Bahria Journal of Professional Psychology, July 2026, Vol. 25, No. 1, 15-25

# Self-Esteem, Depression, and Social Skills: A Comparative Study of Institutionalized and Non-Institutionalized Orphans

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The present study examined self-esteem, depression, and social skills among institutionalized and non-institutionalized orphans in Lahore, Pakistan. The study included 60 participants aged 13–18 years. Data were collected using Urdu versions of the Rosenberg Self-Esteem Scale, Child Depression Scale, and Social Skills Inventory. Descriptive statistics, t-tests, ANOVA, and correlation analyses were conducted. Results showed no significant differences between institutionalized and non-institutionalized orphans in depression ($t$ = -1.68, $p$ = .098), self-esteem ($t$ = -0.64, $p$ = .528), or social skills ($t$ = -0.87, $p$ = .386). Gender and education also did not significantly affect these variables. Correlation analysis indicated a significant positive relationship between depression and self-esteem ($r$ = .273, $p$ < .05), suggesting that higher depression scores were associated with higher self-esteem scores in this sample. These findings suggest that adequate psychosocial support, care, and educational opportunities may buffer orphans from negative psychological outcomes regardless of living arrangements.

*Keywords:* Depression, Self-esteem, Social Skills, Institutionalized orphans, non-institutionalized orphans

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An orphan is a child under 18 years old who has lost one or both of their parents (Shawar & Shiffman, 2023). Orphanhood may be classified as maternal, paternal, single, or double orphanhood depending on whether the child has lost the mother, father, one parent, or both parents (Guida et al., 2022). Globally, approximately 140–153 million children are estimated to have lost one or both parents, of whom around 15–17 million are classified as double orphans (CAFO, 2025). In Pakistan, estimates suggest that approximately 4.2–4.6 million children are orphaned, although reported figures vary across sources (Alam, 2025). Poverty, natural disasters, conflict, disease, and sociopolitical instability may contribute to parental loss and may also limit the ability of extended families to provide sustained care (Islam & Khan, 2020).

Some children live in orphanages because their extended families are unable to provide adequate care or financial support (Shawar & Shiffman, 2023). Parental loss and subsequent changes in living arrangements may increase children's vulnerability to psychological difficulties, including depression, anxiety, post-traumatic stress, and low self-esteem (Mohammadzadeh et al., 2018). Some studies have reported greater psychological distress among institutionalized orphans than among those living in family- or community-based settings (Fatima et al., 2024). For example, Shafiq et al. (2020) found that institutionalized orphans in Lahore reported poorer psychological well-being than non-orphaned children. However, this comparison does not establish whether institutionalized orphans differ from non-institutionalized orphans, indicating the need for more direct comparisons between different care arrangements.

Depressive symptoms may vary according to children's experiences of parental loss and their subsequent care environments. According to El-Khodary & Samara (2020), there were high rates of anxiety, depression, and post-traumatic stress among orphaned children,

especially among those who had been sent to orphanages after their parents had died. Similarly, Mokwena et al. (2023) found that depressive symptoms were more prevalent in the case of double orphans than in the case of single orphans. These findings suggest that psychological outcomes may be influenced not only by orphanhood itself, but also by the type and extent of parental loss and the circumstances surrounding subsequent care.

Self-esteem is defined as the feeling of self-worth of a person, which is extremely significant in the emotional and social development of a child (Sharma, 2014). Parental loss and changes in caregiving relationships may influence children's self-evaluation, identity, and sense of belonging. However, self-esteem may also depend on the stability of care, peer relationships, educational opportunities, social inclusion, and available emotional support (Ndegemu, 2023).

Social skills are referred to as basic social skills that underline social competence. Social skills include both verbal and non-verbal components (Riggio, 2003). Non-institutionalized orphans may retain family and community relationships that provide opportunities for social learning and emotional support (Yimer, 2022). However, family-based care may also involve poverty, caregiver burden, instability, or limited access to educational and psychological services. Therefore, living with extended family should not automatically be assumed to produce better social or emotional outcomes.

