

Original Research Article

Mental Health Status among Orphaned Children in Bangladesh

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Abstract: Background: Growing up without parental care can significantly affect a child's psychological well-being. Challenges within family relationships may further contribute to emotional difficulties among orphaned children. **Objective:** To assess the mental health status of orphaned children and examine its association with selected socio-demographic and orphanage-related characteristics in Bangladesh. **Methods:** A descriptive cross-sectional study was conducted among 102 orphaned children aged 10–18 years. The participants were residing at Sir Salimullah Muslim Orphanage, Azimpur, Dhaka, Bangladesh. Convenience sampling was used to select the participants. Data were collected through face-to-face interviews. A socio-demographic questionnaire was used to collect background information. Status of Mental health was assessed using the 38-item Mental Health Inventory (MHI-38). Frequencies, percentages, means, and standard deviations were used to summarize the data. Independent-samples *t*-tests, one-way analysis of variance (ANOVA), and Pearson's correlation were used for data analysis. A *p*-value of less than .05 was set as statistically significant. **Results:** The mean mental health score was 85.67 ± 32.97 . Mental health status was significantly associated with age ($r = .297$, $p = .002$), sex ($p = .009$), educational level ($p = .035$), academic performance ($p = .003$), frequency of relatives' visits ($p = .004$), relationship with caregivers ($p = .004$), and living arrangements ($p < .001$). Older children, girls, and those with higher education and better academic performance had higher mental health scores. Children receiving relatives' visits, having better caregiver relationships, and living in well-organized arrangements also had higher scores. Ages at parental loss, duration of stay, age at placement, and reason for admission were not significantly associated with mental health status. **Conclusion:** The mental health status of orphaned children was associated with several factors. These included age, sex, educational level, academic performance, relatives' visits, caregiver relationships, and living arrangements. The findings suggest that children's mental well-being is closely related to their personal circumstances and the support they receive.

Keywords: Mental Health, Orphaned Children, Orphanages, Adolescents, Bangladesh.

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BACKGROUND

Mental health is a key aspect of health and well-being. According to the World Health Organization (WHO) mental health supports individuals in coping with life's challenges. People can use their abilities more effectively when these capacities are supported. This may help them learn and engage in productive work. It can also enable them to contribute to their communities (World Health Organization [WHO], 2025). Childhood and adolescence are important stages for mental health because children experience many psychological and social changes during these years (Galderisi *et al.*, 2015).

Children who lose one or both parents may face considerable psychosocial challenges. The loss of a parent can reduce emotional, social, and financial

support and may also result in changes in residence or separation from other family members. These experiences may make children more vulnerable to psychosocial difficulties. Studies from low- and middle-income countries suggest that the psychosocial well-being of orphaned and separated children depends not only on the type of alternative care but also on the stability, quality, and responsiveness of the caregiving environment (Huynh *et al.*, 2019). Supportive relationships, self-esteem, and opportunities to make choices may help protect children from psychosocial difficulties at both individual and community levels (Cherewick *et al.*, 2023). Among orphaned children, the support they receive from caregivers may be particularly important. A positive caregiving experience, including feeling accepted, loved, cared for, and supported, may help orphaned children adjust psychologically and

develop a stronger sense of self-esteem (Erango & Goshu, 2015; Reksodiputro & Boediman, 2019).

Evidence from different countries indicates that children who have experienced parental loss or institutional care may face diverse mental-health challenges. Depressive symptoms have been identified among orphaned adolescents in Nepal and Ethiopia (Bhatt *et al.*, 2020; Shiferaw *et al.*, 2018). Studies from India and Pakistan have additionally identified emotional and behavioral difficulties among children residing in institutional homes (Kaur *et al.*, 2018; Khurshaid *et al.*, 2018). Other research has focused on anxiety, depression, and stress among orphaned and non-orphaned populations in Pakistan, as well as differences in mental health between orphaned and non-orphaned adolescents in other settings (Kumari & Jahan, 2020; Sahad *et al.*, 2017; Shafiq *et al.*, 2020). Similar concerns have been observed among children living in orphanages and other institutional settings in the Gaza Strip, India, and Kashmir (Mahanta *et al.*, 2022; Sameena *et al.*, 2016; Thabet & Thabet, 2007; Ushanandini & Gabriel, 2017). Research has also specifically examined depression among AIDS-orphaned children and children residing in orphanages (Kumar *et al.*, 2014; Ramagopal *et al.*, 2016). Taken together, these findings suggest that mental health among children without parental care encompasses multiple emotional, behavioral, and psychological dimensions and therefore should not be evaluated on the basis of a single symptom or disorder.

