PREVALENCE OF DEPRESSION ANXIETY AND STRESS AMONG ORPHAN YOUNG ADULTS LIVING IN BAHAWALPUR: GENDER AND SOCIO-ECONOMIC STATUS ARE IN FOCUS

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ABSTRACT
Current research was carried out to investigate the level of depression, anxiety and stress among orphan young adults living in Bahawalpur City. The core aim of the research was to compare these variables among orphans in connection with their socio-economic status and gender. To collect the responses from the orphans DASS-21 scales was administered on (N=200) orphans via purposive sampling. This was a quantitative research with cross-sectional research design. The results from the collected data depicted a significant high level of psychological distress among the orphans belonging from middle class socio-economic status. This also depicted that the level of stress and depressiveness were higher in male orphans instead of female orphans. Furthermore, on the basis of the results it concludes that parental loss is a worse stressful life event to which no one can cope. It is long lasting mental stressor. Hence, the orphan needs social support from others. The results of this study are a message for authorities, psychologists and educationists to provide social help or support program to heal the stress, anxiety and depression of the orphans.
Keywords: Stress, Depression, Anxiety, Orphan etc.

INTRODUCTION
Orphan hood refers to the death of parents during childhood. As per the census, about 153 million young adults are living without their parents, a father or mother and 18 million have lost both of them (Brunello & Boer, 2000). Throughout the period of orphan hood the individual is at risk of psycho-social and mental health issues (Kaur et al., 2018). The most common are the prevalence of the symptoms of stress, anxiousness, shyness, loneliness and depressiveness, (Shiferaw et al., 2018).

Stress is known as a mental strain that destroys the personality of orphans and also affects their interpersonal relations in the society (Dorsey et al., 2015). Stressful experiences of the orphans' lead them toward many other psychological anomalies such as negative emotions, negative self image, shyness, loneliness and increase the level of stress day by day. This increase in daily stress also increases the troubles and issues in their daily functioning. They feel difficulty in their creative functioning, doomed in sick cognition and motivation (Mohammadzadeh et al., 2015). If the stress remained persistent this further leads to anxiousness and anxiety among the orphans.

When the orphans feel fear, low confidence and hesitation in front of others or while interacting with others, this indication shows that they are developing the symptoms of anxiety (Hofmann et al., 2010). During the phase of anxiety the sufferers feel fear without knowing actual reason. Higher the level of anxiety more the orphan will report emotional or behavioral responses. They feel difficulty in decision making process and feel helplessness. This helplessness leads to many negative thoughts and ultimately the orphan develops depression (Demoze et al., 2018). The

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depressiveness or depression is known as a state of sadness associated with long-term negative effects on health and on overall development of the peoples who experience it. It is an acknowledged fact that when the parents died the orphans missed and realized their presences due to their positive emotions attached with them such as their love, care and feelings of protection. Some sensitive orphans feel vulnerable to them and feel unable to share their grief and sorrows and doomed to helplessness. Such negative feelings lead them toward negative cognitive triad of depression (Masmas et al. 2012). Below is the extensive literature that shows the researches in connection with the study variables.

REVIEW OF LITERATURE

The study of the literature portray a number of psychopathologies among the orphans such as a study identified that 7.5% orphans reported hyperactivity disorder, 38% revealed peer issues and 13% reported more sever peer issues (Green et al., 2019). Similarly, a study was conducted in UK to explore the psychological and social issues of the individuals living in orphanage houses. They study a sample of (N=187) orphan individuals and reported a considerable high level of social isolation in orphans (Goodman et al., 2000). On the other hand, a higher level of distress was reported by the orphan living in rural areas in Karachi. This cause of their distress was low social support and hopeless feelings. Due to these negative feelings the orphans were in a state of low mood with suicidal thoughts (Goodman et al., 2005). An extensive literature stated that the orphans with the symptoms of depression lose their self-worth, remained in low mood or loss of interest in pleasure and have poor concentration. A study reported that the orphans with depressive symptoms often complaint digestive issues, poor sleep, feelings of boredom and helplessness (Dorsey et al., 2015).

Srinath et al., (2005) conducted a study among the orphan's individuals who were getting their education from different educational institutes. In this research a total number of (N=80) orphans were taken and all the participants of the research reported a higher emotional and behavioral problems. The most common issues were anger, irritability, lack of optimism with higher level of shyness and loneliness were reported.

