

A Comparative Study on Well-Being and Gratitude including Behavioral and Emotional Difficulties among Early and Middle Adolescents Living in Residential Care

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ABSTRACT

Background: The main focus of research in past decades was to understand the behavioral and emotional issues faced by adolescents raised in residential care homes. However, there exist only a few studies which focus on comparing the overall well-being of different adolescent categories. Also, there exist only a few studies that try to understand the gratitude of adolescents raised in residential care homes. The study aimed to compare well-being, gratitude and behavioral and emotional difficulties of early and middle adolescents living in residential care homes as well as to understand their subjective experiences of well-being.

Methodology: The sample comprised of 60 adolescents and the questionnaires Adolescent Well-Being Scale (AWBS), Gratitude Questionnaire (GQ – 6) and parent/caregiver report version of Strengths and Difficulties Questionnaire (SDQ) were used to study and compare well-being, gratitude and behavioral and emotional difficulties among early and middle adolescents. An in-depth interview with selected participants was also conducted to understand their subjective experiences of well-being.

Results: There existed no statistically significant difference in well-being, gratitude and behavioral and emotional difficulties between early and middle adolescents. The in-depth interview revealed various reasons that contributed to the adolescents' admission to residential care homes, factors leading to their positive and negative emotional experiences and the adolescents' experience of personal growth.

Conclusion: Both early and middle adolescents were same on well-being, gratitude and behavioral and emotional difficulties, and the adolescents' life at residential care homes had both positive and negative impact on their well-being.

Keywords: Adolescent Health, Emotions, Mental Disorders, Caregivers.

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INTRODUCTION

Adolescence can be defined as the transitional phase from childhood to adulthood [1]. This usually occurs during puberty and involves physical and psychological development of the individual. The age range for adolescence as defined by “World Health Organization” is 10 – 19 years and is marked by significant psychological and social changes including achievement of various milestones [2]. Adolescence can be further categorized into early, middle and late adolescence depending on physical and psychological changes that they undergo. During this period, parental involvement plays an important role in accelerating healthy adolescent development and can help maintain good physical and psychological health by making them learn effective coping with life stressors [3]. Higher levels of social integration, absorption and life satisfaction, perceived social support and increased subjective well-being were also found among adolescents with gratitude [4][5]. There was also a positive correlation between gratitude and positive emotions such as

hope, feeling pride, excitement, forgiveness and inspiration [6]. Therefore, gratitude appears to be a significant factor in adolescent development.

The individuals at this phase, are prone to various psychosocial, anxiety, mood and thought disorders. Children and adolescents living in orphanages are at a higher risk of developing emotional and behavioral issues than others as they lack love, care and support from family [7]. They are exposed to negative factors such as lack of parental love and care, neglect, abuse and exploitation and therefore higher prevalence of emotional and behavioral problems are seen among them [7]. Insecurity, emotional neediness and poverty are also found to be high among them.

As per the UNICEF 2012 records, India is home for about 44 million destitute children and more than 25 million abandoned and orphan children [8]; which means that the number of orphaned, abandoned and destitute children are increasing along with the growing population [7]. As the number of researches conducted on studying the orphan population is less in our country, it leaves a research gap for future researches.

METHODOLOGY

Objectives

- To study and compare well-being, gratitude and behavioural and emotional difficulties of early and middle adolescents living in residential care homes across gender and age ranges.
- To understand the subjective experiences of the well-being of early adolescents and middle adolescents living in residential care homes.

Research Design

The study followed a mixed-method approach. A comparative design was used for the quantitative component of the research, for comparing well-being, gratitude and behavioral and emotional difficulties among early and middle adolescents living in residential care homes. A phenomenological design was used for the qualitative component of the research to understand the subjective experiences of the well-being of the early and middle adolescents across gender and age ranges.

