IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 18, Issue 8 Ser. 3 (August. 2019), PP 26-31
www.iosrjournals.org

Prevalence and Attributes of Suicidal Ideation and PTSD like Symptoms in Children Living In Orphanages in Kashmir Valley.

Sameena Yousuf[1], Abdul Wahid Khan[2], Rauf-ur-Rashid[3], Ashiq Rashid Mir[4]
[1.] *Tutor/Demonstrator, Community Medicine, SKIMS Medical College*
[2.] *Professor, Psychiatry, SKIMS Medical College*
[3.] *Professor, Community Medicine, SKIMS, Soura*
[4.] *Tutor/Demonstrator, Community Medicine, SKIMS Medical College*
**Corresponding Author: Dr.Ashiq Rashid Mir*

Abstract: ***Introduction:*** *As per UNICEF, there are 153 million orphans worldwide. The number of orphans in India is 55 million and the number in Kashmir stands at 2.14 lakh orphans as per the report of 'Save the Children'. UNICEF estimates that 2.2 million children worldwide live in orphanages where they have to face repeated neglect, abuse and fear thus leaving them physically and emotionally vulnerable. Psychiatric morbidity especially PTSD and MDD are common in the present day orphanage setting in Kashmir. This study was conducted with the aim of assessing suicidal ideation and PTSD like symptoms among the orphanage inmates and the associated factors.*

Methodology: *The study was carried out over a period of one year in registered and unregistered male and female orphanages of Kashmir Valley among 450 children of the 10-18 year age group by employing multistage random sampling. Permission from concerned authorities and Institutional Ethics Committee was obtained. Questions 4, 14 and 15 of the MMS were used to screen for suicidal ideation and PTSD symptoms.*

Results: *20.9% respondents displayed suicidal ideation which was significantly higher in the 14-18 year age group and stay duration >1year. 24% of participants experienced PTSD like symptoms and this was found to be statistically significantly higher in the 14-18 year age bracket and history of physical assault in the institution.*

Conclusion: *The study revealed a significant proportion of inmates to be suffering from suicidal ideation and PTSD symptoms and these issues need to be addressed at the earliest with awareness and supervision.*

Keywords: *Orphans, orphanage, suicidal ideation, PTSD*

Date of Submission: 19-07-2019 Date of acceptance: 05-08-2019

I. Introduction

The most accepted definition of orphan is ―a child who has lost both parents through bereavement. However, this definition is often extended to include the loss of parents through desertion or abandonment where the parents are unable or unwilling to provide for the child[1]. Orphans exist in every age group and in all civilizations. According to the joint report of UNICEF (United Nations Children's Fund), about 153 million children are orphans worldwide, 17.8 million of them have lost both parents[2]. Out of this number, Asia contributes 6.5% orphans and Africa leads with 11.9% orphans[3]. The number of orphans in India stands at approximately 55 million children of age 0 to 12 years, which is about 47% of the overall population of 150 million orphans in the world[4,5]. According to a report by a UK based NGO "Save the Children", there are 2.14 lakh orphans in Kashmir and 37 % of them were orphaned due to the armed conflict[6]. The age distribution of orphans was fairly consistent across countries, with approximately 12% of orphans being 0–5 years old, 33% being 6–11 years old and 55% being 12–17 years old[7]. UNICEF estimates that at least 2.2 million children in the world live in orphanages[2].

Losing a parent exposes a child to long-term psychological disturbances, which is greater if the parent is of the same sex[8]. . "Orphanage" is used to refer to facilities for the short- or long-term care of a child other than in a family setting. Children living in orphanages are one of the most vulnerable groups in a society; many of them have to live with repeated neglect, abuse or fear[9]. In early childhood, the long term institutionalization increases the likelihood that impoverished children will grow into psychiatrically impaired and economically unproductive adults who fail at interpersonal relationships and have serious problems parenting their own children[10]. More than 50 years of research provides convincing evidence that the type of institutional care provided in western countries had a detrimental effect on cognition, behavioral, emotional and social development of young children. It has also been observed that in an orphanage setting, children's emotional and behavioural status worsens and even in well run institutions children develop a range of negative behaviours, including aggression and indiscriminate affection towards adults[11].

