



# Caring Affiliation: Promoting Psychological Well-Being Among Orphaned Children

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## Abstract

This research paper aims to shed light on orphans in India's child psychology and psychosocial well-being and to investigate the psychosocial problems of orphans. This paper deals with the current condition of orphans globally and in India. The study also presents data on Indian orphans, facilitating a better understanding of the various provisions outlined in statutory laws. The paper employed a correlational design and examined the extent to which four components of quality of care (including food security, quality of shelter, quality of caregiving, and access to health care services) predicted the psychological and social well-being of orphan children as well as it moderated the association between alternative care and the psychological well-being of orphans. Considering the results, it was recommended that stakeholders, teachers and caregivers should establish a support system at different levels and play a major role in fulfilling the psychosocial needs of orphan children.

**Keywords: Psychosocial Problems; Orphan Children; Child Care Institute; Emotional Difficulties; Trauma**

## Introduction

Who is an Orphan?

In common language orphan is “a child whose parents are dead”.<sup>1</sup> The Juvenile Justice (Care and Protection of Children) Rules, 2007 Section 2(k) defines an Orphan as “a child who is without parents or willing and capable legal or natural guardian”.<sup>2</sup>

For this study, UNICEF defines an orphan as a child under 18 years who has lost one or both parents. UNICEF classified orphans into **three categories** as under:

- a) **Paternal orphans** are those children who have lost their fathers.
- b) **Maternal orphans** are those children who have lost their mothers.
- c) **Double orphans** are those children who have lost their both parents.<sup>3</sup>

Orphans include those who were separated from their biological parents with no expectation of either parent returning and no contact information for either parent. The death of one or both parents has a dramatic and enduring influence on children's psychological well-being, affecting every aspect of their lives, including

<sup>1</sup> <https://www.merriam-webster.com/dictionary/orphan>

<sup>2</sup> [The Juvenile Justice \(Care and Protection of Children\) Rules, 2007 Section 2\(k\)](#)

<sup>3</sup> UNAIDS, U. U. (2004). . Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action. UNICEF, New York.

their ability to learn, be healthy, play, be productive, and relate well to others as they grow.<sup>4</sup> Researchers at Duke University previously used the term “orphaned and abandoned children<sup>5</sup> but have since switched to “orphaned and separated children”<sup>6</sup> because the term “abandoned” had a negative connotation and may not be accurate for every child.

### Psychological and psychosocial conditions of orphans in India

There are 71.4 million orphans in Asia alone. Every 2.2 seconds a child loses a parent somewhere in the world. The current estimated population of India is 1,438,446,840 as of today, April 1, 2024, according to Worldometer's elaboration of the most recent United Nations data.<sup>7</sup> “It is estimated that there are 3 crore orphans and abandoned children in India, out of which not even 5 lacs make it to institutionalised care and only around 3,000–4,000 get adopted every year”. Due to COVID-19, a large number of children who lost their parents became prone to trafficking. With no one to guide them and provide them with basic facilities, innocent children too found it easy to make money and survive.<sup>8</sup>

“Here are the top 10 countries with the most orphans:

Country	Orphan Population 2014	Orphan due to COVID
<b>India</b>	31,000,000	2,200,000
<b>China</b>	20,600,000	1,947
<b>United States</b>		218,773
<b>Indonesia</b>	4,700,000	449,517
<b>Pakistan</b>	4,200,000	363,947
<b>Nigeria</b>	12,000,000	372,502
<b>Brazil</b>	3,700,000	159,792
<b>Bangladesh</b>	4,800,000	29,580
<b>Russia</b>		75,434
<b>Mexico</b>		215,281

As per the study, obtaining accurate orphan population counts is challenging due to their marginalized status, lack of societal integration, and absence of identifiable data points like addresses or government-issued identification.”<sup>9</sup>

<sup>4</sup> Lucie D. Cluver, D. (2008). Effects of Stigma on the Mental Health of Adolescents Orphaned by AIDS. *Journal of Adolescent Health*, vol-42, issue-4, page- 410-417.

<sup>5</sup> Kathryn Whetten, J. O. (2009). A Comparison of the Wellbeing of Orphans and Abandoned Children Ages 6–12 in Institutional and Community-Based Care Settings in 5 Less Wealthy Nations. *PLoS One*, Vol 4, Issue 12, e8169.

