship wellbeing ($r = .73$, $p < 0.01$).

Psychological wellbeing subscale has moderate positive significant association with physical wellbeing ($r = .60$, $p < 0.01$), relationship wellbeing ($r = .56$, $p < 0.01$).

Physical wellbeing subscale has moderate positive significant association with relationship wellbeing ($r = .45$, $p < 0.01$).

Hypothesis 3

Psychological distress (depression & anxiety) negatively predict subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) among institutionalized orphans.

Table 1.5

Multiple Linear Regression Analysis of Psychological Distress, Depression, Anxiety on Subjective Wellbeing¸ Physical Wellbeing, and Relationship Wellbeing (N=213).

Variables	*B*	95% *CI for B*		*SEB*	*β*	*p*	*R²*	*ΔR²*
		UL	*LL*					
STEP 1 (Subjective wellbeing)						.05	.03	.03
Constant	.73	67	.79	3.0				
Depression	-.32	-.84	.19	.26	-.12			
Anxiety	-.27	-.98	.43	.36	-.08			
STEP 2 (Physical)						.01	.04	.04
Constant	.22	20	24	1.0				
Depression	-.12	-.29	.05	.08	-.12			
Anxiety	-.14	-.38	.09	.12	-.11			
STEP 3 (Relationship)						.01	.04	.04
Constant	.13	11	14	.64				
Depression	-.09	-.20	.01	.05	-.16			
Anxiety	-.05	-.20	.09	.07	-.06			

**$p < .001$, **$p < .01$, *$p < .05$

Research study indicated that the impact of psychological distress on subjective wellbeing of children's living in various orphanages. Findings indicated that psychological distress accounted for .001% of variance in subjective wellbeing of orphan children with a significant F ratio ($\Delta R^2 = .03$, $F = 3.0$, $p = .05$). Psychological distress makes significant contribution to explain the subjective wellbeing as indicated by $p=.05$ when the variance explained by all other variables in the model is control for it.

Finding also highlighted depression subscale of psychological distress scale as significant strong negative predictor ($B = -.32$, $\beta = -.12$, $p < .05$) of subjective wellbeing because depression decreases with increase of subjective wellbeing and makes a strong unique significant contribution to the prediction of subjective wellbeing. While anxiety subscale of psychological distress scale act as significant negative predictor ($B = -.27$, $\beta = -.08$, $p < .05$) of subjective wellbeing because anxiety also decreases with increase of subjective wellbeing and makes a strong unique significant contribution to the prediction of subjective wellbeing.

Psychological distress revealed significant relationship with physical wellbeing explain up to .01% of variance as indicated ($\Delta R^2 = .04$, $F = .4.6$, $p < .05$). However depression subscale of psychological distress scale was also significant strong negative predictor ($B = -.12$, $\beta = -.12$, $p <.05$) of physical wellbeing because depression decreases with increase in physical wellbeing. While anxiety subscale of psychological distress scale was also negative predictor ($B = -.14$, $\beta = -.11$, $p < .05$) of physical wellbeing but less than depression.

For relationship wellbeing, psychological distress collectively explained up to .01% of variance ($\Delta R^2 = .04$, $F = 4.5$, $p < .05$). Depression subscale of psychological distress was the strongest negative predictor ($B = -.09$, $\beta = -.16$, $p < .05$) of relationship wellbeing and indicated that with increase in 1 unit of depression, relationship wellbeing will be decreased because there is a significant negative relationship between two variables. While anxiety subscale of psychological distress was also negative predictor of relationship wellbeing but less than depression ($B = -.05$, $\beta = -.06$, $p < .05$) and indicated that with increase in 1 unit of anxiety level, relationship wellbeing will be decrease.

Hypothesis 4

Females orphans scores higher on psychological distress (depression & anxiety) and scores low on subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) as compared to males' orphans.

Table 1.6

Differences in *Males and Females Orphans on Psychological Distress, Depression, Anxiety, Subjective Wellbeing, Psychological Wellbeing, Physical Wellbeing, and Relationship Wellbeing (N=213).*

	Male (*n*=135)		Female (*n*=78)				95% *CI*		Cohen's *d*
Variables	*M*	*SD*	*M*	*SD*	*t (211)*	*p*	*UL*	*LL*	
Psychological distress	15	6.0	17	7.4	-1.77	.078	.20	-3.72	-
Depression	9	4.3	10	4.8	-1.74	.083	.15	-2.49	-
Anxiety	6	3.3	6	3.3	-1.26	.206	.33	-1.51	-
Subjective wellbeing	62	13.5	59	12.7	1.72	.087	6.97	-.47	-
Psychological	33	7.7	33	7.7	.65	.513	2.81	-1.41	-
Physical	18	5.5	17	5.4	.96	.336	2.27	-.78	-
Relationship	9.8	3.7	6.8	3.2	3.32	.001	2.86	.73	.23

Note. *CI* = Confidence Interval, *UL* = Upper Limit, *LL* = Lower Limit

An independent sample t test was conducted to compare the overall psychological distress scale scores, depression subscale scores and anxiety subscale scores for males and females. There was no significant difference in overall psychological distress scale scores, depression subscale scores and anxiety subscale scores for both males and females.

Independent sample t test used to compare the overall BBC wellbeing scale scores, psychological wellbeing subscale scores, physical wellbeing subscale scores for males and females' orphans. There was no significant difference in overall BBC wellbeing scale scores, psychological wellbeing subscale scores, physical wellbeing subscale scores for both males' and females' orphans.

Independent sample t test also compares scoring of relationship subscale of subjective wellbeing in term of males and Females. There was a significant difference in relationship wellbeing scores for male orphans and female orphans. Relationship wellbeing scores indicate high level for male orphans as compared to female orphans.

However, overall results indicated that relationship wellbeing have significant results for males as compared to females. It means males have high scores for relationship wellbeing as compared to females. However, this study results do not support overall hypothesis which indicated that males have high subjective wellbeing and low psychological distress as compared to females. Because in present study there is no significant difference in scores for males and females regarding psychological distress and subjective wellbeing. Only one aspect of wellbeing such as relationship wellbeing support hypothesis which indicates high scores for males and low scores for females. It

means male orphans have good skills for relationship building with others as compared to females' orphans.

Relationship wellbeing is more in social orphans (168) and also in males (135) because they are more in numbers as compared to biological (45) and females (78) orphans which are decrease in numbers.

Hypothesis 5

Older age of orphans is positively associated with subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing) and negatively associated with psychological distress (depression & anxiety).

Table 1.7

Pearson Correlation of Psychological Distress, Depression, Anxiety, Subjective Wellbeing, Psychological Wellbeing, Physical Wellbeing, Relationship Wellbeing and Participants Age (N=213).

Variables	1	2	3	4	5	6	7	8
1. Psychological Distress	-	.92**	.86**	-.19*	-.10	-.21**	-.21**	.11
2. Depression		-	.62**	.16*	.07	-.19**	-.20**	-.13*
3. Anxiety			-	.16*	-.11	.20**	-.18*	.04
4. Subjective wellbeing				-	.92**	.82**	.73**	.04
5. Psychological wellbeing					-	. 60**	.56**	.04
6. Physical wellbeing						-	.45**	-.01
7. Relationship wellbeing							-	.15*
8. Age								-

$^{**}p < .01$, $^{*}p < .05$

Depression have significant weak negative with participants age (r = -.13, $p < .05$) indicating that increase in age will result in decrease in depression. It also satisfies hypothesis which indicated that psychological distress increases with the decrease in age group.

Relationship wellbeing subscale has weak significant positive association with participant's age (r =.15, $p < .05$). It means with increasing age orphans might built more relationship in surroundings with the passage of time.

Hypothesis 6

There is significant differences among orphanage institutions on the variables of psychological distress, depression, anxiety, subjective wellbeing, psychological wellbeing, physical wellbeing, and relationship wellbeing.

Table 1.8

Differences in Government and Private Orphanages on Psychological Distress, Depression, Anxiety, Subjective Wellbeing, Psychological Wellbeing, Physical Wellbeing, and Relationship Wellbeing (N=213).

	Government (n = 141)		Private (n = 72)				95% *CI*		Cohen's *d*
Variables	*M*	*SD*	*M*	*SD*	*t (211)*	*p*	*UL*	*LL*	
Psychological distress	15	6.0	17	7.4	-1.0	.319	1.00	-3.0	0.29
Depression	9	4.3	10	4.8	-.79	.429	.78	-1.83	0.21
Anxiety	6	3.3	6	3.3	-1.0	.295	.44	-1.44	0
Subjective wellbeing	62	13.5	59	12.7	-.28	.776	3.26	-4.37	0.24
Psychological	33	7.7	33	7.7	-1.9	.068	.06	-4.20	0
Physical	18	5.5	17	5.4	.36	.717	1.84	-1.27	0.18
Relationship	9.8	3.7	6.8	3.2	2.2	.029	2.32	.12	0.23

Note. CI = Confidence Interval, *UL* = Upper Limit, *LL* = Lower Limit

An independent sample t test was conducted to compare the overall psychological distress scale scores, depression subscale scores and anxiety subscale scores for orphans living in government orphanages and private orphanages. There was no significant difference in psychological distress scale scores, depression subscale scores and anxiety subscale scores for orphans living in government and private orphanages.

Independent sample t test used to compare the overall BBC wellbeing scores, psychological subscale scores, physical subscale scores for orphans living in government and private orphanages. There was no significant difference in overall BBC wellbeing scores, psychological subscale scores, physical subscale scores for orphans living in government orphanages and orphans living in private orphanages.

Independent sample t test also compares scoring of relationship subscale of subjective wellbeing for orphans living in government and private orphanages. There was a significant difference in relationship wellbeing scores for orphans living in government orphanages and private orphanages. Relationship wellbeing scores indicates high scores for orphans living in government orphanages as compared to private orphanages.

However, overall results indicated that relationship wellbeing have significant high scores for orphans living in government orphanages contain more males as compared to private orphanages. It means orphans living in government orphanages contain mostly males better from quality relationship with each other as compared to those in private orphanages contain mostly females.

Relationship wellbeing is more in social orphans (168), males (135) and those living in government orphanages (141) because they are more in numbers as compared to biological (45), females (78) and orphans living in private orphanages (72) which are decrease in numbers.

Hypothesis 7

Higher education groups scores less on psychological distress (depression & anxiety) and scores higher on subjective wellbeing (psychological wellbeing, physical wellbeing & relationship wellbeing).

Table 1.9

Difference Among Various Educational Institutions on Psychological Distress, Depression, Anxiety, Subjective Wellbeing, Psychological Wellbeing, Physical Wellbeing, and Relationship Wellbeing (N= 213).

	Primary School (*n*=54)		Some Secondary (*n*=114)		High School (*n*=39)		College (*n*=4)		Bachelors (*n*=2)					
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	ηp^2	*Welch*
Psychological distress	17	8.2	15	5.8	16	6.3	14	4.6	10	.00	1.40	.233	0.02	.65
Depression	10	5.2	9	4.1	10	4.7	7	1.1	6	.00	1.59	.176	0.02	.79
Anxiety	6	3.7	6	3.1	6	3.1	7	3.5	4	.00	.642	.633	0.01	.53
Subjective-wellbeing	53	12	63	12	65	12	58	14	58	15	7.10	.000	0.12	-
Psychological	30	8	34	7.4	35	5.8	33	8.6	34	10	3.47	.009	0.06	-
Physical	16	5.9	19	4.8	19	5.5	14	3.8	13	1.4	4.66	.001	0.08	-
Relationship	7	3.6	9	3.5	10	4.0	10	2.1	10	3.5	7.34	.000	0.12	-

df =6, 212

Note. ηp^2 =Partial eta squared values are suggestive of significant effect size. Cohen (1969) classified effect of 0.2 as small, 0.5 as medium, and 0.8 or higher as large.

Table 1.10

Post Hoc Analysis of Various Educational Institutions Difference on the Subjective Wellbeing (N=213).

Variables	*(I)* Name of educational institutes	*(J)* Name of educational institutes	Mean Difference *(I-J)*	(i-j)	*S.E*	95% *CI*	
						LL	*UL*
Subjective Wellbeing	Primary School	Some Secondary	PS<SS	-9.83*	2.08	-15.58	-4.09
		High school completed	PS<HS	-12.09*	2.65	-19.40	-4.78
Psychological	Primary School	Some Secondary	PS<SS	-4.17*	1.21	-7.51	-.82
		High school completed	PS<HS	-4.71*	1.54	-8.97	-.46
Physical	Primary School	Some Secondary	PS<SS	-3.05	.872	-5.45	-.65
		High school completed	PS<HS	-3.50	1.10	-6.55	-.44
Relationship	Primary School	Some Secondary	PS<SS	-2.61	.60	-4.28	-.94
		High school completed	PS<HS	-3.87	.77	-6.00	-1.75

**p* < .05, ***p* < .01, ****p* < .001, *NS* = Non-significant

Note. *PS* = Primary School, *SS* = Some Secondary School, *HS* = High School Completed

A one way between group analysis of variance was conducted to find the impact of educational institute on orphans' children psychological distress, subjective wellbeing. Children total psychological distress was measured along with subscales including depression and anxiety level. There was no statistically significant difference at the $p > .05$ level in an overall psychological distress scores for various educational institutions F (4, 207) = 1.40, $p = .233$. The effect size calculated using eta squared, was 0.02. It means educational institutions have no impact on orphan's psychological distress level.

Children's scores on depression subscale was also measured using analysis of variance. There was no statistically significant difference at the $p > .05$ level in depression subscale scores for various educational institutions F (4,207) = 1.59, $p = .176$. Despite there was no statistical significance the actual difference in mean score between groups was quite good. The effect size calculated using eta squared, was 0.02. So educational institutions have not any sort of impact on depression level of an orphans.

Children's scores on anxiety subscale was also measured using analysis of variance. There was statistically no highly significant difference at the $p > .05$ level in anxiety subscale scores for various educational institutions F (4, 208) = .642, $p = .633$. The effect size calculated using eta squared, was 0.01. Educational institution does not have any impact on overall anxiety level of orphan's children.

Subjective wellbeing of an individual was measured along with its subscales such as Psychological wellbeing, Physical wellbeing, and Relationship wellbeing using

analysis of variance. There was statistically highly significant difference at the $p < .001$ level in an overall subjective wellbeing scale scores for various educational institutions F (4, 208) = 7.10, p = .000. Despite reaching statistical significance the actual difference in mean score between groups was quite good. The effect size calculated using eta squared, was 0.12. Post hoc comparison using tukey HSD test indicated that overall subjective wellbeing mean score for high school children's (M = 65, SD = 12) was statistically higher as compared to primary school children's (M = 53, SD = 12) who have least scores as compared to all other educational institutions' children.

Children scores on Psychological wellbeing subscale of subjective wellbeing scale was measured using analysis of variance. There was statistically significant difference at the $p < .05$ level in psychological wellbeing subscale scores for various educational institutions F (4, 208) = 3.47, p =.009. Despite reaching statistical significance the actual difference in mean score between groups was quite good. The effect size calculated using eta squared, was 0.06. Post hoc comparison using tukey HSD test indicated that high school students mean score (M = 35, SD = 5.8) for psychological wellbeing was statistically higher as compared to primary school students (M = 30, SD = 8) who have least scores as compared to all other educational institutions' children.