Research conducted in Bangladesh has documented several aspects of psychological and behavioral difficulties among children growing up without parental care. In a study conducted in Dhaka, Rahman *et al.*, (2012) identified behavioral and emotional disorders among children and adolescents residing in orphanages and examined factors related to psychiatric morbidity (Rahman *et al.*, 2012). Further evidence from Sultana and Khanam (2020) showed that orphaned adolescents had lower self-esteem, greater aggression, and more difficulties with psychological adjustment than adolescents raised within their families. Consequently, there remains a need to examine the overall mental-health status of orphaned children in the Bangladeshi context. The present study was therefore conducted to assess the mental-health status among orphaned children in Bangladesh.

METHODS

Study Design: A descriptive cross sectional research design was used in this study.

Study Participants

The study included orphaned children aged 10–18 years living at Sir Salimullah Muslim Orphanage, Azimpur, Dhaka, Bangladesh. This age range was selected to include children and adolescents with varying developmental and mental health needs. Participants

were recruited using convenience sampling to assess their mental health status.

Sample Size

The sample size was calculated using G*Power analysis with a significance level of 0.05, a power of 0.80, and an effect size of 0.30. The required sample size was 84 participants. After adding a 20% attrition rate, the estimated sample size was 102 participants (84 + 18). The inclusion criteria were orphaned children aged 10–18 years who were willing to participate in the study and able to understand and respond in Bengali. Children who were absent during data collection or seriously ill during data collection were excluded from the study.

Instruments

Part I: Socio-Demographic Characteristics Questionnaire

A researcher-developed questionnaire was used to collect participants' socio-demographic and orphanage-related information. It consisted of two sections:

- **Section 1: Participant-related information:** age, sex, educational status, age at parental loss, duration of stay in the orphanage, parental status, age at placement in the orphanage, academic performance, and reason for admission.
- **Section 2: Orphanage-related information:** type of orphanhood, type of orphanage placement, frequency of relatives' visits, relationship with caregivers, and living arrangement.

Part II: Mental Health Inventory-38 (MHI-38)

Mental health was assessed using the 38-item Mental Health Inventory (MHI-38) developed by (Veit & Ware, 1983). The MHI-38 assesses two broad components, psychological well-being and psychological distress, comprising six subscales: general positive affect, emotional ties, life satisfaction, anxiety, depression, and loss of behavioral/emotional control. The MHI-38 consists of 38 items, of which 35 are included in scoring. Items 2, 22, and 38 are excluded from the scoring procedure. Most items are rated on a six-point Likert scale (1–6), whereas Items 9 and 28 use a five-point scale (1–5). The total raw score ranges from 35 to 208, with higher scores indicating better mental health, characterized by greater psychological well-being and lower psychological distress. The original MHI-38 showed good reliability, with Cronbach's α values of 0.92 for psychological distress and 0.96 for psychological well-being. Previous studies have also supported the content and factorial validity of the MHI-38. In the present study, the MHI-38 showed good reliability, with a Cronbach's α of 0.93. The English version was translated into Bengali by a bilingual translator and independently back-translated into English by another bilingual translator. The two versions were

compared, and revisions were made until consensus was reached.