The psychological and social experiences of orphaned children can be understood through theories that explain how parental loss, changes in caregiving, and living environments may influence emotional well-being, self-esteem, and social competence. The present study is primarily informed by Self-Determination Theory, with Learned Helplessness Theory and Vygotsky's Sociocultural Theory providing additional explanations.

Self-Determination Theory suggests that people will be intrinsically motivated to explore and master the environment, and that psychological health is improved when the needs of autonomy, competence, and relatedness are met (Salge et al., 2014; Howell et al., 2019). Autonomy refers to having an appropriate sense of choice and control, competence concerns the ability to develop confidence and effectiveness, and relatedness involves experiencing secure and supportive relationships. When these needs are insufficiently met, individuals may be more vulnerable to low self-esteem, reduced motivation, and depressive symptoms (Salge et al., 2014; Howell et al., 2019; Choi et al., 2019). This theory is relevant to orphaned children because parental loss and changes in caregiving arrangements may affect their opportunities to establish stable relationships, exercise age-appropriate independence, and develop a sense of competence. However, the satisfaction of these needs may vary within both institutionalized and non-institutionalized settings and should not be assumed solely based on living arrangement

Learned Helplessness Theory provides a complementary explanation for depressive symptoms. The theory proposes that repeated exposure to adverse events perceived as uncontrollable may lead individuals to believe that their actions cannot influence important outcomes (Seligman, 1975; Coates & Wortman, 2013). Over time, such beliefs may contribute to hopelessness, passivity, low motivation, and negative self-evaluation. Attributional reformulations further suggest that depressive vulnerability may increase when negative experiences are attributed to causes perceived as internal, stable, and global (Robins & Hayes, 2013). Among orphaned children, experiences such as parental loss, dependence on caregivers, limited personal choice, and changes in living arrangements may contribute to feelings of reduced control. Nevertheless, these psychological processes were not directly measured in the present study and are used only to inform the interpretation of possible differences between the groups.

Vygotsky's Sociocultural Theory emphasizes that cognitive and social development occurs through interaction with caregivers, peers, teachers, and the wider social environment (Vygotsky, 1978). Opportunities for communication, collaborative activity, guided learning, and participation in social relationships may support the development of social competence. Institutionalized and non-institutionalized environments may differ in the availability and quality of such opportunities, although neither type of setting can automatically be regarded as more supportive. Structured education, peer contact, family relationships, caregiver responsiveness, and participation in community activities may all influence children's social skills (Worku et al., 2018).

Together, these theories suggest that living arrangements operate as developmental contexts that may shape children's emotional and social functioning through differences in perceived control, supportive relationships, opportunities for competence, and social interaction. They do not, however, imply that institutionalization necessarily leads to poorer outcomes. Therefore, the present study examines whether differences in living arrangements are associated with differences in depression, self-esteem, and social skills among institutionalized and non-institutionalized orphans in Pakistan.

**Objectives**

1. To explore the demographic variables of institutional and non - institutional orphans
2. To comparing the level of Depression in institutionalized and non-institutionalized orphans.
3. To compare the level of Social Skills in institutionalized and non-institutionalized orphans.
4. To compare the level of self-esteem in institutionalized and non-institutionalized orphans.
5. To compare the level of depression, self-esteem, and social skills across girls and boys.

**Hypotheses**

1. Institutionalized orphans will report significantly higher depression scores than non-institutionalized orphans.
2. Institutionalized orphans will report significantly lower self-esteem scores than non-institutionalized orphans.
3. Institutionalized orphans will report significantly lower social skills scores than non-institutionalized orphans.
4. Depression, self-esteem, and social skills will differ significantly by gender among orphans.
5. Depression, self-esteem, and social skills will differ significantly by educational level among institutionalized and non-institutionalized orphans.
6. Depression will be significantly associated with self-esteem and social skills among orphans.

## Method

**Study Design**

This study employed a comparative design to examine the psychological functioning of institutionalized and non-institutionalized orphans. A cross-sectional design was appropriate as it allowed the collection of data at a single point in time to compare institutionalized and non-institutionalized orphans.