Sample

The participants were selected through purposive sampling technique from four different orphanages in the Thrissur District of Kerala. The total number of participants was 60, out of which 30 belonged to the early adolescent category (10 – 14 years) and 30 belonged to the middle adolescent category (15 – 17 years). Since individual experiences can vary for males and females, gender was taken into consideration. Hence among the 30 males and 30 females participated in the research, 15 fell under the category of early adolescents and 15 fell under the category of middle adolescents. The caregiver/parent-report version of the Strengths and Difficulties Questionnaire was administered to the orphanage wardens to screen the behavioral and emotional difficulties of those participants selected for the in-depth interview. Since two participants from each of the orphanages were selected for the in-depth interview, a total of 4 orphanage wardens took participation in the study. Written informed assent and consent was obtained from the adolescents and the orphanage authorities respectively before the data collection.

Data Collection

Collection of Quantitative Data: The Gratitude Questionnaire (GQ-6) and Adolescent Well-Being Scale were administered to 60 school-going adolescents from the selected orphanages, considering the gender and age factors. The parent/caregiver report measure of Strengths and Difficulties Questionnaire was also administered to the caregivers of those adolescents who scored 13 or above in the Adolescent Well-Being Scale and has been selected for the in-depth interview.

Collection of Qualitative Data: An in-depth interview with 4 early adolescents and 4 middle adolescents from the selected orphanages was done considering the gender and age factors. (The participants who scored 13 and above on Adolescent Well-Being Scale were taken in for the in-depth interview, as the scores 13 and above is indicative of the likelihood of depressive disorder and low well-being.)

Tools

Adolescent Well-Being Scale (AWBS) – This 18-item scale assesses well-being and depressive symptoms in children and adolescents. The responses for each item are marked on a 3-point scale and the responses are summed to obtain the score [9].

Gratitude Questionnaire (GQ-6) – This 6-item self-report questionnaire is used to assess the individual differences in the proneness to the experience of gratitude in daily life. Each item on a Likert scale is rated by the respondents. Items 3 and 6 are reversed scored and the total score on this scale is the summed-up score of all six items [10].

Strengths and Difficulties Questionnaire (SDQ) –The SDQ assesses five subscales through its 25 items, which are emotional problems, conduct problems, hyperactivity, peer relationship problems and prosocial behavior subscales [11]. It has self-report, parent-report and teacher-report measures. The parent/caregiver report measure was used for this study.

Interview Guide – The guide contained open-ended questions to understand subjective experiences (positive and negative) of adolescents.

Ethical Considerations

- A formal permission from residential care homes/orphanages was obtained prior to the data collection process.
- Informed consent from participants were obtained using the assent form (for children) and consent form (for caregivers).
- Issues regarding the confidentiality of the data were cleared and assured prior to the data collection process.
- Permissions for recording the in-depth interviews with the participants were taken beforehand.
- In case of any withdrawal, psychological first aid was assured (if needed) prior to the data collection process.

Statistical Analysis

t-test was used to analyze the quantitative data obtained from the questionnaires. Data were analyzed through SPSS 16.0. Thematic analysis was done to analyze qualitative data obtained through the in-depth interviews. Figures 1, 2, & 3 shows the distribution of scores on Adolescent Well-Being Scale, Gratitude Questionnaire and Strengths and Difficulties Questionnaire respectively.

RESULTS AND DISCUSSION

Table 1: Comparison of mean scores on Gratitude and Well-Being across gender and age ranges

		Variables	
		Gratitude	Well-Being
Early Adolescent Males (N = 15)	Mean	28.40	15.20
	SD	5.113	3.189
Early Adolescent Females (N = 15)	Mean	28.00	15.27
	SD	5.113	3.081
	t value	0.239	0.058
	p value	0.813	0.954
Middle Adolescent Males (N = 15)	Mean	27.87	15.00
	SD	3.662	3.180
Middle Adolescent Females (N = 15)	Mean	27.67	14.60
	SD	5.273	5.273
	t value	-0.121	-0.282
	p value	0.905	0.780

