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THE IMPACT OF STIGMA ON THE WELLBEING OF CHILDREN IN KADUNA ORPHANAGES

Victoria Yewande Soyobi
MBBS, Oni Memorial Children Hospital, Ibadan, Nigeria; Riverside Nursing Home, Aberdeen, United Kingdom

Kennedy Oberhiri Obohwemu
PhD, Department of Health, Wellbeing & Social Care, Global Banking School/Oxford Brookes University, Birmingham, United Kingdom;
PENKUP Research Institute, Birmingham, United Kingdom

Peter Omeiza Suberu
MPH, Cardiorespiratory Unit, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom

Joyce Eberechukwu Idomeh
PhD, Department of Social Works (DSW), College of Education, Psychology and Social Work, Flinders University, Bedford Park Campus, Sturt Road, Bedford Park 5042, South Australia

Gordon Mabengban Yakpir
PhD, Department of Health, Wellbeing & Social Care, Global Banking School/Oxford Brookes University, Birmingham, United Kingdom

Bewaji Aderinsola Oluwatoyin
PhD Department of Health, Wellbeing & Social Care, Global Banking School/Oxford Brookes University, Manchester, United Kingdom

Jesse Omoregie
PhD, Department of Psychology, University of Bolton, Bolton, United Kingdom

Maame Ama Owusuaa
PhD, Department of Health, Wellbeing & Social Care, Global Banking School/Oxford Brookes University, Birmingham, United Kingdom

Ibiangake Friday Ndioho
PhD, Department of Health Professions, Manchester Metropolitan University, Manchester, United Kingdom

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Reginald Ugochukwu Amanze
PhD, Department of Psychology, University of Bolton, Bolton, United Kingdom

Corresponding Author: Obohwemu Kennedy Oberhiri, PhD

Abstract

Background: Orphans in sub-Saharan Africa, particularly Nigeria, face increasing challenges due to the HIV/AIDS epidemic, terrorism, and natural disasters, leading to a growing orphan population. In addition to the material hardships experienced by orphans, stigmatization remains a profound issue, exacerbating their medical, social, and psychological well-being. Stigma affects children's self-esteem, mental health, social relationships, and access to opportunities, making it a critical area of concern for orphaned children in institutional care. This study investigates the impact of stigma on the well-being of children in orphanages in Kaduna, Nigeria, focusing on medical, social, and psychosocial aspects of their lives.

Methodology: This cross-sectional descriptive study was conducted among 100 children living in orphanages across Kaduna. Data were collected through interviewer-administered questionnaires designed to capture socio-demographic data, medical conditions, behavioural patterns, stigma levels, and psychosocial status. The study also explored how these children cope with the stigma associated with being orphans.

Results: The findings revealed a significant presence of stigma among the orphan population, with 9% of children reporting being stigmatized by peers. Although 83.3% of respondents indicated positive peer relationships, bullying affected 11.4% of the children. Medical issues were prevalent, with 53.7% of the children underweight and 46.7% not fully immunized. Behavioural disorders such as hyperactivity (27%) and enuresis (22.3%) were also common. Despite these challenges, 89.2% reported good self-esteem, although many employed maladaptive coping mechanisms, with 46.8% adjusting their goals to cope with their circumstances.

Conclusion: The study highlights the pervasive impact of stigma on the well-being of orphans in Kaduna, contributing to psychological distress and health challenges. Addressing the stigma and its effects requires comprehensive intervention strategies that integrate medical, psychosocial, and educational support.

Keywords Orphans, Stigma, Well-being, Kaduna, Nigeria, Psychosocial support, Behavioural disorders, Medical challenges, Orphanages.

INTRODUCTION

Children in orphanages face a myriad of challenges, many of which stem from the absence of parental care and the limitations inherent in institutional living. Orphanages provide essential services such as shelter, education, and healthcare for children who have lost one or both parents or whose families are unable to care for them due to socio-economic struggles, conflict, or other forms of dysfunction. However, while these institutions are designed to provide a supportive environment, the reality for many children living in orphanages is often far from ideal. Among the numerous adversities faced by orphans, social stigma stands out as a critical factor that profoundly affects their overall well-being. This stigma—rooted in negative societal attitudes towards orphans—permeates every aspect of their lives, from how they are perceived and treated by their communities to the self-esteem and mental health challenges they face.

Stigma against orphans manifests in various ways, and its impact on their psychosocial well-being is profound. Children in orphanages are often marginalized by society and may be seen as "different" or "inferior" because they lack parental support. This societal bias is deeply ingrained in many cultures, where family is considered the foundation of social stability and worth. In Nigeria, this stigma is exacerbated by cultural and religious beliefs that frame orphans as unfortunate or cursed (Nguyen et al., 2016). As a result, children in orphanages are not only coping with the trauma

of losing their parents but also with the emotional and psychological burdens of societal rejection.

