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Resilience as a Protective Factor against Depression: A Comparative Study on Institutionalized Orphan Children of Rural and Urban Areas

Shivangi Bisht and R.L. Zinta
Himachal Pradesh University, Summer Hill, Shimla

Depression among institutionalized orphan children poses a significant mental health concern in both rural and urban areas. This resilience has proved trajectory in protecting the depression by promoting mental health of the aforesaid children. The objective of the present study is to explore the level and relationship between resilience and depression based on locality and types of institution. The study has been conducted on a sample of N = 360 orphan children (n = 180 Rural + 180 Urban) divided further into two comparable halves based on the types of institution (90 Govt. + 90 Non-Govt) orphans Child Care Institutions aged 10-17 years through purposive sampling. They were assessed by using the Resilience Scale-14 of Wagnild and Guinn and Depression Anxiety Stress Scale of Szabo and Lovibond. The results revealed a significant negative correlation between resilience and depression ($r = -0.165$, $p < .01$) with stronger correlations in rural areas ($r = -0.201$, $p < .01$) followed with government-run institutions ($r = -0.176$, $p < .05$). The results based on ANOVA revealed that the Locality significantly influenced the depression $F(1, 356) = 5.78$, $p < .01$) whereas institutional type showed no effect on it. The results highlight the importance of resilience-focused interventions tailored to the specific need of institutionalized children.

Keywords: Resilience, depression, orphan children, institutional care, rural-urban comparison

Depression among institutionalized orphan children has become a global mental health concern in the contemporary scenario both in rural and urban government and non-government institutions. Its prevalence can also be witnessed in India in general and the hilly states like Himachal Pradesh in particular where 90% of the population resides in rural areas. The studies have been consistently reporting higher prevalence of risk factors such as trauma, neglect, and lack of parental care thereby in increasing their vulnerability to depression (Demoze et al., 2018; Dozier et al., 2012; Khoza & Mokgatle, 2021). Studies across Ethiopia, South Africa, and Nepal have reported higher prevalence rates of depression ranging from 21% to 33.2% among institutionalized orphans (Bhatt et al., 2020; Khoza & Mokgatle, 2021; Shiferaw, Bacha & Tsegaye, 2018). Moreover, the institutional setting itself exacerbates psychological distress, with orphanages frequently reporting cases of anxiety, depression, and post-traumatic stress disorder (Myovela, 2012; Simsek et al., 2007). It has also been observed that the orphan children in government child care institutions experience higher level of psychological distresses like episodes of depression than to non-government institution where care of such students is significant better. These statistics highlight the urgent need for mental health interventions within institutional care settings as well.

More appropriately, the institutionalized orphans often experience emotional turmoil and behavioural problems that may include anxiety, depression, and post-traumatic stress disorder (Myovela, 2012; Simsek et al., 2007). The study conducted by Myovela (2012) conducted in Tanzania revealed that approximately 25.7% of institutionalized orphans had experienced suicidal thoughts, and 78% of them reported depressive symptoms Similarly, in India, 35% of orphaned children had experienced depression, with 38% of those showed suicidal tendencies (Ramagopal et al., 2016). These concerning statistics highlight the critical need for interventions that address the psychological well-being of children in institutional care. For curbing such psychological vulnerabilities resilience, that depicts an ability of a person to adapt positively to adversity (Masten, 2001), has emerged as a key protective factor in protecting the depression in such populations (Luthar, Cicchetti & Becker, 2000; Ungar, 2011). It encompasses both internal traits, such as optimism and self-efficacy, and external factors, such as social support and access to resources (Edward, 2005).

The resilience has been consistently linked to lower levels of depression in vulnerable populations, including institutionalized orphans (Shiferaw, Bacha & Tsegaye, 2018). Studies have shown that resilience can buffer the impact of adverse childhood experiences, such as trauma and neglect, on mental health outcomes (Masten, 2001). It has been identified as a critical factor in mitigating the psychological impact of institutionalization and improving overall well-being (Yasin et al., 2013). It has proven effecting in strengthening the supportive relationships (Ungar, 2011) thereof help in fostering protective factor against depression in institutionalized children. However, the effectiveness of resilience may vary according to the contextual factors, such as the type of institution (government vs. non-government) and the geographic locality (rural vs. urban). Non- government institutions often provide more personalized care and innovative programs, which can enhance resilience and mitigate depression (Save the Children, 2020; UNICEF, 2019). In contrast, government-run institutions may face resource constraints, leading to lower resilience and higher episodes of depression among such children (Shiferaw, Bacha & Tsegaye, 2018).