Data Collection Methods

Data collection began after ethical approval was received from the Institutional Review Board of the National Institute of Advanced Nursing Education and Research (NIANER) (IRB No. NIA-S-294). Permission to conduct the study was then obtained from the principal of Sir Salimullah Muslim Orphanage, Azimpur, Dhaka, Bangladesh. The research proposal, participant information sheet, informed consent form, and research instruments were submitted to the institution for this purpose.

Eligible participants were informed about the study and their right to participate or withdraw at any time. Written informed consent was obtained before the interviews. Data were collected by the researcher through face-to-face interviews from March to April 2024. Questions were explained when needed without affecting participants' answers. Privacy and confidentiality were maintained, and the data were used only for research purposes.

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 25. Data were checked for completeness and accuracy before

analysis. Categorical variables were summarized using frequencies and percentages, while continuous variables were presented as means and standard deviations. Independent-samples *t*-tests and one-way analysis of variance (ANOVA) were used to compare mental health scores across categorical groups, while Pearson's correlation was used to assess relationships between continuous variables. A two-sided $p < .05$ was considered statistically significant.

RESULTS

Socio-Demographic Characteristics of the Orphaned Children

Table 1 shows the socio-demographic characteristics of the orphaned children ($n = 102$). Their mean age was 13.14 years ($SD = 2.47$), and 55.9% were girls. Primary-level education was reported by 46.1% of the participants. The mean age at parental loss was 4.02 years ($SD = 1.82$), and the mean length of stay in the orphanage was 6.47 years ($SD = 3.06$). Most children entered the orphanage during middle childhood (52.9%) and had good academic performance (51.0%). Parental death was the main reason for entering the orphanage (71.6%). Regarding family contact and care, 53.9% received visits from relatives once a year, 40.2% reported a difficult relationship with caregivers, and 52.9% described their living arrangements as disorganized.

Table 1: Distribution of socio-demographic characteristics of the orphaned children (n=102)

Variable	Categories	Frequency	Percentage	M±SD
		n	%	
Age (in years) (Mini = 10, Maxi = 18)				13.14 ± (2.47)
Sex	Boy	45	44.1	
	Girl	57	55.9	
Education	Primary	47	46.1	
	Secondary	39	38.2	
	Higher Secondary	16	15.7	
Age of the lost of parents				4.02 ± (1.82)
Duration of stay at orphanage				6.47 ± (3.06)
Age of placement in orphanages	Early childhood	42	41.2	
	Middle childhood	54	52.9	
		6	5.9	
Academic performance of participants	Average	37	36.3	
	Good	52	51.0	
	Excellent	13	12.7	
Reasons of admission into orphanage	Death of parent	73	71.6	
	Low socio economic status	29	28.4	
Type of orphan	Both	102	100	
Type of orphanage placement	Long term	102	100	
Numbers of relatives visits	Once per years	55	53.9	
	No visits	30	29.4	
	Avoids the relationship	17	16.7	
Relationship with caregivers at orphanages	Obedient and follows orders	12	11.8	
	Stubborn	41	40.2	
	Rebellious	16	15.7	
	Good relationship with caregivers	33	32.4	

Variable	Categories	Frequency	Percentage	M±SD
		n	%	
Living arrangements of orphanage	Well organized	48	47.1	
	Disorganized	54	52.9	

Mental Health Status among Orphaned Children (N = 102)

Table 2 shows the mental health findings of the orphaned children based on 35 scored items. Among these, 33 items used a six-point Likert scale and 2 items used a five-point Likert scale. The mean total mental health score was 85.67 ± 32.97 . The results showed that the children had both positive feelings and emotional difficulties. Higher mean scores were found for feeling cheerful and lighthearted (2.65), being a happy person

(2.63), feeling loved and wanted (2.60), having fulfilling love relationships (2.61), and being satisfied with personal life (2.59). In addition, 38.2% felt cheerful and lighthearted, 41.2% described themselves as happy, and 46.1% felt loved and wanted. Lower mean scores were found for being a very nervous person (2.15), feeling tense or high-strung (2.16), and experiencing hand shaking (2.23). However, these problems were still common, as 50.0% felt tense or high-strung and 44.1% experienced hand shaking very often.