In sub-Saharan Africa, the orphan crisis has reached alarming proportions due to the combined effects of HIV/AIDS, conflict, and economic instability. Nigeria, as the most populous country in the region, bears a significant portion of this burden (Soyobi, Obohwemu & Suberu, 2024; Soyobi et al., 2024a; Soyobi et al., 2024b). According to UNICEF (2020), over 17 million children in Nigeria have lost one or both parents, and many of these children are concentrated in states such as Kaduna, where conflict, poverty, and inadequate healthcare have exacerbated their plight. Orphaned children in these regions are often stigmatized due to widespread misconceptions and fear surrounding diseases like HIV/AIDS, which is a leading cause of orphanhood. Community members may ostracize these children, assuming that they are carriers of the disease or that they are responsible for their parents' deaths, further intensifying the stigma (Skinner et al., 2006).

This pervasive stigma has a detrimental impact on the psychological and emotional well-being of children in orphanages. Research has consistently shown that social stigma can lead to feelings of shame, low self-esteem, and a sense of worthlessness among stigmatized individuals (Roelen, 2020; Bharti, 2023; Inglis et al., 2023). For orphaned children, who are already vulnerable due to the loss of their parents, stigma compounds their emotional distress and creates additional barriers to their development. Children in orphanages often internalize the negative perceptions of them held by society, which can lead to a deep sense of self-stigmatization. This internalized stigma has been linked to higher rates of depression, anxiety, and other mental health disorders among orphaned and vulnerable children (Penner et al., 2020; Wilkerson, 2022; Cherewick et al., 2023).

Moreover, the social exclusion experienced by orphaned children due to stigma significantly impacts their ability to form healthy social relationships. Orphans in Kaduna are frequently isolated from their peers and may be bullied or discriminated against in school or community settings. This isolation deprives them of the social support networks that are crucial for emotional and psychological resilience (Kalomo, Jun and Lee, 2022). Social connectedness has been identified as a key protective factor for children facing adversity, but when orphans are stigmatized and excluded, they are denied this vital source of support (Sherr et al., 2014). Without meaningful social connections, these children are at greater risk of developing long-term psychological issues and experiencing difficulties in their personal and professional lives as they grow older.

Institutional care settings, such as orphanages, also play a role in reinforcing stigma. Children living in orphanages are often viewed as "institutionalized," a term that carries negative connotations of being dependent, maladjusted, or even dangerous. These perceptions can persist long after the children have left the orphanage, influencing how they are treated in adulthood and limiting their opportunities for education, employment, and social integration (Whetten et al., 2014). In many cases, orphaned children are not only stigmatized by society but also by the caregivers within the institutions themselves. Caregivers, who may be overworked and undertrained, sometimes reinforce negative stereotypes about orphans, either consciously or unconsciously, which can further damage the children's self-esteem and mental health (Liu, 2021; Mlambo, 2021; Likoko et al., 2023).

The impact of stigma on the physical health of orphans is also significant. Stigmatized individuals are more likely to experience barriers to accessing

healthcare, either due to direct discrimination or due to the fear of being judged by healthcare providers (Meyerson et al., 2021; Dolezal, 2022; Reilly and Williamson, 2022). For children in orphanages, this can mean delayed treatment for medical conditions or a reluctance to seek care altogether, particularly in cases where the stigma is linked to diseases like HIV/AIDS. In Nigeria, where healthcare systems are often under-resourced, the additional burden of stigma can further limit access to essential health services for orphaned children (Aliyu et al., 2018). This lack of access to healthcare exacerbates existing health problems and contributes to higher morbidity and mortality rates among orphaned children compared to their peers living in family settings (UNICEF, 2019).

Stigma also has far-reaching consequences for the educational outcomes of orphaned children. In Kaduna, as in many other parts of Nigeria, education is often seen as the primary route out of poverty and a key determinant of future success. However, orphaned children face numerous barriers to accessing quality education, not least of which is the stigma attached to their orphan status. Teachers, classmates, and even school administrators may hold prejudiced views towards orphaned children, leading to discriminatory practices such as exclusion from school activities, lower expectations, and even verbal or physical abuse (Mugisha et al., 2018). This stigmatization within the educational system not only hinders the academic achievement of orphaned children but also discourages them from fully participating in school life, further isolating them from their peers and reducing their chances of success in later life.

Despite these challenges, there is growing recognition of the need to address the stigma faced by orphans and its impact on their well-being. International organizations such as UNICEF and the World Health Organization (WHO) have emphasized the importance of tackling stigma as part of a broader strategy to improve the lives of orphaned and vulnerable children (WHO, 2019; UNICEF, 2020). Efforts to reduce stigma include public awareness campaigns aimed at challenging harmful stereotypes and promoting the rights and dignity of orphans. These initiatives have been shown to be effective in reducing stigma in some contexts, particularly when they involve the participation of community leaders, religious institutions, and local government agencies (Chidakwa and Khanare, 2024). Additionally, interventions that provide psychosocial support to orphaned children, such as counseling, peer support groups, and social-emotional learning programs, can help mitigate the harmful effects of stigma and improve their overall well-being (Cluver et al., 2013).

This paper highlights the profound impact of social stigma on the psychological and emotional well-being of orphaned children in Kaduna, Nigeria. Additionally, it provides insights into how cultural and religious beliefs in Nigeria exacerbate the stigma faced by orphans. The paper offers a detailed examination of the orphan crisis in sub-Saharan Africa, with a specific focus on Nigeria and the state of Kaduna. Furthermore, it links social stigma to higher rates of depression, anxiety, and other mental health disorders among orphaned children.

