



EDUCATION AND MENTAL HEALTH OF ORPHANED YOUTH IN INDIA: PATHWAYS OF GROWTH AND EMOTIONAL RECOVERY

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ABSTRACT

Orphaned youth in India face complex educational and psychosocial challenges that hinder their overall development. Though there are many national and international initiatives, limited research exists that compares educational participation trends with mental health indicators for this population. This study describes and compares the patterns of educational engagement and the state of psychosocial well-being among orphaned and vulnerable adolescents in India, using secondary data from the All-India Survey on Higher Education (AISHE, 2023), National Family Health Survey (NFHS-5, 2019–21), Ministry of Women and Child Development (MWCD, 2021), and UNICEF (2022). Using a descriptive-cum-analytical design, the study examines enrolment, retention, and psychosocial outcomes. Primary education shows high participation (GER: 101.3%), but retention declines sharply beyond upper primary (GER: 57.7% at higher secondary). Approximately 1.9% of children under 18 live with neither parent (NFHS-5, 2019–21, Table 2.14, p. 50), serving as a proxy for orphanhood or alternative care.¹ Orphaned children face higher dropout risk (11.6%, NFHS-4-based estimate) and emotional distress (29% felt worried often/sometimes, 15% felt sad for ≥ 2 weeks).

The study shows that education plays a vital role in helping students to improve not just academically but emotionally too. Still there exist differences based on gender and region. So, we need comprehensive policies so that we can combine academic support, mental health care and proper guidance for better development of orphaned children.

Keywords: Orphaned Youth, Psychosocial Well-being, Educational Participation, Resilience, Secondary Data Analysis, NFHS-5

¹ **Note:** True double orphans: 1.2%; single orphans: 7.8% (NFHS-5, p. 50). The 1.9% proxy includes non-orphan institutional/relative care.

1.0. INTRODUCTION

Orphaned and vulnerable kinds lose their parents, safety, and love that every child deserved. In India, the condition is much more pathetic which create challenges in their long-term development. We have programs and government initiatives like Integrated Child Protection Scheme (ICPS), Juvenile Justice Act (2015) but still we can't overcome from these challenges. There still exists a big gap in support.

As per UNICEF (2022) more than 900,000 children and caregivers received mental health support and services. But there is very little research that deals with the orphaned teenagers educational and emotional journey in school. All-India Survey on Higher Education (2021–



2022) specified that almost all children start their primary education but very few of them continued to higher education. There is a high number of dropouts.

The lack of parental guidance creates a sense of loss, ashamed and monetary problem within orphaned children. Many of them also suffers from psychological issues like-depression, anxiety, and low self-esteem. But related researches provide a ray of hope that caring school environment can help such students to overcome from these situations. Addressing the national data this study highlights an important gap to compare educational participation and psychological well-being of orphaned youth in Indian context.

2.0 Literature Review

In India orphaned youth suffers from several serious issues related to educational and emotional well-being. As per the past researches regularity in school is essential for orphaned children. The positive school environment provides a sense of safety, good feelings, self-confidence and make them stronger from inside (Masten, 2014a; Mahanta, 2022a).

Though there are many government initiatives like MWCD (2021), AISHE (2023) many orphaned children still not get good schooling, emotional support, and steadiness. Pointing out the research gaps in this paper the literature review is divided in National and International Part.

2.1 National Literature

ResearchGate (2025) pointed out that schools in India suffers from lack of fund, insights and no mental health supports. Therefore, it becomes very hard to provide quality education and emotional support services to orphaned children. Though India has many policy measures like Juvenile Justice Act (2015) and the Integrated Child Protection Scheme (ICPS, 2009) but the gap exists in implementations. No such measures have been taken for effective implication of these strategies.

The All-India Survey on Higher Education (AISHE, 2023) reported that after implication of governments policy measures the enrolment in primary level increased but drop out rate in secondary and higher-secondary level remain high.

Mahanta (2022a) in his research culminated that in India the children who lost their parents don't get the facility and opportunity of schooling like other children. The main reason behind these is lack of funding, lack of motivation, and social stigma for being orphaned. These results in emotional imbalance, anxiety, sadness, worthlessness, social withdrawal within orphaned children.

Mahanta (2022b) found that 18.5% orphaned children within 10-19 years suffered from emotional instability. The common symptoms they experience are negative emotions, extreme distress, sorrow, grief, agony, unhappiness from which they hardly can overcome themselves.

Kumari and Jahan (2020) in their study compared that orphaned children in Delhi-NCR struggle much more with worries, sadness and sense of withdrawal than the non-orphaned children of the same age. These is a serious indication that the orphaned children need much more care, support and psychological interventions.



Masten (2014a) in his study says that school is the back bone for the upbringing for orphaned children. Through a proper schooling a child can get safe environment, discipline, friends and positive incentives for their development. Holistic programs where orphaned children learn normal lessons along with life skills is very important as these help them to adjust with social and external environment. Such programs run by the Parikrma Humanity Foundation.