Analysis of variance was used to measure children scores on physical wellbeing subscale of subjective wellbeing. There was statistically highly significant difference at the $p = .001$ level in physical wellbeing subscale scores for various educational institutions F (4, 208) = 4.66, p = .001. Despite reaching statistical significance the actual difference in mean score between groups was quite good. The effect size calculated using

eta squared, was 0.08. Post hoc comparison using tukey HSD test indicated that physical wellbeing subscale mean score for high school (*M* = 19, *SD* = 5.5) and some secondary school (*M* = 19, *SD* = 4.8) was statistically higher as compared to Bachelors students (*M* = 13, *SD* = 1.4) who have least scores as compared to all orphans studying in various educational institutions.

Children scores on relationship subscale of subjective wellbeing scale was also assessed using analysis of variance. There was statistically highly significant difference at the $p < .001$ level in relationship wellbeing subscale scores for various educational institutions F (4, 208) = 7.34, $p = .000$. Despite reaching statistical significance the actual difference in mean score between groups was quite good. The effect size calculated using eta squared, was 0.12. Post hoc comparison using tukey HSD test indicated that relationship wellbeing subscale mean score for High school (*M* = 10, *SD* = 4.0), college (*M* = 10, *SD* = 2.1) and Bachelors (*M* = 10, *SD* = 3.5) students was statistically higher as compared to Primary school students (*M* = 7, *SD* = 3.6) who have least scores as compared to all other educational institution's students.

Overall results indicated that high school students have great level of subjective wellbeing including psychological wellbeing subscale, physical wellbeing subscale and relationship wellbeing subscale as compared to primary school students which indicated low subjective wellbeing including psychological wellbeing subscale and relationship wellbeing subscale. While bachelor's students have low scores on physical wellbeing subscale. While psychological distress of orphans did not affect. It means this study results do not match with hypothesis indicated that orphans engaged in higher education

have low level of psychological distress and high subjective wellbeing because there is not any effect of education on psychological distress but subjective wellbeing of high school orphans is affected in this study and orphans engaged in high school have high scores as compared to primary, some secondary schools, college and university students.

POST HOC analysis using the Tukey HSD test revealed significant $p<.001$ mean difference between primary school (M = 53, SD = 12), some secondary school (M = 63, SD = 12) and completed high school (M = 65, SD = 12) on an overall subjective wellbeing scale. Result indicated that educational institutions students such as those who completed high school (M = 65, SD = 12) score higher than some secondary school students (M = 63, SD = 12) which also score higher than primary school students (M = 53, SD = 12) on overall subjective wellbeing scale

Scores for primary school (M = 30, SD = 8), some secondary school (M = 34, SD = 7.4) and for those who have completed high school (M = 35, SD = 5.8) statistically significant at $p<.05$ different from one another in psychological wellbeing subscale. Analysis result indicated that high school students (M = 35, SD = 5.8) scores higher than some secondary school students (M = 34, SD = 7.4) which also indicates high scores rather than primary school students (M = 30, SD = 8).

Scores for primary school (M = 16, SD = 5.9), some secondary school (M = 19, SD = 4.8) and for those who have completed high school (M = 19, SD = 5.5) statistically significant at p=.001 different from one another in physical wellbeing subscale. Analysis result indicated that those who have completed high school (M = 19, SD = 5.5) scores

higher than some secondary school (*M* = 19, *SD* = 4.8) which have also higher scores rather than primary school students (*M* = 16, *SD* = 5.9).

Scores for primary school (*M* = 7, *SD* = 3.6), some secondary school (*M* = 9, *SD* = 3.5) and for those who have completed high school (*M* = 10, *SD* = 4.0) statistically significant at $p < 0.01$ different from one another in relationship wellbeing subscale of subjective wellbeing scale. Results indicated that those who have completed high school (*M* = 10, *SD* = 4.0) have high scores on relationship wellbeing subscale rather than some secondary school students (*M* = 9, *SD* = 3.5). Some secondary school (*M* = 9, *SD* = 3.5) students also have high scores rather than primary school students (*M* = 7, *SD* = 3.6).

Chapter 5: Content Analysis

Exploring Categories and Sub-Categories

RQ No.	Question	Main Category	No. of Bio logical Sub-category	Sub-category of Biological orphans	No. of Social Sub-category	Sub-category of social orphans
1	How did you come to the orphanage?	Pathways to the Orphanage	5	1.Parental` loss 2. Movement from Geographical location, 3. Relatives' Involvement in personal matters, 4. Childhood Admissions, 5. Lack of knowledge regarding admission	6	1.Recommendations and Referrals, 2.Chances of getting education, 3. perception of institution as heaven, 4.Multiple siblings stigma and 5.challenges in orphan-hood, 6.Community recommendations.
2	How do you feel after coming to the orphanage?	Journey to Fulfillment	7	1.Positive Emotions and Satisfaction, 2.Adaptation and Adjustment, 3.Education and Learning,	5	1.Expression of wellbeing, 2.Initial challenges and environmental adaptation, 3.educational Opportunities,

				4.Appreciation for the Environment, 5.Facilities and Love, 6.Mixed Feelings, 7.Religious and Moral Education		4.Positive social environment, 5.Appreciation of facilities.
3	How do people around you behave in the orphanage?	Harmony in Diversity	4	1.Supportive Community, 2.Neutral attitudes of people, 3.variations in Attitudes of various people, 4.Descriptive positive Behaviors	4	1.Positive Interactions and behavior of people living in surrounding environment, 2.Relationships and Friendly Environment, 3.Role of Teachers and Staff, 4. Expectations and Reality.
4	What are the facilities available to you in the orphanage?	Enriched Living	4	1.Educational Facilities, 2.Food and living facilities, 3.Abundance of Facilities,	5	1.Large important things for Living, 2.Caring Staff and Environment, 3.Comparison with Home environment,

				4. Training and Skill Development.		4.Positive Environment, 5. Access to Religious Facilities.

Question 1

Main Category: Pathways to the Orphanage (Biological orphans)

Sub-Category

Parental` loss

Orphans comes to the orphanages after losing their one or both parents in their childhood. This usually led them to the challenging environment when they come in these orphanages due to different living conditions over there.

Movement from Geographical location

Individuals came from different provinces, cities, or even remote areas to the various sort of orphanages. This leads to various cultural diversity within one location.

Relatives' Involvement in personal matters

Relatives including uncles, aunts, cousins, and others relatives involved in individual admission in an orphanage. It also highlights the importance of extended family system in decision process about orphans.

Childhood Admissions

Some individuals were admitted to the orphanages at a very young age or during their childhood. So, they get expose to the environment of these orphanages and do not know about family environment because they only see orphanages environment from their childhood.

Lack of knowledge regarding admission

The sub-theme of lack of knowledge describes limitation of clarity regarding admission process. This describe situation when individuals might not have detail understanding of the factors that led them to the orphanage during their childhood.

Main Category: Pathways to the Orphanage (social orphans)

Sub-Category

Recommendations and Referrals

Many children come to the orphanages after getting recommendations from their friends, neighbors, or influential people in their communities. This highlight the importance of community in shaping an individual life to the orphanages.

Chances of getting education

There are limitations of educational opportunities in some of the houses due to lack of resources after parental death so orphans come in an orphanage for getting education.

Perception of institution as heaven

It is also major other issue when families face difficulties in providing education and standard living environment to the child after death of their parents due to limitations of economic conditions. So children went to the orphanages for better living environment over there.

Multiple Siblings

There are also some cases in which siblings bring children to the orphanages or they also got admission along with their siblings in various orphanages. So, it leads to the strong family bonding between them.

Stigma and challenges in orphanhood

Some individual face various sorts of stigmas associated with orphanhood. This subtheme found the broader social reason due to which individuals enters into orphanage such as death of both parents. There are various sort of difficulties faced by families in providing proper support and care to orphans. So they admit these orphans into various orphanages.

Community Recommendations

There are various sorts of recommendations from relatives, friends, and other close family members that play an important role in the admission process of orphans into orphanages.

Question 2

Main Category: Journey to Fulfillment (Biological orphans)

Sub-Category

Positive Emotions and Satisfaction

Some people express positive emotions such as feeling good, very good, happy, and pleased after coming to the institute. People also feel comfort, happiness, and satisfaction in the institute environment.

Adaptation and Adjustment

Some responses of orphans indicate feelings of tension, sadness, or loneliness, but with time, individuals adapt, adjust, and start feeling good within orphanages. These feelings indicate resilience within an orphan living in an orphanage.

Education and Learning

Many responses indicated that individual feels good after getting education within various orphanages. Education is also one of the important aspects that increase learning process of orphans living in an orphanage.

Appreciation for the Environment

Individuals living in an orphanage have positive interactions with peers, teachers, and staff. Some individuals expressed feelings of gratefulness for the loving environment and supportive community staff within the institute.

Facilities and Love

When all the facilities get available and staff is also helping in nature in any particular institute it leads to the development of positive feelings.

Mixed Feelings

Some individuals indicate both good and bad feelings within particular institute. This reflect the various situation such as hard and somehow good which develop various emotions within an individual.

Religious and Moral Education

Individual also describe the importance of particular institute in enhancement of their religious and moral education due to better education system.

Main Category: Journey to Fulfillment (Social orphans)

Sub-Category

Expression of wellbeing

An important sub theme is positive feelings experienced by social orphans such as "feel good," "very good," and feel "very good" indicates an important sense of satisfaction with the institute. It indicated that all the facilities available to orphans at the institute.

Initial Challenges and Environmental Adaptations

Some individuals initially missed their homes but with the passage of time there is positive change within their personality and they get use to of the environment

of particular institute.

Educational Opportunities

Some orphans indicated opportunities of learning and enhancement of knowledge after coming in this institution.

Positive social environment

Various orphans also indicate positive social environment such as good behavior and character of all the people living in the surrounding environment of orphans and teachers within an institute.

Appreciation of facilities

This is an important sub-theme which involves the recognition of facilities provided to the all orphans living within particular institute. Mostly, orphans claimed that they have access to educational facilities, various other resources, within particular institute.

Question 3

Main Category: Harmony in Diversity (Biological orphans)

Sub-Category

Supportive Community

Orphans express positive feelings for staff in an orphanage and express that they were like brothers and sisters, and some even referred to the staff as being like parents.

Neutral Attitudes of people

Few responses indicate neutral statements such as "It's okay" or "Alright." These statements represent generally acceptable and average level of satisfaction with the institutional environment in the responses of various orphans.

Variations in attitude of various people

Different people have different attitudes like some people have good attitudes with these orphans. While others have varied degree of positive and negative attitude.

Description of Positive Behavior

Several responses indicated description of positive behavior exhibited by various people in the surroundings environment such as preparing food, cleaning rooms and washing clothes.

Main Category: Harmony in Diversity (social orphans)

Sub-Category

Positive Interactions and behavior of people living in surrounding environment

Many responses highlighted "good," "very good," or "excellent" attitudes of individuals' livings in an orphanage along with orphans. This indicates a sense of positivity in interpersonal relationships.

Relationships and Friendly Environment

People are describe as helping one another and creating a friendly environment by acting in good way like brothers and sisters.

Role of Teachers and Staff

Teachers have caring, understanding and nurturing attitude with all orphans living in orphanages.

Expectations and Reality

Some responses indicated the reality that they accept to live with others in an orphanage and they have expectations that things get better with time and some responses indicated that it is true that things never ever get better with time.

Question 4

Main Category: Enriched Living (Biological)

Sub-Category

Educational Facilities

There are large number of educational facilities such as access to schools, teachers, and the opportunity to learn various skills for the personal development.

Food and Living Facilities

Individual gets large number of facilities such as food items and living arrangements in various institutes. These facilities plays an important role in the daily life

of an orphans livings in various institutions.

Abundance of Facilities

There are large numbers of facilities available for orphans living in an orphanage. Mostly orphans respond that they have available everything needed, ranging from education to food, clothing etc.

Training and Skill development

Some students also describe that they have more facilities for training and skill development that provides an opportunity for all students to gain more skills beyond getting only education.

Main Category: Enriched Living (Social)

Sub-Category

Important things for Living

There are large number of facilities such as food, shelter, clothing, electricity, and water etc.

Caring Staff and Environment

There are large number of caring staff available in various orphanage institutes such as aunts or individuals who takes care of daily needs of various orphans.

Comparison with home environment

Some orphans describe that they have more facilities in an orphanage rather than their house and they usually feel more enjoyment over there.

Positive Environment

There was more positive environment within an institute where students get more happiness after getting complete facilities over there.

Access to Religious Facilities

Several responses describe orphans' access to various religious facilities such as masjid and the recitation from the Holy Quran within an orphanage.

Discussion on Question 1: How did you come to the orphanage?

Main Category: Pathways to the Orphanage (Biological orphans)

The process that leads an individual to an orphanage has many phases complex phenomenon involves various psychological, social, and environmental factors. Understanding the factors that lead an individual to orphanage is important for psychologists, social workers, and policymakers to provide effective support and interventions for individuals experiencing these sorts of abrupt changes in their life. In this discussion, we explore the main theme of "Pathways to the Orphanage" and its sub-themes, developing psychological implications for each sub theme.

The sub-theme of loss of parents as a pathway to the orphanage describe great impact of grief on the psychological health and well-being of individuals. The death of

parents is intense trauma that can lead to emotional distress, neglection, and exposed to harm either physically or emotionally. Psychologically, losing some close one exhibit differently in each individual and how adopted orphanage environment. Therapeutic interventions that address grief, loss, and coping mechanisms become essential in supporting individuals passing through these traumatic experiences.

Movement of individual from one geographical location to other leads to psychological challenges associated with bringing up from different environments. Iindividuals may experience a sense of disorientation, loss, and the need for adaptation. Psychosocial support involves maintaining one’s identity and belonging is important for positive adjustment.

It involves the role of relatives in the decision to admit individuals to an orphanage. The decision-making process may impact individuals' personal control over their lives. The huge psychological influence of extended family limits the need for family-centered interventions that involves open communication, understanding, and mutual decision-making to support the psychological well-being of both orphans and family members.

Emphasizing childhood admissions involves exposure of individuals to changing environment at a young age. Psychologically, early life experiences significantly shape one's overall life. Important psychological interventions focusing on childhood trauma, attachment, and identity formation are essential for supporting healthy psychological development within the orphanage setting.

Individuals who already know about the orphanage reflect the positive psychological impact of perceptions and expectations rather than those who did not have

any knowledge regarding their admissions. Individual easily adopt environment of an orphanage who have already knowledge about it. Developing a supportive institutional culture can contribute to positive psychological experience for individuals who have already knowledge about it.

Main Category: Pathways to the Orphanage (Social orphans)

Social connections in society provides recommendations that have important influence on psychological decision-making process of an orphan regarding admission in an institution. Positive relationships among society members contributes to a more supportive psychological environment for orphans regarding decision making of migration into an orphanage.

Educational opportunities within an institution are an important contributing factor for migration of orphans. An orphan desire for education may act as a protective factor for purpose and hope in life. Educational support programs within the institutions is essential for promoting positive psychological outcomes.

Economic issues within the family develops psychological issues due to which many orphans admitted to the orphanage institutions and consider it as heaven for their self because they get everything of their need over there. Children may feel inappropriate, shame, or guilt associated with their family's hard financial situation. This theme highlights the impacts of social and economic issues on the mental health of an orphan. Various psychological interventions build resilience, improving financial literacy, and offering support for families in need important for preventing such admissions to an orphanage.

