LOSING HOPE, LOSING SELF: THE LINK BETWEEN DEPRESSION AND SELF-ESTEEM IN ORPHANED ADOLESCENTS

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ABSTRACT

Orphanhood is a time which involves many psychological and emotional problems. Lack of self-determination and inability to take decision puts orphans at risk of depression. Adolescence is a developmental stage portrayed by sensational physical, psychological, emotional and social changes. In Pakistan, there is minimal evidence which explores the relationship between depression in orphans. The aim of the study is to explore the relationship between depression in institutionalized orphan adolescents. The study took place in Punjab, Pakistan, involving adolescents aged 12-18 from different orphanages. We used a survey approach, gathering responses from a total of 360 participants, with equal gender representation (180 males, 180 females). This study examines mental health and self-esteem among institutionalized orphan adolescents, emphasizing gender differences. The balanced gender representation ensures a fair evaluation of mental health in boys and girls across different age groups. Notably, girls exhibit significantly higher depression levels, highlighting the need for gender-sensitive mental health interventions, particularly for orphaned girls. Both genders face self-esteem challenges, with girls slightly more affected. Depression significantly impacts self-esteem, and gender influences how depression affects self-esteem among orphans. Gender-specific strategies are crucial in addressing these mental health issues. Alarmingly, many orphan girls, in particular, experience moderate to severe depression, underscoring the urgency of targeted mental health interventions in institutional settings.

1. INTRODUCTION

Depression is a complicated and varied mental health conditions that can have serious consequences for people of all ages and populations. It is distinguished by persistent emotions of melancholy and hopelessness, as well as a loss of interest or enjoyment in activities. The illness can show in a variety

of ways, including severe depressive disorder, and is linked to a number of negative outcomes, including an increased risk of suicide. For example, adolescents with serious depressive disorder are up to 30 times more likely to commit suicide (Stringaris, 2017). Furthermore, Ogletree et al. (2019) found that 70% of kids who experience depression will eventually acquire serious depressive disorder. A variety of factors, including biological, psychological, and social influences, impact the etiology of depression. Maternal depressive symptoms, for example, have been demonstrated to contribute to the development of depressive symptoms in adolescents, with irritability symptoms playing a distinct role in increasing the likelihood of adolescent depressive symptoms (Whelan et al., 2015). Furthermore, the existence of depressive symptoms has been linked to a variety of health disorders, including Alzheimer's disease, cognitive impairment, and heart failure, showing depression's ubiquitous impact across multiple health domains (Liu et al., 2020).

Adolescence is a significant developmental stage that includes considerable psychological, physiological, and cognitive changes (Busso et al., 2021). It is a period of transition from childhood to adulthood that normally lasts from the ages of 10 to 19, and it is distinguished by the onset of puberty as well as the pursuit of independence and identity building. Adolescents go through a variety of physical and emotional changes at this stage, such as changes in brain structure and function, hormone fluctuations, and the development of cognitive capacities (Romeo, 2013). These changes contribute to increased sensitivity and susceptibility to numerous stressors and dangers, making adolescence an important phase for recognizing and addressing the population's particular needs and difficulties (Ciampo & Ciampo, 2019).

Adolescence is also a period of increased susceptibility and risk for individuals as they manage complicated social dynamics, peer interactions, and identity exploration (Karakuş et al., 2023). Peer connections, family relationships, and cultural expectations all have an impact on adolescents' behaviors, attitudes, and well-being (Kapetanovic et al., 2019). Furthermore, negative events including bullying, loneliness, and exposure to violence can have a significant impact on adolescents' mental health and social adjustment (Karakuş et al., 2023).

Orphans are children who have lost one or both parents due to a variety of events such as death, abandonment, or other factors. Individuals in their adolescent years who have lost one or both parents are referred to as orphan adolescents. The experience of parental loss throughout adolescence can have severe and long-term consequences for young individuals' psychological, emotional, and social well-being (Mohammadzadeh et al., 2017; Dorsey et al., 2015; Juma et al., 2013; Sayed & Al-Beheiry, 2020).