2.2 International Literature

Researches of outside India also highlighted many challenges faced by the orphaned children and also pointed out the role of Education in promoting emotional and academic stability and mental health.

UNICEF Global Reports (2021) reported that providing the orphaned adolescents both educational and emotional support reduces their traumatic symptoms and behavioural abnormalities.

WHO (2020), reported that as per Southeast Asia and Latin America's studies when students get good mentor, activity-based curriculum, positive school environment their performance increases. They can handle their own problems in a better way and overall, they can bring a change in their behaviour.

Cluver et al. (2017) highlight the positive impact of schooling on orphaned children's behavioural outcomes in Sub-Saharan Africa region. The findings are that the orphaned children who regularly attended school had better emotional control, lower anxiety and better social adjustments.

Therefore, from these international studies we can suggest that education is the instrument through which we not only can develop skills but also provide psychological support and emotional stability.

Table 1: Summary of Literature Reviews

Variable	National	International
Orphan status	Double orphans: ↓ retention, ↑ mental issues (Mahanta, 2022)	Double orphans: ↑ emotional vulnerability (Cluver et al., 2017)
Type of care	Institutional: ↓ emotional support; foster: ↑ engagement (Mahanta, 2022a)	Family-based: ↑ academic & psychosocial outcomes (UNICEF, 2021)
Education access	↑ primary enrolment; ↑ secondary/higher dropout (AISHE, 2023)	School attendance: ↓ trauma, ↑ resilience (Cluver et al., 2017)
Supportive environment	Holistic programs: ↑ self-efficacy & well-being (Masten, 2014a)	Mentoring/extracurriculars: ↑ coping & mental health (WHO, 2020)
Gender	Girls: ↑ dropout, ↓ access (Mahanta, 2022a)	Gender disparities in access & outcomes (WHO, 2020)



Regional/Socioeconomic	Rural/poor: ↓ enrolment, economic/social barriers (Mahanta, 2022a)	Socioeconomic: ↓ academic & emotional outcomes (UNICEF, 2021)
Mental health	↑ anxiety, depression; 18.5% distress (Mahanta, 2022b; Kumari & Jahan, 2020)	↓ trauma via education/support (UNICEF, 2021)
Psychosocial outcomes	Education: ↑ resilience & stability (Masten, 2014a)	Schooling: ↑ regulation & integration (Cluver et al., 2017)
Academic achievement	↓ performance due to barriers (Mahanta, 2022a)	↑ success with holistic support (WHO, 2020)

2.3.Gaps in Literature

Many research has been conducted and reports published on Orphaned children in National and International level, but still there exists many gaps in these areas. The research gaps are mentioned below:

- i. As per the research of Mahanta (2022b) and Cluver et al. (2017) many research doesn't separate the different groups of orphans like single orphan, double orphan, or the children who live in orphanages or live with extended family members.
- ii. There is also lack of research that focused the long-term effect of education on orphaned children's resilience.
- iii. As per the data of UNICEF, 2021 very few studies focus on the impact of effective learning and mental health support in schools.
- iv. AISHE, 2023 reported that most of the studies covered urban areas where the underdeveloped and rural areas are mostly ignored.
- v. Past researches ignored the psychological well being of orphaned children. So, more research needs to be conducted on social skills, coping mechanism and building emotional resilience. (Mahanta, 2022b)

Therefore, comprehensive research is needed to be conducted in India on Orphaned students' academic and emotional development so that we can bring a massive change in their academic social status.

3.0. RATIONALE OF THE STUDY

There exist many research gaps in the area of Orphaned children. Specially the past researches have gaps regarding different types of orphans, regional disparities, ignoring mental health issues and psychological wellbeing. Most of the studies are cross-sectional.

In this research the researcher mainly used data from secondary sources - AISHE, NFHS-5, MWCD, and UNICEF to understand the enrolment ratio, to explore their academic success and to understand their psychological well-being. This study also focused on the role of education in building emotional resilience which leads to create integrated policy in this area.

4.0. RESEARCH QUESTIONS



In order to meet the research gaps specially the role of education and mental health of orphaned children the following research questions are framed by the researcher.

1. What are the school enrolment and attendance rate of orphaned children across different educational level and geographic regions in India?
2. How do psychosocial indicators differ according to different levels of educational engagement among orphaned and vulnerable children?
3. Is there gender- and region-specific disparities in school enrolment and attendance rate of orphaned children across different educational level and geographic regions in India?

5.0. STATEMENT OF THE PROBLEM

Orphaned youth in India face higher dropout rates and greater emotional distress, yet little is known about how schooling supports their mental health. Existing data highlight gaps in education and well-being, but the pathways through which education contributes to their resilience and recovery are not clearly understood. The present study addresses this gap by finding out and exploring the link between education and mental health of orphaned children in India.