Siblings play an important role in the admission process of an orphans into an orphanage tights familial bond. Developing connections between siblings not only important psychologically but also maintain emotional support and identity. Orphanage environments strengthen sibling relationships that positively impact their psychological well-being.

The theme of forced admission raises ethical concern whether orphans personally involves in decision-making processes regarding admission within an orphanage. Forced admission in orphans' impact their psychological health and lead to feelings of powerlessness, resistance, and emotional trauma within them. Addressing issues of orphans for which they are forced to move to the orphanage is important for promoting positive psychological adjustment within the orphanage.Even some family members like uncle, aunt and various other close relatives also sent orphans into various sort of orphanages because they did not able to care these children after the death of their parents. So, orphanage becomes easy choice for them to leave these orphans over there.

In conclusion, examining the pathways to the orphanage through a psychological perspective indicated detail understanding of the challenges and important opportunities for individuals. Addressing the psychological implications of loss, economic hardship, family dynamics, education, social networks, forced admission, geographical movement, childhood experiences, sibling relationships, and institutional knowledge is important for implementing effective interventions and support systems within the orphanage setting.

Discussion on Question 2: How do you feel after coming to the orphanage?

Main Category: Journey to Fulfillment (Biological orphans)

Positive emotions indicated by individuals in the institute provides important insights about their well psychological condition. The discussion about various sub-themes associated with positive emotions, satisfaction, adaptation, and learning experiences within the institute environment. Positive emotions and satisfaction are important in developing wellbeing among individuals in the institute.

Positive emotions are also contributed to resilience and good mental health. Various interventions generate positive emotions in the orphans living in the institute.

The sub-theme of adaptation and adjustment indicated the resilience of individuals in coping with initial challenges. Psychologically, this process involves cognitive, emotional, and behavioral changes to cope with new environment.

Educational opportunities also describe the psychological importance of intellectual engagement. Education serves as a source of motivation contributing to psychological and personal development. Maintaining the link between positive feelings and educational experiences describes strategies for learning environments within an institution.

Psych**olo**gically, institution environmental factors play a significant role in maintaining mood and overall life satisfaction. Important aspects of the environment

contribute to positive perceptions informs major interventions to enhance the psychological aspects.

Positive feelings associated with facilities and a supportive environment that needs to be available in the orphanage institution. If resources and social support available in the institution then orphans usually feel secure over there. An important role of facilities and positive relationship with others create a nurturing atmosphere for orphans.

Mixed emotions highlight the internal feelings of an individual. Mixed feelings may indicate the existence of positive and negative aspects in the psyche of person. It is necessary to understand the factors contributing to this emotional difficulties and provides insights into the psychological processes that needs to be corrected.

Psychological education of religious belief systems indicates the positive impact on an individual religious and moral beliefs. Moral and religious frameworks have positive psychological impact on the individual purpose and ethical consideration.

Main Category: Journey to Fulfillment (Social orphans)

Some children feel safe after coming to the orphanage institute describes the psychological importance of secure environment over there. It is necessary for these orphans to feel psychologically safe that influence emotional well-being. It is necessary to examine the factors contributes to a sense of safety in order to enhance the overall security and psychological comfort of individuals.

Initial feelings of orphans missing missing home highlights their emotional problems. Psychologically, missing home is linked to identity and attachment. It is

necessary to understand that emotions and the factors influencing the shift to positive feelings among these orphans living in an orphanage.

Educational opportunities subtheme recognizes positive changes that comes in orphan’s life after coming to these various sorts of orphanages such as educational opportunities and development of individual sense of safety and belonging etc.

Changing psychological perspectives also brings change in personality of an individual. Personal growth and development are important themes for positive adaptation within an individual life. There are various psychological mechanisms that helps in shaping individual identities within the orphanage institute

Throughout, psychological learning contributes to a sense of competence and personal growth. It is necessary to find that how learning experiences increase an individuals' level of knowledge and overall satisfaction for enhancing more educational programs.

Many orphans Appreciate facilities especially education and living facilities that they received at orphanage and get very happy with their life over there.

In conclusion, this discussion provides detail of positive themes within the institute setting, emphasizing the psychological themes of adaptation, emotional experiences, and personal development. Understanding these themes contributes to the development of appropriate interventions that increase psychological well-being and resilience in individuals adjusting in new environment of an orphanage.

Discussion on Question 3: How do people around you behave in the orphanage?

Main Category: Harmony in Diversity (Biological orphans)

This discussion explores the positive social settings and community importance within the institute setting. It is necessary to explore various sub-themes that describes psychological aspects of positive interactions, relationships, and the influence of attitudes on the overall well-being of individuals.

Positive attitudes and behaviours of those living in surroundings indicate an environment that psychologically support person. Positive interactions contribute to a sense of belonging to orphans and enhancing their overall well-being. When caretakers commit positive attitude with orphans living in orphanages creates supportive community atmosphere over there. There is diversity in attitudes of orphans.

Main Category: Harmony in Diversity (social orphans)

There are large numbers of psychological importance of social connections among individuals. Feelings of belonging contributes to emotional stability and resilience among individuals. Researching factors that increases a social supportive community environment include psychological interventions strategies to strengthen social bonds among individuals.

Friendly environment describes brotherly and sisterly relationships among all individuals living in an orphanage suggests a psychologically nurturing social space.

Positive relationships among all individuals contribute to emotional well-being and satisfaction.

Positive attitudes of teachers and staff play an important role in maintaining the psychological health of the orphans living in an orphanage. Psychologically, supportive figures contribute to a sense of security and trust. The positive impact of relationship among teachers and student describes an important role of educators in creating a healthy environment.

The moral aspect of individuals describes the connection between psychological and environmental factors. Psychologically, morality describes that person have any purpose in life. Connection between morality, nature, and attitudes of orphans describes an overall understanding of whole institution.

Good behaviour positively contributes to a healthy social environment. Investigating the various psychological mechanisms that plays major role in shaping an individual behaviour promotes great social interaction within the community.

Overall people in surroundings have positive experiences, only few people experience challenges and negativity. Psychological challenges are important for increasing resilience. It is necessary to inform strategies for promoting psychological well-being and coping mechanism with the negativity.

Living together and adapting differences among individuals suggest a psychologically equal community within an orphanage. Individual living in good orphanage environment learn strategies for promoting strong relationship within community.

There is large psychological importance of social togetherness when person starts living together. It contributes towards towards emotional well-being of orphan. Exploring individuals that how they live and how they were imagine to live describes psychological differences among the orphans living in an orphanage.

In conclusion, this discussion provides a detail explanation of positive environment, social changes among community living within the institute. Understanding positive interactions, relationships, and the influence of attitudes contributes to the development of psychological interventions helps in supportive community environment.

Discussion on Question 4: What are the facilities available to you in the orphanage?

Main Category: Enriched Living (Biological orphans)

This discussion describes theme of institutional facilities and psychological impact of the large numbers of resources on the individuals. Exploring various sub-themes indicated an important role of facilities in shaping the psychological well-being, sense of security, and personal development of the orphans living in an orphanage.

Various educational facilities create a learning environment within an institution. When person have psychological access to education it enhances cognitive development and personal growth. Various educational facilities impact the psychological aspects of learning informs strategies for further increasing the educational experience within the institute. Presence of facilities for skill development suggests opportunities for personal and professional growth. An additional skill can enhance self-efficacy and confidence of

an individual. The psychological impact of training and skill development increases personal and professional growth.

Basic living things such as food, clothing, shelter and education etc highlighted the importance of meeting an individual need. An individual access to important things contributes to a sense of safety and well-being.

Numerous resources can psychologically influence a person sense of security and satisfaction. Exploring psychological impact of having everything needed informs our understanding of how resource availability contributes to the overall well-being of individuals. Recreational facilities and outings suggest opportunities for leisure. Recreational activities contribute to stress relief and social connection among individuals. The psychological benefits of recreational opportunities include promotion of well-being and strong bonding among community members.

Sense of freedom from limitations creates an environment that have psychologically positive impact on an individual. Psychologically, freedom contributes to an individual sense of personal empowerment. Investigating the psychological impact of perceived freedom from limitations promotes an individual well-being.

Main Category: Enriched Living (Social orphans)

The collected responses from an orphan describe a wide range of facilities that are important for living available within an institution. Individuals have access to various kind of resources within an orphanage institution such as food, education, food, clothing, playing etc.

Caring staff describe the psychological importance of individual relationships among each other. Caring environment from staff within an orphanage contributes to emotional well-being and a sense of belonging. The impact of caring staff on the psychological health of the orphans living in an orphanage institute informs strategies for developing a supportive and nurturing environment within an orphanage.

There are large number of institutional facilities as compared to home. These comparisons may have large psychological influence on satisfaction and comfort level in orphans. Examining how the separation between institute facilities and home contributes to a large understanding of their experiences.

Positive environment increases the psychological well-being, emotional resilience and satisfaction. Positive institution environment includes interventions in order to increase the overall well-being of an individuals.

Religious activities can provide a sense of meaning and connection to each and every individual. The psychological role of religious facilities describes strategies for supporting individuals' spiritual and emotional needs.

In conclusion, psychological impact of abundance, comprehensive education, essential living conditions, caring staff, recreational opportunities, and other facilities contributes to the development of strategies describes a supportive, enriching, and psychologically nurturing environment for the individuals in the institute.

Personal observations of orphans within an institution

Despite all the legal measures taken from government side but still there is a need for more improvement because in institutions especially in government one's caregivers fulfill their responsibilities like any nurse in a hospital without assuming any special duties for children who were really small over there. This lack of accountability in relationship is reflected in various government orphanages. Even head of the one of institution did not permitted for collecting participants responses on questionnaires about institutional facilities and their feelings regarding an orphanage. Even administration staff of the well-known institutions in Karachi did not allow me to interact alone with orphans. One of their staff members continuously stay along with me during period of data collection within their institute and they did not allow those orphans to talk excessively beyond solving questionnaire and after it they just took all orphans back to their room and did not permit me to talk excessively to them. Even it was indicated on the faces of those orphans that they wanted to say something about their self.

It is important to mention that female orphans are more vulnerable in some governmental institutes even they are not allowed to talk to any outsider due to security issues of these institutes. Even if any outsider went over large number of questions were asked before proper meeting.

Chapter 6

DISCUSSION

The present study was conducted to compare the psychological distress and subjective wellbeing of institutionalized orphans including both biological orphans that are living in orphanage from childhood and social orphans that comes in any particular orphanage later in their life. For this purpose, standardized scales were administered to measure psychological distress, subjective wellbeing of both orphans. In this chapter result of the study are discussed. At first demographic characteristics of the current study are discussed followed by reliabilities of the scales, t test, Anova, correlation and regression analysis.

Reliability

Obtained cronbach alpha reliability of the translated version of the psychological distress scale (α=.829) including both depression subscale (α=.802) and anxiety subscale (α=.811) consistent with the original reliability of Kessler psychological distress scale range from 0.81 to 0.97 (McDowell, 2006). Reliability of this translated version of the Kessler psychological distress scale (α=.82) used with biological and social orphans somehow greater than the reliability (α=.80) of the same translated version scale used by Shiza Shahid in (2020) within her study.

In the present study cronbach alpha reliability for psychological subscale (α=0.82), Physical subscale (α=0.81) and relationship subscale (α=0.83) and overall subjective wellbeing scale is (α=0.87).These results are very close to the reliability reported in original research study i.e. reliability of Psychological subscale (α=0.92), Physical subscale (α=0.88), relationship subscale (α=0.78) and total subjective wellbeing scale (α=0.93)

(Pontin et al., 2011). Tavakol and Dennick (2011) and Ponayides (2013) demonstrated that reliability increases with the increase in number of items used in research scale.

Demographic Characteristics

Out of the total 213 orphans' children's 168 (78.9%) belongs to social group and 45 (21.1%) belongs to biological group living in an orphanage. It is somehow new findings because it was imagining that biological orphans were more in number rather than social orphans because mostly children's lives in orphanages from childhood of their life but findings were completely different. However, total of 135 (63.4%) orphans' respondents were male and 78 (36.6%) were female. Out of these 135 (63.4%) male respondents 129 (76.8%) belong to social group and 6 (13.3%) belong to biological group. Within total 78 (36.6%) females 39 (23.2%) belongs to social group and 39 (86.7%) belongs to biological group. One of the important reasons for unequal distribution of gender could be that in Pakistan female orphans were mostly adopted by their blood relatives because of which females' orphans are much less than male orphans.

Early adolescents were more in social group 45(26.7%) rather than biological ones 26(57.8%). Late adolescents were also more in number in social group 123(73.3%) rather than biological ones 19(42.2%). However, overall late adolescents 142(66.7%) were more than early adolescents 71(33.3%).

In overall 25(11.7%) orphans living in MK, there are 23(13.7%) belong to social group larger than 2 (4.4%) belong to biological group. Within total 16 (7.5%) orphans living in EK, there are 4 (2.4%) belongs to social group smaller than 12 (26.7%) belongs to

biological group. Total 15 (7.0%) orphans children's living in SOS, there are 10 (6.0%) belong to social group greater in number rather than 5 (11.1) belongs to biological group.

Within 58 (27.2%) orphans living in AIM, there are 55 (32.7%) orphans belong to social group that is greater in number rather than 3 (6.7%) orphans belong to biological group. Total 52 (24.4%) orphans living in AIF there are 51 (30.4%) belongs to social group greater than 1 (2.2%) belongs to biological group. There are 25 (11.7%) orphans in MGW Rawalpindi just belongs to social group and 22 (10.3%) orphans in BM Rawalpindi just belong to biological group.

There are total 54 (25.4%) orphans gets education in primary schools in which 35 (77.8%) belongs to biological group and 19 (11.3%) belongs to social group. From total 114 (53.5%) orphans in some secondary school there are 105 (62.5%) belongs to social group and 9 (20.0%) belongs to biological group. In overall 39 (18.3%) orphans that were completed high school there are 38 (22.6%) belongs to social group and 1 (2.2%) belong to biological group. There were just 4(1.9%) orphans currently engaged in college level belongs to social group and 2 (.9%) orphans freshly join university also belongs to social group.

There are more social orphans 31 (14.6%) who passed three year in current orphanage as compared to orphans which passed one year 29 (13.6%). while orphans which passed two year 24 (11.3%) are less in number rather than orphans which passed one year. However, orphans which passed five years were 18 (8.5%), those orphans who passed nine years were 13 (6.1%) rather than those who passed six years of their life are 12 (5.6%). while orphans who passed recent 10 years of their life were 10 (4.7%), those who passed

four years of their life were 9 (4.2%).and orphans who passed eight years of their life were 7 (3.3%). Orphans pass seven years of their life were 5 (2.3%) and passed eleven and thirteen years of their life were 4 (1.9%). Finally, those orphans who passed twelve and fourteen years of their life were 1 (.5%). However, there are 45 (21.1%) biological orphans which lived in orphanages from their birth and indicated high psychological distress similar to the previous research in which orphans living in orphanages from their childhood represents many behavioral and psychological issues (Rahman, 2012).

