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PSYCHOSOCIAL WELLBEING OF ORPHANS IN KADUNA STATE: A COMPREHENSIVE ASSESSMENT

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Abstract

Background: The well-being of orphans has been a persistent issue, particularly in sub-Saharan Africa, where the orphan population has surged due to factors such as the HIV/AIDS pandemic, terrorism, and natural disasters. In Nigeria, these children face significant medical, social, and psychological challenges, including malnutrition, limited access to education, stigmatization, and behavioural issues. Despite some interventions, many orphanages focus primarily on addressing material needs, often neglecting comprehensive medical, social welfare, and psychosocial support. This study assesses the psychosocial well-being of orphans living in orphanages across Kaduna State, Nigeria.

Methodology: A cross-sectional descriptive study was conducted involving 100 orphans from selected orphanages in Kaduna. Data collection utilized interviewer-administered questionnaires, capturing information on socio-demographic details, medical conditions, behavioural patterns, stigma levels, psychosocial well-being, and coping mechanisms. The study also measured nutritional status and assessed access to healthcare and educational opportunities.

Results: The average age of participants was 10 years, with a male majority (68%). While 54.9% reported access to balanced diets, 53.7% were classified as underweight, emphasizing ongoing nutritional challenges. Medical issues were prominent, with 33.7% showing clinical signs of illness and 46.7% being incompletely immunized. Behavioural problems were evident, including hyperactivity disorders (27.0%) and major depressive disorder (1.8%). Furthermore, enuresis affected 22.3% of the respondents. Despite these difficulties, the majority (83.3%) reported positive peer relationships, though 11.4% experienced bullying and 9% faced stigmatization. Education access was relatively high, with only 2.2% not attending school, and 89.2% displayed good self-esteem. Social support was moderate, with 35.2% receiving substantial support and 46.8% adopting goal adjustment strategies for coping.

Conclusion: This study highlights the complex psychosocial challenges faced by orphans in Kaduna, encompassing medical, social, and behavioural issues. While most orphans showed resilience through positive self-esteem and peer relationships, the prevalence of health problems, behavioural disorders, and suboptimal coping strategies underscores the necessity for integrated care. A holistic approach addressing medical, social welfare, and psychosocial needs is critical for improving the overall well-being of these vulnerable children.

Keywords Orphans, Kaduna State, Psychosocial well-being, Medical challenges, Behavioural disorders, Education, Social support, Nigeria, Orphanages, Healthcare integration.

INTRODUCTION

Orphaned children face a complex array of challenges that often go beyond the physical necessities of life, such as food, shelter, and education. One of the most profound challenges these children encounter is maintaining a stable psychosocial well-being in the absence of parental care. In orphanages, children are typically housed in group settings under the supervision of caregivers who must divide their attention among many individuals. This institutional structure, while intended to provide support, can exacerbate feelings of isolation, loss, and insecurity, making it difficult for children to develop healthy psychological and emotional coping mechanisms (Zablotskiy, 2020; Kibachio and Mutie, 2020; Onayemi, Imhonopi, and Oyekola, 2022). For orphans in regions like Kaduna State, Nigeria, where socio-economic hardships, conflict, and inadequate healthcare further complicate their situation, the psychosocial implications are even more pronounced.

The psychosocial well-being of children involves their emotional, psychological, and social functioning, and is deeply influenced by factors such as attachment, trauma, and social support. For orphans, the loss of one or both parents are often a traumatic experience that leaves deep emotional scars. These children are more likely to experience depression, anxiety, and other mental health disorders due to the loss of their primary

caregivers, who are often the main sources of emotional security and stability (Zeanah et al., 2011). Orphans residing in institutional settings face additional stressors, such as the lack of consistent one-on-one care, which can hinder their ability to form secure attachments. The theory of attachment, first introduced by John Bowlby, highlights the importance of stable and continuous relationships in a child's early life for emotional development. When this attachment is disrupted, as is common among orphans, children may develop attachment disorders, characterized by difficulties in trusting and forming relationships (Bakermans-Kranenburg et al., 2011).

In Kaduna State, the orphan crisis is largely driven by socio-economic factors such as poverty and disease, particularly HIV/AIDS, which has contributed significantly to the growing number of orphaned and vulnerable children (UNAIDS, 2018; Soyobi, Obohwemu & Suberu, 2024). According to UNICEF, as of 2020, over 17 million children in Nigeria were classified as orphans, with many concentrated in states like Kaduna, where conflict and poor healthcare services exacerbate the situation (UNICEF, 2020). The psychosocial well-being of these children is often compromised by the multiple adversities they face. In addition to the emotional trauma of losing their parents, these children are frequently exposed to violence, neglect, and abuse, both in their communities and within the institutional settings designed to protect them. These experiences can lead to a wide range of psychological issues, including post-traumatic stress disorder (PTSD), anxiety, depression, and conduct disorders (Perry, 2009; Soyobi et al., 2024).

The institutional environment itself poses significant challenges to the psychological well-being of orphans. Orphanages, by their very nature, are structured to cater to large groups of children, which often results in a lack of personalized attention and care. In many cases, caregivers are overworked and undertrained, making it difficult for them to provide the emotional support that these children need (Dozier et al., 2006). The high caregiver-to-child ratio in orphanages often leads to a sense of emotional neglect, as children may not receive the individual attention required for healthy emotional and social development. This lack of emotional support can contribute to feelings of abandonment and loneliness, further compounding the psychological trauma these children experience. Studies have shown that children raised in institutional settings are more likely to develop emotional and behavioural problems compared to children raised in family settings (Nelson et al., 2014).