Globally one in every five children and adolescent suffer from a mental disorder and two out of five who require mental health services do not receive them. It is expected that by 2020 childhood neuropsychiatric disorder will rise to over 50% and will become one of five most common reasons of morbidity, mortality and disability among children[12]. A global study on violence against children found that children living in orphanages were some of the most vulnerable to violence, abuse and exploitation[13]. When children living in orphanages reach a certain age, usually 18, they must leave the orphanage. These youth (care leavers) are frequently unprepared for independent life. This can result in unemployment, homelessness, conflict with the law, sexual exploitation, and poor parenting. Psychiatric morbidity, especially PTSD and MDD are common in children in present day orphanage setting of Kashmir[14].Invariably the Kashmir orphanages employ local people as care providers who are neither trained in childcare nor in management of the residential houses, which is a major reason for lack of standards of care in orphanages.This study is an attempt to provide health professionals with reliable information on the magnitude of the problem of suicidal ideation and PTSD like symptoms among children living in orphanages. Such information will be valuable for programme planning, priority allocation and mobilizing political commitment.

II. Methodology

The present study was carried out in the orphanages located in selected districts of Kashmir Valley with the aim to assess suicidal ideation and PTSD suggestive symptoms among the children as revealed with the help of a screening tool.

Study area:-The study was conducted in both registered and unregistered (Government as well as Private) orphanages of the Kashmir Valley.
Duration of study:-The study was conducted over a period of one year i.e. from 1st April 2014 to 31st March 2015.
Study population:-The study population consisted of children in the 10-18 years age group living in different orphanages of Kashmir Valley.
Study design:- A descriptive, cross- sectional study design was adopted.
Method of sampling:-Multistage random sampling technique was adopted to achieve the target sample size.
Sample size:-The sample size was decided taking into account the:-

a) Prevalence rates.
b) Confidence limit of 95%.
c) Margin of sampling error 10%

The sample size was calculated by using the following equation,

$$n = \frac{z^2 p(1-p)}{e^2}$$

where,
Z = 1.96 for 95 % confidence level or 5 % level of significance
p = 0.05, which gives us the maximum sample.
Level of precision is 5%.

As the data on prevalence of aforementioned problems among children living in orphanages in Kashmir Valley was limited, the sample size was calculated by assuming the prevalence of general health problems and psychiatric morbidity to be 50% and as such the sample came out to be 384. To avoid the influence of non-responders, a sample size of 450 was taken for the study.

Inclusion criteria:-Children in the age group of 10 - 18 years residing in orphanages.
Exclusion criteria:-

- Children suffering from mental retardation.
- Children afflicted by deaf-mutism.
- Children refusing to participate in the study.

Sampling technique:-Multistage random sampling was adopted to achieve the target sample size.By simple random sampling, two districts from each of the three geographical zones of Kashmir Valley were selected. Thus, the study was carried out in a total of six districts.Both registered and unregistered orphanages were included in the study. A list of registered orphanages in the Kashmir Valley was obtained from the Department of Social Welfare. Further,unregistered orphanages were identified with assistance from an NGO. From each of the selected districts, one registered male and one registered female orphanage was randomly selected for the study. Similarly, one unregistered male and one unregistered female orphanage were randomly selected from each district subject to availability of appropriate number of such orphanages and consent from their respective heads to be a part of the study.The number of children in the age group of interest in each orphanage was

obtained. Further, appropriate selection of subjects from each orphanage was carried out by PPS(Probability Proportionate to Size) sampling tillthe required sample size was achieved.

Strategy:-Approval for conducting the study was obtained from the Institutional Ethics Committee, Sher-i-Kashmir Institute of Medical Sciences.The study was conducted after obtaining written permission from the Social Welfare Department, Kashmir Division and the Heads of the Institutions selected for the study purpose. The weekly schedule of the children was taken and adjusted accordingly to make them available for the study, without disturbing their teaching schedule. The nature and purpose of the study and the procedure involved was explained to the study subjects and their consent was obtained after assuring them of utmost confidentiality.The study was done on one-to-one basis in a specially assigned private room.

Study tools:-The Modified Mini Scale a validatedmental health screening instrument,was used to identify children with suicidal ideation and PTSD like symptoms as revealed by responses to questions # 4, 14 and 15 of the scale. These children required further psychiatric evaluation and were referred to the Department of Psychiatry at SKIMS Medical College and Hospital, Bemina. The MMSitems are derived from the Diagnostic and Statistical manual IV (DSM-IV), the Structured Clinical Interview for Diagnosis (SCID) and the Mini International Neuropsychiatric Interview (M.I.N.I.). The MMS comprises of 22 questions, the scoring for which determines the need for further assessment.