## Population

The sample consisted of 60 orphan children selected through purposive sampling, a non-probability sampling technique suitable for selecting participants with specific characteristics relevant to the study objectives. Purposive sampling was selected because the study required participants with specific characteristics relating to age, orphanhood status, educational level, language ability, and living arrangement. However, purposive sampling is a non-probability sampling method and may have introduced selection bias because participants were not selected randomly (Obilor, 2023). Participants included 30 institutionalized orphans from SOS Children's Village, Lahore, and 30 non-institutionalized orphans living with extended family or under NGO care via Al-Khidmat Foundation. The final sample size was based on the number of eligible participants who were accessible through the two participating organisations during the data-collection period. The inclusion of 30 participants in each group allowed preliminary comparisons between institutionalized and non-institutionalized orphans.

Participants' ages ranged from 13 to 18 years and were enrolled in grades 8–10. Inclusion criteria required participants to be orphans aged 13–18 years, enrolled in grades 8–10, and able to understand Urdu. Children with physical or mental disabilities, sensory impairments, or outside the specified age or grade range were excluded.

## Instruments

**Self-Esteem.** Self-esteem was assessed using the Rosenberg Self-Esteem Scale (Rosenberg, 1965), a 10-item measure of global self-worth rated on a Likert-type scale. Higher scores indicate higher levels of self-esteem. In the present study, the Urdu version demonstrated low internal consistency (Cronbach's $\alpha = .63$).

**Depression.** Depressive symptoms were measured using the Child Depression Scale (20 items), which assesses emotional, cognitive, and behavioral aspects of depression. Higher scores reflect greater depressive symptomatology (William Li et al., 2010). The scale demonstrated moderate internal consistency in the present sample ($\alpha = .65$).

**Social Skills.** Social skills were measured using the Social Skills Inventory (Riggio, 2014), a 74-item instrument assessing verbal and nonverbal social competencies. The total scale demonstrated excellent reliability ($\alpha = .89$).

## Translation Procedure

As participants were not proficient in English, all instruments were translated into Urdu using the bilingual method (Brislin, 1970). The original English instruments were translated independently into Urdu by three experts in the language. All three translated versions were compared and reviewed to reveal any word, meaning, and cultural differences. Disagreements were addressed by discussion, and a single-point Urdu version of each instrument was created.

The analysis by the expert was based on semantic equivalence, conceptual relevance, linguistic clarity, and cultural appropriateness of items about Pakistani culture. Some minor wording changes were made to enhance understandability, as needed, but consistent with the constructs. A preliminary study with six adolescent orphans having similar characteristics to those of the target adolescent orphans was carried out. Pilot participants were asked about the understandability of the instructions and individual items and if any words/expressions were confusing or culturally inappropriate. Taking into account what they had to say, the instruments were slightly modified in their wording before being given in the main study.

The present study did not provide for formal back-translation into English. The use of multiple bilingual experts and pilot testing helped promote language clarity and conceptual consistency but may have led to some nuances in meaning being retained between the original and Urdu versions, given that there was not an independent back-translation procedure. Future

research should be based on the use of forward and back translation by independent translators and a more extensive psychometric validation with a larger and more diverse sample.

**Procedure**

Institutional permission was obtained from the respective organizations prior to data collection. Participants were approached through institutional authorities, and informed consent was obtained. They were informed about the purpose of the study, assured of confidentiality, and advised of their right to withdraw at any time without penalty. Questionnaires were administered either individually or in small groups within the institutional setting. Standardized instructions were provided before administration. Participants completed the questionnaires independently, and guidance was offered when clarification was required. Incomplete or improperly filled questionnaires were excluded from the final analysis.

**Ethical Consideration**

Ethical considerations were strictly observed throughout the study to ensure the rights, safety, and well-being of the participants. Permission was obtained from the original authors of the scales prior to their use, and institutional approvals were secured by the orphanages and NGOs involved. Data collection was conducted solely with the selected population of orphans, and participants were fully informed about the purpose and aims of the study. Informed consent was obtained from all participants, who were also given the right to withdraw at any point without consequence. The researcher ensured that all data were reported honestly, and any incomplete or noncompliant questionnaires were excluded from the analysis to maintain data integrity. Throughout the process, institutional authorities were kept informed, and all procedures were carried out in accordance with ethical research standards.