Early Adolescent Females (N = 15)	Mean	28.40	15.27
	SD	3.996	3.081
Middle Adolescent Females (N = 15)	Mean	27.67	14.60
	SD	5.273	3.180
	t value	0.429	0.583
	p value	0.671	0.565
Early Adolescent Males (N = 15)	Mean	28.00	15.20
	SD	5.113	3.189
Middle Adolescent Males (N = 15)	Mean	27.87	15.00
	SD	3.662	4.472
	t value	0.082	0.141
	p value	0.935	0.889

Table 2: Comparison of Prosocial mean scores, Total Difficulties mean scores, Externalizing mean scores and Internalizing mean scores across gender and age ranges

	Variables	Total Difficulties Score	Externalizing Score	Internalizing Score	
	Prosocial Score				
Early Adolescent Males (N = 2)	Mean	4.00	11.50	7.50	4.00
	SD	2.828	3.536	4.950	1.414
Early Adolescent Females (N = 2)	Mean	6.50	10.50	8.00	2.50
	SD	2.121	9.192	7.071	2.121
	t value	1.000	-0.144	0.082	-0.832
	p value	0.432	0.899	0.942	0.493
Middle Adolescent Males (N = 2)	Mean	5.50	13.00	9.00	4.00
	SD	3.536	9.899	9.192	2.828
Middle Adolescent Females (N = 2)	Mean	7.00	13.00	6.50	6.50
	SD	2.828	7.071	4.243	0.707
	t value	0.469	0.000	-0.349	1.213
	p value	0.686	1.000	0.760	0.349
Early Adolescent Females (N = 2)	Mean	6.50	10.50	8.00	2.50
	SD	2.121	9.192	7.071	2.121
Middle Adolescent Females (N = 2)	Mean	7.00	13.00	6.50	6.50
	SD	2.828	9.889	9.192	0.707
	t value	-0.200	0.262	0.183	-2.530
	p value	0.860	0.818	0.872	0.127
Early Adolescent Males (N = 2)	Mean	4.50	11.50	7.50	4.00
	SD	2.828	3.536	4.950	1.414
Middle Adolescent Males (N = 2)	Mean	5.50	13.00	9.00	4.00
	SD	3.536	7.071	4.243	2.828
	t value	-0.469	-0.268	-0.325	0.000
	p value	0.686	0.814	0.776	1.000

The statistical analysis of the quantitative data revealed the following;

- There exists no statistically significant difference between early adolescent males and early adolescent females on gratitude [$t(28) = 0.239$, $p > 0.05$] as well as on well-being [$t(28) =$

- 0.058, $p > 0.05$].
- There exists no statistically significant difference between middle adolescent males and middle adolescent females on gratitude [$t(28) = -0.121$, $p > 0.05$] as well on well-being [$t(28) = -0.282$, $p > 0.05$].
 - There exists no statistically significant difference between early adolescent females and middle adolescent females on gratitude [$t(28) = 0.429$, $p > 0.05$] as well as on well-being [$t(28) = 0.583$, $p > 0.05$].
 - There exists no statistically significant difference between early adolescent males and middle adolescent males on gratitude [$t(28) = 0.082$, $p > 0.05$] as well as on well-being [$t(28) = 0.141$, $p > 0.05$].
 - There exists no statistically significant difference among early adolescent males and early adolescent females in prosocial scores [$t(2) = 1.000$, $p > 0.05$], total difficulties scores [$t(2) = -0.144$, $p > 0.05$], externalizing scores [$t(2) = 0.082$, $p > 0.05$] and internalizing scores [$t(2) = -0.832$, $p > 0.05$].
 - There exists no statistically significant difference among middle adolescent males and middle adolescent females in prosocial scores [$t(2) = 0.469$, $p > 0.05$], total difficulties scores [$t(2) = 0.000$, $p > 0.05$], externalizing scores [$t(2) = -0.349$, $p > 0.05$] and internalizing scores [$t(2) = 1.213$, $p > 0.05$].
 - There exists no statistically significant difference among early adolescent females and middle adolescent females in prosocial scores [$t(2) = -0.200$, $p > 0.05$], total difficulties scores [$t(2) = 0.262$, $p > 0.05$], externalizing scores [$t(2) = 0.183$, $p > 0.05$] and internalizing scores [$t(2) = -2.530$, $p > 0.05$].
 - There exists no statistically significant difference among early adolescent males and middle adolescent males in prosocial scores [$t(2) = -0.469$, $p > 0.05$], total difficulties scores [$t(2) = -0.268$, $p > 0.05$], externalizing scores [$t(2) = -0.325$, $p > 0.05$] and internalizing scores [$t(2) = 0.000$, $p > 0.05$].