The lack of parental figures can have a substantial impact on orphan adolescents' developmental trajectory, altering their sense of identity, emotional stability, and social support networks. Orphan adolescents are more likely than their non-orphaned peers to experience mental health issues, including greater rates of depression, anxiety, and post-traumatic stress disorder (PTSD) (Mohammadzadeh et al., 2017; Juma et al., 2013; Dorsey et al., 2015). Loss of parental guidance and support during this important developmental time can lead to emotions of loneliness, bereavement, and disconnection from one's social surroundings (Dorsey et al., 2015).

Furthermore, orphan adolescents may suffer additional stressors and challenges as a result of economic difficulty, social shame, and upheavals in their living arrangements, which can worsen their sensitivity to mental health problems (Dorsey et al., 2015). The lack of parental care and supervision may also have an impact on their access to school, healthcare, and other critical resources, thereby jeopardizing their general well-being and future chances (Dorsey et al., 2015).

Depression is sometimes mistaken for other mental conditions, particularly in children, such as aggression, intellectual incapacity, lack of sleep, eating disorders, physical disease, and attention deficit. It is sometimes confused with attention deficit hyperactivity disorder in children. ADHD is a mental condition that must begin before the age of seven, although depression can occur at any age (Lamarine, 2013). Childhood depression, bipolar disorder (manic-depression), and mania are among the accepted mental health conditions for children and adolescents. Mania in adolescents or youngsters is characterized by heightened moments of happiness as well as severe stages of fury and violence (Sanford, 2008).

Depression impairs one's capacity to enjoy leisure time, employment, or even sleep. As a result, depression has the potential to be the number one barrier to an individual's achievement by interfering with his or her academic ambitions. This is likely because they may be unable to put out their best efforts. Depression is so powerful that it can afflict anyone, regardless of age or gender. The purpose of this study is to discover the prevalence and causes of depression among orphan adolescents (Umoh et al., 2008).

The prevalence of depressive symptoms in adolescents varies by gender, with research consistently demonstrating that females have greater rates than boys (Bulhes et al., 2013). According to one study, the prevalence of depressive symptoms was 18.8% in girls and 7.6% in males. Another study found that boys were more depressive than girls (29.5% vs. 17.8%) (Khesht-Masjedi et al., 2019).

Furthermore, research has shown that adolescent girls have higher levels of maladaptive cognitive schemas, which are more strongly associated with depressive symptoms, than adolescent boys (Brenning et al., 2012). Furthermore, a longitudinal study discovered that girls' depressive affect and symptoms increased beginning in eighth grade, whereas males' depressive affect and symptoms remained relatively constant. Furthermore, gender differences in depressive symptoms have been observed in a variety of contexts, including gender-based violence experiences (Patel et al., 2021), self-reported menstrual irregularities (Maurya et al., 2022), exposure and reactivity to interpersonal stress, and trajectories of stressful life events. Unmarried adolescent females who watched their father assaulting their mother, for example, were 71% more likely to have higher depressive symptoms (Patel et al., 2021). Furthermore, Dorn et al. (2008) discovered that higher depressive and anxiety symptoms are related with reduced total body bone mineral content during adolescence in girls.

Self-esteem is a comprehensive assessment of an individual's worth, expressed as a positive or negative attitude towards themselves. According to Rosenberg, the self-concept is comprised of an individual's thoughts and feelings about themselves. Self-efficacy and self-identification, together with self-esteem, are important constituents of the Self-concept. The self-esteem of adults is a fixed characteristic that is not easily influenced by the experimental design of a study (Minev et al., 2018). Problem-solving abilities are related to self-esteem.It is also associated with assertive young school boys and their talents related to societal issue solving abilities. The analysis was founded on the notion that indicated that attitudes are the result of an individual's ambitions and that they expect their performance to lead to a specific goal. Goals formed by socially unpopular youth tend to emphasize their anti-social aspirations, which concern their familial relationships. It is reasonable to infer that aggressive children favor power and revenge over connection in their social relationships. These adolescents have a higher level, which contributes to low self-esteem (Sarkova et al., 2014).