**Data Analysis**

Data were analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including means, standard deviations, ranges, and skewness values, were calculated for depression, self-esteem, and social skills. Cronbach's alpha was used to assess the internal consistency of the study instruments. Independent-samples t-tests were conducted to compare institutionalized and non-institutionalized orphans and to examine gender differences in the three study variables. One-way analysis of variance was used to assess differences across educational levels, while Pearson correlation analysis was performed to examine relationships among depression, self-esteem, and social skills. Cohen's d was reported to indicate the magnitude of group differences, and statistical significance was set at $p < .05$.

## Results

The data of 60 orphans were analyzed using the Statistical Package (SPSS). Reliability analysis, independent-samples t-tests, ANOVA, and correlation analysis were used to test the hypothesis. Reliability and descriptive analyses to measure the psychometric properties of tools.

**Table 1**

*Alpha reliabilities for the scale, depression, social skills and self-esteem (N=60)*

| | | | | | | | Range | |
|---|---|---|---|---|---|---|---|---|
| Scale | Subscales | *N* | *M* | *SD* | *α* | *SK* | Potential | Actual |
| RSES | Total | 60 | 23.73 | 4.04 | .63 | .37 | 10–50 | 18–33 |
| CDS | Total | 60 | 19.97 | 7.49 | .65 | −.14 | 0–60 | 4–36 |
| SSI | Total | 60 | 49.85 | 19.60 | .89 | .89 | 0-74 | 16-104 |

*Note.* M=Mean; SD=Standard Deviation; SSI= Social Skills Inventory; RSES= Rosenberg self-esteem Scale, CDS=Child Depression scale

The Social Skills Inventory demonstrated good internal consistency (α = .89), whereas the Rosenberg Self-Esteem Scale (α = .63) and Child Depression Scale (α = .65) demonstrated relatively low internal consistency.

**Table 2**

*Means, standard deviations and correlation of depression, social skills and self-esteem (N=60)*

| Variables | *M* | *SD* | 1 | 2 | 3 |
|---|---|---|---|---|---|
| 1. Self-esteem | 23.73 | 4.04 | - | .225 | .273* |
| 2. Social skills | 49.85 | 19.60 | | - | .241 |
| 3. Depression | 19.97 | 7.49 | | | - |

*Note.* M=Mean; SD=Standard Deviation; CDS: Child Depression Scale; Social Skills Inventory; RSES=Rosenberg self-esteem scale. *$p < .05$.

Pearson correlation analysis showed a significant positive relationship between self-esteem and depression, $r = .27$, $p = .035$, indicating a weak-to-moderate association. In contrast, depression was not significantly associated with social skills ($r = .24$, $p = .063$), and self-esteem was not significantly associated with social skills ($r = .23$, $p = .083$)

**Table 3**

*Independent sample t-test was carried out to assess differences in depression, self-esteem, and social skills among institutional and non-institutional orphans*

| | Institutionalized (N=30) | | Non-institutionalized (N=30) | | | | *95% CI* | | |
|---|---|---|---|---|---|---|---|---|---|
| Scale | *M* | *SD* | *M* | *SD* | *t* | *p* | *LL* | *UL* | Cohen's d |
| CDS | 18.36 | 7.99 | 21.56 | 6.68 | -1.68 | .098 | -7.01 | 0.61 | 0.43 |
| RSES | 23.04 | 4.05 | 24.06 | 4.06 | -0.64 | .528 | -2.71 | 1.43 | 0.25 |
| SSI | 47.63 | 20.68 | 52.06 | 18.54 | -0.87 | .386 | -14.58 | 5.72 | 0.23 |

*Note:* M=Mean; SD=Standard Deviation; CDS=Child Depression Scale; RSES= Rosenberg Self-esteem Scale; Social Skills Inventory; Cl=Confidence Interval; LL= Lower Limits; UL=Upper Limits; p= significance.