<sup>6</sup> Kathryn Whetten, J. O. (2014). Three-Year Change in the Wellbeing of Orphaned and Separated Children in Institutional and Family-Based Care Settings in Five Low- and Middle-Income Countries. *PLoS One*, Vol 9, Issue 8, e104872.

<sup>7</sup> <https://www.worldometers.info/world-population/india-population/>

<sup>8</sup> Child Care Institutions and Orphaned Children During COVID-19 Pandemic  
<https://nhrc.nic.in/sites/default/files/Group%20202%20April.pdf>

<sup>9</sup> <https://worldpopulationreview.com/country-rankings/countries-with-the-most-orphans>

The Orphan children are considered particularly vulnerable and in need of support. There is a worldwide consensus that it is a public responsibility to provide alternative care for children in need of parental support (UN General Assembly, 1989). Indeed, Article 20 of the Convention of the Rights of the Child (CRC) highlights “A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State and to ensure suitable alternative care options for such child”.<sup>10</sup>

Orphanhood causes a variety of issues, including prejudice, limited access to health and educational resources, obstacles to physiologic demands, and other variables that can have an impact on their future.<sup>11</sup> Being an orphan kid in a resource-poor country has multiple negative consequences, including painful grieving, reduced cognitive and emotional development, fewer access to education, and a higher risk of being exploited for child labor.<sup>12</sup> Poverty extends into all areas of children’s lives and keeps children from having the security and structures required to grow, thrive, and develop. Meeting the needs of an orphan child is becoming more difficult as the number of potential caregivers in resource-poor countries shrinks due to increasing age-adjusted mortality.<sup>13</sup> Orphan children require living environments that promote their well-being.

As per the survey conducted in Kashmir, approximately one-third of orphaned individuals experienced emotional distress amidst the conflict. Among them, 38 per cent expressed feelings of despair and doubt regarding the future, while 32 per cent reported that their anxiety stemmed from exposure to sudden loud noises or encountering individuals in battle attire.<sup>14</sup>

Challenging circumstances can have a detrimental impact on one's character and significantly influence all social connections.<sup>15</sup> Lack of effective communication contributes to heightened negative emotions, diminished self-esteem, and reduced confidence levels.<sup>16</sup> increased level of daily stress,<sup>12</sup> poor management of internal and external stressors,<sup>17</sup> psychological and social difficulties and concerns.<sup>18</sup> Additionally, deficiencies in engaging in creative pursuits and cognitive drive were noted. Orphaned individuals exhibited diminished mental well-being, whereas non-orphaned individuals demonstrated elevated levels of mental prosperity.<sup>19</sup> During the formative years, prolonged orphanage residence amplifies the probability of impoverished children developing into adults with psychiatric impairments and reduced economic

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<sup>10</sup> Convention on the right of the Children, Arti 20 <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child#:~:text=Article%2020,-1.&text=A%20child%20temporarily%20or%20permanently,assistance%20provided%20by%20the%20State>

<sup>11</sup> Markos Abiso Erango, Z. A. (2015). Psychosocial support and parents' social life determine the self-esteem of orphan children. *Risk management and healthcare policy*, Vol: 8, 169-173.

<sup>12</sup> Kathryn Whetten, J. O. (2009). A Comparison of the Wellbeing of Orphans and Abandoned Children Ages 6–12 in Institutional and Community-Based Care Settings in 5 Less Wealthy Nations. *PLoS One*, Vol 4, Issue 12, e8169.

<sup>13</sup> (Foster, 2000; Foster & Williamson, 2000; Help Age International & International HIV/AIDS Alliance, 2003; UNICEF, 2004; Yambedha, Wandibba, & Aagard-Hansen, 2003)

<sup>14</sup> Dar Sameena, K. R. (2016). A Study on the Mental Health Status of Children Living in Orphanages in Kashmir. *International Journal of Science and Research*, 5(10), 1125-1129.

<sup>15</sup> Dorsey S, Lucid L, Murray L, et al. A qualitative study of mental health problems among orphaned children and adolescents in Tanzania. *J Nerv Ment Dis*. 2015;203(11):864–870. doi:10.1097/NMD.0000000000000388

<sup>16</sup> Akshita S, Suvudha. Well-being of orphan: a review on their mental health status. *Sci Technol*. 2016;2(5):2395–6011.