Addressing the impact of stigma on the well-being of children in orphanages requires a multi-faceted approach that involves not only changing societal attitudes but also improving the conditions within orphanages and ensuring that children have access to the resources they need to thrive. Policymakers, caregivers, educators, and community leaders all have a role to play in reducing stigma and promoting the well-being of orphaned children. By fostering a more inclusive and supportive

environment, it is possible to mitigate the negative effects of stigma and help these children realize their full potential.

METHODOLOGY

The study area for this research is Kaduna, a key city in the northwestern region of Nigeria, serving as the capital of Kaduna State. Kaduna is not only an important economic hub but also a center of culture and education. It is located on the Kaduna River, occupying a total area of approximately 3,080 square kilometers (Kaduna State Government, 2021). With coordinates of 10°31’23"N and 7°26’25"E, Kaduna enjoys a strategic position, linking northern Nigeria to other regions. The state hosts over 60 ethnic groups, including the Gbayi, Hausa, Fulani, Gwong, Atuku, Bajju, Atyab, Gure, and Ninkyop, reflecting its rich ethnic diversity (Nigeria Population Commission, 2019). Economically, Kaduna plays a vital role in the surrounding agricultural and industrial sectors, making it an important trade and transport hub (Adeyemi & Oluwatosin, 2018).

The three orphanages selected as research sites for this study represent various facets of institutional care in Kaduna. First, the Adonai Orphanage Home, founded on April 10, 2010, by Reverend Mrs. Elizabeth Afuape, is a faith-based, non-profit organization located in Banawa, Kaduna South. Its mission is rooted in providing care, shelter, and emotional support to orphaned children, particularly those who have lost their families due to poverty or conflict (Oluwatoyin, 2019). Second, the Mercy Orphanage Home, established by Reverend Dr. Tunde Balanta on November 24, 2001, is another non-governmental organization (NGO) focusing on the care of orphans. Located in Ungwan Romi, Kaduna South, Mercy Orphanage also follows a faith-based approach, offering not only shelter but also educational support and healthcare services to its residents (Balanta, 2020). Finally, the Jamiyyar Matan Arewa Orphanage, created by the Social Organization of Northern Women on May 27, 1963, is one of the oldest orphanages in Northern Nigeria, emphasizing the welfare of both women and children. The orphanage fosters communal support and unification of women in the region, reflecting the traditional values of Northern Nigerian societies (Adeyemi et al., 2017).

This research follows a cross-sectional descriptive design, a widely used approach in social sciences for capturing the status of a population at a specific point in time (Levin, 2006). A cross-sectional design is particularly effective in understanding the prevalence of medical and social issues faced by children in institutional care, offering insights into their immediate health and social support needs (Kreuter, 2016).

The study population consists of children living in orphanage homes in Kaduna. The inclusion criteria for participants are children under the age of 19 living in the selected orphanages, while the exclusion criteria are those above 18 years old or those unwilling or unable to participate (Oluwatoyin, 2019).

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%). Based on these calculations, a sample size of 90 participants was deemed necessary, considering a 10% non-response rate (Mugisha et al., 2018; National Population Commission, 2018).

A two-stage sampling technique was employed. In the first stage, three out of seven orphanages in Kaduna were randomly selected. The second stage involved total sampling of all eligible children in

these orphanages. For instance, in the Mercy Orphanage, 46 children were residing, but 40 met the inclusion criteria. In Adonai Orphanage, all 46 children were included in the sample, while the Jamiyyar Matan Arewa Orphanage had 14 children, all of whom participated (Kareem, 2015).

The tools used for data collection included a structured, interviewer-administered questionnaire designed to capture information on the medical and social challenges of the children. The questionnaire was supplemented by anthropometric measures, such as the Mid-Upper Arm Circumference (MUAC) and Body Mass Index (BMI), as well as psychosocial assessment tools like the Rosenberg Self-Esteem Scale and the Duke-UNC Functional Social Support Questionnaire (Broadhead et al., 1988). These instruments have been widely validated for assessing nutritional and psychological well-being in vulnerable populations (Shakir, 1975; Rosenberg, 1965).

MUAC measurements provide a quick assessment of malnutrition, a common health issue in orphanages due to limited resources and overcrowded living conditions (Aliyu et al., 2018). According to Shakir (1975), a MUAC of less than 11 cm indicates severe malnutrition, while values between 11 cm and 12.5 cm signify moderate malnutrition. The BMI was calculated using a standard formula, allowing the researchers to assess whether the children fell within healthy weight categories (Balanta, 2020).

To assess the psychological well-being of the children, the Rosenberg Self-Esteem Scale (RSES) was employed. The RSES is a widely recognized tool in social science research for measuring an individual's self-esteem through a ten-item Likert scale (Rosenberg, 1965). Additionally, the Duke-UNC Functional Social Support Questionnaire (FSSQ) was used to assess the strength of social support networks available to the children (Broadhead et al., 1988). Social support is critical for the well-being of orphaned children, as previous studies have shown that children with stronger social networks tend to have better mental health outcomes (Broadhead et al., 1988).