Table 2: Distribution of responses to the Mental Health Inventory-38 items among orphaned children (n = 102)

Items	Always	Very often	Fairly Often	Sometimes	All most never	Never	Mean ± SD
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
Mental health status of orphaned children							85.67 ± 32.97
How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past month?	24(23.5)	46(45.1)	18(17.6)	9(8.8)	5(4.9)	0(0)	2.26±1.07
During the past month, how often did your hands shake when you tried to do something?	29(28.4)	45(44.1)	11(10.8)	11(10.8)	5(4.9)	1(1.0)	2.23±1.17
During the past month, how often did you get rattled, upset or flustered?	20(19.60)	46(45.1)	18(17.6)	9(8.8)	8(7.8)	1(1.0)	2.43±1.19
How often, during the past month did you find yourself trying to calm down?	15(14.7)	50(49.0)	17(16.7)	10(9.8)	10(9.8)	0(0)	2.51±1.15
During the past month, how often did you feel that you had nothing to look forward to?	18(17.6)	44(43.1)	20(19.6)	12(11.8)	6(5.9)	2(2.0)	2.51±1.20
How often have you felt like crying, During the past month?	16(15.7)	45(44.1)	19(18.6)	16(15.7)	6(5.9)	0(0)	2.52±1.11
During the past month, how often did you feel that	22(21.6)	47(46.1)	11(10.8)	13(12.7)	9(8.80)	0(00)	2.41±1.21

others would be better off if you were dead?							
How much of time, During the past month, have you feel that nothing turned out for you the way you wanted it to?	17(16.70)	47(46.1)	19(18.60)	11(10.8)	7(6.9)	1(1.0)	2.48±1.15
How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?	26(25.5)	39(38.2)	14(13.7)	17(16.7)	5(4.9)	1(1.0)	2.40±1.22
When you have got up in the morning, this past month, about how often did you expect to have an interesting day?	1(1.0)	8(7.80)	13(12.70)	20(19.6)	39(38.20)	21(20.6)	2.52 ±1.19
Items	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Mean ± SD
How much of the time, during the past month, have you been a very nervous person?	29(28.4)	51(50.00)	8(7.8)	7(6.9)	6(5.9)	1(1.0)	2.15±1.14
During the past month, how much of the time have you felt tense or high-strung?	28(27.5)	49(48.0)	12(11.8)	8(7.8)	4(3.9)	1(1.0)	2.16±1.09
During the past month, how much of the time have you felt restless, fidgety, or impatient?	20(19.6)	48(47.1)	17(16.7)	11(10.8)	5(4.9)	1(1.0)	2.37±1.12
How much of time, during the past month, have you felt downhearted and blue?	21(20.6)	44(43.1)	21(20.6)	5(4.9)	7(6.9)	4(3.9)	2.46±1.19
During the past month, how much of the time have you been moody or brooded about things?	23(22.5)	44(43.1)	16(15.7)	11(10.8)	6(5.9)	2(2.0)	2.40±1.22
During the past month, how much of the time have you been in	25(24.5)	37(36.3)	21(20.6)	10(9.8)	7(6.9)	2(2.0)	2.44±1.26

