

**Assessing the role of Life Skills Training Program in Mitigating Psychological distress
among Orphans in Institutional Care**

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ABSTRACT

Orphans residing in institutional care frequently encounter considerable psychological turmoil attributable to the lack of parental support and the presence of unstable living conditions. This investigation explored the effects of a life skills training intervention on mitigating symptoms of depression, anxiety, and stress among orphans located in Rawalpindi and Islamabad, Pakistan. Employing a randomized controlled trial methodology, a sample of 40 orphans aged between 12 and 19 was selected via convenience sampling and subsequently allocated into an experimental cohort (n=20) and control cohort (n=20). The experimental cohort engaged in nine one-hour life skills training sessions, whereas the control cohort did not receive any intervention. Pre- and post-intervention evaluations were performed utilizing the Depression Anxiety and Stress Scale-Youth Version (DASS-Y). The findings revealed a statistically significant decrease in levels of depression, anxiety, and stress within the experimental cohort in comparison to the control cohort ($p < .05$), thereby illustrating the efficacy of life skills training in mitigating psychological distress. Subsequent research should investigate the enduring effects of such interventions on mental health, highlighting the necessity for incorporating structured life skills programs into the curricula of orphanages to ensure sustained benefits.

Keywords: Life skills training, orphans, depression, anxiety, stress.

INTRODUCTION

The term "orphan" is characterized by the absence of parental figures, and is generally interpreted as a juvenile who has experienced the demise of one or both parents. The social and emotional health represents a pivotal dimension of the developmental path during the stages of childhood and adolescence, functioning as critical assets that empower children and adolescents to effectively confront potential challenges, thrive in the face of adversities, avoid hazardous behaviors, and ultimately achieve meaningful and enriching lives. However, a considerable proportion of children and adolescents, even within economically prosperous nations, face diverse levels of psychological and emotional difficulties that are sufficiently intense to disrupt their developmental trajectories and impede their overall functionality.

The phenomenon of parental bereavement or the lack of a significant attachment figure yields profound consequences that resonate through every aspect of a child's life; this complex influence encompasses not solely their physical safety and sense of security but also permeates their emotional health, which is essential for fostering healthy interpersonal relationships, as well as their educational and cognitive growth, which are imperative for academic achievement, ultimately resulting in their overall health and

comprehensive development, thus underscoring the intricate interconnectivity among these various elements of a child's experience and the imperative for supportive interventions during such critical periods of distress (Taukeni, 2012).

A comprehensive assessment conducted by UNICEF in the year 2021 has disclosed that a staggering total of approximately 153 million children worldwide are regrettably classified as orphans, with an alarming influx of 10,000 children entering this status on a daily basis; among this overwhelming figure, it is particularly significant to note that 15.1 million have sorrowfully lost both parents. Further scrutiny of the geographical distribution of these orphans reveals that within the expansive continent of Asia, there exists a considerable population of 61 million orphans, while in the African continent, the aggregate ascends to 52 million, of which a substantial 45 million are specifically situated in the Sub-Saharan African region; additionally, there are 10 million orphans inhabiting the territories comprising Latin America and the Caribbean, and finally, the Eastern European and Central Asian regions account for a total of 7.3 million orphaned children.

Among the 102 million children residing in Pakistan, nearly 4.6 million are classified as orphans. This statistic indicates that approximately 5% of Pakistani adolescents have experienced the loss of a parent.

Orphans who reside in institutional care encounter profound psychological and emotional adversities stemming from the lack of parental support, precarious living conditions, and constrained opportunities for personal growth (UNICEF, 2020). These variables contribute to an exacerbation of psychological distress, which encompasses depression, anxiety, and stress, thereby significantly undermining their emotional well-being and future opportunities (Gautam et al., 2019).

When a family breaks up because a parent dies or a marriage ends, it is clear that the mental and emotional health of the children who are left behind is severely harmed, and they exhibit a marked reluctance to interact socially with their peers and the wider community (Jalal, 2013). Every kid suffers when a parent dies, but having access to care from other sources can have a big impact on recovery and ongoing growth (Smyke et al., 2007).