In addition to the lack of individualized care, the social dynamics within orphanages can also negatively impact children's psychosocial well-being. Orphanages often operate with limited resources, leading to competition among children for attention, affection, and basic necessities. This competitive environment can breed feelings of insecurity and resentment, which can manifest in behavioural issues such as aggression, bullying, or social withdrawal (Sherr et al., 2017). Moreover, children in orphanages are often stigmatized by society, both because of their orphan status and their residence in institutional care, which can further erode their self-esteem and sense of belonging. Social stigma, combined with the isolation from the broader community that many orphanage settings impose, can contribute to a profound sense of social exclusion, which negatively affects children's social development and psychological well-being (Mugisha et al., 2018; Soyobi et al., 2024).

The psychosocial well-being of orphans is also influenced by the degree to which they are able to form stable and supportive relationships with

peers and caregivers. Research suggests that the presence of stable, nurturing relationships can act as a protective factor against the negative psychological effects of orphanhood (Liu, 2021; Mlambo, 2021; Likoko et al., 2023). In orphanages where children have the opportunity to form close bonds with peers or caregivers, they are more likely to exhibit resilience in the face of adversity. However, in many orphanages, particularly those in resource-poor settings like Kaduna, the transient nature of caregiving staff and the high turnover of children moving in and out of the institution make it difficult for these relationships to form and sustain over time (Zeanah et al., 2011). This lack of stable, long-term relationships can exacerbate feelings of insecurity and mistrust, further hindering the development of healthy psychosocial functioning.

Another significant factor affecting the psychosocial well-being of orphans in Kaduna is the high prevalence of trauma. Many of these children have experienced multiple traumatic events, including the death of their parents, exposure to conflict and violence, and neglect or abuse. The effects of such trauma can be long-lasting and can severely impact a child's emotional and psychological development (Cicchetti, 2013). Children who have experienced trauma may exhibit symptoms such as hypervigilance, difficulty concentrating, and emotional numbing, which can interfere with their ability to engage in normal social interactions and form meaningful relationships. The lack of access to mental health services in many orphanages means that these children often do not receive the psychological support they need to cope with their trauma, leading to a higher likelihood of developing chronic mental health conditions (Nelson et al., 2014).

In Nigeria, the psychosocial well-being of orphans is further complicated by the pervasive stigma attached to orphans and orphanages. Orphans are often viewed as being "cursed" or "unlucky" by their communities, which can lead to social exclusion and discrimination. This stigma can have a profound impact on children's self-esteem and sense of identity, as they internalize the negative perceptions held by others (Liu, 2021; Mlambo, 2021; Likoko et al., 2023). For many orphans, this sense of social exclusion is exacerbated by the institutional setting of orphanages, which can create a physical and emotional barrier between the children and the broader community. The isolation from normal social and familial interactions can hinder the development of social skills and contribute to feelings of loneliness and alienation (Mugisha et al., 2018).

Despite the numerous challenges faced by orphans in Kaduna, there is growing recognition of the need to address their psychosocial well-being. International organizations such as UNICEF and the World Health Organization (WHO) have emphasized the importance of providing not only for the physical needs of orphans but also for their emotional and psychological well-being (UNICEF, 2020; WHO, 2019). Interventions aimed at improving the psychosocial well-being of orphans include trauma-informed care, mental health counselling, and programs that promote social-emotional learning. These interventions have been shown to be effective in helping orphans develop the resilience needed to cope with their difficult circumstances and improve their overall psychosocial functioning (Dozier et al., 2006).

The psychosocial well-being of orphans in Kaduna State is shaped by a range of factors, including the trauma of losing their parents, the institutional environment of orphanages, and the social stigma attached to their orphan status. These children face significant emotional, psychological, and social challenges, which can have long-lasting effects on their mental health and overall well-being. Addressing these challenges requires a

comprehensive approach that includes not only meeting the basic physical needs of orphans but also providing them with the emotional and psychological support necessary for healthy development. This paper seeks to provide a comprehensive assessment of the psychosocial well-being of orphans in Kaduna, a region heavily impacted by poverty, conflict, and high rates of HIV/AIDS, which have led to a dramatic increase in the population of orphaned and vulnerable children. By understanding the unique psychosocial challenges faced by orphans in Kaduna, policymakers, caregivers, and mental health professionals can develop targeted interventions that improve the well-being of these vulnerable children and help them lead fulfilling lives.

METHODOLOGY

Study Area

Kaduna State is located in the northwestern geopolitical zone of Nigeria. The state capital, Kaduna City, is one of the three major urban centers in the state, along with Zaria and Kafanchan. Situated along the Kaduna River, the state covers an area of 1,190 square miles (3,080 km^2) with geographical coordinates of 10°31'23"N and 7°26'25"E. Kaduna is home to over 60 ethnic groups, including the Gbayi, Hausa, Fulani, Gwong, Atuku, Bajju, Atyab, Gure, and Ninkyop, among others. Serving as an economic hub in the region, Kaduna is a major trade and transportation center connecting neighboring agricultural areas and states (National Bureau of Statistics, Nigeria, 2021).

Research Sites

- Adonai Orphanage Home: Established on April 10, 2010, by Reverend Mrs. Elizabeth Afuape, Adonai Orphanage is a non-governmental, non-profit, faith-based organization. It is located at 1B Chalawa Crescent, Banawa, opposite Dambo International School, Kaduna South, Nigeria.
- Mercy Orphanage Home: Founded on November 24, 2001, by Reverend Dr. Tunde Balanta, Mercy Orphanage Home is also a non-governmental, non-profit, faith-based organization. It is situated at 12-14 Kagoro Close, Ungwan Romi, Chikun, Kaduna South, Nigeria.
- Jamiyarr Matan Arewa Orphanage Home: Established on May 27, 1963, Jamiyarr Matan Arewa is a social organization aimed at unifying northern women and providing them with a platform for welfare activities.