Thus, the role of resilience as a protective factor is particularly relevant in the context of institutionalized orphans, who often face chronic stressors arising from the loss of parental attachment, social stigma, and limited access to mental health resources (Simsek et al., 2007; Thabet et al., 2007). Locality plays a significant role in shaping mental health outcomes, with urban and rural areas presenting distinct challenges and opportunities. Urban areas orphan children often report better access to mental health services. On the other side they have an exposure of stressors resulting from the overcrowding and crime, which can exacerbate depression (Evans, 2004). In contrast, rural areas may lack mental health resources, leading to higher levels of psychological distress and lower resilience (Probst et al., 2006) but have less exposure of overcrowding and criminal activities. Studies have shown that the urban residents often report higher rates of depressive symptoms as compared to the rural residents differing in socioeconomic status (Jeong et al., 2023) those have limited access to the mental health thereby contribute to poorer mental health outcomes (Dashputre et al., 2023). These findings highlight the need for context-specific interventions that address the unique challenges faced by children in urban and rural settings.

The type of institution (government vs. non- government) significantly influences the

mental health outcomes of institutionalized orphans. Government-run institutions often face resource constraints and bureaucratic inefficiencies, which can limit the quality of care provided to children (Shiferaw, Bacha & Tsegaye, 2018). In contrast, non-government institutions often provide more personalized care and innovative programs, which can enhance resilience and mitigate depression (Save the Children, 2020). A study in Ethiopia found that orphans in non-government institutions had lower depression rates compared to those in government-run institutions, highlighting the role of personalized care and support in improving mental health outcomes (Shiferaw, Bacha & Tsegaye, 2018). Similarly, research in Kenya also found that NGO-run programs for orphans and vulnerable children were more effective in addressing mental health needs compared to government-run programs (Mutiso et al., 2017). These findings underscore the importance of institution type in shaping the mental health outcomes of institutionalized orphans.

Previous research has consistently demonstrated a negative correlation between resilience and depression, with higher resilience levels associated with lower depression rates. A study on Chinese adolescents found that higher resilience levels before the COVID-19 pandemic predicted lower depression and anxiety levels after lockdowns, highlighting the protective role of resilience in youth mental health (Shi et al., 2022). Similarly, a study on widows found that social support, a key external factor of resilience, significantly reduced depression rates by fostering a supportive environment (Awaliah et al., 2023). In the context of institutionalized orphans, resilience has been shown to mitigate the psychological impact of adverse childhood experiences and improve mental health outcomes. According to Shiferaw, Bacha and Tsegaye (2018) higher resilience levels are associated with lower depression rates among orphan adolescents. These findings highlight the importance of fostering resilience as a protective factor against depression in institutionalized children.

The existing research has provided valuable insights into the relationship between resilience and depression among institutionalized orphans, several gaps remain. First, there is limited comparative research on the relationship of resilience and depression in government vs. non-government institutions. Second, few studies have explored the role of geographic locality (urban vs. rural) in shaping resilience and depression outcomes among institutionalized orphans. The present study aims to address these gaps by examining the relationship between resilience and depression among institutionalized orphans, with a comparative focus on urban and rural areas and the type of institution (government vs. non-government). By exploring these factors, this research seeks to inform targeted interventions that address the mental health needs of institutionalized orphan children.

Present Study: The aim of present study is to explore the relationship between resilience and depression in the institutionalized children of rural and urban government and non-government institutionalized orphan children of Himachal Pradesh in India. Objective is to perform microanalysis on these orphan children living in hilly area in both government and non-government setting. Thus, the detailed objectives area as follows:

1. To explore the relationship between resilience and depression among institutionalized orphan children.
2. To compare resilience and depression levels between orphan children in rural and urban areas.