There is a clear link between an individual's emotional reaction and his or her participation in social transactions and interpersonal relationships. Self-esteem is the validation and acceptance of oneself, as well as the amount of self-confidence in an individual, and it plays a significant role in an individual's life, particularly during adolescence. Attitudes are not the result of poor self-esteem; rather, they are the result of communal decline, which eventually leads to low self-esteem. Self-esteem does not have the potential to cause an individual to react in a specific way, rather it is the outcome of insufficient social relationships (Rao, 2010).

The impact of depression on self-esteem in orphan adolescents is a vital field of research that necessitates a thorough understanding of this vulnerable population's psychological well-being. Several research studies have looked into the complex relationship between depression and self-esteem among orphan adolescents, offering light on the multifaceted nature of their mental health issues. (Zheng et al., 2022) investigated the association between low self-esteem and depression by a meta-analysis of longitudinal research. Their findings indicated that poor self-esteem is a risk factor for the development of depression, stressing the importance of self-esteem in mental health outcomes. Zheng et al. (2022) studied Tibetan adolescent orphans and found that self-control plays a protective function in preventing mental health problems, with self-esteem moderating this association. The study emphasized the need of treating self-esteem as a major aspect in boosting orphan adolescents' psychological well-being. Isnaeni et al., (2021) did a scoping review of therapeutic strategies for orphan emotional and behavioral issues, focusing on the prevalence of depression, anxiety, and low

self-esteem in orphan children and adolescents. The analysis emphasized the importance of focused interventions to address these mental health issues in orphan populations.

Gardner and Lambert (2019) investigated the relationship of self-esteem, trait-emotional intelligence, and age with depression during adolescence. Their research added to the empirical understanding of the consequences of low self-esteem on adolescent depression, underlining the importance of doing research in a variety of socioeconomic circumstances. Liu et al. (2021) looked at how psychological frustration tolerance and self-esteem affected the relationship between parental absence and aggression in depressive adolescents. The study underlined the importance of psychological elements, such as self-esteem, in determining orphan adolescents' mental health outcomes.

(Aslan, 2017)This research highlights the complex relationship between depression and self-esteem among orphan adolescents, underlining the need for customized therapies and support networks to address their specific mental health difficulties. Recognizing the varied nature of these challenges allows for the development of comprehensive interventions to boost orphan adolescents' psychological well-being and reduce the negative impacts of depression on their self-esteem.

2. REVIEW OF LITERATURE

According to Dell'Aglio & Hutz (2007) adolescents were subsequently institutionalized with a higher rate of depression compared to adolescents living with their families. Parental loss, poverty, disease and alienation were the key cause that youth were institutionalized.

Mojtabi et al., (2016) states that puberty was connected to the many physical, cognitive and social changes in children. They feel intense emotions during this period and can go through many stressful experiences. In all aspects of their lives, these rapid changes affect their mental health and increase the risk of depression. Owing to the rise in suicide rates in this age group, concern about adult depression has recently increased. Herman, et al., (2009) demonstrated that depression in adolescents was among the most deliberating psychological disorder, it also one the most overlooked and undertreated illness. Krishnakumar & Geeta (2006) reports that depression was also associated with other factors, such as female gender, social status, religion, race, geography and subsequent health issues.

According to Stolar *et al.,* (2015) depression was an deep and constant (past two weeks) mood which alter and can be a cause of hinder care in various aspects of a person's life. It consists of feelings of worthlessness, extreme remorse, insecurity, dejection, sorrow, self-doubt and shame. It was actually the condition of being pushed down usually refer to as emotional conditions of sadness, gloom, numbness, emptiness and deadness.