On Adolescent Well-Being, the normal score distribution presented results with a majority indicating low well-being (early adolescents: 90%; middle adolescents: 70%). On Gratitude, the results reveal that most of the early adolescents had high levels of grateful disposition (53%) while the levels of grateful disposition were seen to be low among middle adolescents (47%). On Strengths and Difficulties, results indicate the prevalence of conduct problems (50%), hyperactivity (50%), peer problems (37%) and prosocial behavior (25%) whereas emotional problems were absent. Results suggest no significant difference in well-being, gratitude and behavioral and emotional difficulties among the two groups (across gender and age ranges). Whereas the thematic analysis of the qualitative data elicited three major themes (adolescents' experience of lack of nurturance and care by parents/primary caregivers, factors leading to emotional experiences of adolescents and personal growth experienced by adolescents) thereby providing an in-depth understanding of the adolescents' subjective experiences of well-being.

Table 3: Themes and Sub-Themes of Subjective Experiences of Well-being

Themes	Sub-Themes
Lack of nurturing and care by parents/primary caregivers	Homelessness
	Death of parent(s)
	Abandonment by parent(s) leading to worsened family conditions
	Strained family relationship resulting from alcohol use and violence and neglect by step siblings
Emotional Experiences	Factors leading to positive emotional experiences
	Factors leading to negative emotional experiences
Personal Growth	Communication Skills
	Improvement in studies

	Lifestyle changes
	Positive outlook towards life
	Caring about other's needs
	Behaviour modification
	Skills/Talent Enhancement

Theme 1: Lack of Nurturing and Care by Parents / Primary Caregivers

The above theme emerged as affecting well-being in the form of poor nurturing by parents and primary caregivers. The main factors that contributed to a lack in nurturing and caring were identified as homelessness, death of parent(s), abandonment by parent and strained family relationship. These factors thus served as the major reason why children were admitted to residential care facilities. Homelessness, in addition to resulting in poor care and nurturing also made the children to feel that they were a burden to their families as they did not have any parent who could financially support them. Abandonment by one or both of the parents, on the other hand, led to worsened family conditions. This resulted in the families facing financial crisis, as they were abandoned by the sole bread winner. Two main reasons for strained family relationships as emerged from the thematic analysis were alcohol use and violence as well as neglect by step siblings. Alcohol use and violence by the father created an atmosphere at home which was especially unsafe for the girl child. A participant even reported how she was both verbally and physically abused and even was tried to murder by her own father. Such disharmonious situations at home along with financial crisis thus served as a push factor which led to the adolescent's admission to the orphanage. Neglect of step siblings post the death of their biological parent was another reason reported for disharmonious conditions in the family leading to stay at orphanage.

Theme 2: Emotional Experiences

Factors leading to positive and negative emotional experiences of the adolescents staying at residential care homes/orphanages emerged as a theme from the interviews. Adolescents reported that orphanages provided a supportive environment by nurturing their talents. In addition to identifying and nurturing the skills/talents the adolescents had, the authorities also provided extra educational support whenever the adolescents were in need. In addition to supporting the adolescents in the line of talent, enhancement and education, they provided a personal space to move forward by allowing them to follow their religious beliefs instead of forcing upon the religious beliefs of the religious group the orphanage is affiliated to. Adolescents also reported that they experienced a sense of freedom in their lives at the orphanage. They reported that they had freedom of speech, and an open relationship with the orphanage authorities. Adolescents were found to have a sense of satisfaction/happiness as the orphanages played their role best in fulfilling their basic needs such as food, clothing, uniform and stationaries needed for school etc. The support was not just extended to fulfilment of basic needs but also to fulfilment of wishes. An open relationship with the management where they could openly speak about their wishes also led to positive emotional experiences. Motherly love and care from caregivers at orphanage were other factors contributed to having positive emotional experiences. Presence of a motherly figure along with good friends and other elderly people had contributed in creating a homely atmosphere at orphanage.