Present study findings indicate that biological orphans have high psychological distress even they are less in numbers than social ones and they also have low subjective wellbeing as compared to social ones. These findings are opposite to the hypothesis Ho that social orphans who come in orphanages later in their life have high psychological distress and low subjective wellbeing. These research findings are consistent with the existing research indicated that orphans who lost their love ones during birth are most vulnerable because they do not have physical and emotional maturity to resist psychological trauma related to the parental death (Subbarao, 2004). These research findings are contrary to the research conducted in the U.S foster care system on adults who feel more stress later in life rather than their childhood (Fowler, Toro & Miles, 2011; Haight, Finet, Bamba & Helton, 2009; Yates & Grey, 2012).These research findings are somehow contrary to the existing research conducted on children who comes in orphanages from 3 to 7 years within Baghdad city indicated that mostly 76 (63.33%) have low subjective wellbeing and only 44 (36.66%) have high subjective wellbeing (Hussein, 2015).

Present research study findings similar to the hypothesis Ho indicated that psychological distress negatively predicted subjective wellbeing among institutionalized orphans. These

research findings are also similar to the existing research work indicated that there was negative association between anxiety and wellbeing among orphans age between 12 to 18 years in Pakistan (Azeem, 2023). This study results are similar to the existing research conducted on children living in some Pakistani orphanages age between 10-25 years indicated high subjective wellbeing and better mental health condition and standard of living in their life (Alvi, 2022). Present research results are contrary to the research conducted on social orphans living with family indicated low subjective wellbeing and high mental health conditions as compared to orphans living in an orphanages which indicated high subjective wellbeing and low mental issues because there is negative association between subjective wellbeing and mental issues. Data collected from 200 orphans adolescents indicated who received high social support from family indicated low freedom from depression as compared to those who have low level of social support from family living in orphanages indicated high freedom from depression (Padhi, 2016). Present research also similar to the existing research work indicated that there is negative relationship among mental issues and quality of life including subjective wellbeing and coping mechanism among 100 orphan adolescents in Pakistan (Rasheed, 2021).

Present research study similar to the hypothesis indicated that biological group have less males 6 (13.3) and more females 39 (86.7) who have more psychological distress and low subjective wellbeing. While social group have more males 129 (76.8) and less females 39 (23.2) who have less psychological distress and more subjective wellbeing. These research findings somehow support previous literature which indicated females' orphans have more depression during childhood rather than boys in Baghdad city (Hussein, 2015). Present research similar to the existing research conducted on orphans in Ethiopia indicated

that more (112) females rather than (73) males have low psychological and subjective wellbeing (Hailegiorgis, 2018). Study conducted in Pakistani context also supported present research work indicated that there are more (75) males rather than (45) females that represents positive attitude towards institutional care and high level of subjective wellbeing (Alvi, 2020). There is another study conducted on orphans in Baghdad indicated that there are more (56) males rather than (44) females suffer from psychological distress contradict with present research work in which a large number of females suffer from psychological distress rather than males in biological group (Hussein, 2015). One more study contrary to the present research work indicated that more (21) males as compared to (9) females orphans in Ethiopia orphan boarding school suffering from post-traumatic stress disorder after the death of their parents (Haji, 2019). While one more study done in Pakistan do not support present research work indicates that more male orphans (114) rather than females orphans (86) suffer from nutritional deficiency and mental issues after physical and mental examination (Riaz, 2021).

These young adults do not return to the foster care system once they move out like others adult who come home during hard time in their life (Atkinson, 2008). This study findings in which biological orphans get high scores regarding psychological distress are similar to the zambabian HIV and AIDS orphans age between 6 to 18 years who scored high on stress level (Verma, 2013). These research findings are also similar to the study conducted on HIV and AIDS orphans' age between 12 to 17 years who have high psychological and social stress in zimbabwe (Nyamukapa et. al., 2006). This research study results in which biological orphans have more psychological distress and low subjective wellbeing also opposite to the research work conducted in china within orphan's age

between 8 to 15 years who have low psychological wellbeing and more stress level at later stage in life (He and Ji, 2007). Present research findings are same as existing research indicated more psychological issues among orphans from birth till 4 years of age rather than those whose parents died after four years of age (Mullick, 2005). Present research also indicated same findings about biological orphans as previous research in which orphans who had not stay with parents before coming to the orphanage showed more psychological and behavioral issues (Rahman, 2012). Research work conducted in Pakistani context also contrary to the present research indicated that children living in orphanages later in life experience a different environment as compared to their home (Rubab, 2022). They received less social support and lack of proper facilities in orphanages make these children more prone to bad risky behaviors and low subjective wellbeing (Rubab, 2022).

Present research study indicated that negative association between depression and participants' age group. Which means depression goes on decreasing with increase in age of biological and social orphans. These research findings also support adaptation theory which indicated that person get overcome negative event of their life with the passage of time and their negative impact on subjective wellbeing will decrease which means subjective wellbeing going to increase with increase in age group. In present research there are more early Adolescence age between (12-14) in biological group who have increase psychological distress as compared to social group. While there are more late Adolescence age between (15-18) in social group who have decrease level of psychological distress and high subjective wellbeing. These findings support previous literature which indicated that orphans, aged between 11 to 14 years reported high depression and anxiety (Atwine et al. 2005). Present research findings also have more

girls rather than boys in biological group which indicated high psychological distress similar to the previous literature that have more depression among girls during adulthood rather than boys in Baghdad city (Hussein, 2015). Studies conducted in Pakistani context also support present research indicated that children age between 13-15 years developed more health risk behaviors as compared to children age between 16-18 years (Rubab, 2022). One more research study indicated that orphans aged between 10- 12 years less likely to indicate subjective wellbeing and high health risk behaviors as compared to large age group (Rubab, 2022). This could be explained by the fact that as children grow in age, their social interaction also get increases as compared to small age group (Rubab, 2022). One more study conducted in Ethiopia similar to present research work indicated that there was high psychological distress reported in young age orphans between 10 to 12 years rather than old age orphans between 17-19 years (Haji, 2019). Study conducted in Pakistan also support present research work indicates that there were more child age between 9-13 years that have nutritional deficiency such as protein and iron deficiency and less subjective wellbeing as compared to child age between 4-8 years (Riaz, 2021).

In present study, Relationship subscale of subjective wellbeing scale indicated somehow significant relationship with age of biological and social orphans. It means relationship wellbeing developed more with increase in age group of all orphans and orphans learn to develop more relations with increase in their age group. A large number of late adolescents orphans age between 15 to 18 years belong to social group have high subjective wellbeing including relationship wellbeing contrary to the existing research literature which indicated that early school-age orphans received more social support by spending time in social gatherings. (Oberle E, 2018). Previous studies also indicated that

children indicated high emotional wellbeing by receiving more social support in early school settings (Bersamin, Coulter, Gaarde J, Garbers S, Mair C, & Santelli J., 2019). This research study results similar with previous study because this study showed high subjective wellbeing among social adolescent's orphans living in an orphanage later in life similar to previous one in which adolescents living in an orphanage from childhood feel so depressed and face issues in adapting social changes, and inappropriate feeling of satisfaction with all the conditions of life as compared to social ones (Sengendo & Nambi, 1997).

This research study results somehow support hypothesis because government orphanages contain mostly males and social orphans that have more relationship wellbeing as compared to private orphanages that contains more biological orphans and girls. However remaining variables does not indicates any significant correlation with impact of government and private orphanages. These research findings contrast to previous research indicated that orphans living in government orphanages (92.5%) indicated more behavioral, psychological and wellbeing issues as compared to those in private (26.6%) ones (Lassi, 2010). Actually the facilities provided to the children were more in private orphanages in term of residence, education, health and extra-curricular activities (Lassi, 2010). Because private orphanages invest more money to improve standard of living for orphans living within an orphanages (Lassi, 2010). Private orphanages provides more health and educational facilities as compared to the government institutes that do not have proper infrastructure to improve standard of living of orphans within an orphanages (Lassi, 2010). Qualitative analysis indicated that if orphans get helpful good social environment in orphanage in which they are currently

living there are huge chances that they get exceed in their life rather than those who faced inappropriate situation impact their psychological health negatively. It means government orphanages have better environment for orphans as compared to private institutions due to which orphans living over there indicated high relationship wellbeing. Various coping strategies affected orphans positively and they develop an ability to cope with problems in their life if they are living in helping and motivating environment of an orphanage institute rather than those who are passing their current life miserably.

In present research study there are more biological orphans 35 (77.8%) in primary school as compared to social ones 19 (11.3%). It means mostly primary school children's have low subjective wellbeing results in increase in psychological distress. Present research study support previous research work conducted on orphans in Baghdad age between 11to 18 years indicated that there are more psychological distress among orphans studying in primary school level mostly fifth or sixth grade children's (Hussein, 2015). Present research results are contrary to the existing literature reported increase level of subjective wellbeing among school age orphans due to high social support from surroundings including friends (Oberle E, 2018).

However, some secondary schools have more social orphans 105(62.5%) and low biological orphans 9(20.0%) in present research work. It means secondary school children have more subjective wellbeing and decrease psychological distress due to limited number of biological orphans who have increase psychological distress rate. These research results are same as existing literature results reported increase level of subjective wellbeing among school age children's ((Oberle E, 2018). Orphans students who completed high school show increase level of subjective wellbeing and low psychological distress due to more orphans

of social group 38 (22.6%) and there is only one orphan belong to biological group 1 (2.2%) in this category which indicated high psychological distress. These research results are contrary to the previous research conducted in Pakistani context indicated that adolescent's orphans in high school indicated more risky health behavior as compared to primary and some secondary school (Rubab, 2022). Present research also contrary to the previous research conducted in eastern Ethiopia indicated high prevalence of distress among high school orphans (Haji, 2019).

However, all college and two students who recently join university belong to social group indicated high subjective wellbeing and low psychological distress level. Previous researches indicated that adolescents and children high social support also increase their subjective and emotional wellbeing (Bersamin M, Coulter RWS, Gaarde J, Garbers S, Mair C, & Santelli J., 2019).

DISCUSSION OF CONTENT ANALYSIS

Present research indicated high relationship between psychological distresses including depression with institution in which orphans are currently living. It means present living situation of an orphanage institutions largely affect psychological distress level of an orphan. However psychological aspect of wellbeing somehow affected due to various situations in orphanages in which orphans are currently living. Because if orphans get helpful good social environment in orphanage in which they are currently living there are huge chances that they get exceed in their life rather than those who faced inappropriate situation impact their psychological health negatively. However, various coping strategies affected orphans positively and they develop an ability to cope with problems in their life if they are living in helping and motivating environment of an orphanage institute rather than those who are passing their current life miserably.

Present research indicated that mostly biological orphans comes in orphanage during their childhood due to parental loss which is one of the major reasons of their coming in the orphanage. There are various geographical locations from which orphans arrived in an orphanage during their childhood due to which there is range cultural diversity lies over there but as they come earlier in their life in various institutions and start living over there so they usually learn to live in the same way within same institutions. Relatives such as uncle, aunt, cousins, also get involved in the admission of these biological orphans in an orphanage after the death of their parents so they sent these orphans into orphanages during their childhood and some relatives just meet with these orphans mostly one time in month and some relatives just forget them even these orphans do not have any information about their family members from childhood.

Even, these biological orphans claim that they do not know about their admission at the orphanage during childhood means what are the basic reason due to which they arrived in that particular orphanage. Some individuals get satisfied with their arrival at orphanage and feel positive, but some feel negative and indicated inappropriate feeling of dissatisfaction, sadness and low subjective wellbeing because most of the biological orphans claim that they want to get information about their family members, even they do not have good relationships with other orphans living in that institution and also have various issues regarding staff members.

Mostly social orphans claim that they come to the orphanage for getting education and also their family members recommend them to move over there in order to improve their life situation. Because these social orphans explain that they get better life in these orphanages as compared to their homes due to limitation of economic resources. Social orphans also describe one major reason that their elder siblings also arrived over there before them so they come in order to live a happier life over them and strongly bound their family connections with them. These social orphans also face family difficulties after death of their parents so they decided to arrive over there. These social orphans express high feelings of wellbeing through living in these institutes. They also claim that initially they miss their homes but with the hope of doing something in life they get use to of the environment provided in various orphanages.

Conclusion

This study explains comparative relationship of psychological distress with respect to subjective wellbeing among biological and social orphans. There is a negative comparative relationship between biological and social orphans including gender group in term of psychological distress scale also depression subscale, anxiety subscale and subjective wellbeing scale including relationship wellbeing subscale. There is more psychological distress also depression and anxiety among biological orphans as compared social orphans. While there is more subjective wellbeing including relationship wellbeing in males and social orphans because they are more in number as compared to females and biological orphans. Study also explained that relationship wellbeing increases with increase in age group of participants and their depression level decrease. Social orphans belongs to high age group therefore they have increase relationship wellbeing and decrease rate of depression. Various orphanage institutes does not indicated significant result with variables except relationship wellbeing for both biological and social orphans. All government orphanages contains mostly social orphans and boys indicated high relationship wellbeing as compared to private orphanages. While educational level indicated opposite results as compared to what was hypothesized such as high and some secondary school students show high scores for subjective wellbeing including psychological wellbeing, physical wellbeing and relationship wellbeing as compared to primary school students. While some college and university students indicated high score on relationship wellbeing subscale. One of the most important reason behind conducting this study is that it not only explains various characteristic of sample from Rawalpindi, Islamabad but also from Karachi. It also

addresses the need to conduct psychological interventions among various orphanages due to increase in psychological distress of biological orphans.

Limitations

- There is also age bias exist in this research as most biological orphans belong to early adolescents age group (12-14) and social orphans belong to late adolescents age group (15-18) which limit its generalizability to all orphans of various age groups.
- There is also gender bias exist in this research study data as major sample was male adolescents, which limits its generalizability on female orphan adolescents.
- This is a cross sectional research study so longitudinal research studies are required to understand the phenomena among biological and social orphans with time.

Proposed Implications

1. This study will help to understand problems that are increasing source of psychological distress among orphans especially for those living in orphanages from childhood.
2. It is necessary to find the difference between orphans living in government and private orphanages because there is huge difference between lifestyle and other social aspects of orphans living in private and government orphanage institutes.
3. It is necessary to train staff of orphanages properly so that they can develop relationship with children in an appropriate way that helps them to increase their wellbeing appropriately from their childhood.

4. Results of this research study helped policy makers to develop effective policies for orphans and useful for donors who are donating money to various sorts of these orphanages to see that whether their money are using in an appropriate way for fulfilling basic needs of these orphans.
5. It is necessary for higher authorities to keep check and balance especially in governmental orphanages and personally asked children from problems that they were facing in these orphanages rather than completely relying on staff.

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Appendix 1

اجازت نامہ

میں کرن جہانگیر ایم فل سائیکالوجی کی طالبہ ہوں. میں ایک تحقیق کر رہی ہوں-
جس کے تحت اس ادارے میں رہنے والے بچوں کے ذہنی اور معاشرتی پہلوؤں کے بارے میں کچھ
معلومات حاصل کرنا چاہتی ہوں- اس سلسلے میں آپ کی رضامندی سے بچوں سےکچھ
سوالات کرنا چاہوں گی- آپ کی اور بچوں کی دی گئ ساری معلومات کو راز میں رکھا جائے
گا۔اگر بچہ دوران تحقیق کسی قسم کا ذہنی تناؤ یا پریشانی محسوس کرے گا تو اس کو مفت
کونسلنگ کی سہولت مہیا کی جا سکتی ھے-مزید بچہ جب چاہےاس تحقیق کو چھوڑ کر جا
سکتا ھے- برائے مہربانی آگر آپ اس تحقیق میں حصہ لینا چاہتے ہیں تو اس فارم پردستخط
کردیں-

شکریہ!