low or very low spirits?							
How much of time, during the past month, have you felt emotionally stable?	0(0)	7(6.9)	12(11.8)	20(19.6)	46(45.1)	17(16.7)	2.47±1.11
During the past month, how much of the time have you felt that the future looks hopeful and promising?	0(0)	5(4.90)	10(9.8)	27(26.5)	41(40.2)	19(18.6)	2.42 ±1.05
How much of time, during the past month, has your daily life been full of things that were interesting to you?	0(0)	9(8.8)	12(11.8)	13(12.7)	47(46.10)	21(20.6)	2.42 ±1.19
How much of time, during the past month, did you feel relaxed and free from tension?	2(2.0)	7(6.9)	11(10.8)	20(19.6)	39(38.2)	23(22.5)	2.47 ±1.25
During the past month, how much of the time have you generally enjoyed the things you do?	1(1.0)	6(5.90)	17(16.7)	13(12.7)	42(41.2)	23(22.5)	2.45±1.23
How much of time, during the past month, have you felt calm and peaceful?	0(0)	8(7.8)	8(7.80)	25(24.5)	37(36.3)	24(23.5)	2.40 ±1.16
During the past month, how much of the time, has living been a wonderful adventure for you?	1(1.0)	7(6.9)	14(13.7)	17(16.7)	49(48.0)	14(13.7)	2.55 ±1.15
How much of time, during the past month, have you felt, cheerful, lighthearted?	2(2.0)	9(8.8)	15(14.7)	19(18.6)	39(38.2)	18(17.6)	2.65 ±1.28
During the past month, how much of the time were you a happy person?	2(2.0)	8(7.8)	14(13.7)	20(19.6)	42(41.2)	16(15.7)	2.63±1.24
During the past month, how much of the time have you felt	1(1.0)	9(8.8)	11(10.8)	21(20.6)	47(46.1)	13(12.7)	2.60±1.17

loved and wanted?							
How much of time, during the past month, did you feel that your love relationships loving and being loved were full and complete?	0(0)	8(7.8)	17(16.7)	21(20.6)	39(38.2)	17(16.7)	2.61±1.179
Items	Extremely so	Very much bothered	Bothered quite a bit by nerves	Bothered some, enough to notice	Bothered just a little by nerves	Not bothered at all by this	Mean ± SD
How much have you been bothered by nervousness, or your "nerves", during the past month?	18(17.6)	51(50.0)	15(14.7)	9(8.8)	8 (7.8)	1(1.0)	2.42±1.17
Items	Yes, extremely to the point	Yes, very much so	Yes, quite a bit	Yes, some, enough to bothered to me	Yes, a little bit	No, not at all	Mean ± SD
During the past month, have you been anxious or worried??	20(19.6)	49(48.0)	14(13.7)	12(11.8)	6(5.9)	1(1.0)	2.39±1.16
Items	Yes, extremely to the point	Yes, very depressed almost every day	Yes, quite depressed several times	Yes ,a little depressed now and then	No, never felt depressed at all		Mean ± SD
Did you fell depressed during the past month?	20(19.6)	50(49.0)	14(13.7)	8(7.8)	9(8.8)		2.40±1.20
Items	Yes, I am very much concerned about it	Yes, and I am quite concerned	Yes, and I have been a little concerned	Yes, but not enough to be concerned or worried about	Maybe a little	No, not at all	Mean ± SD
During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory?	20(19.6)	46(45.1)	16(15.7)	14(13.7)	4(3.9)	2(2.0)	2.43±1.18
Items	No, and I am very disturbed	No, and I am somewhat disturbed	No, not too well	yes, I guess so	Yes, for the most part	Yes, very definitely	Mean ± SD
During the past month, have you been in firm control of your behavior, thought,	16(15.7)	50(49.0)	16(15.7)	11(10.8)	7(6.9)	2(2.2)	2.50±1.20

emotions or feelings?							
Items	Yes, very often	Yes, fairly often	Yes, a couple of times	Yes, fairly often	Yes, very often		Mean ± SD
During the past month, did you think about taking your own life?	21(20.6)	38(37.3)	21(20.6)	13(12.7)	9(8.8)		2.52 ±1.20
Items	Always every day	Almost every day	Most days	Some days, but usually not	Hardly ever	never wake up feeling rested	Mean ± SD
How often, during the past month, have you been waking up feeling fresh and rested?	2(2.0)	9(8.8)	9(8.8)	21(20.6)	38(37.3)	23(22.5)	2.50 ±1.28
Items	Extremely happy	Very happy most of the time	Generally, satisfied, pleased	Sometimes fairly satisfied, sometimes fairly unhappy	Generally dissatisfied, unhappy	Very dissatisfied, unhappy most of the time	Mean ± SD
How happy, satisfied, or pleased have you been with your personal life during the past month?	0	9(8.8)	16(15.7)	17(16.7)	44(43.1)	16(15.7)	2.59±1.18

Table 3. Relationship between socio-demographic characteristics and mental health status among orphaned children (n = 102).