3. To evaluate differences in resilience and depression based on the type of institution (government vs. non-government).

Based on the review quoted above on such children, the following hypotheses have been framed: -

Hypotheses:

H1: There would be a significant negative correlation between resilience and depression among institutionalized orphan children.

H2: Orphan children in rural areas will exhibit lower resilience and higher depression as compared to the urban areas.

H3: Orphan children in government institutions will exhibit lower resilience and higher depression as compared to the non- government institutions.

Method

Sample

The present study consisted of N = 360 orphan children aged 10-17 years. They were divided into two groups based on locality: n = 180 from urban areas and n = 180 from rural areas. These groups were further divided based on the type of institution: n = 90 from government-run institutions and n = 90 from non-government institutions. Participants included both boys and girls in equal proportion. They were residing in government and non- government Child Care Institutions located in urban areas of New Delhi and rural areas of Himachal Pradesh. Purposive sampling was used in the present study. They were assessed with the following standardized measures.

Measures

Resilience Scale: Resilience was assessed using the Resilience Scale-14, developed by Wagnild & Guinn (2011). The scale is a multidimensional tool measuring 5 aspects of resilience- Self-reliance, Meaning and purposeful life, Equanimity, Existential aloneness and Perseverance. The items are scored on a 7-point Likert scale ranging from '1= strongly disagree' to '7= strongly agree'. The score ranges from 14 to 98. High score indicates high resilience. The Cronbach's alpha coefficient (α) in an adolescent sample being r = .91 (ranging from r = .88 to .92). The scale also possesses convergent validity.

Depression Scale: Depression was measured using the depression subscale of the Depression Anxiety Stress Scale-Youth, developed by Szabo & Lovibond (2022). This subscale consists of 7 items rated on a 4-point Likert scale, assessing core symptoms of depression. The depression subscale showed good internal consistency in the present study, with a reliability coefficient (α) of r = .89. The scale also possesses established convergent validity.

Procedure

The government and Non-government Child Care Institutions in rural areas of Himachal Pradesh and urban areas of Delhi were identified and consulted. Institutionalized orphan children in India are protected by the government under the Juvenile Justice (Care and Protection of Children) Act, 2015 and Juvenile Justice (Care and Protection of Children) Model Rule 2016/ Women and Children Licensing Act 1956/. In order to collect data from them necessary approvals were obtained from the Department of Social Justice and Empowerment of Himachal Pradesh, the Department of Women and Child Development, Delhi, and the institutional authorities of the participating Child Care Institutions. The institutions were then visited to collect the data. Informed consent was obtained from the legal guardians of the participating children, as well as assent from the children themselves. After getting the

consent, the respondents were given the resilience and depression scales. Both measures were administered under standardized conditions. Data were collected through structured interviews and self-administered questionnaires. The confidentiality of participants was ensured throughout the study. The data was collected, tabulated and analysed by using correlation and ANOVA to know the magnitude and direction of the correlation.

Results

Table 1. Average Score of Rural and Urban, Government (Govt.) and Non-government (Non-Govt.) Institutionalized Orphan Children on Resilience and Depression

Subgroup	N	Resi-lience M	Resi-lience SD	Depre ssion M	Depre ssion SD
Overall	360	74.63	12.31	5.16	5.01
Urban	180	73.09	12.29	5.35	5.54
Urban Govt.	90	71.32	12.01	6.25	5.69
Urban Non-Govt.	90	74.85	12.37	4.43	5.26
Rural	180	76.18	12.17	4.98	4.42
Rural Govt.	90	75.46	13.38	5.03	4.32
Rural Non- Govt.	90	76.88	10.84	4.92	4.54
Govt.	180	73.39	12.85	5.64	5.08
Non- Govt.	180	75.87	11.65	4.68	4.91

Note. M = Mean; SD = Standard Deviation.

