

Depression among Orphans: Situation and Trend in Nepal

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ABSTRACT

Background: Orphans are a special group of children who are more vulnerable to developing a mental health problem such as depression. Lack of care and support during the grieving process and inadequate environment without parents may lead to depression in orphans. Depression is an important public health problem and a serious issue that affects almost half of the orphans. **Objective:** The study aimed to explore the status of depression among the orphans in Nepal. **Methods:** The literature review was done based on the information obtained from the grey literature and the published articles in national and international journals through web search in Pubmed and Google scholar. **Results:** The review identified orphans as a susceptible group of children who are prone to developing mental health problems. In Nepal, more than one million children are orphans and the prevalence of children with one or both parents dead is 4.3%. Depression is one of the commonest mental health problems among the orphans accounting for almost half of the orphans and almost double than the population of general children. Though the government of Nepal established childcare homes to provide care, support, protection and other needs to the orphans or a vulnerable group of children but only 0.14% of children are living in 585 childcare homes of 45 districts of Nepal. **Conclusion:** The adversity of losing parents at the tender age among orphans may lead them to develop depression. Though a huge number of orphans are tackling with various health problems, yet there are no special health and mental health policies that address the health of the orphans and the abandoned children in Nepal. The government and the supporting partners play a pivotal role in improving the mental health status of the orphans by reducing the barriers and improving their quality of life.

Keywords: Mental health, Depression, Orphan, Children

Introduction

Childhood is an important period for growth and development. Family and guardians play a vital role in the health and illness of their children. The growth and the survival of a child are severely affected due to the disturbance in the family environment owing to the loss of parents [1]. Orphans are those who have lost their parents and need special care. This special group of children is more vulnerable to developing a mental health problem [1,2]. Not only do children miss their physical presence when parents die, but also many psychological connections such as love, emotions, care, and protection. The adversity at this tender age without their parents may lead children to develop mental health problems such as depression [2].

This core group of children and a highly vulnerable group for mental health problems have the right to access physical as well as mental health

services without any barrier. Besides these, data and research are scarce on depression among orphans in Nepal. This deficit of information about orphans has kept a question mark in improving the mental health status. As far our knowledge, there have been no studies till date to further explore the health status of orphan children in Nepal. So, there's plenty of space for the researchers to study different disease patterns, the mental health status among them and many more.

Methods

The literature review was done based on the information obtained from the grey literature and the published articles in national and international journals through web search in Pubmed and Google scholar. We searched the articles using various keywords such as depression, orphans, health problems in orphans, depression in children, depression in orphans, mental

health disorders in children and adolescents. The articles were selected based on three types of themes that is depression among general people, depression among orphans, and health system of Nepal focusing on depression and orphans. The final selection of the articles mainly focused on depression among orphans and its situation in Nepal. We restricted the search period to the past 10 years to be representative of the present prevalence of depression. However, there was no period limit for literature search that included articles relating to the health policies and laws.

Results

Mental health problem is a crucial public health problem and a serious issue that affects 13.0% of the world's population [3]. One in five (20.0%) children and adolescents suffer from some kind of mental disorders and it is predicted that the childhood neuropsychiatry disorder will rise to over 50.0% by the year 2020 which will be one of the most common reasons of morbidity, mortality, and disability [4,5]. Depression is a common mental health problem which has been affected by 300 million people worldwide [6] and the second most common cause of years lived with disability (YLD) in the world [7]. One in five people experiences depression at one point of their lifetime (8). According to the World Health Organization (WHO), globally, 4.4% (322 million) people were suffering from depression in 2015 which had increased by 18.4% from 2005 to 2015 [9].

The South-East Asia (SEA) region has the highest number of people living with depression which is around 27.0% and the overall prevalence rate of depression in this region is around 5.0% [9]. Nepal doesn't remain untouched with the global scenario. Around 12.8% population of Nepal suffer from mental disorder whereas 3.64% of Nepalese people suffer from depression [3]. Two studies reported the prevalence of psychiatric illness in Nepal according to which the prevalence of mental illness in Nepal was 37.5 % and that of depressive disorder was 13.2% in the rural setting of Nepal [10].