Study Design

This research employed a cross-sectional descriptive study design. Cross-sectional studies are observational studies that examine the relationships between variables in a population at a specific point in time (Polit & Beck, 2021).

Study Population

The study focused on orphans residing in orphanages located in Kaduna State, Nigeria.

Inclusion Criteria

- Any child under 19 years of age living in an orphanage in Kaduna.

Exclusion Criteria

- Any child over 18 years of age or children under 19 years who were unwilling or unable to participate in the study.

Sample Size Determination

The sample size (n) drawn from the selected subjects was determined using the formula below:

$n = z2pq/d2$

Where n=minimum sample size required, p=0.20727, q=1-p (=0.793), z=the value of standard normal deviation taken to be 1.96(at 95%

confidence interval), d=sampling error tolerance at 95% confidence interval taken to be 0.05 (5%).

n=1.962x0.207x0.793/0.052

n=0.631/0.0025=252.2

Therefore, minimum sample size required N=252.2

However, the final sample size for a population less than 10,000 (nf=n/(1+(n/N))

n=Initial sample size

N=Estimated population of the study area

nf =Final sample size

n=252.2

N=120

nf= 252.2/ (1+ (252.2/120)

nf= 81.3

Considering a non-response rate of 10%, the final sample size was adjusted to:

nf = 81.3 / 0.90 = 90.3

Therefore, the final sample size was 90.

SAMPLING TECHNIQUE

A two-stage sampling technique was employed:

1. Random sampling of three out of the seven orphanages in Kaduna.

2. Complete sampling of all children in the selected orphanages who met the inclusion criteria.

Mercy Orphanage Home had 46 children, 40 of whom met the inclusion criteria and were sampled. Adonai Orphanage Home had 46 children, all of whom were sampled. Jamiyarr Matan Arewa Orphanage Home had 14 children, all of whom were included in the study.

Tools of Data Collection

An interviewer-administered questionnaire gathered data on the medico-social challenges faced by children in orphanages. Some answers were provided by caregivers. The data collection tools included:

- Mid-Upper Arm Circumference (MUAC): Developed by Shakir in 1975, MUAC measures malnutrition by determining the circumference of the upper arm (Shakir, 1975).
- Body Mass Index (BMI): BMI is calculated by dividing a person's body weight by the square of their height (kg/m^2).
- Rosenberg Self-Esteem Scale: This 10-item scale measures self-esteem on a four-point Likert scale (Rosenberg, 1965).
- Duke-UNC Functional Social Support Scale: This scale consists of eight items to measure the perceived strength of a person's social support network (Cohen et al., 1985).
- Hyperactivity/Impulsivity Disorder and Major Depressive Disorder: These conditions were assessed using the DSM-IV criteria (American Psychiatric Association, 1994).

METHOD OF DATA COLLECTION

Six trained research assistants, five of whom were 500-level medical students specializing in pediatrics and obstetrics, and one 600-level medical student, administered the questionnaires under the researcher's supervision. Data collection occurred over three Saturdays from 9 am to 3 pm, with an average of 30 respondents interviewed each day.

DATA MANAGEMENT AND ANALYSIS

All collected data were verified for eligibility, and incomplete or blank responses were excluded. The data were entered into SPSS version 20.0 for analysis. Descriptive statistics were used to summarize the demographic information, and cross-tabulation was conducted to examine

relationships between variables. The results were presented in tables and charts, and the findings were compared to previous studies on medico-social problems in orphanages.

Ethical Considerations

- An introductory letter from the Department of Community Medicine, Faculty of Medicine, ABU, Samaru, Zaria was presented to the orphanage directors, who gave permission for the study.
- Informed consent was obtained from eligible participants.

Limitations of the Study

- Only three orphanages were studied due to time and resource constraints.
- More variables, such as Mantoux tests and vitamin A levels, could not be assessed due to resource limitations.
- The study's cross-sectional design presents a limitation, as it captures data at a single point in time (December 2016). Consequently, the results reflect the knowledge and skills of healthcare workers only during that period. Given the potential for evolving healthcare practices, policies, training programs, and resource availability, caution is warranted when interpreting the findings in today's context. These factors may have influenced the proficiency and knowledge base of healthcare workers over time. Furthermore, the reliance on self-reported data rather than direct observation of clinical performance introduces the possibility of response bias. Healthcare workers may have either overestimated their competence or underreported gaps in their knowledge, which could skew the results. Future studies could benefit from longitudinal approaches and direct assessments of clinical skills to provide a more accurate and dynamic understanding of healthcare workers' capabilities.

RESULTS

A total of 110 questionnaire was administered to assess the medico-social problems of children living in orphanages in Kaduna. A total of 100 questionnaires were retrieved with a response rate of 91%.

Socio-demographic information of orphans living in orphanages in Kaduna

Table 1: Socio-demographic characteristics of respondents

Socio-demographic characteristics of respondents	Frequency (n=100)	Percentage (%)
Age (in years)		
0-4	8	18.0
5-9	26	16.0
10-14	41	41.0
15-19	25	25.0
Total	**100**	**100.0**
Sex		
Male	68	68.0
Female	32	32.0

Total	**100**	**100.0**
Ethnicity		
Hausa	41	41.0
Yoruba	30	30.0
Igbo	10	10.0
Birom	8	8.0
Others	11	11.0
Total	**100**	**100.0**
Religion		
Islam	14	14.0
Christianity	86	86.0
Total	**100**	**100.0**

The table 1 above showed that the age group of respondents 10-14years have the highest percentage (41%) while age group 0-4years has the least percentage of respondents (8%). There are more males (68%) than female (32%) respondents. The predominant tribe is Hausa (41%), followed by Yoruba (30%). Others include Baju, Ebira, Idoma, etc. There are more Christian (86%) than Muslim (14%) respondents.