شرکاء کا نام .... شرکاء کے دستخط...........................

شرکاء کے سر پرست کے دستخط ....

مورخہ ....

ذاتی کوائف نامہ

ادارے کا نام...

آپ کا نام..

عمر .... جنس (الف) لڑکا (ب) لڑکی

کیا آپ اسکول جاتے ہیں؟ ہاں.................... نہیں................

آپ ا کون سی کلاس میں پڑھتے ہیں؟ ....

آپ کب سے اس ادارے میں رہتے ہیں؟ ....

آپ اس ادارے میں کس طرح آئے ہیں؟

....

....

یہاں پر آنے کے بعد آپ نے کیسا محسوس کیا؟

....

....

اس ادارے میں آپ کو کیا کیا سہولیات موجود ہیں؟

....

....

یہاں پرارد گرد کے رہنے والے لوگوں کا برتاؤ آپ کے ساتھ کیسا ہے؟

....

....

Appendix 11

مندرجہ زیل سوالات آپ کی ذہنی صحت کے بارے میں پوچھے گئے ہیں۔ برائے مہربانی کسی ایک جواب کا انتخاب کریں جو آپکو سب سے زیادہ مناسب لگے۔

۱)	پچھلے تیس دنوں کے دوران آپ نے بغیر کسی وجہ کے تھکاوٹ محسوس کی ہے.	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
۲)	پچھلے تیس دنوں کے دوران آپ نے کتنی بار خود کو پریشان محسوس کیا ہے۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
۳)	پچھلے تیس دنوں کے دوران آپ نے کتنی دفعہ ایسی پریشانی محسوس کی ہے کہ آپکو کوئی چیز بھی پرسکون نہ کر سکی.	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
٤)	پچھلے تیس دنوں کے دوران آپ نے کتنی بار نا امیدی محسوس کی ہے.	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
٥)	پچھلے تیس دنوں کے دوران آپ نے کتنی بار بےآرام اور بےچین محسوس کیا ہے۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
٦)	پچھلے تیس دنوں کے دوران آپ نے کتنی دفعہ اتنی بےچینی محسوس کی ہے کہ آپ ایک جگہ بیٹھ نہیں سکے۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
۷)	چھلے تیس دنوں میں آپ نے کتنی مرتبہ خود کو افسردہ پایا۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
۸)	پچھلے تیس دنوں کے دوران آپ نے کتنی بار محسوس کیا کہ سب کچھ ایک کوشش ہے۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
۹)	پچھلے تیس دنوں کے دوران آپ نے کتنی بار اتنا اداس محسوس کیا کہ کوئی بھی چیز آپکو خوش نہ کر سکی۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ
۱۰)	پچھلے تیس دنوں کے دوران آپ نے کتنی بار بےکار محسوس کیا ہے۔	کبھی نہیں	بہت کم	کبھی کبھی	اکثر	ہمیشہ

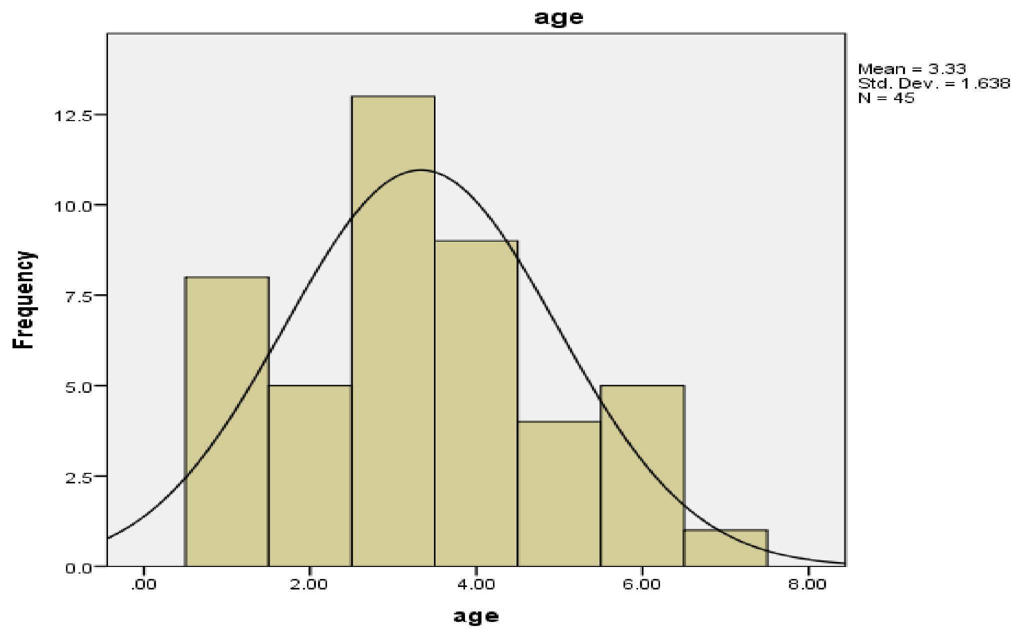
Appendix 111

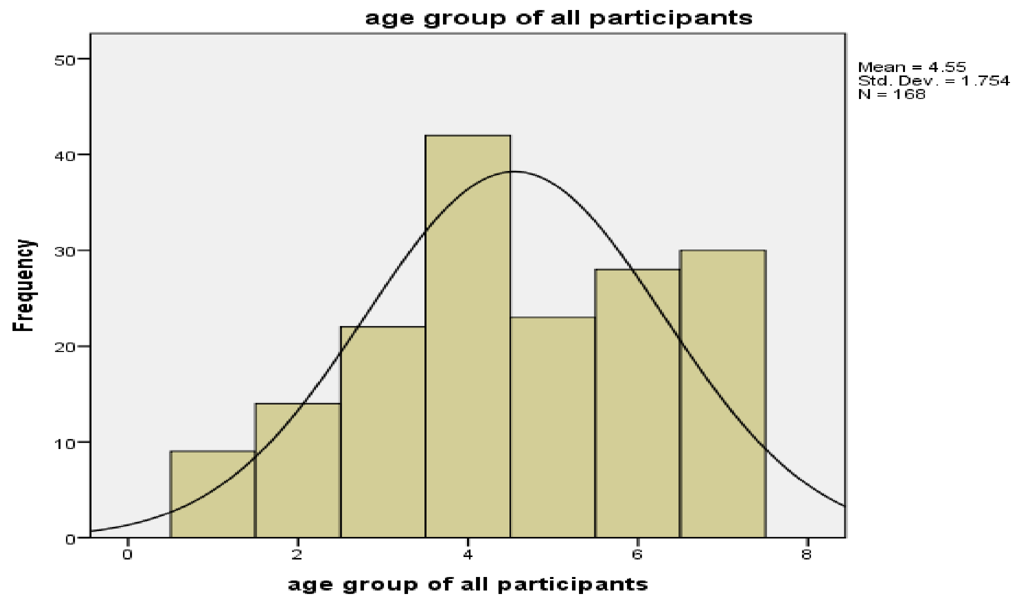
مندرجہ زیل سوالات آپ سے یہ پوچھتے ہیں کہ آپ اپنی زندگی، صحت اور دوسری چیزیں جو شاید آپکے لئیے ضروری ہوں ان کے عمومی معیار کے بارے میں کیا محسوس کرتے ہیں۔ برائے مہربانی اس جواب کا انتخاب کریں جو آپکو سب سے زیادہ مناسب لگے

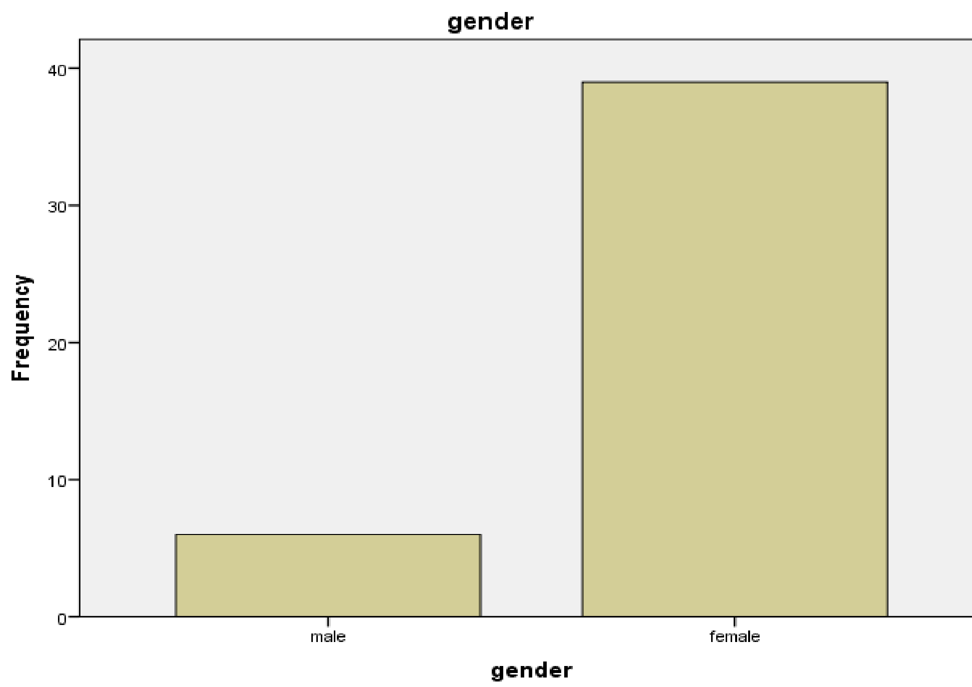
۱)		**کیا آپ اپنی جسمانی صحت سے مطمئن ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۲)		**کیا آپ اپنی نیند کے معیار سے مطمئن ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۳)		**کیا آپ اپنی روز مرہ زندگی کے کاموں کو پورا کرنے کی صلاحیت سے مطمئن ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۴)		**کیا آپ اپنی کام کرنے کی صلاحیت سے مطمئن ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۵)		**کیا آپ افسردگی محسوس کرتے ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۶)		**کیا آپ محسوس کرتے ہیں کہ آپ زندگی کا مزہ اٹھانے کی صلاحیت رکھتے ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۷)		**کیا آپ محسوس کرتے ہیں کہ آپکی زندگی کا کوئی مقصد ہے۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۸)		**کیا آپ محسوس کرتے ہیں کہ آپکی زندگی آپکے قابو میں ہے۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۹)		**کیا آپ مستقبل کے بارے میں پر امید محسوس کرتے ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۱۰)		**کیا آپ ایک شخص کی حیثیت سے اپنے آپ سے مطمئن محسوس کرتے ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۱۱)		**کیا آپ اپنی شکل و صورت اور ظاہری ہولئیے کے بارے میں مطمئن ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۱۲)		**کیا آپ محسوس کرتے ہیں کہ آپ زندگی جیسے گزارنا چاھتے ہیں ویسے گزارنے کے قابل ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۱۳)		**کیا آپ اپنی رائے اور عقیدوں پر اعتماد رکھتے ہیں۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر
۱۴)		**کیا آپ محسوس کرتے ہیں کہ جو چیزیں آپ کرنے کے لیئے چنتے ہیں وہ کرنے کی صلاحیت رکھتے ہیں ۔**	بلکل نہیں	تھوڑا بہت	بہت زیادہ	مکمل طور پر

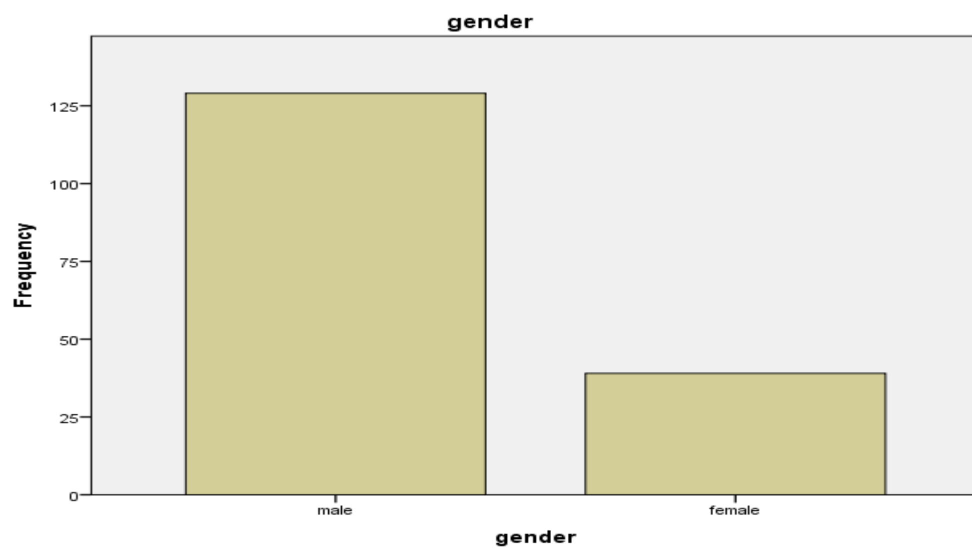
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ محسوس کرتے ہیں کہ آپ ایک شخص کی حیثیت سے بڑھنے اور ترقی کرنے کی صلاحیت رکھتے ہیں۔	۱۵)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ اپنے آپ سے اور اپنی کامیابیوں سے مطمئن ہیں۔۔	۱۶)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ اپنی زاتی زندگی سے مطمئن ہیں۔	۱۷)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ اپنے دوستانہ تعلقات سے مطمئن ہیں۔	۱۸)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ جس طرح دوسروں سے تعلق اور رابطہ قائم کرتے ہیں اس سے اطمینان رکھتے ہیں۔	۱۹)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ محسوس کرتے ہیں کہ اگر ضرورت پڑے تو آپ مصیبت میں کسی سے مدد مانگنے کے قابل ہیں۔	۲۰)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ مطمئن ہیں کہ اپنی ضرورتیں پوری کرنے کے لئیے آپ کے پاس کافی رقم ہے۔	۲۱)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ اپنی ورزش اور فرصت کے کاموں سے خوش ہیں۔	۲۲)
مکمل طور پر	بہت زیادہ	تھوڑا بہت	بلکل نہیں	کیا آپ اپنی طبئی صحولیات تک پہنچ سے مطمئن ہیں۔	۲۳)