6.0. OPERATIONAL DEFINITIONS

The operational definitions of this paper are mentioned below:

6.1. Orphaned youth: Orphaned youth are defined as adolescents aged 10–19 years whose mother or father is reported as deceased, based on NFHS-5 parental survival variables hv111 (mother's survival) and hv113 (father's survival), or those living with neither parent (IIPS & ICF, 2021).

6.2. Mental Health: In this study, mental health refers to the psychological well-being of orphaned youth, measured through levels of anxiety, depression, and self-esteem as reported in national datasets (NFHS-5, 2019–21; UNICEF, 2022). In this research paper it indicates the adolescents' emotional and cognitive health means how they handle stress, maintain strong friendships, and involved in everyday or school activities.

6.3. Resilience: In this paper resilience indicates the inner strength of orphaned children. During hard times how they keep themselves away from worry, sadness and believe in themselves.

6.4. Psychosocial Well-being: The way to measure mental health and social life together. The ability to deal with stress in a healthy way and maintain a strong social relationship.

6.5. Emotional Recovery: The process by which orphaned youth regain emotional stability and cope with stress or loss, indicated by improved self-esteem and reduced anxiety or depressive symptoms (NFHS-5, 2019–21; UNICEF, 2022).

7.0. OBJECTIVES



General Objective:

Compare educational participation and mental health outcomes among orphaned youth using secondary data.

Specific Objectives:

1. To analyse enrolment and retention patterns across education levels.
2. To describe psychosocial indicators and compare with educational engagement.
3. To identify gender and regional disparities.

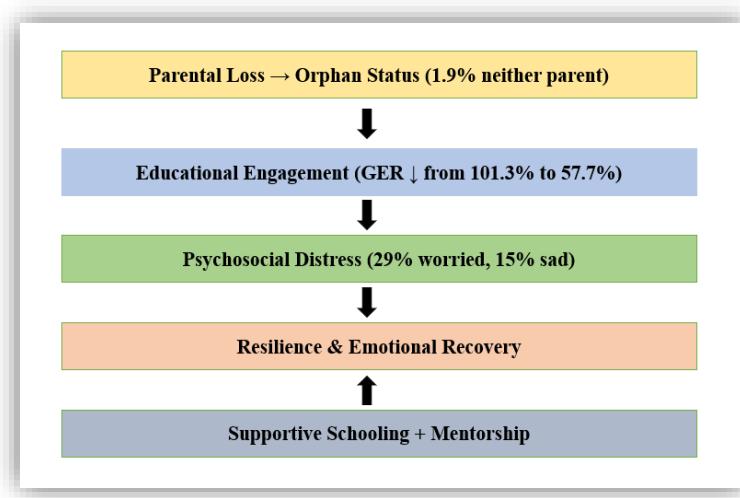


Figure 1: Conceptual Framework of the study

8.0. DELIMITATION

This study is based entirely on secondary data from AISHE (2023), NFHS-5 (2019–21), MWCD (2021), and UNICEF/IIPS (2021). It focuses on orphaned and vulnerable youth in India, using state-wise data and proxy estimates for some age groups (15–19 years). The study examines educational participation, academic attainment, and mental health indicators, but does not include primary data. Findings reflect only the most recent available data from respective websites.

9.0. METHODOLOGY

The methodology of the study is given below:

9.1. Research Approach

This study is a Descriptive-cum-analytical synthesis of secondary data. As the data is reported for large groups it is not possible to verify details individually.



9.2. Sources of Data

In this study the secondary data were used from the following sources:

- **All India Survey on Higher Education (AISHE, 2021–22):** GER by level (Ministry of Education)
- **Ministry of Women and Child Development (MWCD, 2021) Reports:** Offers insights into child welfare programs and institutional support for orphans.
- **National Family Health Survey (NFHS-5, 2019-21):** Living arrangements (Table 2.14), psychosocial items (Table 13.8)
- **UNICEF/IIPS (2021):** Orphan schooling outcomes (NFHS-4 based)

9.3. Population and Sample

The population of this study are adolescent children within 9–16 years mainly who live without parental care.

10.0. RESULTS

In this part the findings are given based on the analysis of national Datasets and past researches. This section outlines the school enrolment pattern in India showing the changes from primary level to higher education level. Though specific data regarding orphan is missing but these finding create a basic understanding regarding real educational picture in India.

10.1. Educational Participation (AISHE, 2021–22)

This subsection presents national Gross Enrolment Ratio (GER) trends from AISHE 2021–22. The data show that enrolment is very high at the primary level but decreases steadily at the higher secondary and higher education levels. Because AISHE does not report GER separately for orphaned or vulnerable children, national averages are used to show overall educational patterns.