Data Analysis:-The data thusgenerated was analyzed using SPSS version 20 software. Appropriate statistical methods (Chi-square test and logistic regression test) were applied as per requirement. Chi-squared tests were used for categorical variables, and Fishers exact tests were used in place of x^2 for independence when one or more cells in a table had an expected count of less than 5 whenever required.P value < 0.05 was taken as significant.

III. Results

Table- 1: Response to Q#4 of MMS by gender.

Scores	Males		Females		Total	
	No.	%	No.	%	No.	%
0	263	80.90	93	74.40	356	79.1
1	62	19.10	32	25.60	94	20.9
Total	**325**	**100**	**125**	**100**	**450**	**100**

p value=0.127(insignificant)
Q#4 deals with thoughts of death in the past one month. A score of 1-indicates need for psychiatric evaluation.

Table-1 depicts the response to Q#4 of MMS by gender. Overall, 20.9 % of the respondents reported thinking themselves better off dead and wishing themselves dead in the past month. 19.1 % of males and 25.6 % of females admitted to having thoughts of death in the past one month. Even though more females reported thoughts of wishing themselves dead, the association of the response with gender was found to be insignificant (p=0.127).

Table-2: Association of age group with response to Q#4 of MMS.

Age group	Q#4 score0		Q#4 score1		Total	
	No.	%	No.	%	No.	%
10-14years	245	90.7	25	9.3	270	100
14-18years	111	61.7	69	38.3	180	100
Total	**356**	**79.1**	**94**	**20.9**	**450**	**100**

p value<0.001(highly significant)
Q#4 deals with thoughts of death in the past one month. A score of 1-indicates need for further psychiatric evaluation.
Table-2 depicts the association of age groups with response to Q#4 of MMS.As is evident from the table, in the 10 – 14 year age group 9.3% of the respondents had a score of 1 in response to Q#4 of the MMS. This percentage was observed to be 38.3 % among children in the 14 – 18 year age bracket. The association of age groups with response to Q#4 of MMS was found to be statistically highly significant (p<0.001).

Table-3: Association of duration of stay in orphanage with response to Q#4 of MMS.

Duration of stay in orphanage	Q#4 score0		Q#4 score1		Total	
	No.	%	No.	%	No.	%
≤ 1 year	87	87.9	12	12.1	99	100
> 1 year	269	76.6	82	23.4	351	100
Total	**356**	**79.1**	**94**	**20.9**	**450**	**100**

p value=0.015(significant)
Q#4 deals with thoughts of death in the past one month. A score of 1- indicates need for further psychiatric evaluation.

Table - 3 depicts association of response to Q#4 of MMSwith duration of stay in orphanages. It was observed that 12.1 % of inmates with a stay duration of ≤1 year in the orphanage had a score of 1 in response to Q# 4 of the MMS as opposed to 23.4 % of the inmates with a stay duration of> 1year in the orphanages and this difference was found to be statistically significant. (p=0.015).

Table-4: Association of response to Q#4 of MMS with physical assault in orphanage.

Subjected to physical assault in orphanage	Q#4 score0		Q#4 score1		Total	
	No.	%	No.	%	No.	%
No	120	83.3	24	16.7	144	100
Yes	236	77.1	70	22.9	306	100
Total	**356**	**79.1**	**94**	**20.9**	**450**	**100**

p value=0.131(insignificant)
Q#4 deals with thoughts of death in the past one month. A score of 1- indicates need for further psychiatric evaluation.

Table-4 depicts association of physical assault with response to Q#4 of MMS. It was 22.9 % of children who had been subjected to physical assault in the orphanages responded in the affirmative to Q#4 of the MMS in comparison to 16.7 % of those who had not been subjected to physical assault. However, this difference was found to be statistically insignificant (p=0.131).

Table-5: Response to Q#14 and Q#15 of MMS by gender.

Q#14 and Q#15 scores	Males		Females		Total	
	No.	%	No.	%	No.	%
<2	249	76.6	93	74.4	342	76
2	76	23.4	32	25.6	108	24
Total	**325**	**100**	**125**	**100**	**450**	**100**

p value=0.622(insignificant)
Q#14 and 15 deal with ever undergoing a traumatic event and intense recollections of the same in the past one month. A score of 2 indicates need for further psychiatric evaluation.