On the other hand, factors such as longing for family, restricted freedom, betrayal by/fight with other children, Sadness and Disgust Attached with Tasks Assigned by the Agency and feelings of loneliness led to experiencing negative emotions. Adolescents reported how they missed their families while staying in orphanage and the separation from their family appeared to evoke a sense of sadness. Some adolescents also experienced sadness as they saw their peers receiving care from their parents. The fact that they were not able to get similar joys of life from their parents, resulted in missing their family more. Boys and girls equally lacked freedom in some orphanages. Females reported lacking the feeling of a homely atmosphere due to restricted freedom whereas the males perceived it as a negative experience. Betrayal by/fights with other children resulted in anger and sadness associated with feelings of being misunderstood. Fights with other children also led some to have negative as experiences of anger and irritation were present at that time. Adolescents also reported that they were forced to do tasks which were unpleasant. This led to having feelings of disgust associated with performing an unpleasant task as well as sadness associated with having

no voice to express the discomfort of doing the task. Some adolescents also reported perceiving a lack of 'homely care' from orphanages. The perceived poor response shown by peers and orphanage authorities during a crisis situation thus resulted in the adolescents having feelings of sadness and loneliness. Some experienced a strong feeling of loneliness as they listened to peers talking about their families.

Theme 3: Personal Growth

The above theme describes various areas in which the adolescents experienced a sense of personal growth such as in communication skills, studies, lifestyle, outlook towards life, caring about other's needs, modifying maladaptive behaviours, talent enhancement. Communication skills such as talking to elders with respect, using a friendly tone while speaking to other children and being aware of how people adapt different talking styles were reported as being helpful to adolescents. Many were able to improve their performance in academics as the studying conditions at orphanage were better than it was at home. A routine lifestyle helped them perform well in academics. Life at orphanage also helped the adolescents in having major lifestyle changes by leading their lives in a more systematic way. Good guidance from authority figures and close observation of other peers as well as the experiences of staying at orphanage also led to the adolescents having a positive outlook towards life. Living together as a family in these residential care homes helped the adolescents in learning values of sharing, caring and empathizing with others. Adolescents also reported that they were able to change their unhelpful behaviour with support, love and care shown by the authorities thereby helping them in behaviour modification. Through the flow of support and encouragement received from authorities and other people living in these residential care homes/orphanages adolescents were also able to cultivate various skills and talents.

DISCUSSIONS

Adolescence is a key developmental stage as it marks the transition from childhood to adulthood. Children and adolescents raised in orphanages are therefore extremely vulnerable to emotional and behavioral problems as they lack in parental care and nurturance during this key developmental stage. The objectives of the study were to understand and compare the well-being, gratitude and behavioral and emotional difficulties among early and middle adolescents; and also, to understand their subjective experiences of well-being.

Discussion of Quantitative Data

Well-Being

The study expected a significant difference in well-being between early and middle adolescents across gender and age ranges. However, results revealed that the four comparative hypotheses were not found to be statistically significant.

A probable reason could be attributed to low levels of well-being experienced by the early and middle adolescents living in orphanages with similar findings in score distribution on the well-being scale. It was found that a majority of early adolescents (90%) and middle adolescents (70%) were at risk to develop depressive disorders and among males and females it was 69% and 86% respectively (as a score of 13 and above on the adolescent well-being scale was suggestive of possible likelihood of depressive disorder). Studies show that age had an inversely proportional relationship with well-being i.e., as age increases well-being decreases.