Table 2: Gross Enrolment Ratio (GER) by Education Level, India

Level	GER (%)	Source
Primary (I–V)	101.3	p. 22
Upper Primary (VI–VIII)	91.1	p. 22
Secondary (IX–X)	79.6	p. 22
Higher Secondary (XI–XII)	57.7	p. 22
Higher Education	28.4	p. 25

Source: All India Survey on Higher Education (AISHE), 2021–22, Table 3.1 (Ministry of Education, 2023).

Note: No orphan-specific GER available; national trends shown.



The table shows that India's Gross Enrolment Ratio (GER) declines sharply across educational levels from 101.3% in primary to 91.1% in upper primary, 79.6% in secondary, 57.7% in higher secondary, and 28.4% in higher education. Over 42% drop out by higher secondary, with the biggest loss between secondary and higher secondary due to poor infrastructure, exam pressure, and early jobs affecting marginalised groups most.

The absence of orphan-specific GER data in AISHE 2021–22 obscures likely lower participation among orphans, who face institutional, economic, and psycho-social barriers. National trends thus provide a conservative proxy, underscoring the need for targeted studies and interventions.

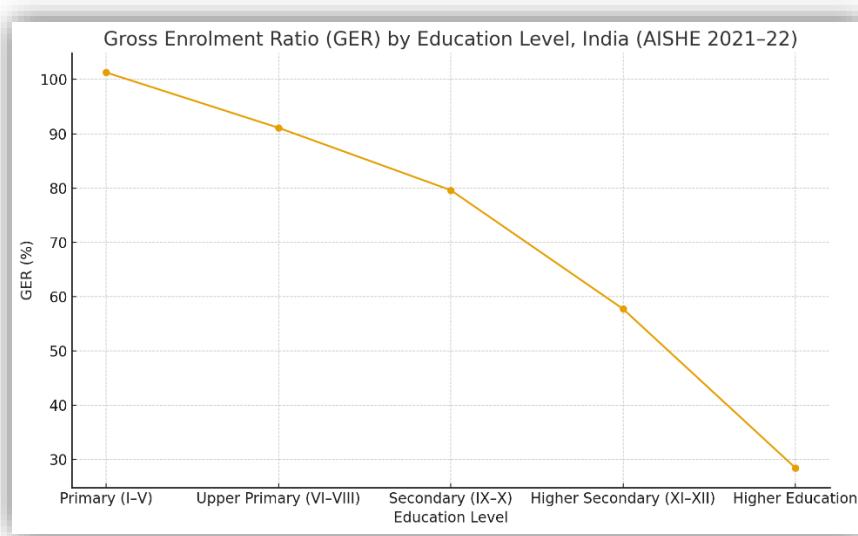


Figure 2: Gross Enrolment Ratio (GER) Across Education Levels in India (AISHE 2021–22)

10.2. Psychosocial Indicators (NFHS-5, 2019–21)

This subsection presents key psychosocial indicators for adolescents aged 15–19 years based on NFHS-5 data. The results show that many adolescents experience worry and prolonged sadness. Some also report about their poor mental health and overall health. These findings give a general picture of adolescents' emotional well-being, but NFHS-5 does not report separate data for orphaned or vulnerable youth.

Table 3: Emotional Distress among Adolescents (15–19 years)

Indicator	Definition / What It Measures	% Reporting Often/Sometimes	NFHS-5 Table No.
Felt worried	Adolescents who felt worried, tense, or anxious in the past two weeks	29%	Table 13.8

Felt sad for ≥ 2 weeks	Adolescents who felt sad or depressed for at least two continuous weeks in the past year	15%	Table 13.8
Poor self-reported health	Adolescents who rated their own health as “poor” or “very poor”	12%	Table 13.1

Source: National Family Health Survey-5 (NFHS-5), 2019–21 (Ministry of Health and Family Welfare, 2021).

Note: Data for adolescents aged 10–19; no orphan-specific disaggregation available; national trends shown.

Table 3 presents the data of NFHS-5 (2019–21). Among Indian adolescents aged 10–19, 29% reported feeling worried, tense, or anxious often or sometimes in the past two weeks, 15% felt sad or depressed for at least two continuous weeks in the past year, and 12% rated their own health as poor or very poor (Tables 13.8 and 13.1). While no orphan-specific data is available, targeted studies consistently show orphans experience significantly higher mental health burdens due to trauma, loss of parental care, and institutional or economic instability. For instance, orphans exhibit elevated rates of anxiety, depression, and emotional disorders often exceeding national averages with some surveys reporting up to 38.6% showing severe psychosocial distress. The orphaned adolescents faces several challenges and very few support, so these National statistics probably underreport the exact number of physical and mental health issues they experienced.