Table-5 depicts response to Q#14 and Q#15 of MMS, which deal with PTSD like symptoms, by gender. It was observed that there was no prominent difference in the prevalence of participants having scores <2 (males=76.6% and females=74.4%) and 2 (males=23.4% and females=25.6%) and the association between gender and response to Q#14 and Q#15 of MMS was found to be insignificant (p=0.622). Overall, 24 % of the respondents reported PTSD suggestive symptoms.

Table-6: Association of age group with response to Q#14 and Q#15 of MMS.

Age group	Q#14 and Q#15 score<2		Q#14 and Q#15 Score 2		Total	
	No.	%	No.	%	No.	%
10-14 years	224	83.0	46	17.0	270	100
14-18years	116	65.6	62	34.4	180	100
Total	**342**	**76.0**	**108**	**24.0**	**450**	**100**

p value<0.001(highly significant)
Q#14 and 15 deal with ever undergoing a traumatic event and intense recollections of the same in the past one month. A score of 2 indicates need for further psychiatric evaluation.
As divulged from the above data, 17 % of children in the 10 – 14 year age group scored reported having been a victim or a witness of a traumatic event and having had intense recollections of the same in the past month. This percentage was 34.4 % among children aged 14 – 18 years and this difference was found to be statistically highly significant (p<0.001).

Table-7: Association of duration of stay in orphanage with response to Q#14 and Q#15 of MMS

Duration of stay in the orphanage	Q#14 and Q#15 score<2		Q#14 and Q#15 Score 2		Total	
	No.	%	No.	%	No.	%
≤1 year	74	74.7	25	25.3	99	100
>1 year	268	76.4	83	23.6	351	100
Total	**342**	**76.0**	**108**	**24.0**	**450**	**100**

p value=0.741(insignificant)

Q#14 and 15 deal with ever undergoing a traumatic event and intense recollections of the same in the past one month. A score of 2 indicates need for further psychiatric evaluation.

Table-7 depicts the association of response to Q#14 and Q#15 of MMSwith duration of stay in orphanage.As is clear from the above table, no prominent variation could be found in both the recorded scores(<2 and 2) with respect to the duration of stay in the orphanages. 25.5 % of children with a stay duration ≤1 year and 23.6 % of orphans with a stay duration of >1 year in the orphanage were found to have a score of 2 in response to Q#s 14 and 15 of the MMS. The overall association was found to be insignificant (p=0.741).

Table-8: Association of response to Q#14 and Q#15 of MMS with physical assault in orphanage.

Subjected to physical assault in orphanage	Q#14 and Q#15 Score <2		Q#14 and Q#15 Score 2		Total	
	No.	%	No.	%	No.	%
No	118	81.9	26	18.1	144	100
Yes	224	73.2	82	26.8	306	100
Total	**342**	**76.0**	**108**	**24.0**	**450**	**100**

p value=0.043(significant)
Q#14 and 15 deal with ever undergoing a traumatic event and intense recollections of the same in the past one month. A score of 2 indicates need for further psychiatric evaluation.

Table-8 provides the scores of the participants with regard to the physical assault. As is clear from the data, 18.1 % of those not facing physical assault and 26.8 % of those facing physical assault in the orphanages had a score of 2 in response to Q#s 14 and 15 of the MMS. The overall association was found to be significant (p=0.043).

IV. Discussion

In the present study, it was observed that 20.9% of the study subjects had thoughts of dying or a wish to die in the past one month. This is a worrying trend as it reflects the disturbed state of mind of the respondents.A case control study conducted by Makame V et al[15] also found suicidal tendencies to be higher among orphans in comparison to non-orphans.Behrentt A and Mbaye SM[16] in their study found that thoughts about committing suicide were quite common among orphanage children: more than 40% of the participants had already felt so bad on at least one occasion in their life that they wished to be dead.

In the present study, it was observed that 24% of the study participants had been the victim of or witnesses to a traumatic life event and had distressing memories of the same in the form of nightmares, flashbacks and intense recollections. This might be attributed to the prevailing armed conflict in the Valley with many of the children having witnessed violence and death leading to them feeling threatened and insecure.