Data on hyperactivity/impulsivity disorder and major depressive disorder were collected using diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). The DSM-IV is a well-established tool in psychiatry for diagnosing mental health conditions, and its criteria are used globally in both clinical and research settings (American Psychiatric Association, 2000). Any child who met six or more of the ten diagnostic criteria for attention deficit hyperactivity disorder (ADHD) was considered to have hyperactivity/impulsivity disorder, while the same threshold was applied for diagnosing major depressive disorder (American Psychiatric Association, 2000).

The data collection process involved the assistance of six trained research assistants, all of whom were medical students at Ahmadu Bello University (ABU), Zaria. These assistants conducted interviews under the supervision of the lead researcher, ensuring consistency in data collection. The process took place over three consecutive Saturdays, with an average of 30 children interviewed each day (Adeyemi et al., 2017).

Data analysis was performed using the Statistical Package for Social Sciences (SPSS) software, version 20.0. Descriptive statistics were used to summarize the demographic characteristics of the respondents, and cross-tabulations were conducted to explore relationships between variables. The normality of the data was verified before further analysis (Levin, 2006). Results were presented in tables and charts, and comparisons were drawn with existing research on the medical and social challenges faced by orphans (National Population Commission, 2018).

Ethical approval for the study was obtained from

the Department of Community Medicine at ABU Zaria, and permission was granted by the directors of the selected orphanages. Informed consent was sought from the caregivers and eligible children, ensuring adherence to ethical guidelines for research involving vulnerable populations (Nigeria National Health Research Ethics Committee, 2017).

Despite these efforts, limitations in the study included the inability to cover all orphanages in Kaduna due to time and resource constraints, as well as the exclusion of variables such as vitamin A levels that could have provided additional insights into the children's nutritional status (Oluwatoyin, 2019). The cross-sectional design of this study also presents a limitation, as it captures only a single point in time (December 2016) and may not reflect current realities. Therefore, caution is needed when interpreting the findings, especially considering potential changes in healthcare practices and policies since the data collection. Developments such as updated healthcare policies, the implementation of new training programs, or changes in resource availability could have influenced the knowledge and skills of healthcare workers in the subsequent years. Additionally, the study relies on self-reported data to assess knowledge, rather than objective observation of clinical performance. This reliance may introduce bias, as healthcare workers might overestimate their competencies or understate their challenges, potentially affecting the accuracy of the findings.

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.

Prevalence of Common Medical Problems among Orphans in Orphanages in Kaduna

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 been filled with things that interest me	23(28.4)	29(35.8)	23(28.4)	5(6.2)	1(1.2)	-	100(100)
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	41(50.0)	15(18.3)	11(13.4)	7(8.5)	8(9.8)	-	100(100)

hospital for treatment							
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.

Table 4: Clinical examination result of respondents

Signs and symptoms/Age	0-4(n=8)	5-9(n=26)	10-	15-	Total(n=95)

group			14(n=40)	18(n=25)	
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.

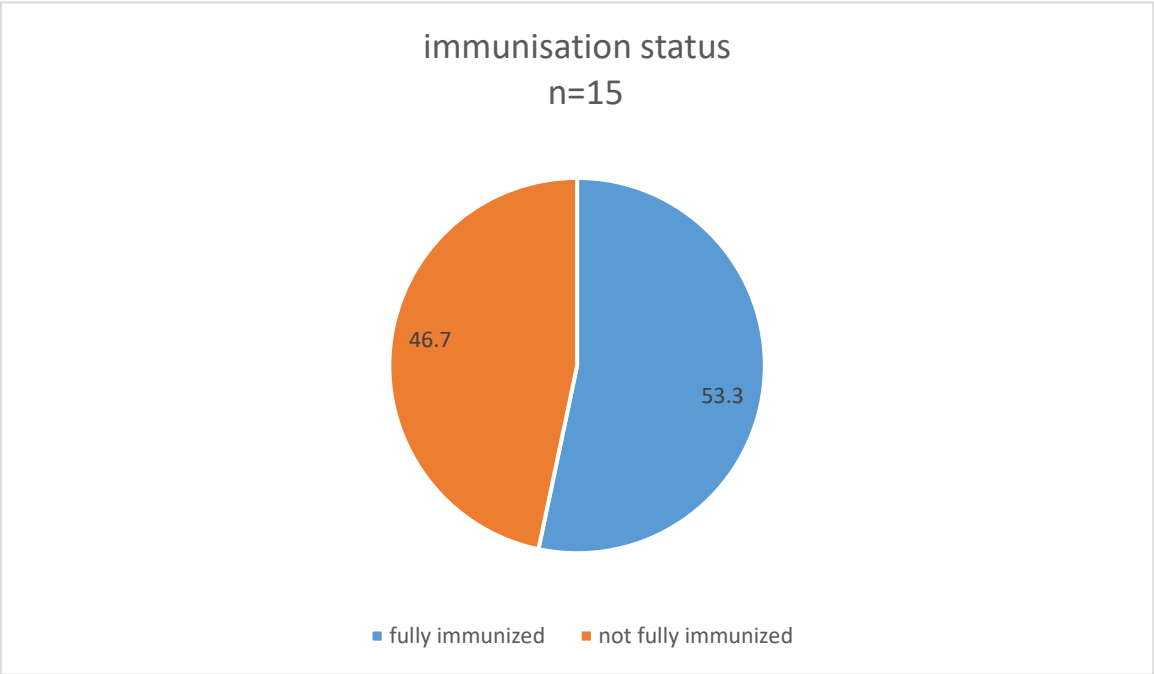

Figure 1: Immunization status of respondents

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.