From the above table it is quite evident that the rural orphan children living in non-government institutions reported better resilience than those living in government institutions and in urban areas. Rural children were found more resilient than to their counterparts. However, the orphan children living in government institutions in urban areas reported more depression than to their counterparts. Further to know the magnitude and direction of the correlation, Pearson's correlation coefficient was used. Results revealed statistically significant negative correlation between resilience and depression ($r = -0.165$, $p < .01$), suggesting that higher resilience is associated with lower depression levels. Subgroup analyses revealed variations in the strength and significance of this relationship across different contexts (see Table 2).

Table 2. Relationship between Resilience and Depression among Urban and Rural as well as Government and Non-Government Institutionalized Orphan children

Subgroup	Correlation Coefficient (r)
Urban	-0.133
Rural	-0.201**
Government	-0.176*
Non- Government	-0.136

**p < .01 *p < .05

Rural Subgroup: A small but statistically significant negative correlation was observed ($r = -0.201$, $p < .01$), indicating that higher resilience is associated with lower depression scores in rural areas.

Government Institutions: A small negative correlation was found ($r = -0.176$, $p < .05$), which was also statistically significant.

Urban and Non- Government Subgroups: Negative correlations were present but did not reach at statistical significance level.

A two-way ANOVA was conducted to examine the effects of locality (urban vs. rural) and institution type (government vs. non-government) on resilience and depression scores. Results are summarized in Table 3.

The main effect of locality on the measure of resilience was found to be $F (1, 356) = 5.78$, $p < .01$ as statistically significant. Rural orphans reported better resilience as compared to urban orphans (see Table 1).

Institution also had a significant effect on resilience scores F (1,356) = 3.72. p < .05 where Non-Govt. Institutions reported better resilience and lower depression. The interaction between locality and institution had no significant effect on resilience scores. No significant effects were observed for locality, institution, or their interaction on depression scores.

Table 3. A 2 x 2 ANOVA performed on Resilience and Depression among Rural and Urban Government and Non-Government Institutionalized Orphan children

Dependent Variable	Source of Variation	F-value	p-value
Resilience	Locality (Urban vs. Rural)	5.78	< 0.01
	Institution	3.72	< 0.05
	Interaction (Locality × Institution)	0.67	n.s.
Depression	Locality (Urban vs. Rural)	0.49	n.s.
	Institution	3.38	n.s.
	Interaction (Locality × Institution)	2.65	n.s.

Note. p < 0.05 indicates statistical significance.

Discussion

The findings of this study present persuasive evidence for the role of resilience as a protective factor against depression among institutionalized orphan children. The first hypothesis (H1) of this study is accepted as the results confirmed a statistically significant negative correlation between resilience and depression (r = -0.165, p < .01) among institutionalized orphan children. This aligns with previous research emphasizing the buffering effects of resilience on psychological distress (Luthar, Crossman & Small, 2015; Masten, 2018). Notably, the stronger negative correlation in rural areas and government institutions suggests context-specific variations in resilience mechanisms. The results corroborate prior studies indicating that higher resilience is associated with lower depressive symptoms in vulnerable populations (Fergus & Zimmerman, 2005). Wagnild and Young (1993) conceptualized resilience as a dynamic process that enhances an individual's ability to adapt to adversity. Our findings support this model, reinforcing that resilient orphaned children are better equipped to manage stressors inherent to institutionalized care.

Moreover, previous studies on orphaned populations have reported similar inverse relationships between resilience and depression (Ungar, 2019). This suggests that fostering resilience through targeted interventions could mitigate depression risk among institutionalized children. Programs emphasizing self-efficacy, problem-solving skills, and social support have been effective in enhancing resilience in similar settings (Zolkoski & Bullock, 2012).

