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Coping with the challenges of living in an Indonesian residential institution

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ABSTRACT

Objective: The aim of this study was to describe challenges and strategies for coping with these challenges among individuals living in an institutional setting.
Method: This study used a qualitative approach to analyze the interviews of fourteen participants (11 males and 3 females) ages 10–24 residing in an Indonesian residential institution (orphanage and Muslim boarding school).
Results: Insufficient access to educational resources and basic necessities were major concerns of the participants, as was the residential institution's unresponsiveness and the lack of connection experienced by residents. Individuals coped with these challenges by turning to others for social support and by trying to change the focus of their thoughts, such as to more pleasant thoughts or simply to mentally disengage.
Conclusions: Some youths and young adults residing in institutions such as a residential institution demonstrate resilience at the individual level by utilizing coping strategies to address problems in obtaining adequate educational, material and psychological support. However, because inadequacies in these kinds of support ultimately impede psychosocial development, it is imperative to develop solutions for addressing these problems at the institutional and societal level rather than at the level of individual youths and young adults.

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1. Introduction

As the numbers of orphans and vulnerable children (OVC) in the world increase, the problem of how best to help them becomes more pressing. Institutions such as orphanages were a solution for providing care for OVC that has become obsolete in developed countries. Considerable evidence has indicated that institutionalized forms of care for OVC such as orphanages are detrimental to the psychosocial wellbeing of children and are not cost effective [1,2]. Nevertheless, institutional care is proliferating in developing countries as the numbers of OVC increase due to HIV/AIDS and other causes [3]. Traditionally, OVC have been placed either into institutional care, managed by the government directly or by private entities. This practice continues to be widely used today, with over eight million children worldwide growing up in institutions [4]. In the context of disaster, war, and extreme poverty, children become vulnerable, and decisions are made regarding their care that are often not necessarily in their best interest.

Individuals are placed in institutions for a variety of reasons, not limited to a child being orphaned. Other reasons include educational, safety, and economic [5]. UNICEF and

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other NGOs interested in child wellbeing have specific concerns about the problems intrinsic to institutionalized care for OVC and in how these problems lead to poor psychosocial development [6]. Institutionalized children exhibited more maladaptive behavior, more negative and less positive emotions, and were less cognitively developed than never-institutionalized children [7] were.

In addition to psychosocial and behavioral problems, the institutionalization of OVC is associated with maladaptive attachment patterns [8,9]. Attachment theory emphasizes the central importance of the individual's mental representation of a parent figure's availability and responsiveness in times of stress [10–12]. Knowing that such help is available provides the individual with an overall sense of security. Attachment models are developed in childhood and then continued throughout life. Individuals with more secure attachment feel that their daily needs will be met and that in times of danger and needs for affection, safety will be found and adults will be responsive. Insecure models of attachment include those that are more anxious or preoccupied, avoidant, or disorganized, any of which is problematic for healthy functioning and social adaptation.

Attachment theory is highly relevant to understanding the consequences of institutionalization and deinstitutionalization of care for OVC, as it suggests that childhood care experiences lead to a working model of the world that children will carry with them into adulthood as individuals, parents, and members of society. One study found that "disturbances of attachment are the rule rather than the exception" for institutionalized youth [9] and that only 19% of institutionalized children displayed secure attachment patterns to caregivers compared to 74% of never-institutionalized children. Moreover, institutionalized youth were significantly more likely to have Reactive Attachment Disorder. Similar findings have been noted in boarding school students, as early attachments to family members may be ruptured when individuals are sent away [13].

The placement of children in residential care has not been shown to decrease the risks faced by orphan children and is likely to have a lasting effect on their quality of life [4]. Placing orphan children with extended family or community members is associated with more favorable outcomes [5]. Children may be placed in an institution in an acute situation without later reassessment of the child's situation and possible alternative care. In situations of poverty, parents may choose to institutionalize their children due to their inability to provide for the children's basic needs in the home. In many cases, children who are institutionalized are unlikely to be able to retain a connection with their extended family and cultural background [4]. UNICEF recommends that institutionalized care should only be utilized as a last resort [5].

Traumatic events such as natural disasters and war are often the cause of children becoming orphaned in the first place. It is not surprising that research on the long-term effects of natural disasters finds that individuals experience severe emotional distress after the event. One study found that Indonesian children and adolescents exhibited more emotional distress after the tsunami than their older counterparts [14]. Unfortunately, however, residential institutions such as orphanages are unlikely to provide resources for children specifically to help them to cope with their exposure to traumatic events. Furthermore, these facilities may in fact exacerbate traumatic stress symptoms, given the inadequate psychological support that exists in many of these settings [15–17].

Young adults leaving institutional-based care are often ill prepared for creating a subsequent life in the community, and ample evidence indicates that these young adults are more likely to suffer from homelessness, unemployment, and other deficits in their quality of life as adults [4,18]. For example, adults orphaned as children have been found to be more likely to engage in sexual risk behaviors in one South African study, placing them at an increased risk of HIV infection [19].

On the morning of December 26, 2004, an earthquake measuring 9.0 on the Richter scale occurred in the Indian Ocean. The magnitude of the earthquake caused a powerful tsunami, which devastated parts of India, Indonesia, Malaysia, The Maldives, Myanmar, the Seychelles, Somalia, Sri Lanka, Tanzania, and Thailand [20]. More than 225,000 individuals died and 1.2 million were displaced [21]. Indonesia was one of the countries most affected, due to its proximity to the epicenter. In Indonesia alone, there were 110,229 confirmed deaths and an additional 12,131 individuals missing. The Aceh Jaya District was most severely damaged and in Calang, Rigah, and Sayeung, nearly all structures were decimated and approximately 64% of the population was reported missing or killed [22].

The devastating impact that the tsunami had on Indonesia was exacerbated by the political climate. In 1976, Aceh launched a rebellion against the Indonesian government demanding independence in the Free Aceh Movement [23]. The war continued for nearly 30 years and almost all Indonesian citizens were affected in some way. Due to the high likelihood of exposure to trauma during war, individuals were more vulnerable to psychological distress following the tsunami [14]. In such times of distress, adults and children seek closeness and support from attachment figures [24], who may not be available to institutionalized children and young adults.

After the tsunami, many of the approximately 13,000 newly orphaned children became institutionalized [25,26]. Many of which were trans-located to institutions far from their communities, despite having living family or community members with whom they might have stayed if that possibility had been explored. However, these decisions were made by systems outside of children's control. Given the kinds of traumatic events and other problems encountered by OVC, it is important to ascertain the kinds of coping strategies that they use to adapt to living in institutional environments such as orphanages where there is often little assistance available for augmenting their coping skills. Understanding youth's strategies for coping with residential institution life may identify vulnerabilities that require help as well as pointing out forms of resilience that youth can use to buffer and overcome the stresses of everyday life in an institutional setting.

We report here the findings of a preliminary study using a qualitative approach to examine coping strategies of individuals residing in a residential institution in Indonesia.

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