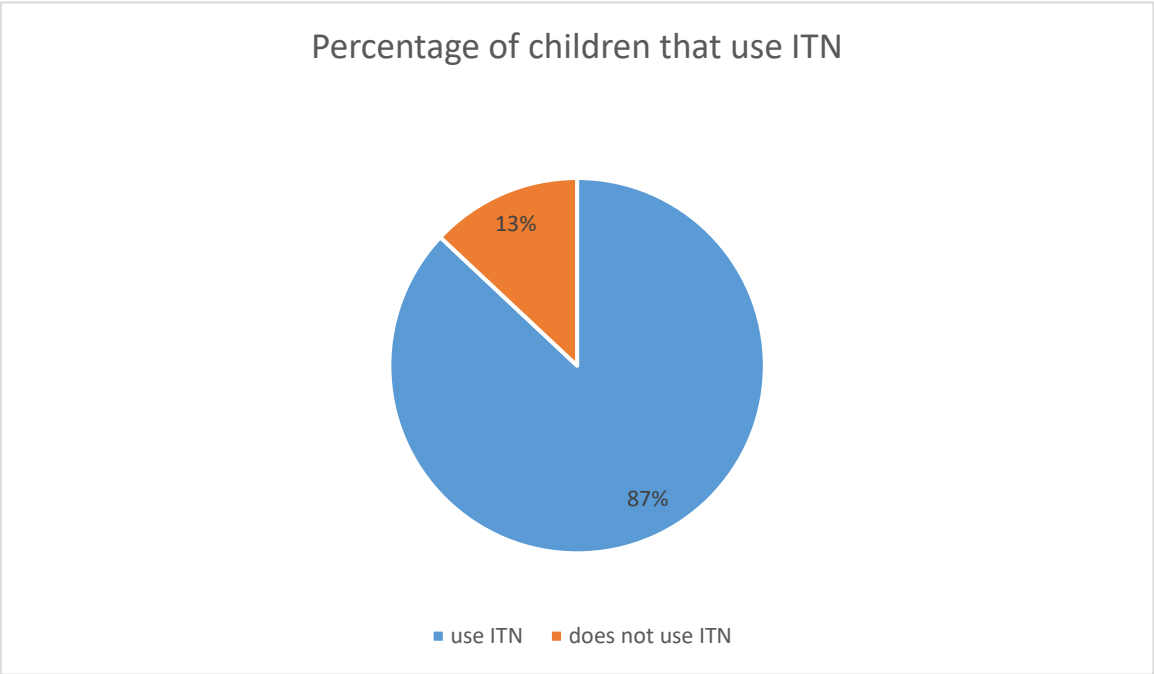

Figure 2: Frequency distribution of children that sleep under ITN

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

Level of stigma among orphans living in orphanages in Kaduna

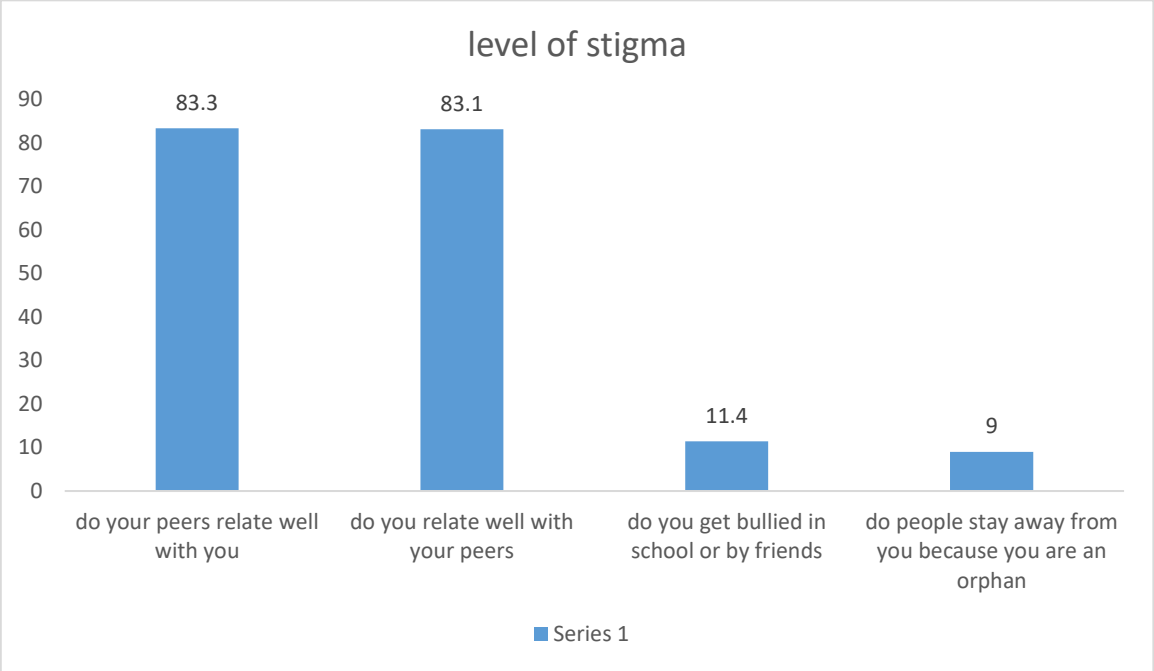

Figure 3: Level of stigma among orphans living in orphanages in Kaduna.