Depression is the most recurrent and preventable mental health problem in children with 17.0% prevalence in a lifetime [11] and it is high in orphan children [12]. United Nations Children's Fund (UNICEF), and global partners define an orphan as a child under 18 years of age who has lost one or both parents to any cause of death [13]. They might have lost their one or both parents for any reasons such as conflict, war, disaster, illness and poverty and have no one to care for them. The main threats of orphans are human trafficking, prostitution, forced labor, forced adaptation, child soldiers, organ mafia, missionaries, involvement in crime and substance abuse [14]. For healthy growth and development of the children, it requires love, care, protection, family environment, safety, and security. Access to food, shelter, education, and health care are the key challenges for orphan

children [15]. According to UNICEF, in 2018, a total of 200 million children are orphans i.e. 2.5% of all children [16]. Among them, 61 million orphan children are in Asia. In Nepal, more than one million children are orphan [19]. The prevalence of children with one or both parents dead is 4.3% in Nepal [17]. Lack of care and support during the grieving process and inadequate environment without parents may lead to depression [2].

The prevalence of depression is 25.3% [18] in Acquired Immune Deficiency Syndrome (AIDS) orphan adolescents (10-19 years) in Northern Ethiopia, 20.0% in Orphan children of Egypt [2], 53.0% in 12 to 14 years orphan children and 46.0% in 15 to 17 years orphan children [19], 36.4% in orphan adolescent (15-19 years) of Ethiopia [20], and 24.1% in orphan children of South West Ethiopia [1] respectively.

Major depression is life long and recurrent [8]. It increases the risk of non-communicable diseases such as cardiovascular disease and diabetes [21]. Among the total disability, 10.0% of years lived with disability (YLD) accounts only from depression worldwide. Globally, eight hundred thousand people lose their life due to suicide [5] which is high among adolescents due to living in stress [22]. Suicide is the second most common cause of death in children, adolescents and young adults (5 to 24 years) due to depression [23] of which 75.0% occurs in developing countries (5). Around 90.0% of suicide occurs as a result of mental health disorder and the depressed people are 20 times more likely to die from suicide than normal [24]. In major depression, people have 40.0 to 60.0% higher chance of suicide than general people [25].

Mental disorder in an adult is the result of the problems in childhood and adolescence [26]. Mental health problem causes other health problems as well. It prevents the mental and physical development, affects physical and social life, has poor sexual and reproductive health, has a disturbance in education and predisposes to violence [22], so depression is the barrier of sustainable development [6]. Apart from the health impact, depression causes economic consequences. In 2010, a total of US\$ 800 billion economy was lost due to depression which was predicted to more than double by 2030 [27]. The cost of depression and anxiety disorders is more than US\$1 trillion each year in the global economy [21]. Depression is the foremost cause of work disability worldwide. The depressive patients reduce their half of the productivity and cost is 27 days of work per year [28]. One study showed that 32.3% of people turned out their job because of depression [29]. Apart from the physical and economic impact of depression, it violated human rights, social and cultural rights, education rights, work and reproductive rights [25] and negative impact on the quality of life [30].

Depression causes a stressful life of people due to hormonal or biochemical alteration in the brain [31]. Depression is due to genesis and other factors experienced in life [6] such as lifestyle and health

behaviors, family history of illness, drug and alcohol misuse, unemployment, financial crisis, poverty, discrimination, social status, severe or long term stress, personal life history, death of near and dear ones, long term physical health condition, abuse, neglect, female gender, frequently changing foster, behavior of parents and other factors which causes depression and mental health disorder. Around 40.0% of the depression starts before 20 years [2,5].