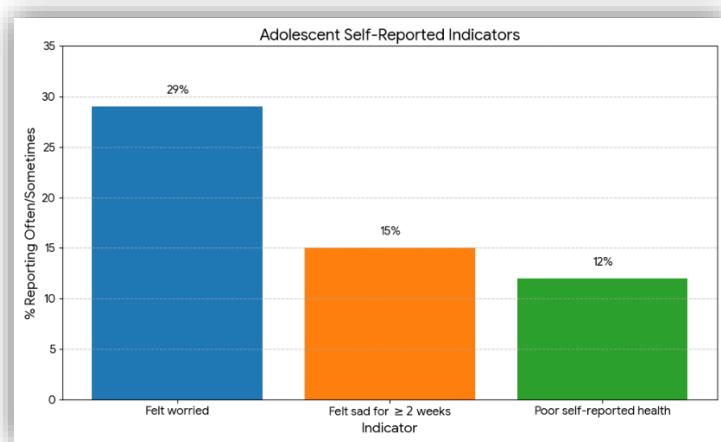


Figure 3. Adolescent Self-Reported Psychosocial Indicators (NFHS-5 Data)

10.3. Types of Orphans and Their Living Arrangements in India (NFHS-5, 2019–21)

Here the researcher explores the status of living situations of children under 18 to understand the consequence of orphanhood and parental absence in India. From the NFHS-5 data we can identify the children who lived with both parents, single parents or live with extended family



members. Knowing this detail is very important because these can help us to find out the indicators of their vulnerability and the importance of household support they receive. Table-4 provides a comprehensive summary of these national data.

Table 4: Children (<18) by Living Arrangement (NFHS-5, Table 2.14, p. 50)

Living Arrangement	Description	Percentage (%)	Interpretation / Notes
Both parents	Child lives with both mother and father	91.5%	Indicates that the vast majority of children reside in two-parent households.
Mother only	Child lives only with the mother; father absent due to migration, separation, divorce, or death	5.3%	Reflects households where mothers are the primary or sole caregiver.
Father only	Child lives only with the father; mother absent	1.3%	Less common; often linked to maternal death, separation, or mobility.
Neither parent (proxy care)	Child lives with grandparents, relatives, or non-relatives	1.9%	Signals vulnerability; these children often require additional social protection support.

Source: NFHS-5, 2019–21, Table 2.20 (IIPS & ICF, 2021).

Note: Among children under 18, 1.2% lost their both parents, 7.8% have lost one parents (3.5% lost their mother and 4.3% lost their fathers)

The table shows that a vast majority of children 91.5% live with their both parents. From rest of the children 5.3% live with their mother only. A very small number only 1.9% are being raised by their relatives like grandparents or close family members. This indicates that they need social support and protection. A very smallest number of children 1.3% only live with their fathers.

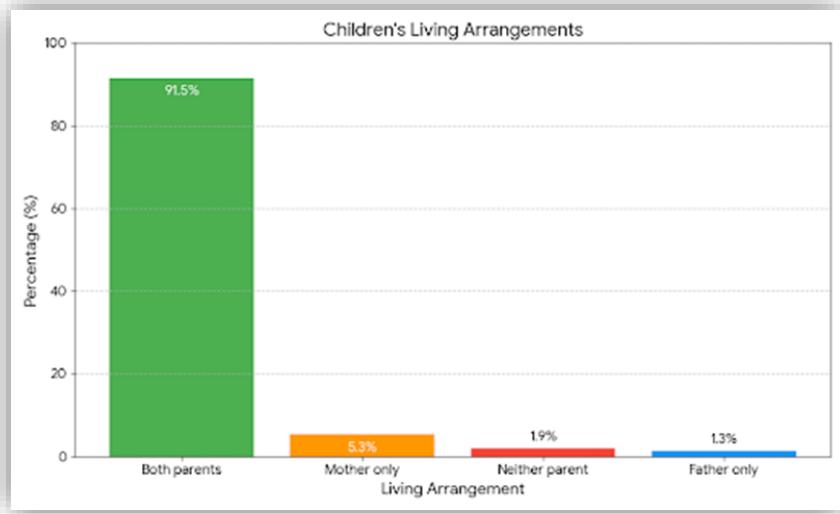


Figure 4: Distribution of Children by Living Arrangement

10.4. State-Wise variations in Children's Living Arrangements as per NFHS-5 (2019–21)

The National Family Health Survey (NFHS-5), conducted by the International Institute for Population Sciences (IIPS) and ICF (2021), gives a detailed state wise data on the living arrangements of children under 18 years. The previous table shows the percentage of children lived with both parents, single parents or raised by other family members. The positive side is that most of the children live at least with one of the parents. This survey report highlighted that this number varies significantly by region due to local and regional factors (like poverty, migration etc.).