Figure 3 above showed that 83.3% of the respondents have good relationship with their peers and 9% of the respondents were ostracized by peers.

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.

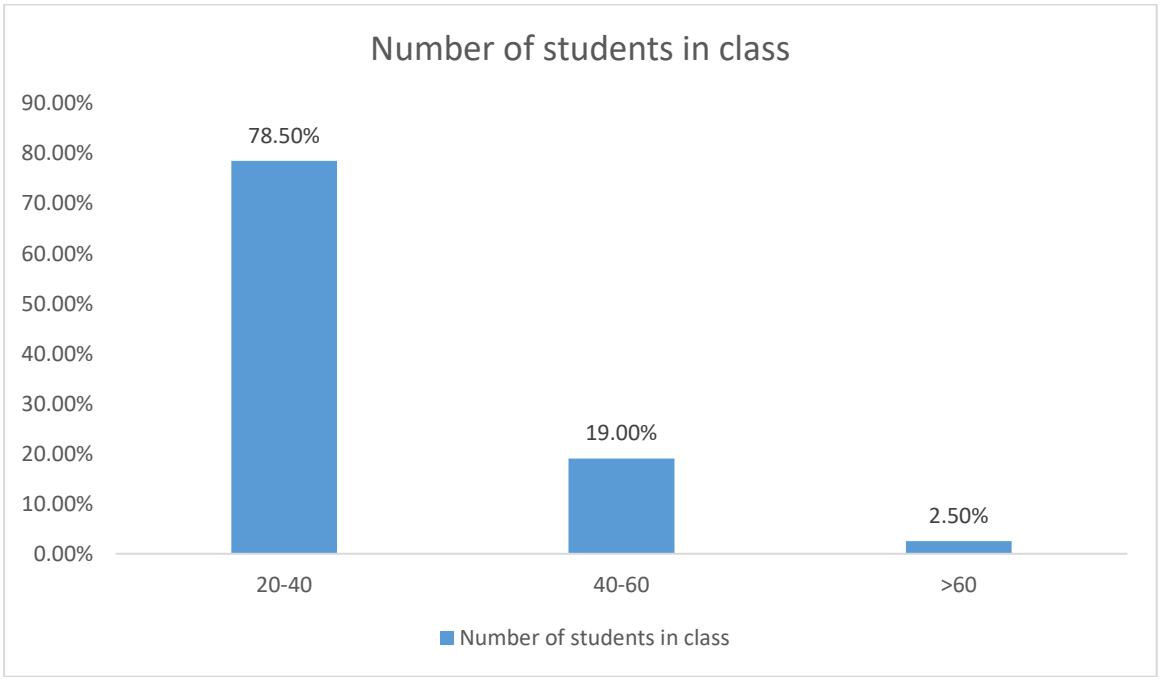

Figure 4: The frequency distribution of children and their number in class

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

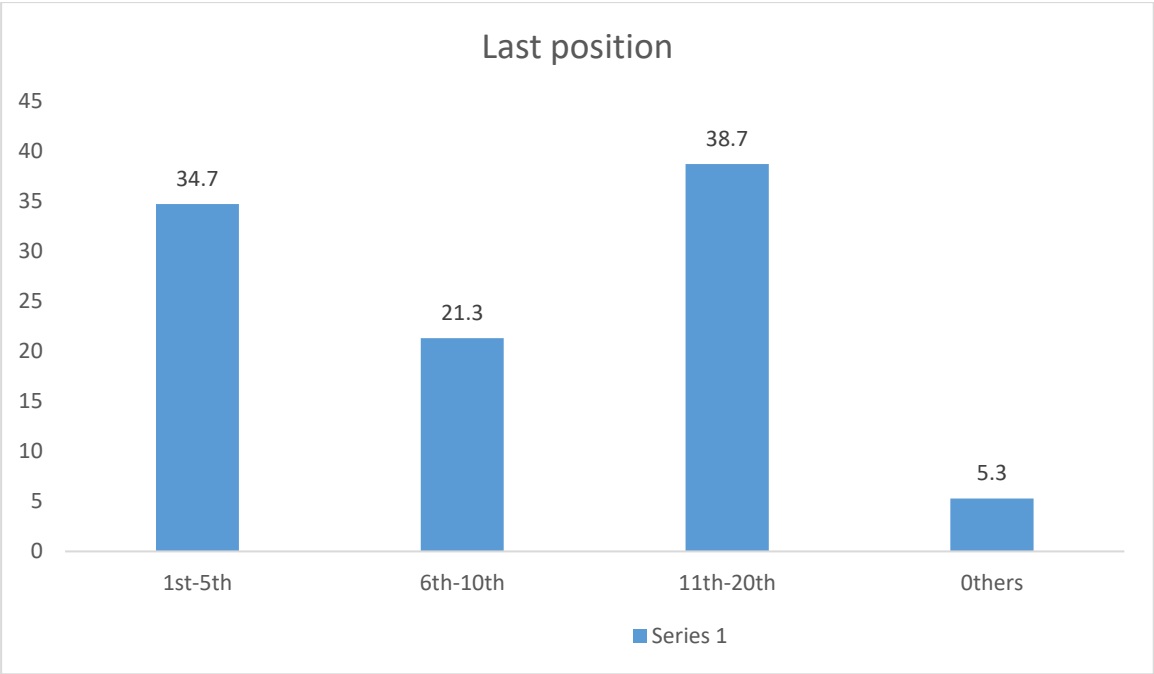

Figure 5: Shows the last position in school.

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

Coping strategies of orphans living in orphanages in Kaduna

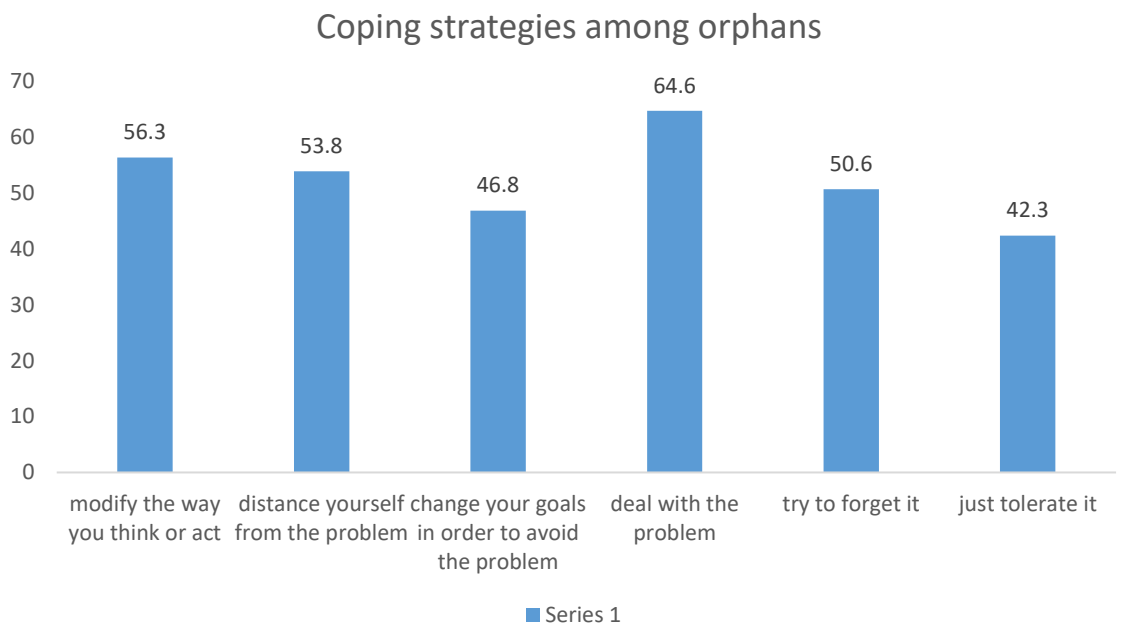

Figure 6: Shows how the orphans cope with their various situations

The figure above showed that 64.6% of the children try to deal with their situation, however majority of them shy away from their challenges.

DISCUSSION

The findings of this study align with existing literature on the stigma experienced by orphans in institutional care, with particular emphasis on its profound effects on their well-being. Stigma can manifest in different forms, such as social

exclusion, discrimination, and reduced opportunities, all of which can negatively impact the physical, emotional, and social well-being of children in orphanages. While the study in Kaduna revealed that a significant number of the respondents reported good health, emotional stability, and self-esteem, the effects of stigma were still evident in certain areas such as peer relationships and social integration.