Similarly, a study was conducted to explore the social anxiety disorder among orphans and reported a considerable level of social anxiety disorder among the individuals living in orphanage houses. While expressing the emotions they told that they are helpless there and they have no joy in their life (Mullick & Goodman, 2005). To address the psycho-social issues of orphans living in orphanage houses Chisholm et al., (2000) conducted a study and reported a higher level of homesickness, fear and shyness among the sample undergoes in this study. They also reported a poor concentration and lack of confidence among those who scored higher of shyness and homesickness scale. Case et al., (2004) reported a higher level of somatic stress with depressiveness and lack of satisfactory positive emotions. They further reported that they were reported guilt feelings and negative thoughts associated with life future.

Rationale of the Research

The basic purpose of this research was to address the psychological issues faced by the individuals whose parents have died so called orphans. In Pakistan, there are minimal researches that addressed this issue and explored the mental health related problems of orphans. To fill the gap in existing literature and in the research there was a dire need of such study. Therefore, this research was conducted in Bahawalpur to explore the mental health issues of orphans. The findings of this study will be a message for the authorities to cultivate positive emotions in order to optimize health and psychological well-being of orphans living in Bahawalpur.

Objectives of the Study

1. To check the level of stress, anxiety and depression among orphans living in Bahawalpur.
2. To compare the symptoms among gender.
3. To analyze the results as per demographic variables of the study.

Hypotheses of the Study

1. There will be a higher level of stress, anxiety and depression among orphans.
2. Level of stress depression and anxiety will be higher among male orphans as compared with female orphans.
3. The level of stress, anxiety and depression would differ according to the difference in demographic variables.

METHODOLOGY
The objectives and the hypotheses based on the study variables were measured by using the following steps:

Participants of the Study
In this study a total (N=200) participants included following the inclusion criteria of the research. Out of which 38% were female 62% were male having age range of 18 to 27 years. Most of the participants were belonging from middle class socio-economic status. Only 09% were belonging lower class and 92% were enjoying middle class socio-economic status.

Sample and Sampling Technique
The overall sample of the study was (N=200) orphan individuals including both genders. In this research the data was collected by using purposive sampling technique.

Research Design of the Study
This was a quantitative research. The data was gathered by using DASS-21 item scale. In this research the orphan individuals belonging from different cultures and demographic backgrounds were included. This research was conducted by using cross-sectional research design.

Measures and Covariates used for Data Collection
In this research there were three variables to be quantified among the orphan individuals. The data was collected by using DASS scale. This scale was consisted on 21 items. These items measure the symptoms of depression, stress and anxiety. The scale was valid and reliable with significant psychometric properties.

Inclusion and Exclusion Criteria
In this research only orphan individuals with no parents both father and mother having age range of 18 to 27 years were included the others who were not meeting this criteria were excluded from the research.

Ethical Consideration
There was no risk of any harm in this research. Before starting the data collection informed consents were obtained from the research participants. They were also assured that the information obtain will only be used for research purpose and will be kept as confidential.

RESULTS OF THE STUDY
The results of the study are as follows:

Table No. 1   Demographic Characteristics of the Participants (N=200)

Demographic variables	Frequency	Percentage
Gender		
Male	76	38.0
Female	124	62.0
Age in Years		
From 18 to 22 years	164	82.0
From 23 to 27 years	36	18.0
Socio Economic Status		
Lower class	18	9.0
Middle class	182	91.0
Higher class	0	0

Note: The above table shows the demographic variables information of the sample which is selected from the target population. From the overall sample of 200 respondents 76 (38%) are male and other 124 (62%) are females. For the age of the respondents it is observed that 164 (82%) people having age from 18 to 22 years and the other 36 (18%) adults and adolescence are of age from 23 to 27 years of age. Form the overall sample of 200 adolescence18 (9%) belong to lower economic class, 182 (91%) having middle economic class.

Table No. 2 Level of Stress, Anxiety and Depression of Orphan Individuals (N=200)

Clinical Variables	Level	Frequency	Percent
Stress	Normal	60	30.0
	Mild	41	20.5
	Moderate	59	29.5
	Severe	35	17.5
	Extremely Severe	5	2.5
Anxiety	Normal	21	10.5
	Mild	8	4.0
	Moderate	22	11.0
	Severe	32	16.0
	Extremely Severe	117	58.5
Depression	Normal	36	18.0
	Mild	23	11.5
	Moderate	73	36.5
	Severe	46	23.0
	Extremely Severe	22	11.0

Note: The above table shows stress, anxiety and depression level for psychological distress level of adults and adolescence. From the overall sample the stress results are showing that 60 (30%) respondents were normal people, 41 (20.5%) people are facing mild level of stress, 59 (29.5%) people are facing moderate level of stress, 35 (17.5%) were at severe level and the other 5 (2.5%) were at extremely severe level of stress. Results are showing that 21 (10.5%) respondents were normal people, 8 (4%) people are facing mild level of anxiety, 22 (11%) people are facing moderate level of anxiety, 32 (16%) were at severe level and the other 117 (58.5%) were at extremely severe level of anxiety. In case of depression the results are showing that 36 (18%) respondents were normal people, 23 (11.5%) people are facing mild level of depression, 73 (36.5%) people are facing moderate level of depression, 46 (23%) were at severe level and the other 22 (11%) were at extremely severe level of anxiety.