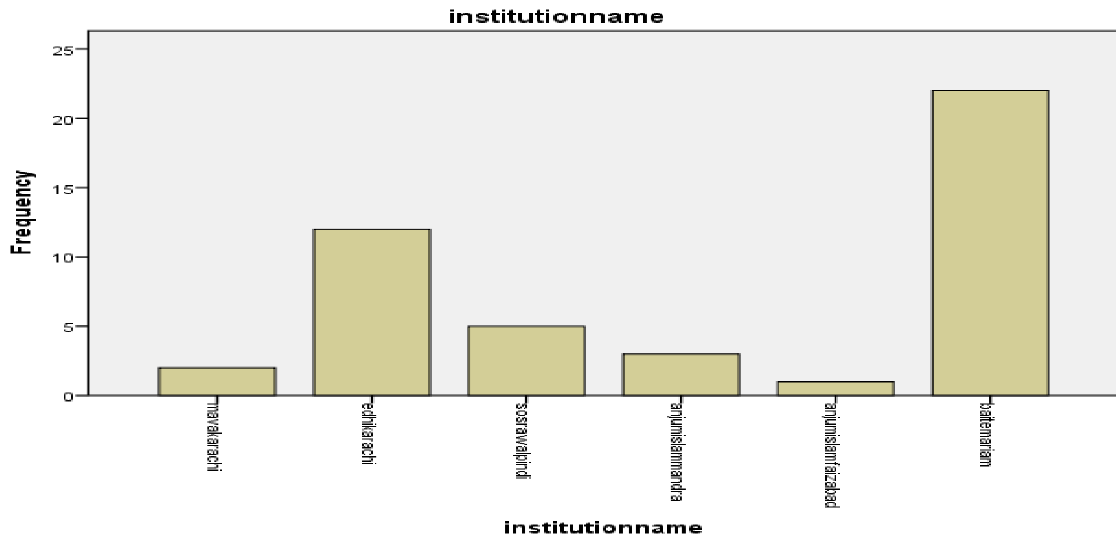
Appendix 1V

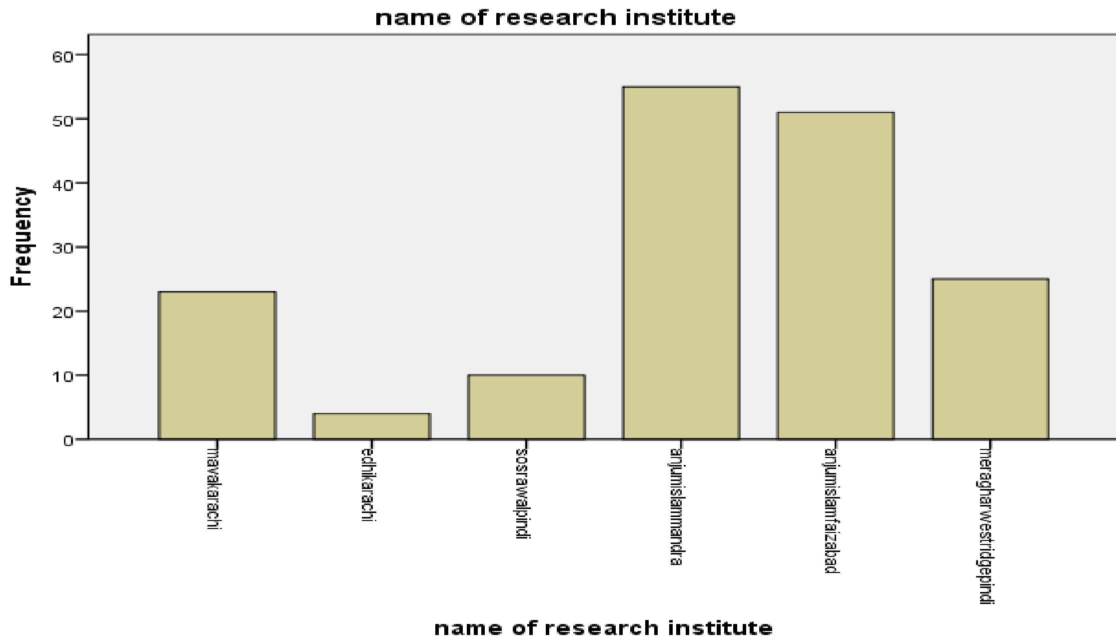

age
Mean = 3.33
Std. Dev. = 1.638
N = 45
Frequency
12.5
10.0
7.5
5.0
2.5
0.0
.00
2.00
4.00
6.00
8.00
age

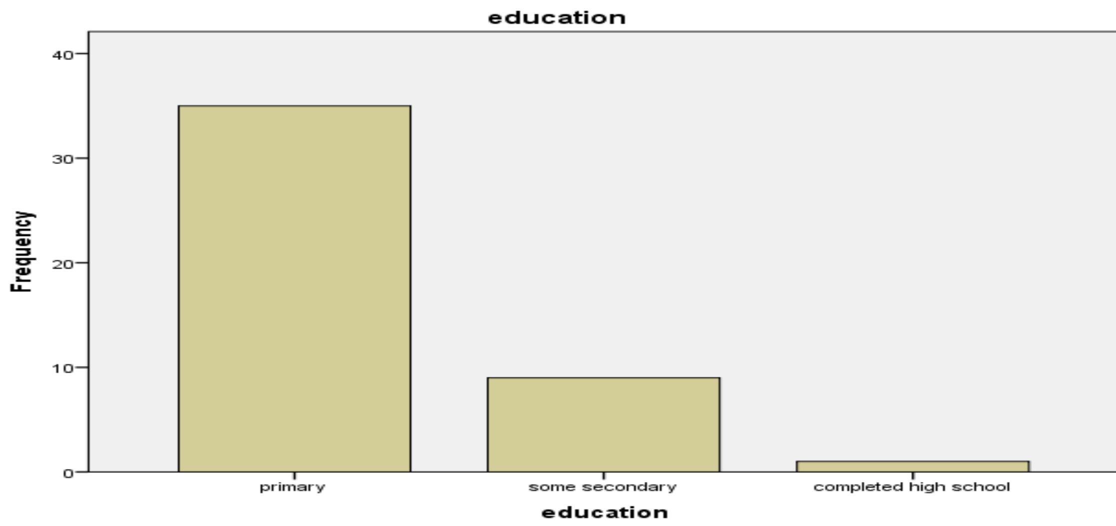

age group of all participants
Mean = 4.55
Std. Dev. = 1.754
N = 168
Frequency
50
40
30
20
10
0
0
2
4
6
8
age group of all participants

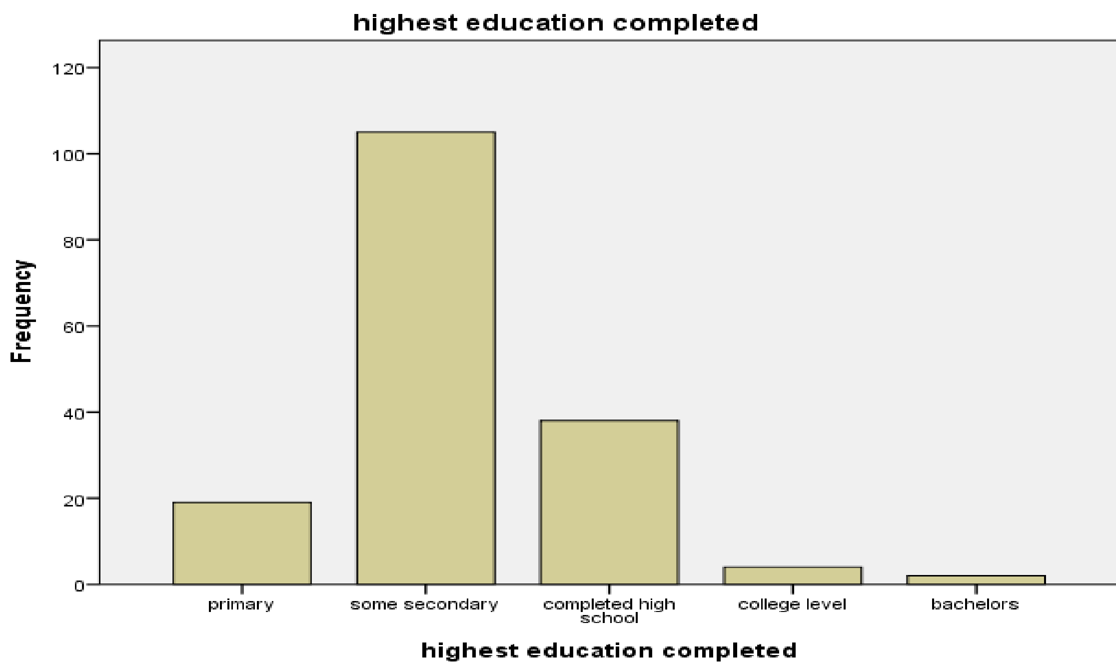

gender
Frequency
40
30
20
10
0
male
female
gender

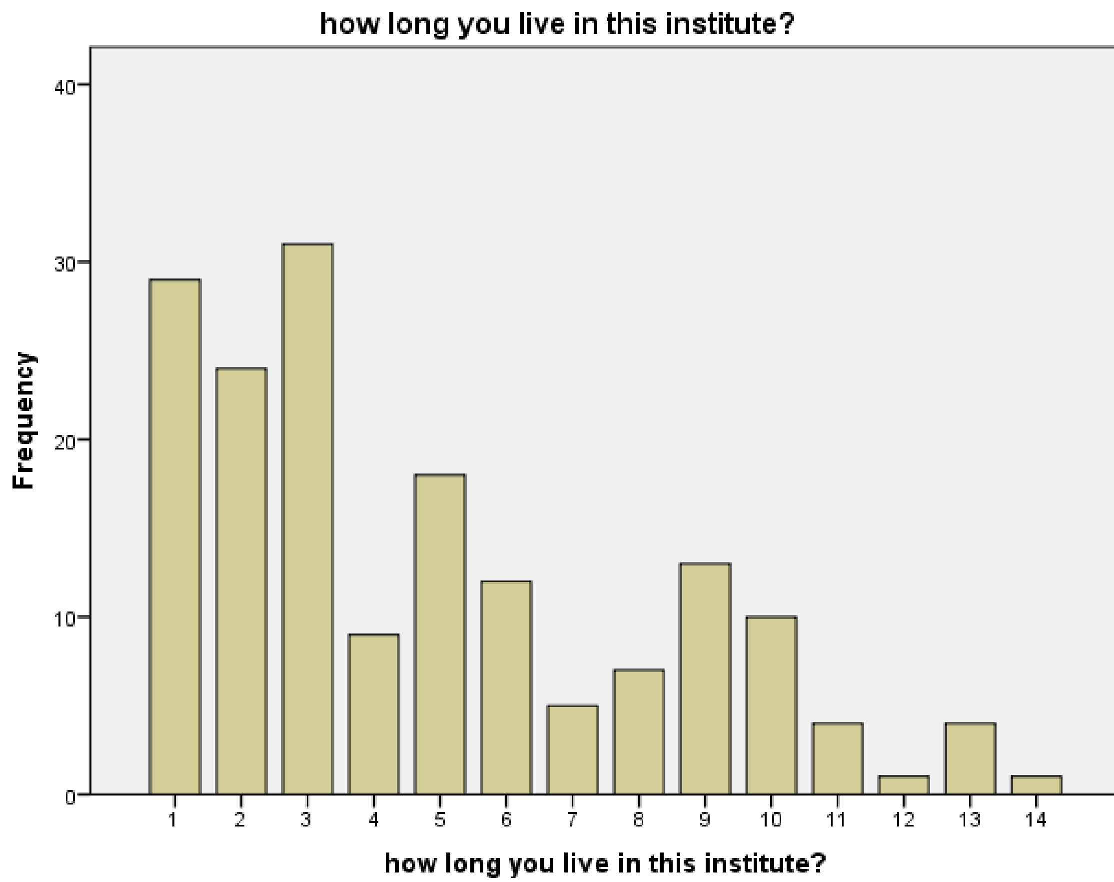

gender
Frequency
125
100
75
50
25
0
male
female
gender

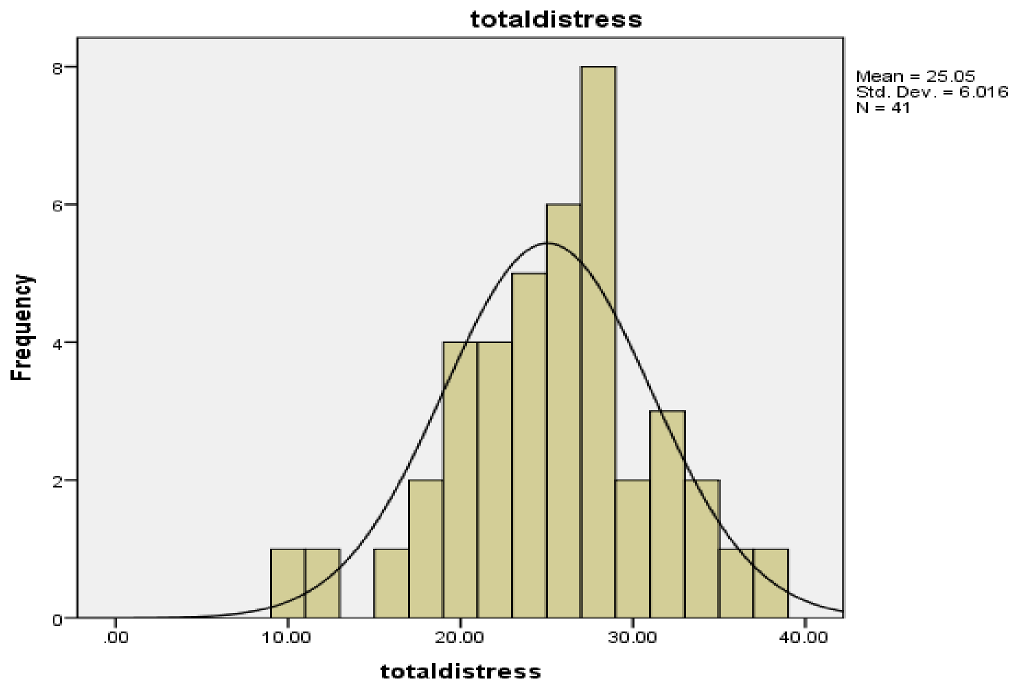

institutionname
Frequency
25
20
15
10
5
0
mavakarachi
edhikarachi
sosrawalpindi
anjumislammandra
anjumislamfaizabad
baitemariam
institutionname


name of research institute
Frequency
60
50
40
30
20
10
0
mavakarachi
edhikarachi
sosrawalpindi
anjumislammandra
anjumislamfaizabad
meragharwestridgepindi
name of research institute

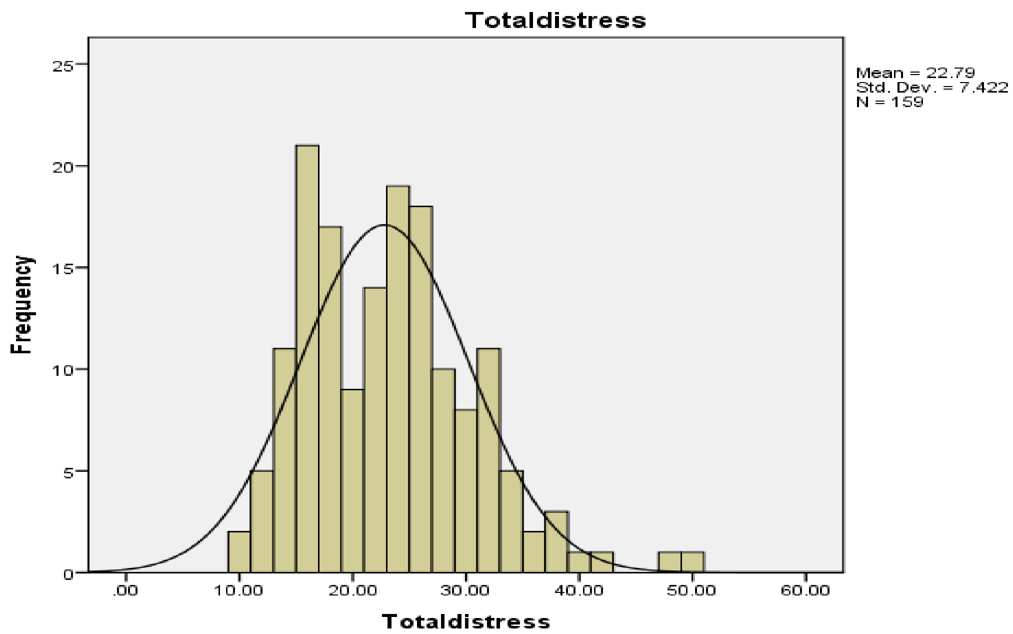

education
Frequency
40
30
20
10
0
primary
some secondary
completed high school
education


highest education completed
Frequency
120
100
80
60
40
20
0
primary
some secondary
completed high school
college level
bachelors
highest education completed