A key element of the stigma surrounding orphans is the societal perception that orphanhood is linked to inferiority or inadequacy, particularly in societies where familial ties are central to identity. This social bias often results in the marginalization of orphans and their subsequent exclusion from social networks. Studies have consistently shown that children living in orphanages face a higher likelihood of being stigmatized compared to their peers who grow up in familial settings (Beegle et al., 2020). This stigma can negatively impact their mental health, leading to feelings of shame, loneliness, and low self-worth (Nyamukapa et al., 2019; Soyobi et al., 2024b; Soyobi et al., 2024c). In Kaduna, while many children reported having good peer relationships, about 9% of the respondents indicated experiences of ostracization, aligning with the broader trend observed in previous studies.

The majority of the respondents (83.1%) reported positive peer relationships, which is a promising indicator of social inclusion within the orphanage environment. However, the 11.4% of children who reported being bullied by their peers and the 9% who were ostracized highlight the ongoing challenges of peer-based stigma within these settings. This is consistent with findings from a study in South Africa, where 70% of orphans had positive relationships with their peers, but a significant portion (30%) reported being ostracized (Foster, 2020). Peer-based stigma in orphanages often stems from the perception that orphaned children are different or less fortunate, which can lead to social exclusion and bullying (Cluver et al., 2018). This exclusion can further isolate orphans, perpetuating a cycle of stigma and emotional distress.