Table 2: Physical well-being of respondents

Variables	All the time [n (%)]	Most of the time [n (%)]	More than half of the time [n (%)]	Less than half of the time [n (%)]	Some of the time [n (%)]	At no time [n (%)]	Total [n (%)]
I feel well and energetic	34(39.1)	35(40.2)	8(9.2)	8(9.2)	2(2.3)	-	100(100)
I feel physically fit to do anything I want	31(35.6)	35(40.2)	10(11.5)	10(11.5)	1(1.1)	-	100(100)
I am comfortable about my weight, shape and physical condition	41(48.8)	29(34.5)	11(13.1)	1(1.2)	1(1.2)	1(1.2)	100(100)
I do get all the sleep I need	37(44.0)	20(23.8)	20(23.8)	4(4.8)	3(3.6)	-	100(100)
I am free from unexplained physical health symptoms	29(35.8)	14(17.3)	11(13.6)	2(2.5)	23(28.4)	2(2.5)	100(100)
I woke up feeling fresh and rested	41(50.0)	18(22.0)	12(14.6)	3(3.7)	6(7.3)	2(2.4)	100(100)
My daily life has	23(28.4)	29(35.8)	23(28.4)	5(6.2)	1(1.2)	-	100(100)

been filled with things that interest me							
I eat good balanced diet daily	45(54.9)	20(24.4)	7(8.5)	2(2.4)	8(9.8)	-	100(100)
I feel calm and relax	30(36.6)	30(36.6)	14(17.1)	2(2.4)	6(7.3)	-	100(100)
I usually visit hospital for treatment	41(50.0)	15(18.3)	11(13.4)	7(8.5)	8(9.8)	-	100(100)
I do get all I need anytime the need arise	15(18.3)	15(18.3)	26(31.7)	10(12.2)	11(13.4)	5(6.1)	100(100)
I eat what I want and not what I see	14(17.1)	13(15.9)	11(13.4)	8(7.3)	14(17.1)	24(29.3)	100(100)

From the above table, result shows that a high percentage of respondent felt well and energetic all the time (39.1), most of the time (40.2) and none (0%) none of the time. This implies that about 80% feel well and energetic and approximately 90% feel physically fit and comfortable with their weight, shape and physical condition. About 46.4% of them eat what they want while majority (55.6%) eat what they see rather than what they want, majority (83.3%) eat balanced diet likewise 81.7% visit the hospital whenever they are ill.

Table 3: Body mass index and mid upper arm circumference of respondents

Body mass index and MUAC of respondents	Frequency (n=95)	Percentage (%)
BMI		
Underweight	51	53.7
Normal weight	35	36.8
Overweight	4	4.2
Obese	5	5.3
Total	**95**	**100.0**
MUAC (cm)		
<11.0	2	28.6
11.0-12.5	2	28.6
12.5-13.5	1	14.3
>13.5	2	28.6
Total	**7**	**100.0**

From the table above, more than half (53.7%) of the children are underweight while 36.8% weigh within normal and 5.3% are obese. Less than half (28.6%) of respondents have severe acute malnutrition, 28.8% also have moderate acute malnutrition, 14.3% is at risk of malnutrition and 28.6% of the respondents are well nourished.

Clinical examination result of respondents

Signs and symptoms/Age group	0-4(n=8)	5-9(n=26)	10-14(n=40)	15-18(n=25)	Total(n=95)
De-pigmentation of hair	-	-	2	1	3
Muscle wasting	-	-	-	-	-
Moon face	-	-	-	1	1
Flaky paint dermatitis	-	-	-	-	-
Oedema	-	-			
Bitot spot	-	-	-	2	2
Conjuctival xerosis	-	-	-	1	1
Xerosis of the skin	-	-	-	-	-
Cheilosis	1	1	1	-	3
Magenta tongue	-	-	1	1	2
Loss of ankle and knee jerk	-	-	-	-	-
Atrophic lingual papillae	-	1	-	-	1
Spongy bleeding tongue	-	-	-	1	1
Open fontanella	-	-	-	-	-
Bow leg	1	-	-	1	2
Knock knee		3	1	2	6
Pale conjunctival	1	1	2	1	5
Enlarged thyroid gland	-	-	-	-	-
Mottled dental enamel	1	1	1	2	5
Total [n (%)]	4	7	8	13	32 (33.7)

66.3% of the respondents had no physical signs on clinical examination while 33.7% of the respondent do.

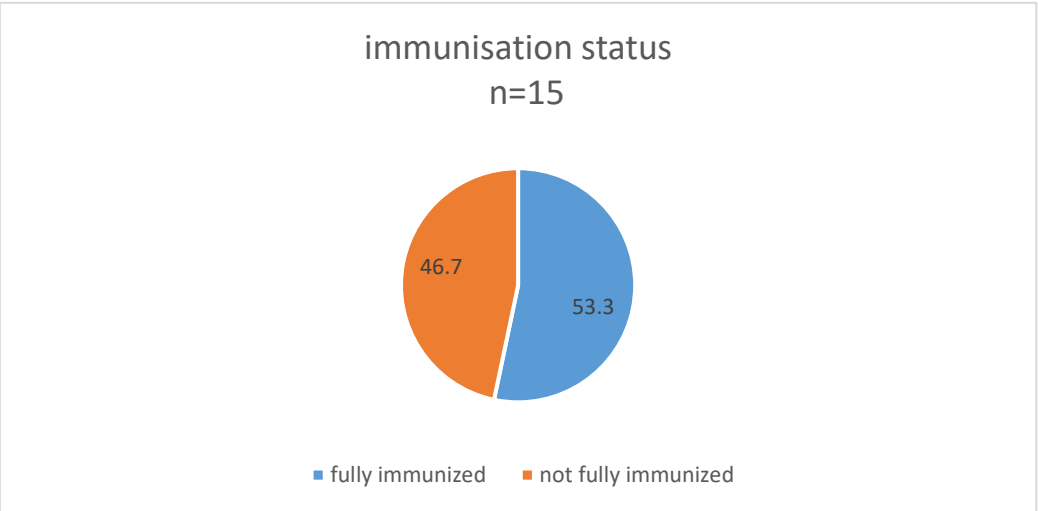

Figure 1: Immunization status of respondents

The number of respondents that are fully immunized (53.3) were slightly higher than those that were not fully immunized (46.7%).