Adolescent males were reportedly found to be far better than girls on the life satisfaction scale being a factor related to well-being [12]. However, it was contradictory to the present study findings with no significant difference in well-being across gender and age ranges. Previous studies similarly report how low levels of well-being among orphaned adolescents irrespective of their age and gender could be attributed to lack of parental care, social approval, rules and regulations of residential care homes, poor/no guidance in building relations with society and poor nutrition [13]. A strong self-concept, social support and approval including a good amount of resilience were important and reported as factors needed during this key developmental

stage to enhance well-being as well as for self-development [14]. Low well-being seen in early and middle adolescents can also be due to poor quality of life in residential care homes [15].

Gratitude

The study expected that there would be a significant difference in gratitude between early and middle adolescents across gender and age ranges. However, the result suggested that none of the four comparative hypotheses were statistically significant. The interpretation of scores on gratitude questionnaire showed that among the orphan adolescent sample a slightly high proportion of early adolescents showed high levels of grateful disposition compared to that of middle adolescents, but not significant enough to state a marked difference.

A study conducted by Sood and Gupta (2012) had similar findings where there was no significant difference in gratitude across age and gender among adolescents of age groups 12 – 15 years and 16 – 19 years. A possible explanation for this could be the influence of Indian culture where children in India are taught to show their gratitude as value towards others irrespective of their genders since the age they start to socialize with others [16].

Behavioural and Emotional Difficulties

Since the strengths and difficulties questionnaire had four sections, the hypotheses were tested for each one. The study expected that there would be a significant difference in total difficulties scores, prosocial scores, externalizing scores and internalizing scores between early and middle adolescents across gender and age ranges. The results suggested that none of the four comparative hypotheses were statistically significant. The interpretation of scores on the strengths and difficulties questionnaire showed that hyperactivity and conduct problems were slightly high compared to peer problems. However, no emotional problems were seen in the sample. This could be probably because of the small sample size to which the questionnaire was administered (N = 8).

Similar presence of behavioral issues among the orphan adolescents was reported by Khurshaid et al., (2018) in a study of adolescents raised in residential care homes/orphanages [17]. Another study in India found the prevalence of behavioral and emotional problems among orphans raised in residential care homes/orphanages [18]. Lack of parental care and love, abuse, neglect and exploitation were contributors to behavioral problems seen in orphan children [19]. The inadequacy regarding providing individual care to the children/adolescents raised in residential care homes/orphanages was another problem serving as a risk factor for developing emotional and behavioral problems [7]. The current findings appear to resonate with these studies.

Discussion of Qualitative Data

The main objective of the in-depth interviews was to understand the subjective experiences of well-being among the early and middle adolescents living in residential care homes/orphanages. The three major themes of subjective experiences of well-being elicited from the transcripts were lack of nurturing and care by parents/primary caregivers, emotional experiences and personal growth.

Lack of nurturing and care by parents/primary caregivers

Lack of parental nurturance and care plays an important role in determining the well-being of adolescents living in residential care homes/orphanages. The various ways in which child lacked the parental nurturance and care were due to homelessness, death of parent(s), abandonment by parent(s) and strained family relationships such as neglect by step-siblings, alcohol use and violence.

Orphanhood was not the only reason for the child/adolescent's admission to the orphanage and there appeared to be a range of psychosocial factors that led to their stay at orphanages. Studies show that reasons for admission to the residential care home/orphanages were one among many major factors that lead to increased risk of developing emotional and behavioral problems [7].

Poverty was also found to be a factor due to which the parent(s) or significant others fail to provide nurturance and care to the children. In many cases, poverty acted as a push factor which led to placing the

child/ adolescent in orphanages for meeting basic needs such food, education and various services [20]. Abandonment faced by children was found to be an after-effect of homelessness and poverty.

Abandonment by parent(s) and death of parent(s) was found to be one of the main reasons for admission into residential care homes/orphanage [21]. Residential care homes/orphanages were seen as heaven by survivors of neglect and abuse, including substance use [22][23].