Contrary to expectations, rural children exhibited higher resilience (M = 76.18, SD = 12.17) than their urban counterparts (M = 73.09, SD = 12.29), F (1, 356) = 5.78, p < .01. Additionally, depression scores were slightly lower among rural children (M = 4.98, SD = 4.42) compared to urban children (M = 5.35, SD = 5.54), though the difference was not statistically significant (p = .486). Consequently, the second hypothesis (H2), that orphan children in rural areas would exhibit lower resilience and higher depression as compared to the urban areas, is rejected. This may be attributed to stronger communal ties and support systems prevalent in rural settings, fostering adaptability despite resource limitations (Probst et al., 2006). Rural orphanages may provide a more cohesive community environment that fosters stronger resilience factors, such as self-reliance and meaningful life perspectives (Theron, 2016). Previous research suggests that rural environments may cultivate

resilience by emphasizing social cohesion and collective problem-solving, potentially buffering against mental health adversities (Dashputre et al., 2023). Conversely, urban institutions may expose children to greater external stressors, reducing the protective effects of resilience (Luthar, 2015).

Government institutions exhibited lower resilience scores (M = 73.39, SD = 12.85) compared to non- government institutions (M = 75.87, SD = 11.65), F (1, 356) = 3.72, $p < .05$. However, no significant difference was observed in depression scores between government (M = 5.64, SD = 5.08) and non-government institutions (M = 4.68, SD = 4.91), p = .067. Thus, the third hypothesis (H3) is only partially supported. This suggests that while resilience may be lower in government institutions due to resource constraints and lack of personalized care, additional factors beyond resilience alone—such as institutional policies, caregiver-child ratios, and individual coping mechanisms—may contribute to depression outcomes (Rajaram & Siegel, 2021; Shiferaw, Bacha & Tsegaye, 2018). Non- government institutions, which often employ trauma-informed care, may buffer depressive symptoms more effectively (Betancourt et al., 2013).

These findings highlight the necessity of resilience-building interventions tailored to institutionalized children's specific needs. Prior intervention studies have demonstrated that resilience-based cognitive behavioural therapy (CBT) can significantly reduce depressive symptoms in orphan children (Jordans, Pigott & Tol, 2016). Implementing such interventions, particularly in government institutions, could enhance psychological well-being.

Additionally, policymakers should consider integrating structured resilience-building programs into institutional frameworks. Research suggests that mentorship programs and life skills training significantly improve resilience and emotional regulation in at-risk youth (Masten & Wright, 2010). Future initiatives should prioritize these approaches, particularly in urban settings where resilience's protective effects appear comparatively weaker.

While this study offers valuable insights, certain limitations must be acknowledged. The cross-sectional design precludes causal inferences regarding the resilience-depression relationship. Longitudinal studies are needed to establish causality and track resilience development over time (Cicchetti, 2017). Additionally, qualitative research exploring orphaned children's lived experiences could provide deeper insights into the mechanisms linking resilience and depression.

Future research should also explore additional moderators, such as peer support and institutional caregiving styles, to refine intervention strategies. Investigating genetic and neurobiological underpinnings of resilience may further enhance our understanding of its role in mental health (Feder, Nestler & Charney, 2019).

This study reinforces resilience as a crucial protective factor against depression in institutionalized orphan children, with notable differences across rural-urban settings and institutional types. The findings underscore the importance of targeted resilience-building interventions to improve psychological outcomes in vulnerable populations. Future research and policy efforts should aim to enhance resilience through structured programs, ultimately fostering better mental health and well-being among orphaned children.

Conclusion

This study confirms resilience as a protective factor against depression in institutionalized orphan children, with a

significant negative correlation. Context-specific variations highlight the role of communal ties in rural resilience and suggest that government institutions may require targeted interventions to enhance psychological well-being. The findings emphasize the need for resilience-building programs, particularly in urban and government institutions. Structured interventions like cognitive behavioral therapy (CBT), life skills training and mentorship programs can strengthen resilience and reduce depressive symptoms. However, the cross-sectional design limits causal inferences, necessitating longitudinal studies. Future research should explore additional moderating factors and neurobiological underpinnings of resilience. In sum, fostering resilience through policy-driven interventions can significantly improve mental health outcomes in institutionalized orphan children.

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Shivangi Bisht, Research Scholar, Department of Psychology, Himachal Pradesh University, Summer Hill, Shimla -171005 (Email: shivangibisht4@gmail.com)

R.L. Zinta, PhD Professor in the same Department Himachal Pradesh University, Summer Hill, Shimla (Email: zinta.roshan@gmail.com