Table 5: Frequency distribution of respondents with BCG scar and the immunization card seen

Number of immunization card seen and presence of BCG scar on respondents among under-fives	Frequency (n=8)	Percentage (%)
Number of immunization card seen	7	87.5
Presence of BCG scar	5	62.5

Table 5 above showed that 87.5% of the under-five's immunization card were seen and 62.5% of them have BCG scar.

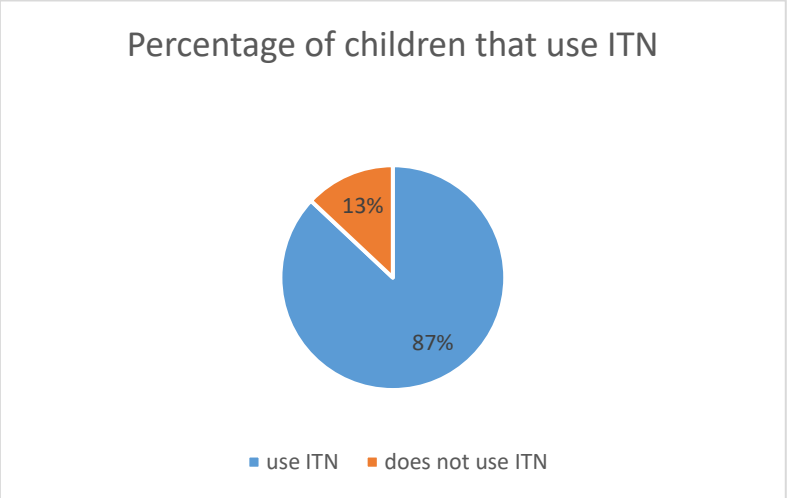

Figure 2: Frequency distribution of children that sleep under ITN

Figure 2 above showed that 87% of the respondents sleep under insecticide treated net.

4.5 Psycho-social status among orphans living in orphanages in Kaduna

Table 7: Psycho-social status of respondents lining in orphanages in Kaduna

Psycho-social status of respondents	Frequency (n=100)	Percentage (%)
Attends school		
Yes	87	97.8
No	2	2.2
Total	**89**	**100.0**
Type of education		
Western	79	89.7
Quranic	3	3.4
Home	6	6.9
Total	**87**	**100.0**
Mathematics and English Textbook		
Yes	69	80.2
No	17	19.8
Total	**87**	**100.0**
Absence from school		
Yes	16	18.4
No	71	81.6
Total	**87**	**100.0**
Reasons for school absenteeism		
Illness	12	85.7
Lack of school fees	2	14.3
Total	**14**	**100.0**

Table 7 above showed that majority (97.8%) of the children attends school, (89.7%) sought western education and 3.4% school at home while 6.9% sought qur'anic education. Majority (80.2%) have Mathematics and English textbooks while 19.8% do not have Mathematics and English textbooks, 18.8% were absent from school in the last one week and majority (85.7%) of them were absent from school in the last one week due to sickness.

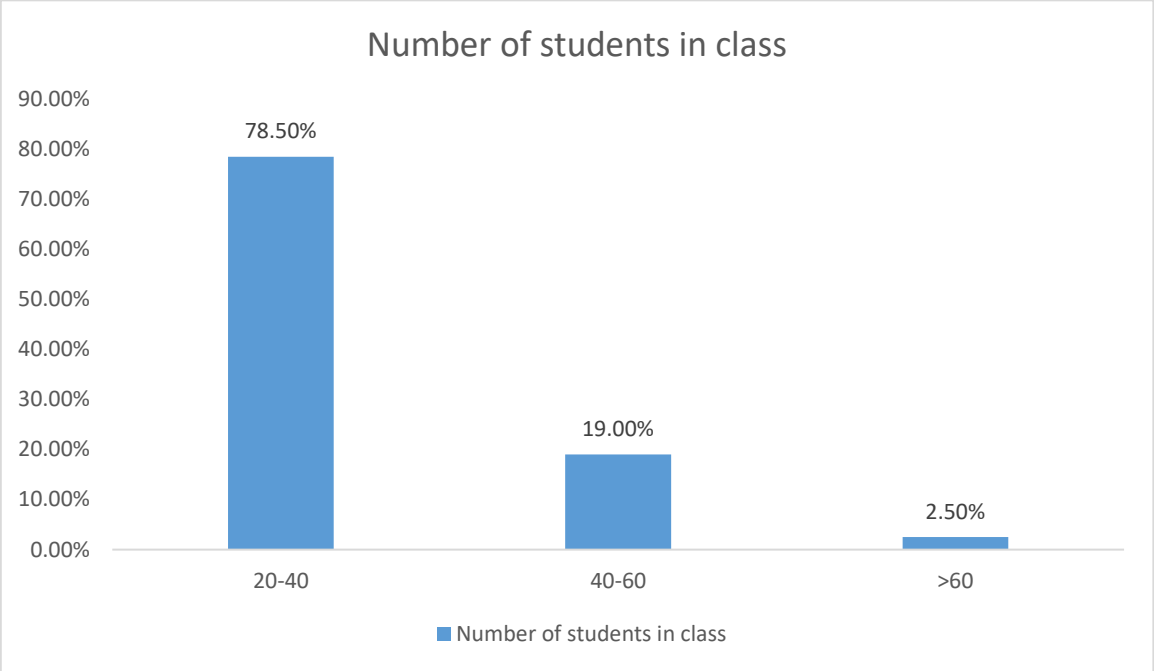

Figure 4: The frequency distribution of children and their number in class

Figure 4 above showed that majority (78.5%) of the children are in a class of 20-40 persons