Another issue that the center's orphans deal with is depression. Masmas et al. (2012) define depression as a profound sadness that negatively impacts a person's development and health over the long run. For instance, when a parent passes away, children mourn not just their physical presence but also a lot of the benefits they received from them while they were living, such protection, love, and care. Orphans and other vulnerable youngsters frequently have no one with whom to express their sorrow, which can make them feel even more powerless. A youngster may develop depression as a result of receiving insufficient care throughout the mourning process and assistance acclimating to life without their parents.

Stress and anxiety are among the most prevalent psychiatric issues in orphaned youngsters. Studies show that orphaned children have higher rates of depression, PTSD, and generalized anxiety disorder (GAD) than children raised in family settings (Fawzy & Fouad, 2010).

Every child needs access to basic essentials in order to develop into a healthy, responsible adult (UNICEF, 2016). In their early years, a kid needs the love, attention, and protection of its parents. The development of a kid is greatly influenced by their immediate family and environment since these are the places where they are nourished, which results in the development of sentiments of love, acceptance, safety, and security as well as trust, respect, and confidence.

The WHO defines life skills as an individual's "abilities for adoptive and positive behavior that enables an individual to deal effectively with the demands and challenges of everyday life" (Chaudhary and Mehta 2012). According to UNICEF, teaching "Life Skills" is more important than teaching arithmetic and

reading. The field of life skills emphasizes striking a balance between knowledge, attitude, and skills and is associated with the active learning concept (Leena et al., 2003). CBSE (2013).

A wide range of psycho-social and interpersonal abilities are included in life skills, which are crucial for negotiating the challenges of contemporary life. According to Goleman (1998), competences are complex, well-coordinated collections of ingrained behaviors that people acquire over time. The development of life skills enables people to make well-informed decisions, communicate effectively and impact fully, and creates vital coping and management techniques that are crucial to living a productive, balanced, and healthy life.

When it comes to adjusting to their internal psychological states as well as the outward situations in which they are placed, children who end up in the care of such institutions usually face significant difficulties. A variety of behavioral problems may also arise in these kids as a result of their traumatic experiences and the precariousness of their living circumstances.

The institutions in charge of their care must prioritize and concentrate on all-encompassing strategies meant to improve the general well-being and developmental outcomes of the children under their supervision in order to successfully alleviate these difficulties and improve the quality of life for these young people.

Even though the difficulties orphans confront with their mental health are becoming more widely acknowledged, little study has been done in Pakistan to evaluate how life skills training affects their psychological health. By assessing how well LST works to lower stress, anxiety, and depression among orphans in Rawalpindi and Islamabad, this study seeks to close this gap. The results will add to the expanding corpus of research supporting the incorporation of organized LST programs in orphanages, guaranteeing long-term mental health advantages and enhanced social integration.

Objective of the study

To evaluate the effectiveness of life skills training in reducing psychological distress (depression, anxiety, and stress) among orphans.

Hypothesis of the study

Life skills training will significantly reduce psychological distress (depression, anxiety, and stress) among orphans.

METHOD

Research Design and Sample

The present study implemented randomized control trial design to access the effectiveness of life skills training program on orphans living in orphanages (N = 40) with age range of 12-19 years (M =15.68, SD = 2.26) in a pre and post-test settings. Convenience and random sampling technique were used. Intervention was employed for nine weeks, comprising of nine sessions (one session per week). Pretest and post test evaluations were conducted and the difference in the outcome was analyzed.

Research Instruments

Demographic form

Informed consent, age, gender, date of birth, birth order, name of orphanage, duration of living in an orphanage, and education level.