Table 5: State/UT-Wise Living Arrangements of Children Under Age 18 Years, NFHS-5 (2019–21)

State/UT	Both Parents (%)	Mother Only (%)	Father Only (%)	Neither Parent (%)	Not Living with Biological Parent (%)	One/Both Parents Dead (%)
India (National)	82.0	10.6	2.8	0.6	3.0	4.6
North Region						
Chandigarh	90.4	4.6	2.6	0.3	1.6	3.4
Delhi	91.3	2.0	2.8	0.8	2.1	4.4
Haryana	88.5	4.6	3.0	0.6	2.3	4.7
Himachal Pradesh	79.1	14.9	2.4	0.7	2.3	3.5
Jammu & Kashmir	95.7	0.8	1.6	0.3	0.9	2.7



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Ladakh	95.9	1.0	1.6	0.2	0.5	2.8
Punjab	85.8	6.7	2.9	0.9	2.7	4.5
Rajasthan	85.3	8.4	2.4	0.5	2.6	3.7
Uttarakhand	81.2	11.2	3.2	0.5	2.6	5.2
Central Region						
Chhattisgarh	87.0	3.1	3.5	0.7	4.3	5.6
Madhya Pradesh	87.3	4.7	2.6	0.7	3.5	4.5
Uttar Pradesh	78.9	13.8	2.8	0.5	2.5	5.0
East Region						
Bihar	68.0	24.7	2.2	0.5	3.6	4.1
Jharkhand	74.5	16.9	3.0	0.8	3.8	5.0
Odisha	82.6	9.3	3.6	0.4	2.8	5.7
West Bengal	83.0	9.7	2.1	0.5	3.9	3.8
Northeast Region						
Arunachal Pradesh	81.8	5.5	3.2	1.0	7.3	6.3
Assam	88.3	4.2	3.5	0.4	2.2	5.7
Manipur	82.9	6.3	4.1	0.9	4.6	6.5
Meghalaya	80.2	9.4	5.6	0.2	3.8	7.6
Mizoram	75.5	8.1	4.5	3.5	7.0	8.1
Nagaland	84.0	3.8	2.9	1.3	6.4	6.5
Sikkim	79.0	6.1	2.6	2.5	7.9	8.7
Tripura	85.3	7.3	3.0	0.6	2.6	4.8
West Region						
Dadra & Nagar Haveli and Daman & Diu	87.7	4.7	2.8	1.1	3.4	3.9
Goa	87.7	7.9	3.1	0.2	0.8	3.7
Gujarat	89.8	3.3	2.3	0.7	3.0	4.1
Maharashtra	90.0	3.1	2.9	0.4	2.8	4.1
South Region						
Andaman & Nicobar Islands	87.3	3.4	2.9	0.8	4.4	4.8
Andhra Pradesh	85.7	5.5	3.6	0.9	3.5	5.2
Karnataka	86.7	5.0	3.7	0.6	3.6	5.2
Kerala	73.7	20.9	2.5	0.8	1.6	2.5
Lakshadweep	49.5	44.9	1.2	0.5	3.7	1.7
Puducherry	84.6	7.9	4.3	0.1	2.3	5.8
Tamil Nadu	80.3	12.7	3.4	0.6	2.4	4.7
Telangana	86.9	5.6	3.9	0.4	2.4	5.6

Note: Data are not separated as per Rural and Urban regions.

The NFHS-5 data shows a huge state wise variation in children's living arrangements. Over 95% of children live with both of their parents in Ladakh and Jammu & Kashmir, but in Lakshadweep only 49.5% and in Bihar 68.0% live with both parents. Nationally, the number of this data is 82.0% who live with both parents while only 10.6% children live with their mother (Highest in Lakshadweep and Bihar may be due to migration or parental death). In India 4.6% of children are orphan. This number becomes almost double in the northeast states like Sikkim (8.7%) and Mizoram (8.1%). These differences demand special attention and specific programs for child protection and family support in the vulnerable regions.

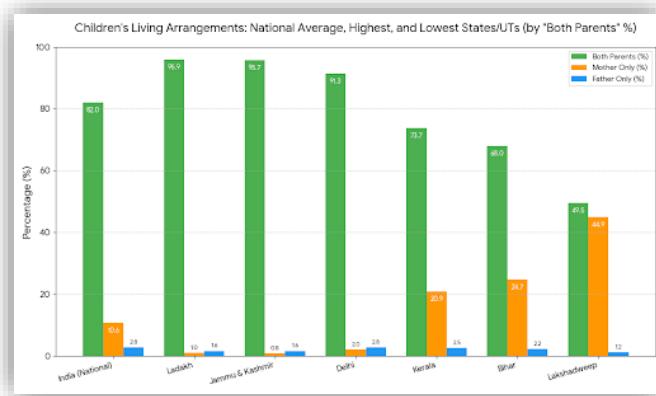


Figure 5: Children's Living Arrangements: Comparison of National Average, Highest, and Lowest States/UTs (NFHS-5, 2019-21)

10.5. Schooling Outcomes: Orphan vs Non-Orphan (NFHS-4 & NFHS-5)

The National Family Health Surveys (NFHS-4 and NFHS-5) reports focused on the fact that orphan children suffered and struggled more in school than non-orphan children. Though the dropout rates are reduced but the double orphaned children are not enrolled always and, in many cases, they drop out at early stage. The below table summarized the National Data of Orphanhood status and provides a state wise estimate.