MushtaqAMargoob et al in their paper Psychiatric Disorders among Children Living in Orphanages – Experience from Kashmir reported PTSD to be the commonest disorder affecting the study populated with 40.62 % of them having the diagnosis.[14]

Abdel Aziz MousaThabet et al conducted a study titled Prevalence of PTSD, Depression and Anxiety among Orphaned Children in the Gaza Strip and found that 55.6 % and 34.6 % of the study sample suffered from moderate and severe PTSD respectively.[17]

V. Conclusion

The findings of the study revealed a significant proportion of children living in orphanages to be suffering from suicidal ideation and PTSD like symptoms. These findings need to be addressed carefully. Awareness on health problems among orphan children at all levels should be built up. Furthermore given the high prevalence of psychiatric morbidities in such institutions and to avoid its hazardous effect on the community, we recommend proper supervision of the orphanages by the supervising authorities, regular training courses for the caregivers to help improving their children caring skills and psychiatric surveillance for the orphanages must be available and continuous for early detection and treatment of psychiatric disorders. Finally, more studies on orphanages are needed to be carried out with longer period of followup in the Kashmir Valley.

References

[1]. D Skinner. Defining Orphan and Vulnerable Children, HSRC Publications South Africa 2008. p.8.
[2]. United States Government. Fifth Annual Report to Congress on PL 109-95. World's Vulnerable Children (2010). Retrievable at: Accessed on http: //pdf.usaid.gov/pdf_docs/PDACU307.pdf. Accessed on 15/06/2013.
[3]. UNICEF, HIV / AIDS, JUNPO. Children on the brink 2002; A joint report on orphan estimates and program strategies. UNICEF 2002.
[4]. GCM India, h.g.o.o.h.h (Producer). Retrieved from http: //gcmindia.org/orphan-homes.html Accessed on 08/07/2013.
[5]. UNICEF. The state of the world's children 2006; excluded and invisible.United Nations Publications 2005.
[6]. Save the Children. Orphaned in Kashmir - The State of Orphans in Jammu and Kashmir. 2012.

[7]. UNAIDS, UNICEF, USAID. Children on the brink: A joint report of new orphan estimates and a framework for action. New York USAID 2004.
[8]. Rutter, M. Children of Sick Parents: An Environmental and Psychiatric Study. Oxford University Press. 1966.
[9]. Rutter M. Pathway from childhood to adult life. Journal ofChild Psychology and Psychiatry 1989.30: 23-51.
[10]. Fawzy N and Fouad A. Psychosocial and Developmental Status of Orphanage Children:Epidemiological Study. Current Psychiatry 2010.12: 41-48.
[11]. Tizard B, Rees J. The effect of early institutional rearing on behaviour problems and affectional relationships of 4 year old children.The Journal of Child Psychology and Psychiatry, 1975.16: 61-73.
[12]. Rahman W, Mullick MSI, Pathan MAS, Chowdhury NF, Shahidullah M, Ahmed H, Roy S, Mazumder AH, Rahman F. Prevalence of Behavioural and Emotional Disorders among the Orphans and Factors Associated with these Disorders. Bangabandhu Sheikh Mujib Medical University Journal, 2012; 5 (1): 29-34.
[13]. Pinheiro, P. World report on violence against children. Secretary-General's study on violence against children. 2006. Retrieved from www.unicef.org/lac/full_tex(3).pdf
[14]. Margoob MA, Rather YH, Khan AY, Singh GP, Malik YA, Firdosi MM, Shiekh AA. Psychiatric disorders among children living in orphanages - Experience from Kashmir. JK Practitioner 2006. 13(suppl 1): S53-S55.
[15]. Makame V, Ani C, Grantham-McGregor S. Psychological well-being of orphans in Dar El Salaam, Tanzania. ActaPaediatrica 2002.91(4): 459-465.
[16]. Behrendt A and Mbaye SM. The Psychosocial Impact of Parental Loss andOrphanhood on Children in an Area of high HIVPrevalence: a Cross Section Study in the North West Region of Cameroon. USAID. 2008.
[17]. Abdel Aziz MousaThabet, Mohammed W Elhelou and PanosVostanis. Prevalence of PTSD, Depression and Anxiety among Orphaned Children in the Gaza Strip.EC Paediatrics 5.6 (2017): 159 – 169

Dr.Ashiq Rashid Mir. "Prevalence and Attributes of Suicidal Ideation and PTSD like Symptoms in Children Living In Orphanages in Kashmir Valley." IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 18, no. 8, 2019, pp 26-31.