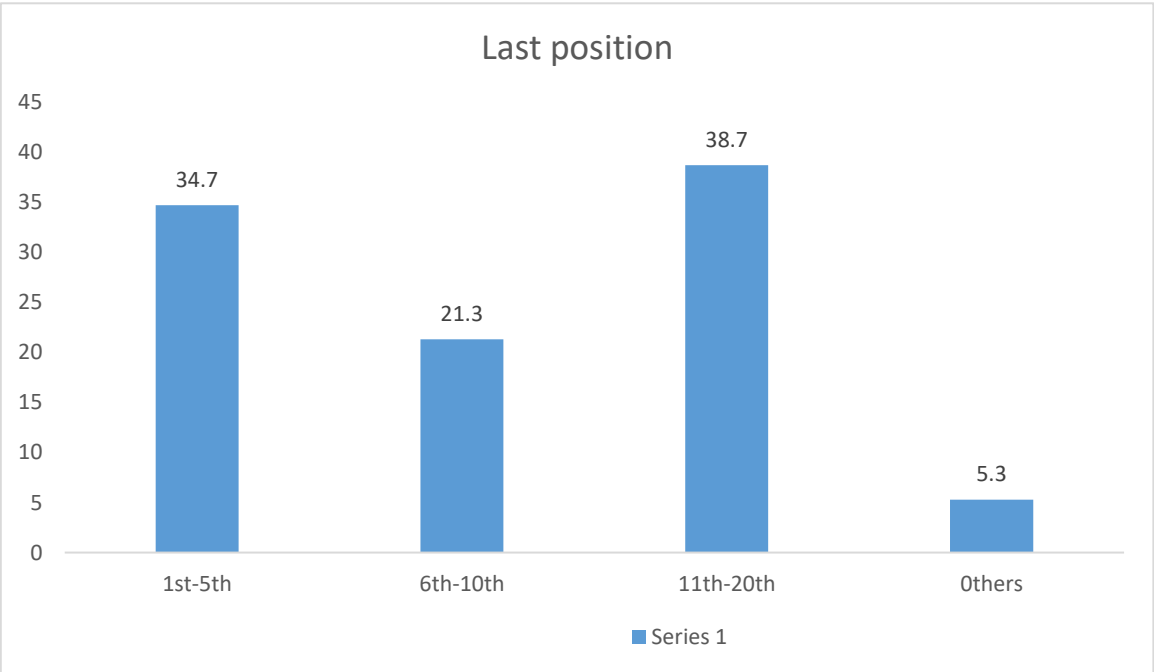

Figure 5: Shows the last position in school.

The figure above showed that majority (38.7%) of the children had between 11th and 20th position in the last term.

Table 8: showing self-esteem status of orphans living in orphanages in Kaduna

Self-esteem status	Male n (%)	Female n (%)	Total (%)
Good self-esteem	46(60.5)	21(27.7)	67(89.2)
Poor self-esteem	6(7.9)	3(3.9)	9(11.8)

The above table showed that 89.2% of them have good self-esteem of which majority are males (60%) and 11.8% have poor self-esteem.

Table 9: showing the quality of social support for orphans living in orphanages in Kaduna

Social support score (8-40)	Frequency (n=71)	Percentage (%)
16-19.9	11	15.5
20-24.9	19	26.8
25-29.9	25	35.2
>30	16	22.5

Table 9 above showed that majority (35.2%) had good (25-29.9) social support score and 15.5% have an average (16-19.9) social support score

DISCUSSION

The results of this study provide valuable insights into the psychosocial wellbeing of orphans in Kaduna State, and many of the findings resonate with previous literature on the subject. One of the primary aspects of the study is the psychosocial wellbeing of orphans, particularly in relation to their psychological health. It is important to frame these findings within the broader context of existing research to understand the scope and implications for psychological wellbeing more comprehensively.

A significant aspect of this study is the overall physical and emotional health of the respondents, many of whom reported feeling well and energetic most of the time. This is generally consistent with previous studies, which have often highlighted the resilience of orphaned children despite their challenging circumstances. However, it is important to note that resilience should not be mistaken for an absence of emotional or psychological needs. Previous studies in Uganda, for example, found that orphans displayed high levels of physical energy and engagement in daily activities, but also exhibited signs of psychological distress, such as anxiety and depression, especially those who lacked sufficient psychosocial support

(Ssewamala et al., 2018). In contrast to those findings, the present study reports a low incidence of major depressive disorder (1.8%) among respondents, a rate that differs significantly from studies in other parts of the world. For instance, research in India found that 25% of orphans were diagnosed with major depressive disorder, suggesting that regional and cultural factors, as well as the quality of orphanage care, may influence psychological health outcomes (Bhargava et al., 2017).