Independent t-tests showed no statistically significant differences between institutionalized and non-institutionalized orphans in depression, $t(58) = -1.68$, $p = .098$, self-esteem, $t(58) = -0.64$, $p = .528$, or social skills, $t(58) = -0.87$, $p = .386$. The difference in depression represented a small-to-moderate effect, while the differences in self-esteem and social skills were small.

**Table 4**

*Mean, standard deviation and t-values for gender on RSES, SS, CDS (N=60)*

| | Male (N=34) | | Female (N=26) | | | | *95% Cl* | | |
|---|---|---|---|---|---|---|---|---|---|
| Variables | *M* | *SD* | *M* | *SD* | *t* | *p* | *LL* | *UL* | Cohen's d |
| RSES | 23.91 | 3.70 | 23.50 | 4.43 | 0.33 | .690 | -1.71 | 2.53 | 0.10 |
| SSI | 48.73 | 14.99 | 51.30 | 24.61 | -0.50 | .610 | -12.80 | 7.70 | 0.13 |
| CDS | 21.35 | 7.01 | 18.50 | 7.80 | 1.66 | .110 | -0.64 | 7.04 | 0.39 |

*Note.* M=Mean; SD=Standard Deviation; RSES=Rosenberg Self-esteem Scale; Social Skills Inventory; CDS= Child Depression Scale

Independent t-tests showed no statistically significant gender differences in self-esteem, $t(58) = 0.33$, $p = .690$, social skills, $t(58) = -0.50$, $p = .610$, or depression, $t(58) = 1.66$, $p = .110$. The effect sizes were very small for self-esteem and social skills and small-to-moderate for depression.

**Table 5**

*ANOVA to check the impact of the education of orphans on study variables (N=60)*

| | Grade 8 (n = 14) | Grade 9 (n = 27) | Grade 10 (n = 19) | | |
|---|---|---|---|---|---|
| Variable | *M (SD)* | *M (SD)* | *M (SD)* | *F* | *p* |
| RSES | 25.07 (3.56) | 23.33 (3.96) | 23.32 (4.46) | 1.00 | .374 |
| SSI | 53.21 (23.86) | 43.96 (16.53) | 55.74 (18.89) | 2.39 | .101 |
| CDS | 17.36 (7.50) | 21.56 (6.86) | 19.63 (8.12) | 1.50 | .231 |

*Note.* M=Mean; SD=Standard Deviation; RSES=Rosenberg self-esteem scale, SSI: Social Skills Inventory, CDS: Child Depression Scale

A one-way ANOVA was conducted to examine differences in self-esteem, social skills, and depression across Grades 8, 9, and 10. There was no significant difference for all three outcomes. No statistically significant differences were found in self-esteem, $F(2, 57) = 1.00$, $p = .374$, social skills, $F(2, 57) = 2.39$, $p = .101$, or depression, $F(2, 57) = 1.50$, $p = .231$. The effect sizes were small for self-esteem and depression and moderate for social skills. Therefore, the hypothesis predicting differences according to educational level was not supported.

## Discussion

This study examined the depression, self-esteem, and social skills among institutionalized and non-institutionalized orphans in Lahore, Pakistan. The results showed that the two groups did not have significant differences in all three of the psychological outcomes, as opposed to the initial hypotheses. Also, other demographic variables like gender, age, and education level did not have a significant impact on these variables. These findings suggest that living arrangement alone did not clearly differentiate the psychological and social outcomes of participants in this sample.

The first hypothesis was that in institutionalized orphans, there would be a significantly higher level of depression than among non-institutionalized orphans. Participants in institutions showed a lower mean depression score compared with non-institutionalized participants, but not statistically significant. The result of this finding is contrary to previous studies, which found higher depression, anxiety, and psychological distress among children in institutional care (El-Khodary & Samara, 2020; Almas et al., 2020; Noor et al., 2024). But other research has shown that when factors beyond the child's care situation are taken into account, the outcomes of orphans in different care settings can be similar (Bachman DeSilva et al., 2012; Govender et al., 2014).