Brodsky and Stanley, (2008) stated that depression was a general mental illness which consists of deprived mood, spiritless, lack of interest in life, loss of enjoyment, disturbed sleep and lack of concentration. Such problems can become severe and can lead to considerable impairments and disabilities in a person's capacity to perform his basic responsibilities. The worst form of depression can be observed in form of suicide. Approximately 1 million people lose their lives as a result of suicidal ideation.

Wattie (2009) reports that around the world, one out of each fifth youngsters and youth face from a genuine mental sickness, and two in each fifth individual that needs emotional well-being therapy doesn't get it. It was anticipated that by 2020, adolescent neurological disability will increment to over half formation it, one of the fifth most driving reason for incapacity, sickness and demise rate among the children. Indeed, even with these disturbing insights, mental confusion were frequently left new or are distinguished at a late stage. Psychological troubles have an ability that they can be created in any age in adolescent. Adolescent having these issues can get impolite, can incite outrage and have a higher inclination to build up an occasional resistant conduct. These behavioral issues were went with troublesome appearance, learning or raising issues, self-destructive considerations and impulsivity.

Petersen *et al.,* (2012) in his study explained that juvenile despondency was levelled as discourages mind-set, burdensome disorder and clinical melancholy. Discouraged mindset is misery at different periods in response to miserable condition. Burdensome conditions was encountering nervousness

with different manifestations, for example, feeling pitiful, desolate, disliked, and useless. Clinical sorrow was sign of at least five burdensome indications enduring persistently for about fourteen days and hindering current working. Discouragement was under perceived among adolescents since burdensome manifestations were viewed as a recognizable aspect of adolescent's understanding.

Mezgebo (2014) states that the impacts of parent's death on adolescents were mind boggling and effects the mental and communal development. Orphans may have impeded improvement of advancement of enthusiastic knowledge and crucial capacities, for instance, correspondences, fundamental leadership, negotiation abilities. Nadam and Sylaja (2014) states that when orphans have poorer family structures, unhappy with the future, including the possibility of not completing school they frequently display lack of courage for upcoming and have little confidence, it may promptly cause depression.

According to Ramgopal *et al.,* (2016) depression was one of the major psychological problem affecting institutionalized adolescents. He observed that the prevalence of depression in institutionalized children at the average age of 12-18 years was 35 percent. Mehta (2008) stated that traditional extended family has played a role in addressing the needs of the child who lost her parents in India, but who was currently prominent in the framework of the nuclear family. This contributes to an increase in youth insecurity and centralized management was the only stable treatment structure for these children. Also the finest services can't completely substitute the family attention.

According to Kaur *et al.,* (2018) an orphan hood was a time span which includes numerous emotional and mental issues. Absence of self-assurance and powerlessness to take decisions put them in danger of nervousness. Children and young people who reside in orphanages were at significantly expanded danger of genuine mental and conduct issues including depression, nervousness, personality issues, adapting and changes issues just as low self-esteem.

Ingram, (2009) examined the prevalence and causes of depression among adolescent orphaned girls. As depression was delayed and constant dispositions which can shading and meddle with numerous parts of one's life. It was portrayed by feelings of uselessness, over the top of blame, dejection, sadness, self-uncertainty and blame. Self-destructive thoughts may likewise be available. It was really the state of being pushed down normally allude as to emotional states of bitterness, anguish and deadness.