Table No. 3 Showing the comparison of Depression level between males and females using T-test

Gender	N	Mean	Std. Deviation	T-Test Comparison	
				T-Score	P-value
Male	76	18.21	8.20	1.381*	0.017
Female	124	16.58	8.04		

*. $p< 0.05$ and **. $p< 0.01$

Note: In this table it is reported that the depression level of higher among male orphans instead of female orphans.

Table No. 4 Showing the comparison of Anxiety level between males and females using T-test

Gender	N	Mean	Std. Deviation	T-Test Comparison	
				T-Score	P-value
Male	76	18.84	8.59	-0.326	0.745
Female	124	19.23	7.77		

*. $p< 0.05$ and **. $p< 0.01$

Note: The table shows that the overall level of anxiety is higher among female orphans

Table No. 5 Showing the comparison of Stress level between males and females using T-test

Gender	N	Mean	Std. Deviation	T-Test Comparison	
				T-Score	P-value
Male	76	19.84	7.52	1.731*	0.048
Female	124	18.06	6.75		

*. p< 0.05 and **. p< 0.01

Note: In the above table the level of stress is slightly higher among male orphans.

Table No. 6 Comparison of Depression for Socio economic status

Socio Economic Status	N	Mean	S.D	95% CI	
				LL	UL
Lower class	18	15.22	7.101	11.69	18.75
Middle class	182	17.40	8.205	16.20	18.60
Upper class	0	0	0	0	0
Total	200	17.20	8.120	16.07	18.33

Note: Level of depression is higher among middle class orphans.

Table No. 7 ANOVA showing significance regarding socio economic status

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	77.372	1	77.372	1.175	0.280
Within Groups	13042.628	198	65.872		
Total	13120.000	199			

Note: In the above table, the value of F-score for ANOVA testing is 1.175 with p-value is 0.280 showing the test is not significant at 5% level of significance.

Table No. 8 Comparison of Anxiety for Socio economic status

Socio Economic Status	N	Mean	S.D	95% CI	
				LL	UL
Lower class	18	17.22	9.90	12.30	22.14
Middle class	182	19.26	7.88	18.11	20.42
Upper class	0	0	0	0	0
Total	200	17.20	8.120	16.07	18.33

Note: The results showed that the orphans belong to middle class revealed a higher level of anxiety.

Table No. 9 Comparison of Stress for Socio economic status

Socio Economic Status	N	Mean	S.D	95% CI	
				LL	UL
Lower class	18	17.22	9.18	12.66	21.79
Middle class	182	18.89	6.86	17.89	19.89
Upper class	0	0	0	0	0
Total	200	18.74	7.08	17.75	19.73

Note: The above table shows that the level of stress is higher among middle class orphans.

DISCUSSION

This current study was sets out to explore the psychological issues among orphans. The first hypothesis of the study was generated to find out the overall prevalence of stress, anxiety and depression among orphans. It revealed that out of (N=200) sample (n=60) reported normal stress,

(n=41) showed mild stress and (n=59) reported moderate stress, (n=35) reported sever stress and (n=5) reported extreme stress. Similarly, (n=21) reported normal anxiety, (n=08) showed mild anxiety and (n=26) reported moderate anxiety (n=32) reported sever anxiety and (n=117) reported extremely higher anxiety. As about the depression (n=36) reported normal depression (n=23) showed mild depression and (n=73) reported moderate depression (n=46) reported sever depression and (n=22) reported extremely higher depression. The same findings were revealed from the past researches. Such as Abebe and Aase (2007) concluded a higher level of mental illness among the orphan individuals. The results of this study also reported that the depression level was higher among orphans as compared with stress and anxiety. The results of the second hypothesis showed that depression and stress was slightly higher among male orphans while anxiety was higher among female orphans. In the old researches Baaroy and Webb (2008) concluded the same findings. Lastly, the results of the third hypothesis reported that the orphans belongs to middle class standard were suffering in higher level of depression and anxiety. The same was also concluded by Cluver et al., (2007).

CONCLUSION
On the basis of the results of this study we come up at the conclusion that loosing parents both father and mother is a very stressful life event for all. The death of parents leaves toward a mental loss including stress, anxiety and depression. It is because there is no any compensation of this parental loss. Therefore, this mental illness goes life-long with the orphans. The result of this study is a message for authorities and mental health professionals to provide social support to the orphans in order to heal their sufferings.

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