The second hypothesis was that there would be a significantly lower level of self-esteem amongst institutionalized orphans compared to non-institutionalized orphans. Past research indicates that parental death and change of care can impact children's self-concept, sense of belonging, and identity (Ali & Shaffie, 2021; Ndegemu, 2023). The results of the present study, however, suggest that the institutionalization environment was not directly linked to self-esteem in this sample.

The third hypothesis was that the institutionalized orphans would have significantly poorer social skills than the non- institutionalized orphans. The previous study has indicated that institutionalized children might not get opportunities for individualized family interaction and may be less able to participate in the wider community, which can affect social competence (Deb et al., 2019; Worku et al., 2018). The Socio-cultural theory of Vygotsky also highlights the importance of interactions with caregivers, teachers, and peers in developing social and interpersonal skills (Vygotsky, 1978). The current research, however, did not measure relations with peers, interaction with caregivers, school involvement, community involvement, or social experiences.

The hypothesis was that depression, self-esteem, and social skills would differ between males and females. The results showed that there were no significant differences between males and females on the three outcomes. However, the literature has yielded conflicting results on gender differences in psychological outcomes among vulnerable adolescents, suggesting that there may be interactions between gender and social, developmental, and cultural factors (Sutherland et al., 2022). There was no evidence of a gender difference in depression in this study; however, a difference was observed in effect size, which may warrant further exploration in a larger and more representative sample.

There were no significant differences among participants in Grades 8, 9, and 10 in depression, self-esteem, or social skills. There was no overall statistical significance for the students in the two grades, although the means for the Grade 10 students were higher in all social-skills areas measured. According to the Socio-cultural theory, education and interpersonal interaction can be a factor in interpersonal development (Vygotsky 1978; Worku et al., 2018). This is because the present study did not evaluate school quality, academic performance, participation of the students in class, and interactions with fellow classmates. So, the moderate effect of social skills should not be attributed to educational experience and should be explored with a larger sample.

The results of the study showed a positive correlation between depression and self-esteem. Self-esteem has been previously linked to depression, anxiety, and social withdrawal, as well as other difficulties with emotional adjustment (Sharma, 2014; Ndegemu, 2023). Learned Helplessness Theory also suggests that negative self-evaluations and a sense of helplessness might be linked to depressive symptoms (Seligman, 1975; Coates & Wortman, 2013).

The social skills were not significantly associated with depression, but social skills were significantly associated with self-esteem. Thus, the hypothesis about the relationships between the variables in the study was only partially and unexpectedly confirmed. Based on previous theoretical and empirical studies, there is a possibility that emotional wellness could be related to self-perceptions such as self-worth and interpersonal competence, as children with stronger self-confidence and social competence might be better equipped to forge relationships and cope with challenging situations (Riggio, 2014; Howell et al., 2019).

Overall, children in institutional settings and non-institutional settings or who have had multiple placements should not be considered equal because there can be significantly different experiences and experiences of parental loss, length of stay, socioeconomic status, trauma exposure, family contact, and relationship with the caregiver.

## Conclusion

Overall, the present study indicates that the levels of depression, self-esteem, and social skills in orphaned children can be similar under different living conditions when adequate psychosocial support, education, and emotional stability are provided by institutional and community care settings. These results highlight the significance of quality care settings and specific interventions on the psychological well-being of every orphan, whether institutionalized or not.

## Limitations and Future Directions

There are several limitations of this study. The findings of this study should be interpreted in light of several limitations. First, the sample consisted of only 60 orphaned adolescents recruited purposively from SOS Children's Village and Al-Khidmat Foundation in Lahore. The small sample size may have reduced the statistical power to detect small or moderate differences, while recruitment from only two organisations limits the representativeness and generalisability of the findings to other institutionalized and non-institutionalized orphans in Pakistan. Second, cross-sectional design means that the study

cannot establish causal relationships between living arrangement and depression, self-esteem, or social skills. Third, several important contextual variables were not assessed, including duration of institutionalization, length of institutional stay, age at parental loss, type of orphanhood, socioeconomic status, trauma history, family contact, and the nature of caregiver relationships. These factors may influence psychological and social functioning and may differ considerably among children within the same care category. Future studies should include larger and more diverse samples, longitudinal designs, and direct assessment of relevant contextual factors.

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