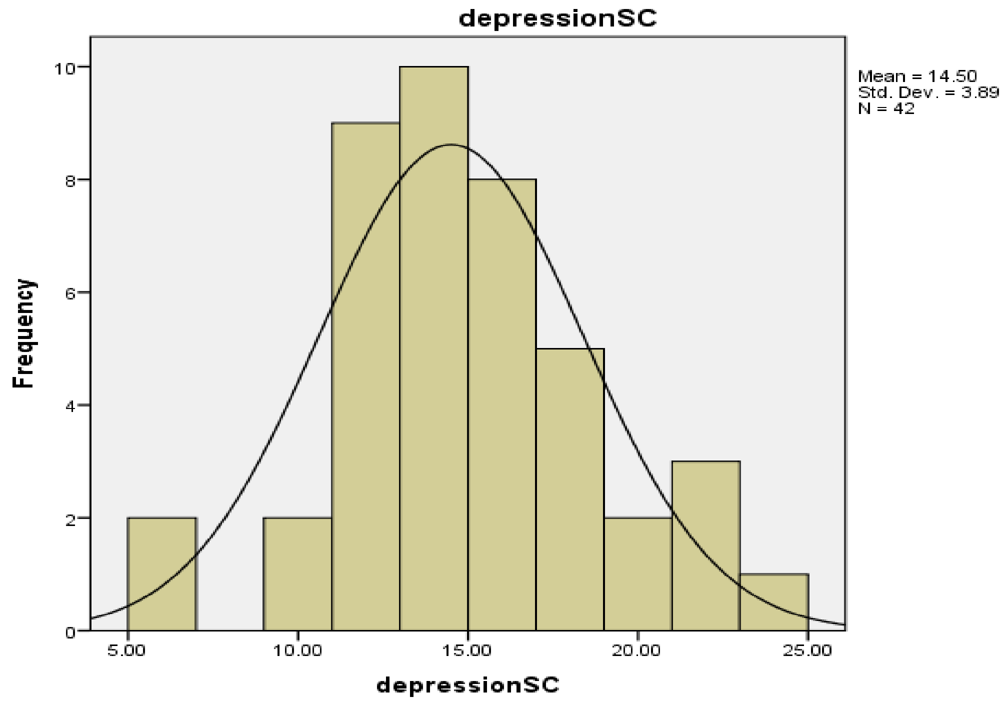

how long you live in this institute?
Frequency
40
30
20
10
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
how long you live in this institute?



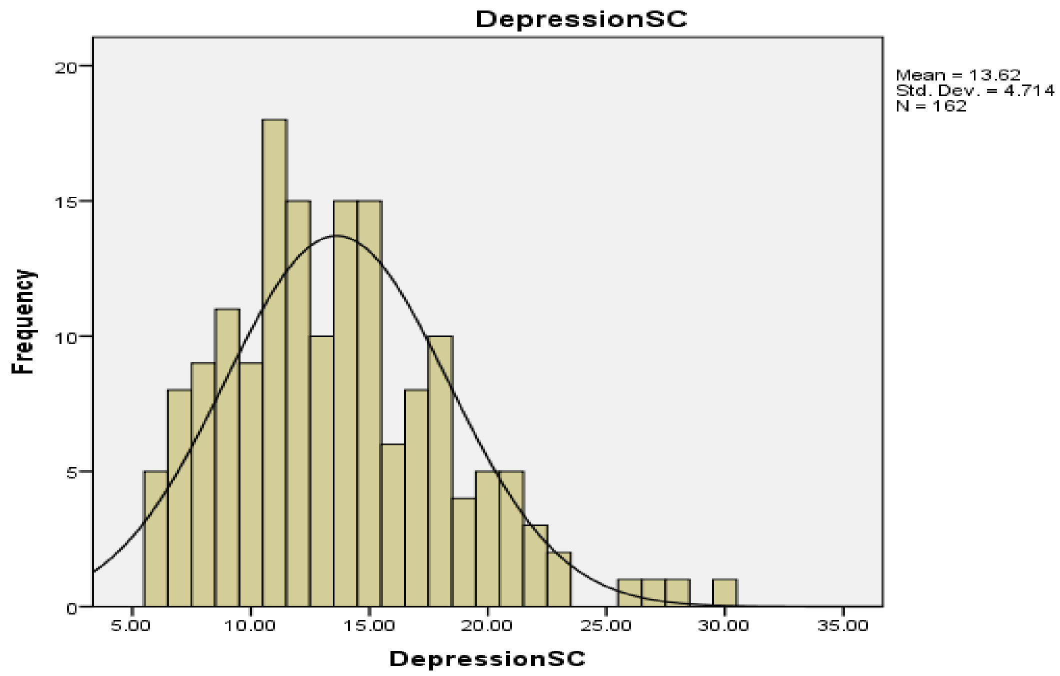
totaldistress
Mean = 25.05
Std. Dev. = 6.016
N = 41
Frequency
0
2
4
6
8
.00
10.00
20.00
30.00
40.00
totaldistress



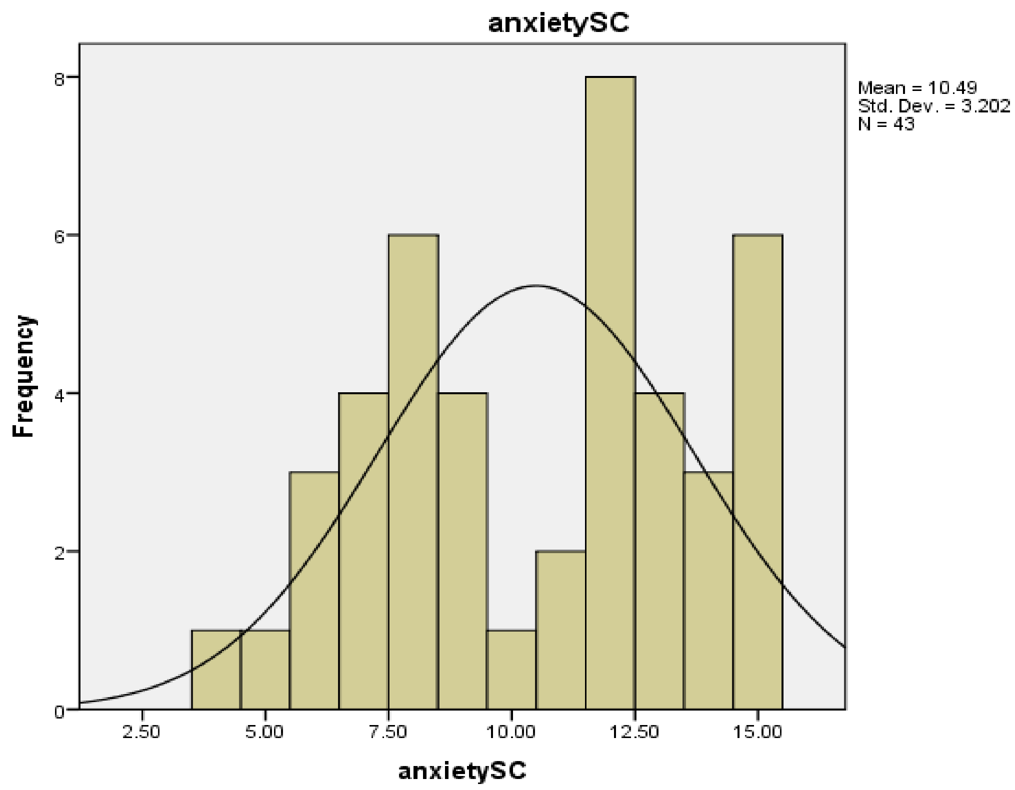
Totaldistress
Mean = 22.79
Std. Dev. = 7.422
N = 159
Frequency
0
5
10
15
20
25
.00
10.00
20.00
30.00
40.00
50.00
60.00
Totaldistress

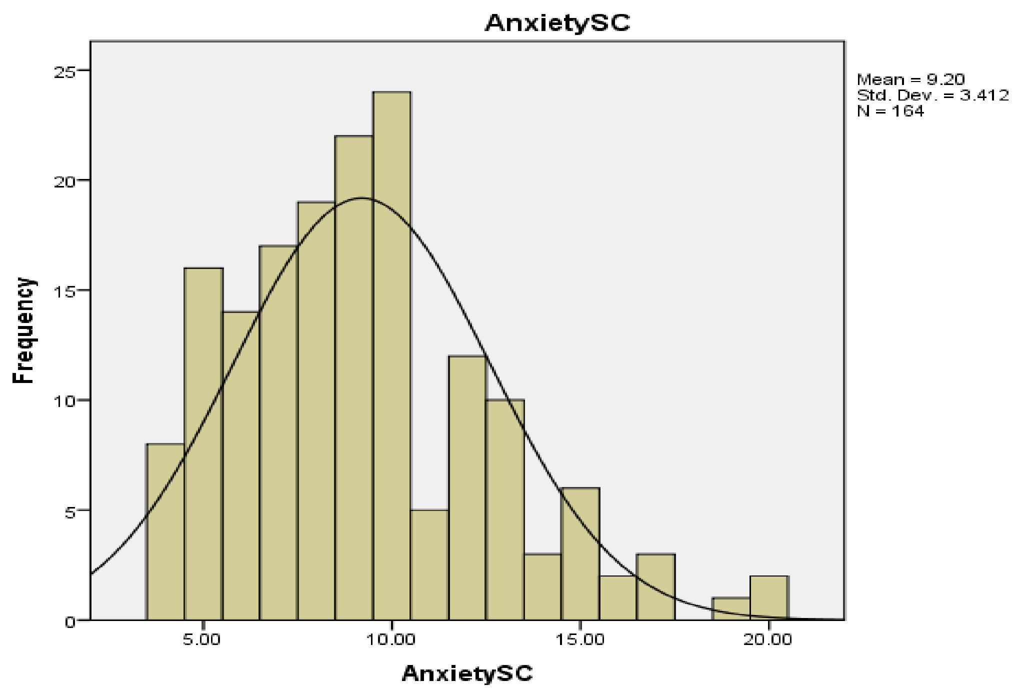


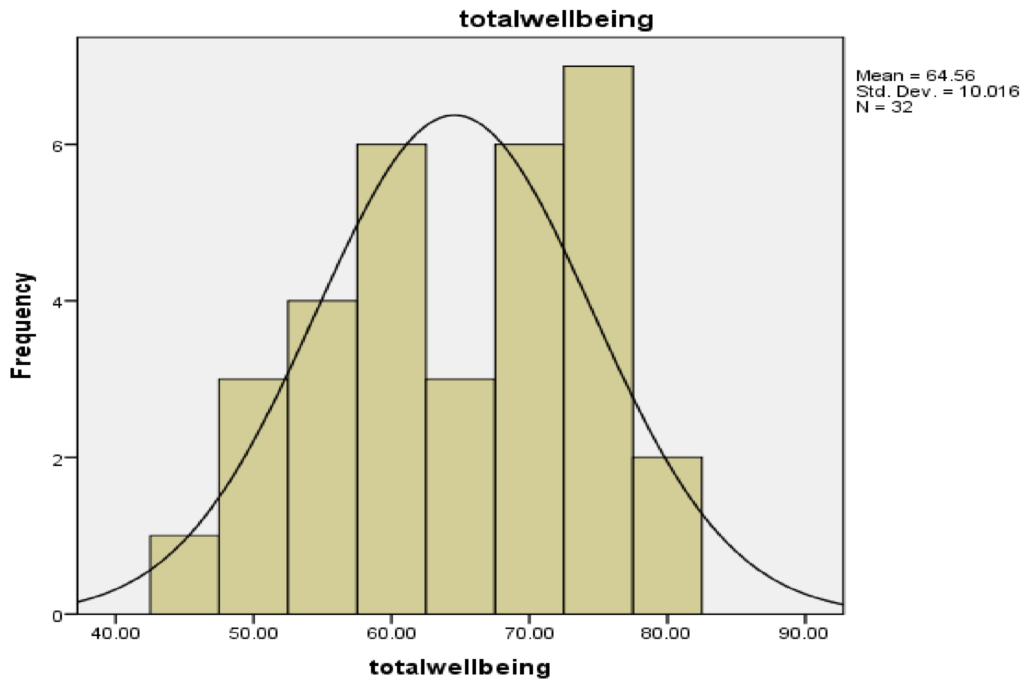
depressionSC
Mean = 14.50
Std. Dev. = 3.89
N = 42
Frequency
0
2
4
6
8
10
5.00
10.00
15.00
20.00
25.00
depressionSC