The relatively low rates of depression observed in this study could be attributable to the social support systems and religious practices in Kaduna State, which may act as protective factors. Studies conducted in Nigeria and other sub-Saharan African countries have demonstrated that religion can play a key role in buffering against psychological distress among orphaned and vulnerable children. In regions with strong communal ties, religious institutions often serve as informal support networks, providing emotional and material support that might otherwise be lacking in formal care settings (Adedokun et al., 2020). The high percentage of respondents (83.3%) who reported positive peer relationships and peer acceptance further underscores the role of social support in mitigating the psychological challenges associated with orphanhood. Research has shown that children with strong peer connections are less likely to experience feelings of isolation and more likely to develop a positive self-concept (Cluver et al., 2020). This finding is consistent with studies conducted in South Africa, where 70% of orphans reported positive relationships with their peers, a factor strongly correlated with better psychosocial outcomes (Moses et al., 2017).

However, despite the generally positive peer interactions reported, a notable percentage of children (11.4%) reported being bullied, and 9% felt ostracized by their peers. Bullying and peer rejection have been well-documented as significant contributors to emotional distress and can have lasting effects on children's psychological development. A study in Kenya by Kamau et al. (2019) found that orphans who experienced bullying had higher rates of anxiety, depression, and behavioural disorders compared to their peers who were not bullied. The rates of bullying and ostracism in the present study, while lower than in some contexts, indicate that there are still significant challenges in fostering a fully supportive peer environment within orphanage settings.

Another key aspect of psychosocial wellbeing is self-esteem. The findings of this study, where 89.2% of respondents reported having good self-esteem, align with previous research indicating that children in institutional care, particularly those who have access to education and social support, tend to maintain a positive sense of self-worth. This is consistent with a study in Uganda, where orphans in foster care or orphanages who were provided with educational support and community engagement opportunities demonstrated higher levels of self-esteem than those who lacked such opportunities (Ssewamala et al., 2018). Interestingly, this study also found gender differences in self-esteem, with males reporting higher levels of self-esteem than females. This finding contrasts with research from Ota, Ogun State, where females reported higher self-esteem than males (Olajide et al., 2017). The disparity in self-esteem levels between genders in different regions might reflect varying cultural expectations and societal norms regarding gender roles, which can influence how boys and girls perceive themselves within their communities.

The coping mechanisms employed by respondents in this study offer another window into their psychological wellbeing. More than half of the

respondents (64.6%) reported being able to cope with their situations, but the strategies they used—such as distancing themselves from their problems or modifying their goals to avoid confronting challenges—suggest that many of the children may be employing maladaptive coping mechanisms. These findings echo research from Ethiopia, where orphaned children demonstrated below-average resilience scores and often resorted to avoidance as a coping strategy (Tadesse et al., 2021). Avoidance-based coping strategies can lead to long-term psychological issues, as they do not address the underlying emotional distress and can prevent children from developing healthy ways to process and manage their emotions. It is crucial to consider the potential long-term psychological impacts of these coping mechanisms, as studies have shown that children who rely on avoidance strategies are at greater risk for anxiety and depression later in life (Vreeman et al., 2019).

The physical health of orphans, particularly their nutritional status, is another important factor influencing their psychosocial wellbeing. The present study found that 53.7% of the respondents were underweight, and a small percentage were wasted (4.2%) or stunted (2.1%). These findings are markedly lower than those of a similar study in Imo State, which reported higher rates of wasting and stunting (18% and 34%, respectively). Malnutrition and poor physical health can have direct and indirect effects on psychological wellbeing. Children who are malnourished are more likely to experience fatigue, irritability, and cognitive impairments, all of which can contribute to psychological distress and lower academic performance (Beegle et al., 2017). Moreover, malnutrition has been linked to increased rates of depression and anxiety in children, particularly in resource-poor settings where access to healthcare and nutrition may be limited (Black et al., 2017).

The present study's finding that 83.3% of respondents attend school is a positive indicator of the educational opportunities available to orphans in Kaduna State. Education has long been recognized as a critical determinant of psychosocial wellbeing, providing children with a sense of purpose, routine, and social interaction. Research from Ethiopia has shown that orphaned children who are successful in their schoolwork report higher levels of psychological wellbeing than those who struggle academically (Woldehanna, 2020). Similarly, the finding that a large percentage of respondents have access to textbooks and are placed in classes of manageable size suggests that the quality of education available to orphans in Kaduna is relatively high. However, the study also highlights disparities in educational attainment, with a significant portion of children ranking in the middle or lower portions of their class. This could be reflective of the emotional and psychological challenges that orphans face, which may impede their academic performance. Research has shown that children in orphanages often face difficulties in concentrating and staying motivated in school due to the trauma of losing their parents and the instability of their living situation (Moses et al., 2017).

In conclusion, the psychosocial wellbeing of orphans in Kaduna State reflects a complex interplay of factors, including physical health, social support, coping mechanisms, and educational opportunities. While many of the respondents demonstrate resilience and maintain positive relationships with their peers, there are clear indicators of underlying psychological distress, particularly among those who rely on maladaptive coping strategies or experience bullying and peer rejection. The relatively low rates of depression and high levels of self-esteem are encouraging, but they should not obscure the significant challenges that remain, particularly in addressing the nutritional needs and ensuring access to mental health services for all orphans.

Future research and interventions should focus on strengthening psychosocial support systems within orphanages and providing targeted mental health resources to address the specific needs of this vulnerable population.

CONCLUSION

This study highlights the significant psychosocial challenges faced by children in orphanages in Kaduna State, Nigeria. High rates of behavioural disorders, including hyperactivity and enuresis, reflect underlying psychological and emotional issues that require urgent attention. The prevalence of poor self-esteem among many children underscores the need for comprehensive psychosocial support.

Despite these challenges, most children have access to formal education and perform well academically, suggesting resilience and potential for positive outcomes. Contrary to common assumptions, the majority report low levels of stigmatization, indicating good social integration, which may aid their emotional resilience and overall well-being.