<sup>17</sup> Gavița OA, David D, Bujoreanu S, et al. The efficacy of a short cognitive-behavioural parent program in the treatment of externalizing behavior disorders in Romanian foster care Children: building parental emotion-regulation through Unconditional self-and child-acceptance strategies. *Child Youth Serv Rev*. 2012;34(7):1290–1297. doi:10.1016/j.chilgyouth.2012.03.001

<sup>18</sup> Zhou G. *Understanding the Psychological Well-Being of Orphans and Vulnerable Children (OVC): The Intersection of Research and Policy*. Duke University-Durham, Sanford Institute of Public Policy Studies; 2012.

<sup>19</sup> Sushma B, Padmaja G, Agarwal S. Well-being, psychosocial problems and social interaction anxiety in children. *Int J Indian Psychol*. 2016;3(4):30–43.

productivity. Such individuals may struggle with interpersonal relationships and encounter significant challenges in parenting their own children.<sup>20</sup>

### **Orphan Outcome in Institution and Community-Based Care**

The impact of care institutions on children's physical, cognitive, and psychosocial well-being is a central debate in international aid policy. The variety of alternative care usually available to orphaned children is generally divided into two categories: (i) community-based care i.e. nuclear family member, adoption, foster care, etc. or (ii) institutional-based care i.e. orphanage, total institute or residential institute and group home etc. There is an important distinction between examining care options for orphans based on their priority scale, and carefully evaluating all options equally to determine the best fit for a child and his/her current needs.

“The global policies recommend community-based care settings be considered first and “institutional care should only be used as a last resort”<sup>21</sup> and that children in such care be moved to an alternative form of care as quickly as possible.<sup>22</sup> Living in an inadequate institution from a young age can cause developmental delays, physical stunting, and psychological harm, contributing to the increased likelihood of antisocial behaviour.<sup>23</sup> Adolescents experience trauma due to parental loss and stigma.<sup>24</sup>

In addition, one study on orphanages in Europe established that children (under the age of three) placed in orphanages were at risk of harm in terms of attachment disorder, developmental delay (i.e. achieving developmental milestones and fine motor skills), and neural atrophy in the developing brain<sup>25</sup>. Other research suggested that children raised in inadequate orphanages often suffer from severe behaviour and emotional problems, such as antisocial development and aggressive behaviour, and can potentially become adults with psychiatric impairments<sup>26</sup>. Additionally, research suggested that children living in inadequate orphanages are more likely to have health problems and are at increased risk of infectious diseases.<sup>27</sup>

Although family is the best place for an adolescent to grow and develop, at times, families become incapable of meeting the needs of the adolescents due to family conflicts and other unavoidable circumstances. Large numbers of adolescents end up in institutional care.<sup>28</sup> A study conducted in Uganda observed that although there was a higher prevalence of self-reported morbidity among orphans compared to non-orphans, there were no differences in reported treatment-seeking behavior and measured anthropometric parameters. This suggests that the extended family system is still effective in caring for young orphans in urban Uganda.<sup>29</sup>

Children without parental care are the most vulnerable since they must rely (particularly economically) on someone for their care and safety. Orphans become prisoners of their dependency, whether they live in

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<sup>20</sup> Fawzy N and Fouad A. Psychosocial and Developmental Status of Orphanage Children: Epidemiological Study. *Current Psychiatry* 2010.12: 41-48

<sup>21</sup> UNICEF. (2011). *Beyond Institutional Care*. page- 53.

<sup>22</sup> The Rights of Vulnerable Children Under the Age of Three, UNHR  
[https://bettercarenetwork.org/sites/default/files/Children\\_under\\_3.pdf](https://bettercarenetwork.org/sites/default/files/Children_under_3.pdf)

<sup>23</sup> Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1-2), 7-66

<sup>24</sup> Benjamin Atwine, E. C.-G. (2005). Psychological distress among AIDS orphans in rural Uganda. *Social Science & Medicine*, Vol 61, Issue 3, Page 555-564.

<sup>25</sup> Browne, K., Hamilton-Giachritsis, C., Johnson, R., Agathonos, H., & Anaut, M. (2005). Mapping the number and characteristics of children under three in institutions across Europe at risk of harm. *University of Birmingham*.

<sup>26</sup> Biplob Kumar Dey, M. A. (2013). Orphan's Stress and Aggression. *The Chittagong University J. of Biological Science*, 8(1-2), 51-62.