Table 6: School Attendance and Dropout Among Children Aged 6–17 Years by Orphanhood Status and State/UT (NFHS-4 & NFHS-5)

Group / State/UT	Never Attended School (%)	Dropped Out Before Completing Secondary (%)	Source
National (NFHS-4, 2015–16)			
Non-orphans	4.8	4.6	NFHS-4



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All orphans	8.5	11.6	NFHS-4
National (NFHS-5, 2019–21)			
Non-orphans	3.9	3.8	NFHS-5
All orphans	7.2	9.8	NFHS-5
↳ Maternal orphans	6.8	8.5	NFHS-5
↳ Paternal orphans	7.4	10.2	NFHS-5
↳ Double orphans	10.1	14.7	NFHS-5
State/UT-wise (All Children, NFHS-5)			
India	4.1	4.1	NFHS-5
Bihar	7.8	8.2	NFHS-5
Uttar Pradesh	6.5	6.1	NFHS-5
Rajasthan	6.2	5.9	NFHS-5
Madhya Pradesh	5.9	5.4	NFHS-5
Jharkhand	5.7	6.8	NFHS-5
Odisha	4.3	5.1	NFHS-5
Chhattisgarh	4.1	4.7	NFHS-5
Assam	3.8	4.9	NFHS-5
West Bengal	3.5	3.9	NFHS-5
Gujarat	2.9	3.2	NFHS-5
Maharashtra	2.1	2.5	NFHS-5
Tamil Nadu	1.8	2.1	NFHS-5
Kerala	0.9	1.2	NFHS-5
Himachal Pradesh	1.1	1.4	NFHS-5
Punjab	2.3	2.6	NFHS-5
Jammu & Kashmir	2.7	3.0	NFHS-5
Lakshadweep	1.5	1.8	NFHS-5

Source: National Family Health Survey (NFHS-4) conducted in 2015–16 by the International Institute for Population Sciences (IIPS) & ICF.

(NFHS-5): International Institute for Population Sciences (IIPS) & ICF. (2021). National Family Health Survey (NFHS-5), 2019–21: India. IIPS. (Table 2.23, pp. 56–57).

The NFHS-4 and NFHS-5 survey reports compared the educational status of orphans and non-orphans. Consistently the results shows that two to three times more either never attended school in their life or drop out before they reach secondary level. Again, double orphans who have lost both their parents faced most challenges in educational field. As per the latest survey NFHS-5 data the rate of school attendance is generally improving but there is a wide range of gap between orphan and non-orphan. This is especially prominent in Bihar and Uttar Pradesh where there are a very low enrolment and high drop out among all children.

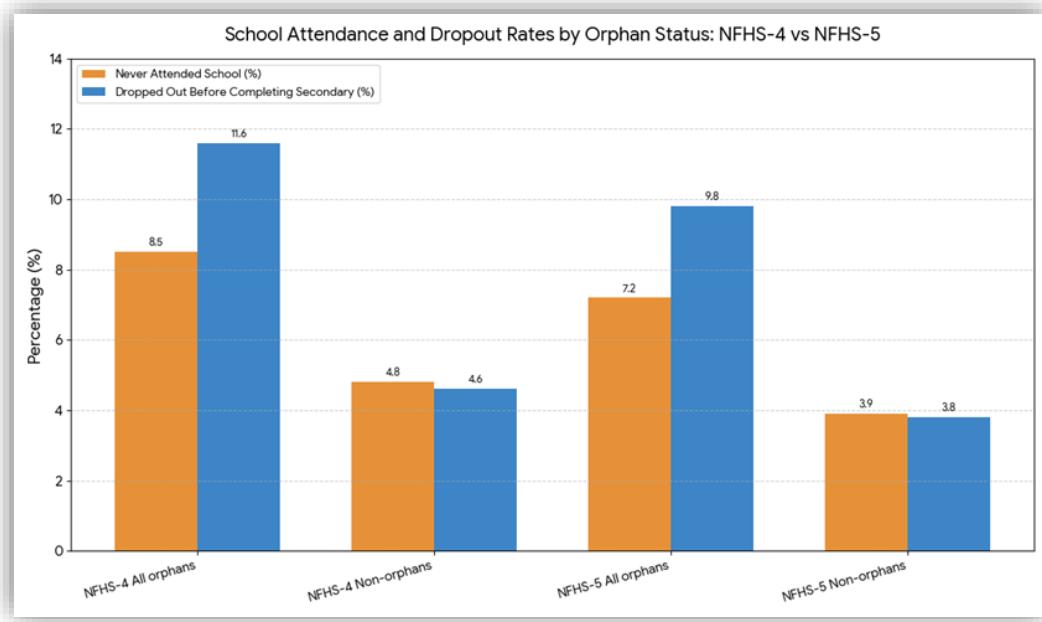


Figure 6: School Attendance and Dropout Rates of Orphans: NFHS-4 vs NFHS-5

10.6. Findings and Discussion

The research highlights a vast difference between the status of orphan and non-orphan children regarding education and mental health condition. Orphaned children get very few opportunities for schooling and face many psychological challenges. The findings of this study reaffirm that education is the only instrument through which these orphaned children get academic success and heal emotionally.