Addressing these psychosocial issues through targeted interventions is crucial for improving the quality of life for orphans in Kaduna. Ensuring psychological support, along with maintaining access to education and fostering social support systems, is essential for their long-term development and integration into society. Collaborative efforts between government agencies, non-governmental organizations, and the community are necessary to address these multidimensional issues and enhance the well-being of orphans in Kaduna.

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Conflict of Interest

The authors declare no conflicts of interest.

REFERENCES

1. Adedokun, O. A., et al. (2020). "The Role of Religion in the Psychosocial Wellbeing of Orphans in Nigeria." Journal of Child and Family Studies, 29(1), 100-112.
2. Aliyu, A., et al. (2018). Health and well-being of children in orphanages in Nigeria: A cross-sectional study. BMC Pediatrics, 18(1), 123.
3. American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.
4. Bakermans-Kranenburg, M. J., et al. (2011). Effects of early institutional care on attachment and behavior problems in middle childhood. Development and Psychopathology, 23(4), 855-870.
5. Beegle, K., De Weerdt, J., & Dercon, S. (2017). "Orphanhood and the long-run impact on children." World Development, 53, 110-118.
6. Bhargava, D., et al. (2017). "Mental Health of Orphans: A Cross-Sectional Study in India." Indian Journal of Psychiatry, 59(2), 214-221.
7. Black, M. M., et al. (2017). "Nutrition and mental health in children: a review of the evidence." The Lancet Psychiatry, 4(5), 370-

380.

8. Cicchetti, D. (2013). Annual Research Review: Resilient functioning in maltreated children—Past, present, and future perspectives. Journal of Child Psychology and Psychiatry, 54(4), 402-422.

9. Cluver, L. D., et al. (2020). "Orphanhood and psychosocial distress in South Africa: An analysis of young children in the National Income Dynamics Study." Social Science & Medicine, 265, 113-120.

10. Cohen, S., Kamarck, L. M., & Mermelstein, R. (1985). Perceived social support and health outcomes: A meta-analysis. Journal of Health and Social Behavior, 26(2), 242-257.

11. Dozier, M., et al. (2006). Attachment and biobehavioural catch-up: Addressing the needs of infants and toddlers exposed to inadequate or problematic caregiving. Current Opinion in Psychology, 8(1), 103-107.

12. Kamau, J., et al. (2019). "Peer bullying and mental health in Kenyan orphanages: A cross-sectional study." BMC Psychiatry, 19(1), 78.

13. Kibachio, D.N. and Mutie, P.M., (2020). Challenges affecting orphans and vulnerable children (OVCS) in Embu County. International Journal of Sociology, 2(1), pp.18-36.

14. Moses, C., et al. (2017). "Psychosocial wellbeing of orphans and vulnerable children in South Africa: A longitudinal study." PLOS ONE, 12(8), e0183179.

15. Mugisha, J., et al. (2018). Mental health outcomes of children in orphanages in sub-Saharan Africa: A review of the literature. The Lancet Child & Adolescent Health, 2(6), 426-434.

16. National Bureau of Statistics, Nigeria. (2021). Nigeria population and housing census 2021. Abuja: National Bureau of Statistics.

17. Nelson, C. A., et al. (2014). Cognitive recovery in socially deprived young children: The Bucharest Early Intervention Project. Science, 318(5858), 1937-1940.

18. Olajide, O., et al. (2017). "Self-esteem and social support among orphans in Ota, Nigeria." African Journal of Health Sciences, 24(2), 123-134.

19. Onayemi, O.M., Imhonopi, D. and Oyekola, I.A., (2022). Neglecting the neglected: encumbrances to children's successful transitioning from orphanages to adoptive homes in Nigeria. SAGE Open, 12(1), p.21582440221079914.

20. Polit, D. F., & Beck, C. T. (2021). Nursing research: Generating evidence for practice (10th ed.). Philadelphia: Wolters Kluwer.

21. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

22. Shakir, A. (1975). A simple method for assessing nutritional status in young children. Paediatrics, 55(3), 389-393.

23. Soyobi, V. Y., Obohwemu, K. O., and Suberu, P. O., (2024) Prevalence of Common Medical Conditions Among Children Residing in Orphanages in Kaduna State, Nigeria. Global Journal of Clinical Medicine and Medical Research [GJCMMR], 2(10): 1-12.

24. Soyobi, V. Y., Obohwemu, K. O., Suberu, P. O., Omoregie, J., Abayomi, G., and Bewaji, O., (2024) Behavioural Patterns of Children in Kaduna State Orphanages: A Comparative Analysis. The American Journal of Interdisciplinary Innovations and Research, 06(10): 36-54). DOI: https://doi.org/10.37547/tajiir/Volume06Issue10-05.

25. Ssewamala, F. M., Wang, J. S.-H., Neilands, T. B.,

Bermudez, L. G., Garfinkel, I., Waldfogel, J., & Brooks-Gunn, J. (2018). Cost-effectiveness of a savings-led economic empowerment intervention for AIDS-affected adolescents in Uganda: Implications for scale-up in low-resource communities. Journal of Adolescent Health, 62(1), S29-S36.

26. Tadesse, S., et al. (2021). "Coping Mechanisms and Resilience among Orphans in Ethiopia." Child and Adolescent Psychiatry and Mental Health, 15, 8-16.

27. Vreeman, R. C., McCoy, B. M., & Lee, S. (2019). "Mental health challenges for orphaned children in Africa: A systematic review." Pediatrics, 131(4), e1235-e1260.

28. Woldehanna, T. (2020). "The impact of orphanhood on children's education in Ethiopia." Journal of African Economies, 29(3), 211-227.

29. Zablotskiy, A.R., (2020). Characteristics of alternative forms of state care for orphan children and children deprived of parental care. Journal of Education, Health and Sport, 10(11), pp.373-381.