Naqvi *et al.,* (2010), states that in past, a mind-boggling number of looks shows females as more inclined to encounter dependency than males. Research on prevalence of depression from network concentrates about that in North Pakistan 46% females and simply 15% males are in provincial Punjab 66% females and 25% male, In Urban Karachi 57.5 % females and 25.5% males, In Semi-Urban Karachi simply 2.2 % females and 18.1 % males and In Urban Punjab 25% females and 10% males were represented to be depressed. The discoveries of study were taken to confront a motivation that every third Pakistani was depended upon to encounter the ill impacts of depression and nervousness. A local study conducted in 2010 in three orphanages in Kelantan, Malaysia revealed concerning statistics. The survey found that 4%, 20%, and 31% of the orphans had severe, moderate, and mild levels of depression, respectively. The study revealed a significant prevalence of depression among teenagers residing in institutions. A separate study conducted in 2014 revealed that over 10% of Malaysian adolescents residing in specific residential homes experienced Major Depressive Disorder (MDD). In addition, a research by the Women, Family and Community Development Ministry in 2015 revealed that the majority of children and adolescents in Malaysian orphanages exhibited low levels of self-esteem and self-confidence (Mohammadzadeh et al., 2018).

3. MATERIAL AND METHODS

The research was held in Punjab, Pakistan and data was collected from different orphanage homes adolescents of age 12-18 years were selected as respondents for the research through survey study. Survey method is a sample that is chosen by questionnaire or structured interview. The sample size for the study was 360 respondents. There 180 respondents from each gender i.e male and female were selected with equal distribution.

The BDI-II (BECK DEPRESSION INVENTORY (BDI-II) is a self-administered inventory of 21 items intended to measure the intensity of depressive symptoms in both adult and adolescent psychiatric and non-psychiatric populations. The respondents are directed to choose the option which better describes how they felt during the "last two weeks, including today". Other scale use to measure self-esteem of adolescents is Rosenberg self-esteem scale (RSES). It is a commonly used instrument to measure self-esteem in terms of self-report. RSES is a 10-item scale that measures universal self-esteem at three different levels and it is developed on a Likert 4-point scale format that ranges from strongly agree to strongly disagree.

4. RESULTS AND DISCUSSION

Table 4.1: Distribution of orphan adolescents according to their gender.

Gender	Frequency	Percentage (%)
Boys	180	50
Girls	180	50
Total	**360**	**100**

N=360

Table 4.1 presents a clear distribution of orphan adolescents according to their gender. The data is neatly divided into two categories: "Boys" and "Girls." In this study, there are 180 boys and an equal number of 180 girls, resulting in a total sample size of 360 orphan adolescents. This balanced gender distribution is significant for research purposes as it ensures that the study has an equal representation of both genders, allowing for meaningful comparisons and analyses. This equal division provides a solid foundation for investigating potential gender-related differences in variables such as depression levels among orphan adolescents. It has been studied in finding of Minev et al., (2018) that the level of self-esteem differs according to gender. Boys have a higher self-esteem than girls.

Table 4.2: Distribution of respondents according to their age

Age (Years)	Girls		Boys	
	Frequency	Percentage (%)	Frequency	Percentage (%)
11-14	90	25	90	25
15-18	90	25	90	25
Total	180	50	180	50

N=360

Table 4.2 displays the distribution of respondents based on their age, categorized into two groups: "11-14 years" and "15-18 years," further divided by gender. For both girls and boys, there are 90 respondents in each age group, making the total number of respondents in each category 180. This even distribution ensures a balanced representation of different age groups and genders in the study, with each group constituting 25% of the total sample size of 360. This balanced representation is essential for conducting a comprehensive analysis of the research variables, including the investigation of potential age and gender-related differences in the level of depression among orphan adolescents, which is a focal point of this study.

Table 4.3: Difference between the level of depression among orphan adolescents

Level of depression	Orphan Adolescents				Total	
	Boys		Girls			
Minimal depression	54	27%	36	15%	90	28%
Mild depression	39	25%	33	20%	72	20%
Moderate depression	69	40%	27	10%	96	29%
Severe depression	18	8%	84	55%	102	23%
Total	**180**	100	**180**	100	**360**	**100**

N=360

Table 4.3 presents the difference in the level of depression among orphan adolescents, stratified by gender. The table provides a breakdown of the respondents into four categories of depression severity: minimal depression, mild depression, moderate depression, and severe depression.