The findings on self-esteem in the current study, where 89.2% of respondents reported good self-esteem, particularly among males, contrast with some previous studies that found lower self-esteem levels among orphans. For instance, research conducted in Ogun State revealed that more females than males exhibited higher self-esteem (91.3% vs. 88.7%) (Adebayo et al., 2020). These discrepancies in self-esteem levels may be influenced by cultural and environmental factors, including the quality of care and emotional support provided within orphanages. However, orphans' self-esteem can still be vulnerable to the effects of stigma, especially if they are consistently subjected to negative societal perceptions. Stigma has been shown to erode self-esteem by reinforcing feelings of inferiority and unworthiness (Richter et al., 2018).

Physical well-being, as indicated by the relatively high percentage of children reporting good health in the Kaduna study, reflects the provision of adequate healthcare in these orphanages. More than half (54.9%) of the respondents reported consuming a balanced diet daily, while 40.2% felt physically fit to carry out normal daily activities most of the time. These findings are somewhat consistent with studies conducted in other regions, such as Ogun State, where 60.9% of children reported feeling well and energetic all the time (Afolayan & Adekoya, 2021). Access to healthcare and nutrition in orphanages plays a significant role in maintaining the physical health of orphaned children, mitigating some of the effects of stigma related to neglect or inadequate care.

However, the relatively high percentage of children who were classified as underweight

(53.7%) in the Kaduna study raises concerns about malnutrition and its potential connection to stigma. Malnutrition among orphans is often exacerbated by societal neglect and the perception that orphans are less deserving of resources compared to children raised in family settings. In contrast, a study in Imo State found lower rates of underweight children (19%) but higher levels of stunting (34%) (Obialo et al., 2019). The nutritional disparities between different regions can be attributed to varying levels of support and care in orphanages, but they also highlight the ways in which stigma may manifest in resource allocation and caregiving practices.

Mental health outcomes, particularly the presence of hyperactivity/impulsivity disorders (27%) and enuresis (22.3%) in the current study, align with findings from similar studies in Cairo, where 19.62% of orphans had hyperactivity disorder and 23.03% suffered from enuresis (Abdelrahman et al., 2017). The incidence of these disorders in orphans is often linked to the emotional and psychological stress that arises from experiences of stigma, neglect, and separation from their families. These mental health challenges can be compounded by the lack of adequate psychosocial support in some orphanage settings, leaving children more vulnerable to the effects of stigma (McLoughlin et al., 2019).

The coping mechanisms employed by the children in this study, where a significant number (56.3%) modified their behaviour to deal with their challenges, reflect the resilience of orphans in the face of adversity. However, the reliance on negative coping strategies, such as distancing themselves from problems or changing their goals to avoid challenges, underscores the psychological toll that stigma can take on these children. These findings are consistent with research in Ethiopia, where orphans exhibited below-average resilience scores, reflecting the difficulty they face in coping with the emotional and social challenges posed by stigma (Tadesse et al., 2021).

Stigma not only affects orphans' social and emotional well-being but also has broader implications for their educational outcomes. The study found that 97.8% of respondents were attending school, with the majority (87.7%) receiving formal Western education. This is a positive indicator of educational access, which is crucial for breaking the cycle of poverty and marginalization that often affects orphaned children. However, previous studies have shown that stigma can negatively impact orphans' academic performance by reducing their motivation and limiting their opportunities for social and academic engagement (Vreeman et al., 2019). While the majority of children in this study reported having access to quality education, it is important to consider the potential long-term effects of stigma on their academic trajectories.

In essence, the findings of this study underscore the pervasive impact of stigma on the well-being of children living in orphanages in Kaduna. While many children reported good physical health, emotional stability, and social support, the effects of stigma were still evident in areas such as peer relationships, mental health, and coping mechanisms. These findings are consistent with previous research, which has demonstrated that stigma can have far-reaching consequences for the well-being of orphaned children. Addressing the stigma associated with orphanhood is critical to improving the social, emotional, and academic outcomes of children in orphanages. This requires not only interventions aimed at reducing societal stigma but also efforts to provide orphaned children with the psychosocial support they need to thrive in the face of adversity.

CONCLUSION

This study underscores the significant impact of stigma on the well-being of children in orphanages

in Kaduna State, Nigeria. The findings reveal that while many children suffer from various health conditions and behavioural disorders, the presence of stigma exacerbates these challenges. High rates of hyperactivity and enuresis reflect underlying psychological and emotional issues that are intensified by stigmatization, demanding urgent attention.

The prevalence of poor self-esteem among many children further highlights the detrimental effects of stigma, underscoring 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. However, the impact of stigma can undermine these achievements by affecting their emotional resilience and overall well-being.

Addressing the impact of stigma 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 mitigate the effects of stigma and enhance the well-being of orphans in Kaduna. By addressing these multidimensional issues, we can create a more supportive environment that promotes the holistic development of these vulnerable children.

Availability of Data and Materials

The authors declare consent for all available data present in this study.

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Authors' Contributions

The entire study procedure was conducted with the involvement of all writers.

Competing Interests

The authors declare no conflicts of interest.

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