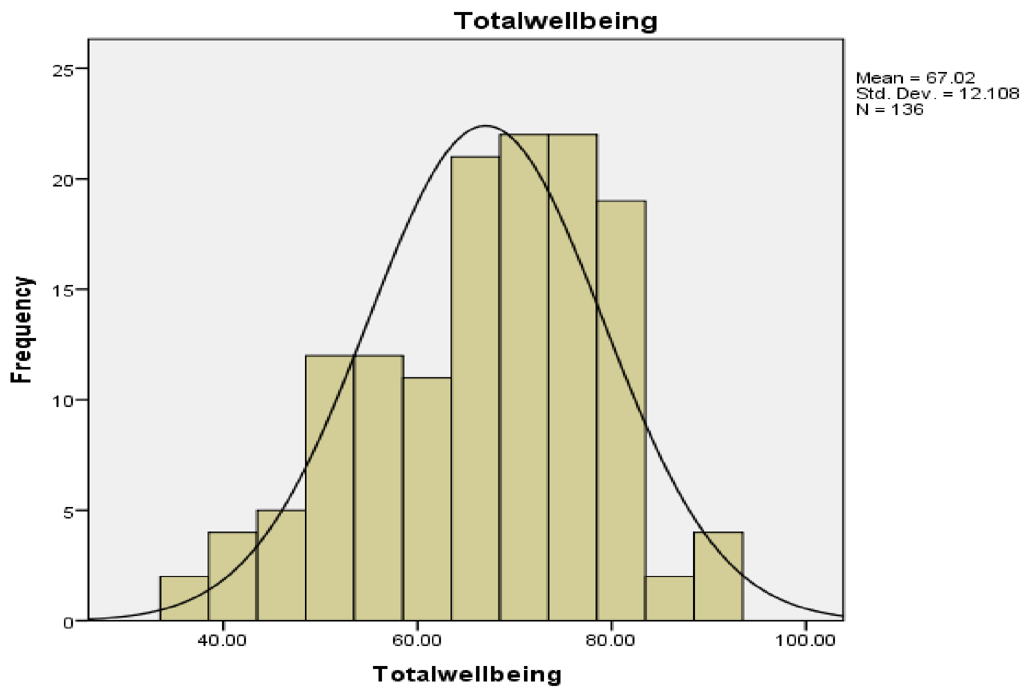


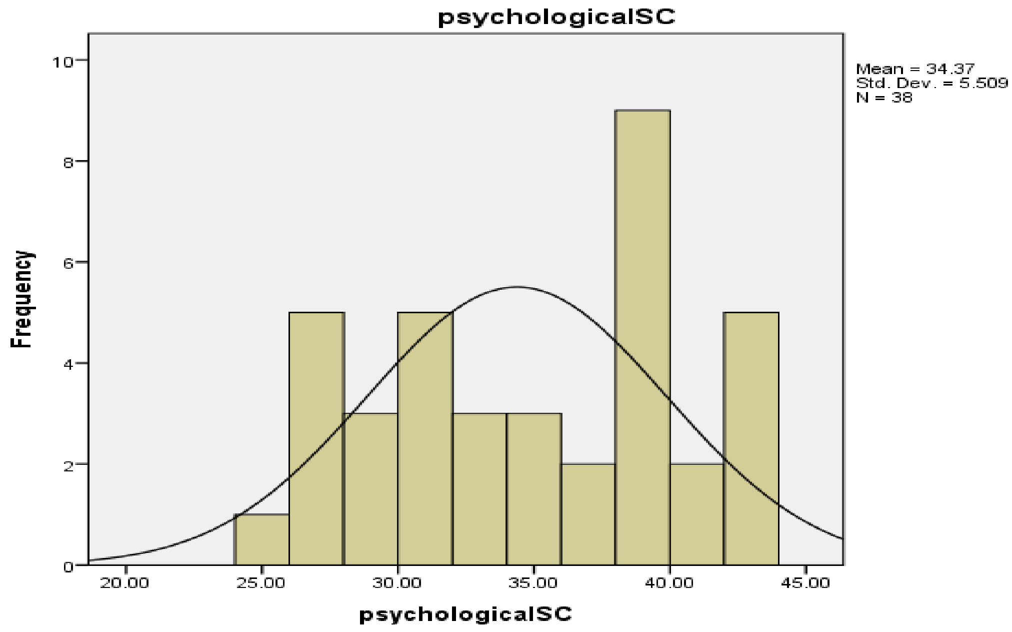
DepressionSC
Mean = 13.62
Std. Dev. = 4.714
N = 162
Frequency
0
5
10
15
20
5.00
10.00
15.00
20.00
25.00
30.00
35.00
DepressionSC

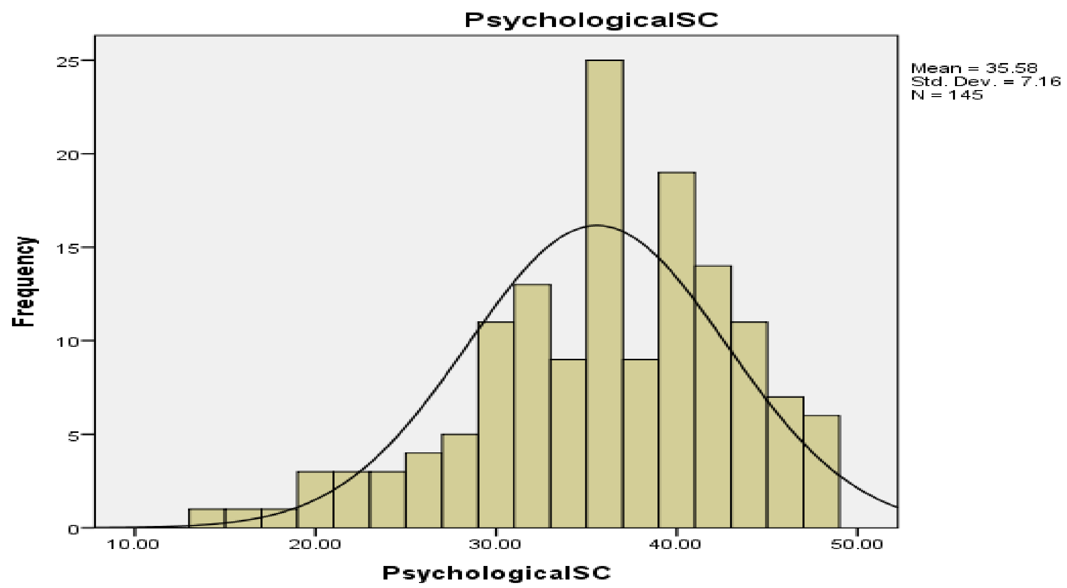

anxietySC
Mean = 10.49
Std. Dev. = 3.202
N = 43
Frequency
0
2
4
6
8
2.50
5.00
7.50
10.00
12.50
15.00
anxietySC

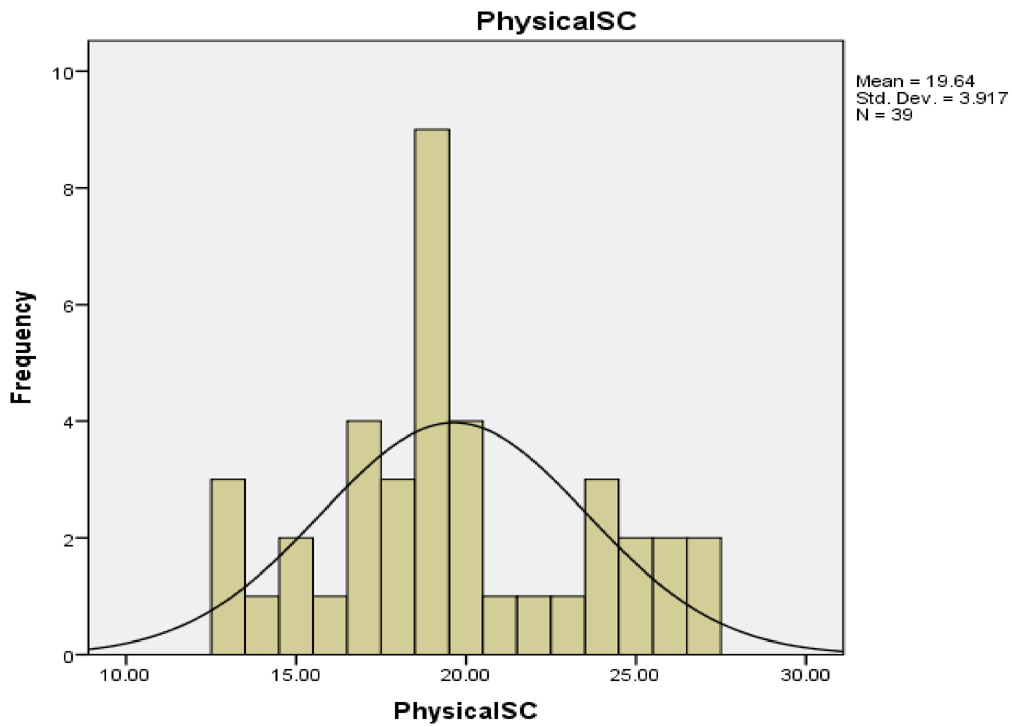

AnxietySC
Mean = 9.20
Std. Dev. = 3.412
N = 164
Frequency
0
5
10
15
20
25
5.00
10.00
15.00
20.00
AnxietySC

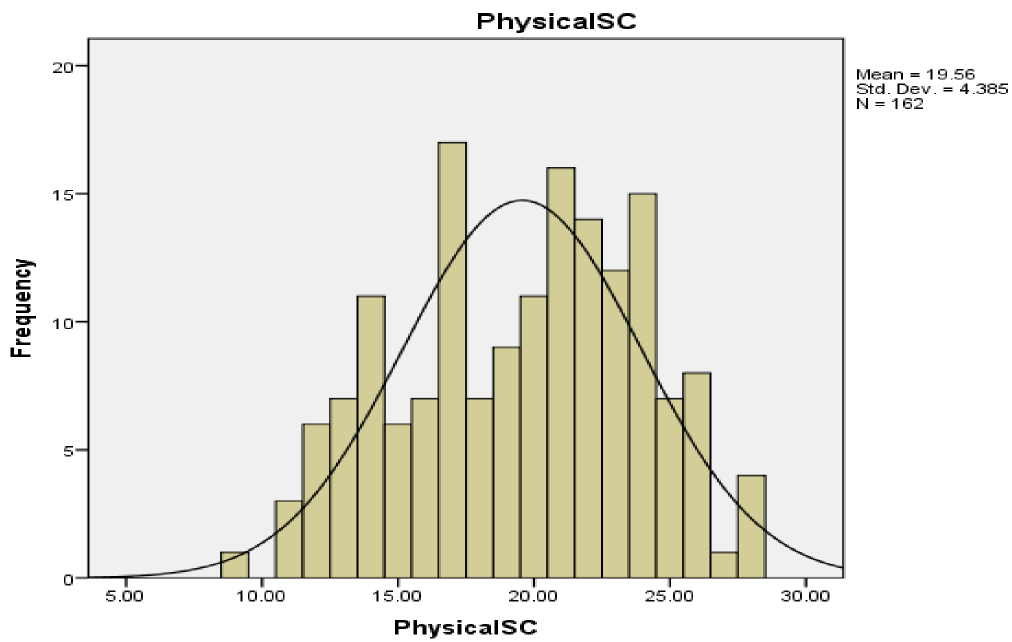

totalwellbeing
Mean = 64.56
Std. Dev. = 10.016
N = 32
Frequency
0
2
4
6
40.00
50.00
60.00
70.00
80.00
90.00
totalwellbeing

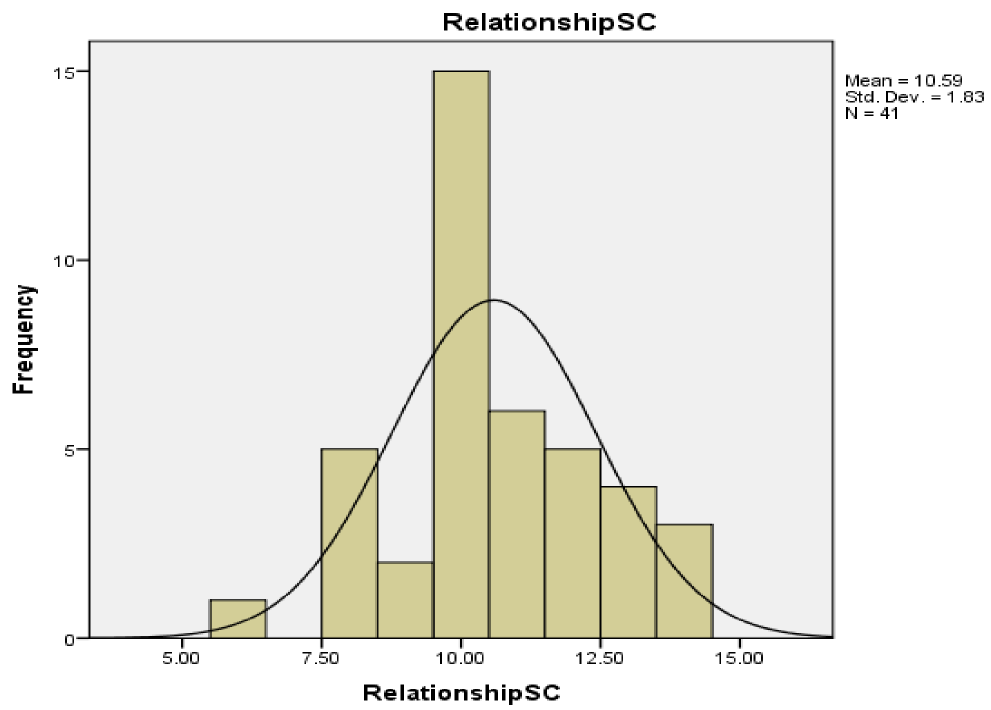

Totalwellbeing
Mean = 67.02
Std. Dev. = 12.108
N = 136
Frequency
0
5
10
15
20
25
40.00
60.00
80.00
100.00
Totalwellbeing

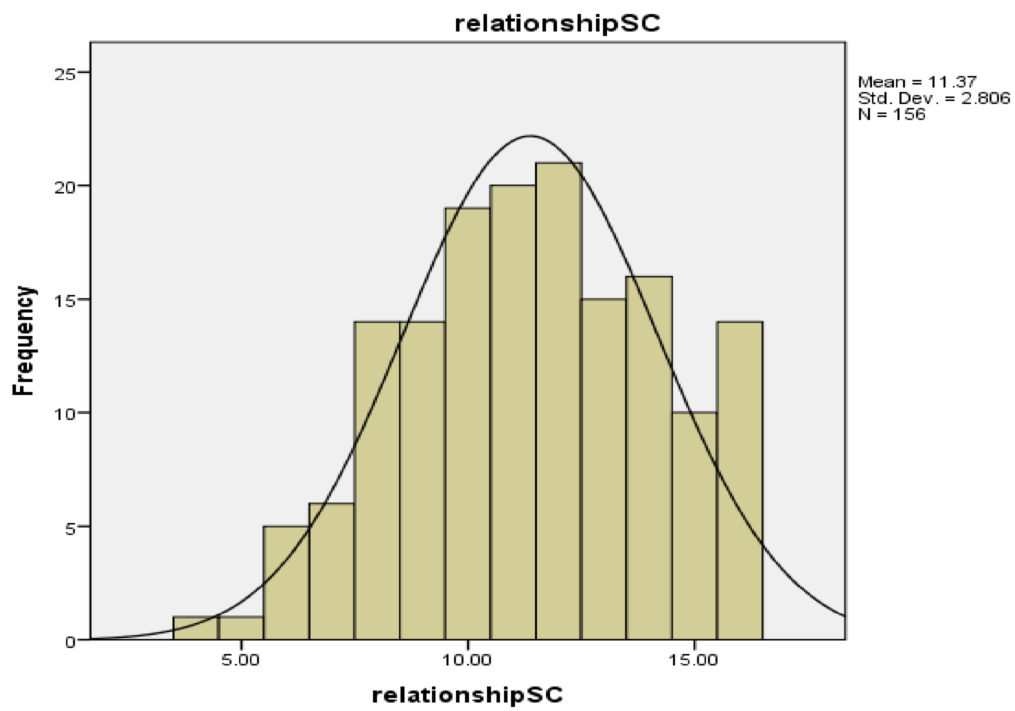

psychologicalSC
Mean = 34.37
Std. Dev. = 5.509
N = 38
Frequency
0
2
4
6
8
10
20.00
25.00
30.00
35.00
40.00
45.00
psychologicalSC


PsychologicalSC
Mean = 35.58
Std. Dev. = 7.16
N = 145
Frequency
0
5
10
15
20
25
10.00
20.00
30.00
40.00
50.00
PsychologicalSC


PhysicalSC
Mean = 19.64
Std. Dev. = 3.917
N = 39
Frequency
0
2
4
6
8
10
10.00
15.00
20.00
25.00
30.00
PhysicalSC


PhysicalSC
Mean = 19.56
Std. Dev. = 4.385
N = 162
Frequency
0
5
10
15
20
5.00
10.00
15.00
20.00
25.00
30.00
PhysicalSC


RelationshipSC
Mean = 10.59
Std. Dev. = 1.83
N = 41
Frequency
0
5
10
15
5.00
7.50
10.00
12.50
15.00
RelationshipSC


relationshipSC
Mean = 11.37
Std. Dev. = 2.806
N = 156
Frequency
0
5
10
15
20
25
5.00
10.00
15.00
relationshipSC