Deprivation of parental love and care at key developmental stages makes the child/adolescents vulnerable to mental health issues. Adolescents lacking in parental nurturance and care are found to be more emotionally unstable, have low self-esteem and are found to engage in risky behaviours; many develop conduct disorders more frequently than others under parental care [24].

Emotional Experiences

According to the children, positive emotional experiences were a supportive environment, the experience of freedom, a homely atmosphere and satisfaction associated with the fulfilment of personal needs. Talent enhancement, education and following one's own religious beliefs were facilitated. The freedom experienced by the adolescents via open relationships they had with the caregivers and authorities at orphanages was appreciated.

Fulfilment of the adolescents' basic needs and wishes by the authorities not only resulted in experiencing a sense of satisfaction but also strengthened the open relationships. The flow of motherly love and care given by caregivers and the presence of good friends; to openly speak about their needs and concerns helped in creating a homely atmosphere. Therefore, social support was a prime factor which may have led to positive emotional experiences.

Social support fostered resilience enhancement and stress reduction by acting as a buffer [25]. Studies show that orphan children are found to draw social support from friends and important others in the absence of family [26]. The perceived acceptance and warmth received from caregivers at orphanages were found to have a significant association with improvement in studies and decreased school absenteeism [27]. Orphan children identified home staffs, friends and family as prime sources of social support and also identified protection, dependability, esteem and emotional support as functions of social support.

Longing for family, restricted freedom, betrayal by/or fight with other children, feelings of loneliness and sadness; disgust attached with tasks assigned by the agency were reported in the interviews. Separation from family was found to be one of the main reasons attributed to sadness experienced by the adolescents. Betrayal by/fight with other children also gave rise to feelings of anger, sadness and irritation in them. Doing a task assigned by the agency which was unpleasant evoked disgust.

Loneliness and sadness grew when family stories from peers were heard, and poor response from the orphanage authorities during crisis situations was another factor. Studies similarly echo how lack of compassion and regulation in children/adolescents living in orphanages adversely impact the emotional development of the child, thereby affecting their well-being [28]. The psychological well-being of children raised in residential care homes/orphanages were low compared to that of the non-orphans [29]; including high levels of depression and low levels of emotional stability than non-orphans [30].

Personal Growth

A sense of personal growth was reported by children in areas such as communication skills, studies, lifestyle, outlook towards life, caring about other's needs, modifying maladaptive behaviors and talent enhancement. Respect and friendliness, a routine lifestyle, improvement in studies with guidance; and close observation of peers helped in the development of a positive outlook towards life. The homely atmosphere at orphanages instilled the values of sharing, caring and empathy in adolescents. The flow of support and encouragement helped adolescents in enhancing their skills/talents and also helped in eliminating unhealthy habits. A previous study echoes how children had a sense of belonging and identity when provided a stable, loving and safe home for a living [31].

In conclusion, the current research indicates how mediating factors can play a role in the life of children (at risk) growing up in residential care homes/orphanages.

Recommendations

- Future research could focus on ways to address problems on the ground to improve the well-being of children/adolescents living in residential care homes.
- Authorities of residential care homes could be sensitized with the idea of recruiting mental health professionals/counsellors to address rising mental health issues in children/adolescents (being 'at risk' and vulnerable).
- Life skill modules/training could be introduced to increase well-being among children/adolescents living in residential care homes.

Limitations

- Since the study was conducted in a short amount of time and without any financial support, the sample size is small (N = 60) and generalizations cannot be made.
- The study included samples from Thrissur District, Kerala and findings of the study may not apply to other regions.
- Since the scales used were only available in English, they were translated to Malayalam, which may have resulted in certain meanings and nuances being lost.

CONCLUSION

Both early and middle adolescents were same on well-being, gratitude and behavioral and emotional difficulties and the adolescents' life at residential care homes had both positive and negative impact on their well-being.

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