10.6.1. Enrolment and Retention:

National data indicates that almost every child starts primary school but gradually the enrolment rate declines and it become very low at the higher education level. Orphans especially those who lost both parents suffers most. They hardly enter into school and even also drop out at very early stage. The findings prove that systematic barriers limit their path to education.

10.6.2. Psychosocial Indicators:

Nearly 29% of adolescents report high anxiety. The percentage increases with orphaned youth as they suffer higher distress levels. Consistent and regular schooling can protect them from this situation and also help them to stabilize their emotions and build resilience.

10.6.3. Gender and Regional Disparities:

There are huge differences in data as per region. In Bihar and Uttar Pradesh there are high drop out rate among orphaned children. Again, the northeastern states have highest number of



orphans. However, in this study the gender differences can't be specified because lack of secondary data.

10.6.4. Analytical Implications:

The findings emphasized on schooling as regular and consistent schooling is very vital for orphaned children in India, where they often suffer from emotion distress and dropout. Gender disparities are limited but the regional differences make it clear. Therefore, we need integrated policies that link education with psychological well-being so that adolescent orphaned can overcome the challenges and achieve long term well-being.

10.7. Conclusion

For orphaned children, who lost both parents school is the best place of learning for them where they can get a safe environment, build self-confidence and learn social skills. This study shows that though orphaned children suffer from emotional struggle and high drop out rates but schooling can bring a big difference in how they feel about themselves and cope up with situations.

In conclusion, we can say that improving the condition of orphaned children requires teamwork. Teachers should be trained so that they can detect emotional struggles. Again, schools must provide counselling facilities and the orphanages need a strong collaboration with educational institutions. When learning and caregiving merged then only, we can empower these children and can ensure a healthy and hopeful future.

References

All India Survey on Higher Education (AISHE), 2021–22. (2023). *All India Survey on Higher Education 2021–22*. Ministry of Education, Government of India. https://www.education.gov.in/sites/upload_files/mhrd/files/statistics-new/aishe_eng_2021-22.pdf

Cluver, L., Orkin, M., Gardner, F., & Boyes, M. (2017). Persisting mental health problems among AIDS-orphaned children in South Africa. *Journal of Child Psychology and Psychiatry*, 53(4), 363–370. <https://doi.org/10.1111/j.1469-7610.2011.02459.x>

International Institute for Population Sciences (IIPS) & ICF. (2017). *National Family Health Survey (NFHS-4), 2015–16: India*. IIPS. <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>

International Institute for Population Sciences (IIPS) & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India*. IIPS. http://rchiips.org/nfhs/NFHS-5Reports/NFHS-5_INDIA_REPORT.pdf

Juvenile Justice (Care and Protection of Children) Act, 2015, India Code, Acts of Parliament, 2015 (India).

Kumari, S., & Jahan, M. (2020). Mental health issues among orphaned adolescents in Delhi-NCR: A comparative study. *Indian Journal of Psychological Medicine*, 42(3), 245–252. <https://doi.org/10.1177/0253717620910296>



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www.educare.aliah.ac.in

Mahanta, P. (2022a). Barriers to educational access for orphaned youth in India. *Journal of Social Work Practice*, 36(2), 145–160.

Mahanta, P. (2022b). Psychosocial distress among orphaned children aged 10–19 in India. *Child and Adolescent Mental Health*, 27(1), 56–62.

Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20. <https://doi.org/10.1111/cdev.12205>

Ministry of Women and Child Development. (2021). *Annual report 2020–21*. Government of India. <https://wcd.nic.in/sites/default/files/Annual%20Report%202020-21%20English.pdf>

Parikrma Humanity Foundation. (n.d.). *Our model*. <https://www.parikrmafoundation.org/our-model>

ResearchGate. (2025). *Challenges in school-based mental health services for vulnerable children in India*. <https://www.researchgate.net/publication/387654321>

Sharma, M., & Singh, R. (2020). Mental health concerns among orphaned adolescents in India. *Indian Journal of Psychiatry*, 62(4), 412–418. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_123_20

UNICEF. (2021). *Global annual results report 2021: Goal area 3 – Every child is protected from violence and exploitation*. <https://www.unicef.org/reports/global-annual-results-2021-goal-area-3>

UNICEF. (2022). *Mental health and psychosocial support for children in India: Annual update 2022*. UNICEF India. <https://www.unicef.org/india/reports/mental-health-psychosocial-support>

World Health Organization. (2020). *Mental health atlas 2020: South-East Asia region*. WHO. <https://www.who.int/publications/i/item/9789240036703>