Table 3 presents the factors related to the mental health status of the orphaned children. Age, sex, education level, academic performance, frequency of relatives' visits, relationship with caregivers, and living arrangements showed significant associations with mental health status ($p < .05$). Mental health scores were higher among older children. Girls had a higher mean score (92.96 ± 35.65) than boys (76.44 ± 26.86).

Children with higher secondary education had a mean score of 105.12 ± 38.37 , while those with excellent academic performance had the highest score (106.38 ± 40.83). Children who received visits from relatives once a year had a higher mean score (95.14 ± 35.92). Those who had a good relationship with their caregivers also showed higher scores (98.63 ± 35.59). Living arrangements showed a clear difference: children in well-organized orphanages had a mean score of 106.25 ± 36.46 , compared with 67.38 ± 12.99 among those in disorganized living arrangements.

Table 3: Relationship between sociodemographic characteristics and mental health status (n = 102)

Variables	Categories	M ± SD	Mental health status	
			r/t/F	P value
Age (in years) (Minimum = 10, Maximum =18)			.297	.002
Sex	Boy	76.44±26.86	-2.58	.009
	Girl	92.96±35.65		
Education	Primary ^a	82.17±31.82	3.46	.035 ^{c>a>b}
	Secondary ^b	81.92±29.89		
	Higher Secondary ^c	105.12±38.37		
Age of the lost of parents			.061	.542
Duration of stay at orphanage			.118	.238
Age of placement in orphanages	Early childhood	81.13±30.96	.749	.476
	Middle childhood	88.88±35.10		
	Adolescence	92.25±23.22		
Academic performance of participants	Average ^a	73.05±26.26	6.19	.003 ^{c>b>a}

Variables	Categories	M $\pm$ SD	Mental health status	
			r/t/F	P value
Reasons of admission into orphanage	Good ^b	89.48 $\pm$ 32.16	-1.96	.058
	Excellent ^c	106.38 $\pm$ 40.83		
	Death of parent	81.68 $\pm$ 29.76		
Numbers of relatives visits	Low socio economic status	95.72 $\pm$ 38.70	5.94	.004 ^{a>c>b}
	Once per years ^a	95.14 $\pm$ 35.92		
	No visits ^b	71.00 $\pm$ 22.42		
Relationship with caregivers at orphanages	Avoids the relationship ^c	80.94 $\pm$ 29.34	4.79	.004 ^{d>c>b>a}
	Obedient and follows orders ^a	72.58 $\pm$ 28.20		
	Stubborn ^b	74.97 $\pm$ 25.33		
	Rebellious ^c	96.18 $\pm$ 37.24		
Living arrangements of orphanage	Good relationship with caregivers ^d	98.63 $\pm$ 35.59	7.32	< .001
	Well organized	106.25 $\pm$ 36.46		
	Disorganized	67.38 $\pm$ 12.99		

N.B. M=Mean; SD=Standard Deviation; F=One Way ANOVA; t=Independent Sample t-test; r=Pearson Product-Moment Correlation; p=Level of significance.