Among boys, 27% experience minimal depression, 25% have mild depression, 40% report moderate depression, and 8% indicate severe depression. On the other hand, among girls, 15% exhibit minimal depression, 20% have mild depression, only 10% report moderate depression, but a significant 55% indicate severe depression.

This table highlights gender-based differences in the level of depression among orphan adolescents, with a substantially higher proportion of girls experiencing severe depression compared to boys.

4.4 Distribution of Level of Self-Esteem on Orphan Adolescents

Level of Self-Esteem	Orphan Adolescents					
	Orphan Boys		Orphan Girls		Total	
Low Self-esteem	60	33.4%	89	49.5%	149	41.4%
Medium Self-esteem	77	42.8%	53	29.5%	130	36.1%
High Self-esteem	43	23.8%	38	21%	81	22.5%
Total	180	100%	180	100%	360	100%

N=360

Table 4.4 presents the distribution of the level of self-esteem among orphan adolescents, categorized into three groups: low self-esteem, medium self-esteem, and high self-esteem, with a breakdown by gender. For orphan boys, 60 (33.4%) exhibit low self-esteem, 77 (42.8%) have medium self-esteem, and 43 (23.8%) possess high self-esteem. Among orphan girls, 89 (49.5%) have low self-esteem, 53 (29.5%) possess medium self-esteem, and 38 (21%) exhibit high self-esteem. In total, out of 360 orphan adolescents, 149 (41.4%) have low self-esteem, 130 (36.1%) have medium self-esteem, and 81 (22.5%) possess high self-esteem.

This table illustrates that a significant portion of both orphan boys and girls struggle with low self-esteem, with a slightly higher percentage among orphan girls. Conversely, a smaller but still notable proportion of both genders exhibit medium and high self-esteem. These findings highlight the importance of addressing self-esteem issues among orphan adolescents to promote their psychological well-being and overall development. Research conducted by Minev et al. (2018) has demonstrated that gender also influences the self-esteem of teenagers. Girls appear to be particularly susceptible to lower levels of general self-esteem when compared to boys.

Table: 4.5. 1Difference between the level of depression among orphan adolescents.

Level of depression of orphan girls and boys	M	SD	T	P
	.7750	1.42302	3.444	.001

*p<0.05

Table 4.5 displays the results of the statistical analysis assessing the difference in the level of depression between orphan girls and boys. The table reports the mean (M) and standard deviation (SD) for each group, as well as the t-statistic (T) and associated p-value (P) resulting from the statistical test.

The analysis indicates a statistically significant difference in the level of depression between orphan girls and boys. The mean level of depression for girls (M = 0.7750) is notably higher than that for boys. The t-statistic of 3.444 corresponds to a p-value of .001, which is less than the conventional significance threshold of 0.05 (indicated by *p<0.05). This suggests that the difference in depression levels between the two groups is statistically significant, with girls exhibiting higher levels of depression than boys. In 2010, Ramli et al. (2010) reported that over 50% of the adolescents residing in a non-randomly selected orphanage in Malaysia had been diagnosed with mild to severe depression. This prior research also provides support for our findings. These findings underscore the importance of considering gender-specific factors when addressing the mental health needs of orphan

adolescents, as girls may be more vulnerable to experiencing higher levels of depression in such settings.

4.6. Effects of depression on self-esteem of orphans Adolescents

ANOVA					
	Sum of Squares	**Dfa**	**Mean Square**	**F**	*p*
Girls	17.690	1	17.690	18.565	.000
Boys	36.210	58	.953		
Total	53.900	59			

*p<0.1

Table 4.5 presents the results of an analysis of variance (ANOVA) examining the effects of depression on the self-esteem of orphan adolescents, with a focus on gender differences. The table displays the sum of squares, degrees of freedom (Do), mean square, F-statistic (F), and corresponding p-values (p) for both girls and boys. The sum of squares for girls is 17.690, with 1 degree of freedom, resulting in a mean square of 17.690. The F-statistic for girls is 18.565, and the p-value is extremely significant at .000 (shown by *p<0.1).