The Depression Anxiety Stress Scale Youth (DASS-Y)

The Depression Anxiety Stress Scales - young version (DASS-Y) developed by Szabo, M., & Lovibond, P. F. (2022) is a version of the DASS-21, intended to measure the negative emotional states of stress, anxiety, and depression in people ages 7 to 18. There are 21 items in all. The internal consistency reliability was calculated using Cronbach's alpha statistic. The reliability scores of the three subscales ranged from 0.900 (Anxiety) to 0.923 (Stress), with an overall alpha of 0.961.

Procedure

Participants were selected through convenience sampling based on the inclusion criteria of the study. Written consent was obtained from all participants before starting the intervention, ensuring they were informed about the study's aim, nature, and their right to withdraw at any time. They were assured that their demographic data and study findings would remain confidential. After obtaining consent and conducting screening assessments, participants were randomly assigned to either the experimental or control group. The experimental group participated in nine structured face-to-face life skills training sessions (one hour per session). Post-intervention assessments were conducted for both groups to evaluate the impact of the training.

Intervention plan

SESSIONS

Ice breaking: This instructional session facilitates the introduction of participants to one another, cultivates collaborative teamwork, and actively engages individuals with the program through an array of interactive exercises, including the Name Learning Game, Simon Says, Interview Three Words, and the Blind Polygon activity, thereby enhancing communication, cooperation, and problem-solving competencies.

Self-Awareness: Participants undertake an exploration of their individual personalities, emotional landscapes, strengths, and weaknesses by articulating personal objectives on chart paper, subsequently sharing these with the collective group, while reflecting on strategies for self-development. The practice of weekly journaling is advocated to promote ongoing personal growth.

Motivation: Through a collaborative coloring exercise characterized by varying degrees of encouragement and discouragement, participants gain experiential insight into the manner in which supportive environments amplify motivation, whereas negative influences impede progress. A debriefing session underscores the significance of resilience and the effects of external factors on the attainment of goals.

Discipline: A collective discourse surrounding mobile phone usage invites participants to critically assess both the advantages and limitations associated with these devices, thereby underscoring the necessity of self-control, moderation, and prudent decision-making in the pursuit of maintaining discipline within everyday life.

Nutrition: Participants engage in the classification of foods into categories of frequently consumed, popular, and healthful options, subsequently identifying intersections among these groups, which reinforces the criticality of making informed dietary choices to achieve a balanced and health-promoting lifestyle.

Hygiene: In groups, participants correlate diseases with their corresponding symptoms and preventive measures utilizing informational cards, followed by the viewing of a brief film focused on hygiene practices, thereby equipping participants with vital knowledge pertaining to disease prevention and maintaining cleanliness.

Managing Relationships: A trust-building exercise conducted with blindfolds enables participants to experience the dual roles of guiding and being guided, thereby reinforcing the fundamental importance of trust within interpersonal relationships. A concise animated film further accentuates the significance of consistency and effort in the establishment of robust connections.

Social Responsibility: Participants engage in a brainstorming session to devise innovative strategies for repurposing everyday discarded materials, thereby fostering an awareness of sustainability and responsible behavior, which illustrates how minor actions can contribute to both environmental and social well-being.

Sex Education: A discussion-oriented session serves to educate participants regarding appropriate and inappropriate physical touches, thereby empowering them with knowledge pertinent to self-protection and nurturing a culture characterized by safety, awareness, and open lines of communication.

RESULTS

Table 1

Frequency & percentages of demographics variables (n=40)

<i>variable</i>	<i>Category</i>	<i>f</i>	<i>%</i>	<i>M</i>	<i>SD</i>
Age				15.68	2.26
	12-14	13	30.9		
	15-17	16	38.1		
	18-19	11	26.2		

Table 1 illustrates the age distribution of individuals who take part in the life skills training program. The age distribution of the participants in this study ranged from 12 to 19 years, categorized into three groups: 12-14 years, 15-17 years, and 18-19 years. The majority of participants (38.1%, n = 16) fell within the 15-17 years age group, followed by 30.9% (n = 13) in the 12-14 years category, while the 18-19 years group comprised 26.2% (n = 11) of the total sample. The mean age (M = 15.68, SD = 2.26) indicates that most participants were in mid-adolescence, with moderate variability in age distribution.