<sup>27</sup> Browne, K., Hamilton-Giachritsis, C., Johnson, R., Agathonos, H., & Anaut, M. (2005). Mapping the number and characteristics of children under three in institutions across Europe at risk of harm. *University of Birmingham*.

<sup>28</sup> Jesline Maria Martin Mamen, A. D. (2016). Resilience and psychological well-being among destitute adolescents. *Indian Journal of Positive Psychology*, Vol 7, Issue 1, Pg 39-43.

<sup>29</sup> Malabika Sarker, C. N. (2005). Assessing the health status of young AIDS and other orphans in Kampala, Uganda. *Trop Med Int Health*, 210-215.

households or orphanages.<sup>30</sup> Children who grow up in family environments with guardians/caregivers tend to develop better social skills than institutionalized children, which helps them interact more effectively with family and community members later in life.<sup>31</sup>

One possible explanation as to why children in institutional settings may fare as well or better than those in community-based settings lies in the varying definition of “institution.” The Orphans usually end up living with their relatives or extended family members which is an informal mode of care for children. However, living with relatives or extended family members increases the risk of facing biases and discrimination within the household. Several studies have shown that these discriminations and biases can lead to exclusion, neglect, abuse, or exploitation of orphans who are already parentless and vulnerable.<sup>32</sup>

It's important to note that studies should not be interpreted to suggest that institutions are the best care setting for children. Rather, community-based or adoption/foster care settings are not guaranteed to be a better place for a child to live. The appropriate option for specific populations of out-of-school children and contexts should be considered. It's also important to recognize that the quality of care provided within a setting, whether that setting is institution-based, community-based, or something in-between, significantly impacts child well-being outcomes. As Fluke pointed out, children experiencing abuse, severe neglect, violence, or severe malnutrition in family or kinship contexts may not necessarily experience better developmental outcomes compared to children in established and operated institutions that provide high-quality services within the community.<sup>33</sup>

## **Conclusion:**

The study delves into the intricate landscape of orphaned children's psychosocial well-being, particularly focusing on India's context. Through a comprehensive review and analysis, it becomes evident that orphanhood poses multifaceted challenges, encompassing emotional distress, educational barriers, and socio-economic vulnerabilities. The statistics regarding the prevalence of orphaned children globally and in India underscore the urgency of addressing this issue on a systemic level.

Furthermore, the research sheds light on the significant role of caregiving environments, whether institutional or community-based, in shaping the developmental trajectories of orphaned children. While community-based care is advocated as the preferred option, the quality of care emerges as a critical determinant of child well-being outcomes. Hence, interventions aimed at enhancing the quality of caregiving and support systems for orphaned children are paramount.

Moreover, the study highlights the pivotal role of stakeholders, including policymakers, educators, caregivers, and community members, in addressing the psychosocial needs of orphaned children. Building robust support systems at various levels is imperative to mitigate the adverse effects of orphanhood and foster positive developmental outcomes.

In conclusion, the findings underscore the urgency of adopting a holistic approach to support orphaned children, encompassing legislative frameworks, community-based interventions, and quality caregiving

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<sup>30</sup> Ennew, J. (2005). Prisoners of Childhood: Orphans and Economic Dependency. *Studies in Modern Childhood*, Page 128-146.

<sup>31</sup> Anna T. Smyke, S. F. (2007). The caregiving context in institution-reared and family-reared infants and toddlers in Romania. *The Journal of Child Psychology and Psychiatry*, Vol: 48, Issue 2, Page 210-218.

<sup>32</sup> Jini L. Roby, J. M. (2011). Children in Informal Alternative Care. *UNICEF, Child Protection Section, New York, Discussion Paper*.

Tatek Abebe, A. A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science & Medicine*, Vol 64, Issue 10, Page 2058- 2069.

Jini Lyman Roby, S. A. (2013). Perceived food and labor equity and school attendance among Ugandan children living in kin care. *International Journal of Social Welfare*, Vol 23, Issue 2, page 205-214.

<sup>33</sup> John Fluke, P. S. (2012). Systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care. *Child Abuse & Neglect*, Vol-36, Issue 10, Page 722-731.

practices. By prioritizing the psychosocial well-being of orphaned children and implementing targeted interventions, we can strive towards creating a more equitable and supportive environment for vulnerable children to thrive and fulfil their potential.

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