In contrast, for boys, the sum of squares is 36.210, with 58 degrees of freedom, and a mean square of .953. However, the p-value for boys is not reported in the table. The significant F-statistic and low p-value for girls suggest that there is a significant effect of depression on self-esteem among orphan girls. However, the analysis does not provide evidence of a similar effect for boys, as the p-value for boys is not below the conventional significance threshold. Eevidence has explored by Shafiq et al., (2020) an explored that there is a prevalence of depression among orphans.

These findings indicate that depression has a more pronounced impact on the self-esteem of orphan girls compared to boys in this study. It underscores the importance of addressing the mental health needs of orphaned adolescents, particularly girls, in settings to promote their overall well-being and self-esteem.

Discussion and conclusion:

This study investigates the mental health and self-esteem of orphan adolescents, with a particular emphasis on gender differences. The demographic breakdown in terms of gender reveals a balanced representation of boys and girls, ensuring a fair examination of how these factors intersect with mental health outcomes. Age-wise distribution acknowledges the dynamic nature of adolescence and enables exploration of potential variations in depression and self-esteem between early and late adolescence. Significantly, the data uncovers a notable gender discrepancy in depression levels, with females having markedly higher levels of depression in comparison to boys. According to the results of this study, there was a notable correlation between depression and stress, specifically in respect to gender. Females were shown to have a higher likelihood of experiencing depression and stress. These findings align with earlier studies conducted in Malaysia (Ibrahim et al., 2014).

This emphasizes the critical need for gender-sensitive mental health interventions, especially for orphaned girls in institutional settings. A deeper dive into self-esteem levels shows that both genders face challenges in this aspect, with girls slightly more affected. This underscores the importance of tailored programs to enhance self-esteem among orphan adolescents, addressing the unique needs of girls.

The influence of depression on self-esteem is apparent, with gender being a factor in how depression impacts self-esteem in orphaned individuals. The findings were consistent with the bulk of prior studies that validated the correlation between emotional components and self-esteem (Farid and Akhtar 2013). For instance, a 2009 study conducted among adolescents demonstrated a detrimental correlation between depression and self-esteem (Yaacob et al., 2009). The study's results, obtained through the use of the Rosenberg five-point Likert scale, indicate that depression has a greater influence on the self-esteem of orphan girls than boys in this particular study. This finding is

corroborated by a 2015 study which revealed a significant proportion of adolescents residing in orphanages exhibited low levels of self-esteem and self-confidence (Sadho, 2015).

Finally, the distribution of depression levels paints a concerning picture, particularly for girls, with a significant portion experiencing moderate to severe depression. These findings stress the urgency of implementing targeted mental health interventions in institutional settings to mitigate these high levels of depression.

In conclusion, these insights highlight the intricate relationship between gender, mental health specially depression, and self-esteem among orphan adolescents. Given a lack of research on the mental well-being of children and adolescents in Pakistan, the researchers anticipate that the study's findings can be utilized by professionals to enhance the mental health and overall welfare of this particular demographic in Pakistan. It is recommended to do additional research using various methodologies and across multiple orphanages in order to provide a dependable assessment of the mental health conditions in orphanages in Pakistan.

Study Limitations

There were some limitations to our study. The study utilized self-administered questionnaires as its foundation. This could result in bias, including the dissemination of erroneous information and a misinterpretation of questions. Providing comprehensive explanations to participants and addressing their inquiries prior to data collection effectively reduced this fear. Moreover, the primary constraints of this study were the challenges encountered in obtaining consent to gather data from the chosen orphanages, as well as the lack of information necessary to compare the findings with the general population of Pakistan.

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