Table 2
Socio-demographic characteristics of participants (N=40)

<i>Variables</i>	<i>Category</i>	<i>f</i>	<i>%</i>
Gender			
	Male	20	47.6
	female	20	47.6
Class Standard			
	6 th -7 th	8	19
	8 th -9 th	12	28.6
	10 th -12 th	21	47.6
Birth Order			
	1 ST - 2 ND	18	42.8
	3 RD – 4 TH	16	38.1
	5 TH – 6 TH	6	14.3
Years of living in orphanage			
	3-5	10	23.8
	6-8	22	52.4
	9-13	8	19.1

Note. F= Frequency, %= Percentage

The study included an equal representation of males (47.6%) and females (47.6%). Most participants (47.6%) were enrolled in 10th-12th standard, indicating a predominance of secondary-level education. Regarding birth order, 42.8% were first or second-born, suggesting many were among the eldest siblings. The majority (52.4%) had lived in an orphanage for 6-8 years, highlighting prolonged institutional care.

Table 3
Descriptive Statistics and Alpha Reliability Coefficient for the study variable (n=40)

<i>Ranges</i>								
<i>Variable</i>	<i>N</i>	<i>α</i>	<i>Potential</i>	<i>Actual</i>	<i>Mean</i>	<i>SD</i>	<i>Skewness</i>	<i>Kurtosis</i>

Pre Depression	7	.724	0-28	14-30	20.1000	3.62187	.631	.432
Pre Anxiety	7	.632	0-28	8.-28	15.0500	4.66273	.817	.703
Pre Stress	7	.667	0-28	14-38	23.0000	5.33974	.936	1.120
Post Depression								
Post Anxiety	7	.846	0-28	2-22	12.0000	7.42829	.107	-1.758
Post Stress	7	.705	0-28	0-18	8.9500	5.28156	.236	-1.238
	7	.780	0-28	2-24	14.1000	6.74746	.026	-1.381

Note: n= Total number of item, α = Alpha reliability, M= Mean, SD= standard deviation

Depression, anxiety, and stress levels were assessed pre- and post-intervention using a 7-item scale. The internal consistency of the scale improved at both time points, with Cronbach's alpha increasing for depression ($\alpha=.724$ to $\alpha=.846$), anxiety ($\alpha=.632$ to $\alpha=.705$), and stress ($\alpha=.667$ to $\alpha=.780$), indicating enhanced reliability. Pre-intervention depression scores (M = 20.10, SD = 3.62) suggested moderate depressive symptoms, which significantly decreased post-intervention (M = 12.00, SD = 7.43). Similarly, anxiety levels dropped from a pre-intervention mean of 15.05 (SD = 4.66) to 8.95 (SD = 5.28), while stress levels showed a significant reduction from 23.00 (SD = 5.34) to 14.10 (SD = 6.75). Skewness and kurtosis values indicated a normal distribution of scores, further supporting the effectiveness of the intervention in reducing psychological distress.

Table 4

Independent sample t-test Analysis

Note: N= Total number of Participants, Dep= depression, CI= confidence interval, M= Mean, SD=

Variables	Control group (N=20) M(SD)	Experimental group (N=20) M(SD)	t	p	95% CI	
					Lower	upper
Pre Dep	18.80(2.54)	21.40(4.01)	-2.405	.021	-4.78	-4.11
Pre Anxiety	13.20(3.39)	16.90(5.08)	-2.705	.011	-6.48	-.911
Pre Stress	20.30(3.13)	25.70(5.77)	-3.675	.001	-8.40	-2.39
Post Dep	19.00(2.71)	5.00(1.65)	19.696	.000	12.55	15.44
Post Anxiety	13.40(3.31)	4.50(2.13)	10.087	.000	7.11	10.68
Post stress	20.01(3.14)	8.10(2.78)	12.76	.000	10.09	13.90