Depression is more common in females than males, it is almost double [8,31]. One of the main reasons that predisposes to the major depression is the loss of parents which is almost double in comparison to other children. The orphan children have to be the victim of the inequality as they are treated differently by caregivers compared to their biological children [22]. The loss of parents, shift to the other house with new caretaker, fear about the future and the loss of school attendance cause depression in children [2]. Orphan children lose their parents and they have a lack of social connection, proper and complete education, and problem getting a job which predisposes to depression [22]. Indeed, orphans are a big challenge for developing countries [19].

Orphan children are a vulnerable and specific group of children. Children are the pillar of the nation, so their healthy growth and development is the primary concern of all societies [33]. Good education, health care, protection against physical and psychological abuse and other basic needs are the right of every child [14]. Family environment, happiness, love, and understanding are important for the harmonious development of children's personality [17].

On 7th April 2017, the WHO celebrated World Health Day on the high point WHO's year-long campaign "Depression: let's talk". In some way, it reduces the stigma of depression [34]. Nepal is committed to achieve the 3rd goal of the sustainable development goals (SDG) by 2030, reduce by one third, the premature mortality from non-communicable diseases through prevention and treatment and, promote mental health and well-being [35].

Mental health is a neglected and overlooked disease in Nepal. The government of Nepal is spending less than one percent budget on its total health budget (REF). And the health services are mainly concerned in the urban area and big cities with 0.22 psychiatrists and 0.06 psychologists per population of one lakh. The gap between mental health problem and treatment is 85.0% [5]. In 1996, Nepal launched National Mental Health Policy to ensure the fundamental right of mentally ill people by providing minimum health services to all the people of Nepal [36], but it needs extensive revision and implementation. Despite these big challenges, cases of mental health and depression are increasing especially in villages where there is a lack of mental health services. Public's beliefs, stigma, and knowledge affect the burden of depression [37]. These factors are more common on the orphan children.

Nepal is a developing and economically poor country which got indulged in long term social and political conflict for many years that significantly increased the number of orphans in the country. Nearly 2 million children were affected by the earthquake in 2015 in Nepal, which has left 320,000 children homeless. Many of them were left as an orphan. Around 34.0% of children were involved in some kind of child labor [38]. The constitution of Nepal 2015 and children's Act 2018 have mentioned the right of the child stating that every child shall have the right to education, health, maintenance, proper care, sports, entertainment and overall personality development from the families and the state. Every child has the right to development and the child shall not be employed to work in any factory, mine or engaged in similar other hazardous work. Orphans are regarded as a special group of children and shall have the right to special protection and facilities from the state [36,37]. The government of Nepal established childcare homes to provide care, support, protection, education, security, health care, sports, recreational activities and other need to the needy children who don't have parents or are vulnerable children [41]. But only 0.14% of children are living in 585 childcare homes of 45 districts of Nepal. All children living in childcare homes are not orphan [42]. For this, we predict the situation of the living arrangement of the orphans and their right. The implementation of the act, law, and rule are not appropriate. Health-related policies such as the National Health Policy 2015 and Mental Health Policy haven't included the physical and mental health of the orphan children.

A study in 2007 conducted among orphan children to assess the health status and health needs of orphans of Kathmandu valley, Nepal revealed that 93.0% of children were sick at the time of study duration. The common diseases among the orphan children were; malnutrition (65.3%), coughing problem (22.2%), waterborne diseases (19.4%), skin disease (13.4%), disability (12.0%), ENT problem (12.0%), dental problem (8.0%), and other health problems (<5.0%) [43].

Conclusion

The adversity of losing parents at the tender age among orphans may lead them to develop depression. Studies conclude that almost half of the orphans are suffering from depression and it is almost double than the general children. Though a huge number of orphans are tackling with various health problems, yet there are not any special health and mental health policies that address the health of the orphans and the abandoned children in Nepal. The government and the supporting partners play a pivotal role in improving the mental health status of the orphans by reducing the barriers and improving the quality of life.

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