DISCUSSION

This study examined the mental-health status of 102 orphaned children aged 10–18 years and explored its relationship with selected socio-demographic and orphanage-related factors. The mean mental-health score was 85.67 ± 32.97 , showing differences in the children's levels of psychological well-being and distress. This result is in line with the view that mental health includes both positive psychological functioning and psychological distress (Galderisi *et al.*, 2015). Previous studies across Nepal, India, Pakistan, Ethiopia, Bangladesh, and other settings have similarly documented depression, anxiety, stress, behavioral problems, and emotional difficulties among orphaned or institutionalized children (Bhatt *et al.*, 2020; Kaur *et al.*, 2018; Mahanta *et al.*, 2022; Rahman *et al.*, 2012; Shafiq *et al.*, 2020; Shiferaw *et al.*, 2018; Thabet & Thabet, 2007). Evidence from other orphanage settings has also identified behavioral and psychological challenges and differences in mental health between orphaned and non-orphaned adolescents (Anbar *et al.*, 2023; Khurshaid *et al.*, 2018; Kumari & Jahan, 2020; Sahad *et al.*, 2017). Overall, these studies suggest that children without parental care may experience difficulties in several areas of mental health. However, the results cannot be directly compared with the present study because the participants, care settings, and assessment tools were different.

Age was significantly associated with mental-health status, with older children showing higher scores. A similar age-related pattern was found that older orphaned children had greater odds of depression (Shiferaw *et al.*, 2018; Sultana & Khanam, 2020). However, the difference in outcomes and measurement tools should be considered when comparing the two studies. Sex was also significantly associated with mental health, with girls showing higher mean scores than boys. This study finding differs from Bhatt *et al.*, (2020), who found greater vulnerability to depression among female adolescents. However, other studies have

reported differences in psychological outcomes between male and female orphaned children (Sahad *et al.*, 2017; Shiferaw *et al.*, 2018; Thabet & Thabet, 2007). Differences between studies may be related to age, cultural setting, social experiences, and the measures used to assess psychological outcomes.

Educational level and academic performance were associated with mental health in this study. One possible explanation is that education and positive academic experiences may provide children with a sense of achievement, daily structure, and opportunities for social interaction. However, better mental health may also support concentration, participation in learning, and academic performance. Therefore, the relationship may operate in both directions. As this study was cross-sectional, the direction of the relationship cannot be determined.

Contact with relatives and relationships with caregivers were both associated with the children's mental health. Maintaining contact with relatives may help children feel connected to their families, while supportive caregivers may provide emotional support and security. Previous studies have also shown that social connections, quality of care, and caregiver acceptance are important for the well-being and adjustment of orphaned children (Cherewick *et al.*, 2023; Erango & Goshu, 2015; Huynh *et al.*, 2019; Reksodiputro & Boediman, 2019). (Erango & Goshu, 2015; Reksodiputro & Boediman, 2019) However, the frequency of visits alone may not indicate the quality of these relationships. As the study was cross-sectional, these factors cannot be considered direct causes of better mental health.

The organization of the living environment was related to the children's psychological outcomes. A stable and well-managed setting may provide a more predictable daily routine and reduce additional stress. This is consistent with Huynh *et al.*, (2019), who emphasized the importance of care quality and stability

for children without parental care. Similar concerns have been reported among children living in orphanages in India and Kashmir (Mahanta *et al.*, 2022; Sameena *et al.*, 2016; Ushanandini & Gabriel, 2017). In contrast, factors related to the timing and circumstances of parental loss or orphanage placement were not significantly related to the outcome. This may indicate that the children's present living conditions and relationships deserve greater attention than their past circumstances.

Limitations of the Study

This study was conducted using a cross-sectional design and convenience sampling in a single orphanage, which limits the ability to establish causal relationships and generalize the findings to all orphaned children. The relatively small sample size and use of self-reported information may also have affected the findings. In addition, some potentially relevant psychosocial and environmental factors were not assessed.

CONCLUSION

The study found that orphaned children experienced both positive and negative aspects of mental health. Mental health was significantly associated with age, sex, educational level, academic performance, relatives' visits, caregiver relationships, and living arrangements. These findings highlight the importance of supportive relationships, organized living environments, family connections, and educational support in promoting the mental well-being of orphaned children.

Recommendations

Routine mental health screening, psychosocial support, and counseling should be provided for children living in orphanages. Caregiver-child relationships, family contact, organized living conditions, and educational support should be strengthened. Further studies with larger samples and longitudinal designs are recommended to better understand factors influencing the mental health of orphaned children.

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