standard deviation

The results strongly support the hypothesis that Life Skills Training significantly reduces depression, anxiety, and stress among orphans in the experimental group compared to the waitlist group. Depression

scores in the experimental group decreased significantly post-intervention ($M = 5.00$, $SD = 1.65$) compared to the control group ($M = 19.00$, $SD = 2.71$), $t(38) = 19.696$, $p < .001$. Similarly, anxiety scores dropped ($M = 4.50$, $SD = 2.13$) in the experimental group versus ($M = 13.40$, $SD = 3.31$) in the control group, $t(38) = 10.087$, $p < .001$. Stress levels also showed a significant reduction ($M = 8.10$, $SD = 2.78$) in the experimental group compared to ($M = 20.01$, $SD = 3.14$) in the control group, $t(38) = 12.769$, $p < .001$. These findings confirm the program's effectiveness in reducing psychological distress among orphans.

DISCUSSION

The principal objective of this investigation was to assess the efficacy of the life skills training (LST) program in mitigating depression, anxiety, and stress among orphans residing in institutional care settings. The findings indicated that participants in the experimental cohort exhibited significantly superior psychological well-being compared to those in the waitlist control cohort, thereby providing robust support for the initial hypothesis.

Our hypothesis posited a notable decrease in depression, anxiety, and stress levels among orphans in the experimental group relative to the waitlist cohort following the conclusion of a nine-session Life Skills Training program. The results further elucidated considerable reductions in depressive symptoms, anxiety, and stress among individuals in the experimental group. Post-intervention assessments of depression revealed significantly diminished scores for the experimental group ($\tau(38) = 19.70$, $p < .001$), indicating a substantial alleviation of depressive symptoms. These findings align with the work of Nevill and White (2011), which established that skill-based interventions are adept at ameliorating depressive symptoms through the enhancement of adaptive coping mechanisms and problem-solving skills.

In a similar vein, the anxiety levels within the experimental group were markedly lower than those of the control group ($\tau(38) = 10.08$, $p < .001$). These outcomes are consistent with the research conducted by Hofmann et al. (2012), which demonstrated that interventions designed to enhance emotional regulation and relaxation techniques are efficacious in reducing anxiety symptoms. The significant reduction in anxiety further underscores the effectiveness of life skills training in alleviating the psychological distress experienced by orphans.

The stress levels reported within the experimental group exhibited a significant decline when compared with the control group ($\tau(38) = 12.77$, $p < .001$). This finding corroborates the conclusions presented by Lazarus and Folkman (1984), who emphasized the efficacy of stress management strategies imparted during life skills training in reducing perceived stress.

For orphans in Pakistan, where institutional care systems often grapple with inadequate funding and emotional support, the life skills training program demonstrates particularly beneficial outcomes. This initiative enhances the emotional and psychological resilience of orphans, equipping them with essential tools to navigate life's challenges. Due to the emotional turmoil associated with loss and stress, orphans frequently experience emotional instability. Life skill training facilitates the effective management of emotions through the introduction of strategies such as self-reflection and mindfulness (Gross & John, 2003).

Life skills training addresses prevalent issues such as stress, anxiety, and depression. Hofmann et al. (2012) evidenced that therapies concentrating on emotional regulation effectively reduce stress and anxiety.

LIMITATION AND RECOMMENDATION

The sample size of this investigation was intentionally limited (N=40) due to resource constraints, which inherently restricts the generalizability of the findings to broader populations. Future research endeavors should incorporate a larger participant pool from diverse geographical locations to bolster the validity and applicability of the results. Moreover, as this study was conducted within a singular geographic area, expanding the research to multiple regions would yield a more holistic understanding of the ramifications of life skills training on orphans. Longitudinal follow-ups are also advocated to evaluate the sustained efficacy of the intervention and to identify potential areas for enhancement in forthcoming training programs.

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