



Stress, coping and quality of life: An exploratory study of the psychological well-being of Ghanaian orphans placed in orphanages

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ABSTRACT

Previous studies have demonstrated that parental loss and orphanage placement can be stressful and can negatively affect the psychological well-being of children. However, studies on the psychological well-being of orphanage-placed children in Accra, Ghana are scarce and the impact of parental loss and orphanage placement is minimally understood. The aim of the present study was to explore stress (symptoms of depression and anxiety), coping and the overall quality of life of orphaned children in comparison to non-orphans who resided with their parents. We sampled 200 participants aged between 7 and 17 years, with 100 being orphaned children placed in four orphanages (experimental group) and 100 non-orphans from two public schools in Accra, Ghana (control group). The participants completed the Children's Depression Inventory, the Revised Children's Manifest Anxiety Scale, the Kidcope scale and the World Health Organization Quality of Life-BREF Version. One-way Analysis of Variance revealed that orphaned children showed more anxiety symptoms than non-orphans but there were no significant differences between orphaned children and non-orphans on symptoms of depression and overall quality of life. The Pearson product-moment correlation analyses revealed significant correlations between depression, anxiety, coping and quality of life in the orphaned children and non-orphans. Stepwise regression analyses also revealed that for orphaned children, anxiety and support-seeking coping emerged as significant predictors of quality of life whereas depression emerged as a significant predictor of quality of life for the non-orphaned children. The implications of the results are discussed.

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1. Introduction

The loss of parents during childhood, also referred to as orphanhood in the present study, has generally been considered as stressful and is deemed a risk factor for poor mental health in children (Daniel, 2005; Lata & Verma, 2013; Luecken, 2008; Morantz et al., 2013). Such loss has been found to lead to situations where children are deprived of basic needs, lack physical, social and emotional support, decline in educational attainment, instances of food insecurity, substance abuse, risky sexual behaviours, inadequate health care, poor physical and mental health, abuse as well as adverse living arrangements that include child-headed household and orphanages (Clark, Pynoos, & Goebel, 1996; DeSilva et al., 2012; Gana et al., 2014; Getachew, Ambaw, Abebe, & Kasahun, 2011; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004; Luecken, 2008; Maier & Lachman, 2000; Marais et al., 2014; Morantz et al., 2013; Smart, 2003; Thompson, Kaslow, Price, Williams, & Kingree, 1998; United Nations International Children's Emergency Fund [UNICEF], 2003). Moreover, depending on the cause of parental loss (e.g., HIV/AIDS), orphans might be stigmatised, and might even

lose out on developing meaningful relationships with their peers (Manuel, 2002). All of these factors can lead to mental health problems such as depression, anxiety and poor quality of life in orphaned children (MacLean, 2003; Tweed, Schoenbach, George, & Blazer, 1989; Zeanah et al., 2009). Despite the risk associated with orphanhood, little is known about the psychological well-being of orphans.

In Africa, orphanage placement has become a viable form of orphan care after the systemic failure in the traditional means of orphan care. In the past, traditional practices that created avenues for orphan care, which was kinship fosterage (Ansah-Koi, 2006; Foster, 2000; Kuyini, Alhassan, Tollerud, Weld, & Haruna, 2009), provided an opportunity for orphans to be raised in the extended-family setting that protected orphans from the negative effects of losing a parent. However, with documented indications that the surge of HIV-and-AIDS-related deaths, westernisation, poverty, war and rural-urban labour migration has seen many extended families unable to provide care for orphaned children (DeSilva et al., 2008; Foster, 2000; George, Govender, Bachoo, Penning, & Quinlan, 2014; Seeley et al., 1993), placement of orphans in orphanages has thus become the next available means of raising orphans.

Ghana has recently witnessed an increase in the number of institutional care for orphans as a response to the increasing number of orphans caused by the HIV and AIDS epidemic thus, making institutional

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care the easier choice for most families (Anisah-Koi, 2006; Voyk, 2011). These orphanages are estimated to provide care for about 4500 children (Ministry of Employment, 2010). Although the orphanages have been noted to care for quite a number of orphans, some concerns regarding the orphanages' activities have been raised. While very few studies have been done in Accra, Ghana, concerns such as negative relationship between the children and their care-givers (Kristiansen, 2009), corruption (Colburn, 2010), the exploitation of visitors and the misuse of funds (Pyper, 2010) have been cited as some of the adverse activities that occur in some orphanages. All of these adverse conditions in the orphanages can negatively affect the mental health of orphans, yet the psychological well-being of orphans has received little attention.

1.1. Placement in orphanages

Similar to parental loss, orphanage placement has also been cited as a potential stressor for orphans (Browne, 2009; Daunhuaer, Bolton, & Cermak, 2005; Wolff & Fesseha, 1999). Early studies consistently reported that children who were raised in institutions presented with severe developmental, emotional, behavioural and intellectual delays (notably, Bowlby, 1951; Goldfarb, 1943; Spitz, 1949). The findings mentioned above were cited to be caused by the emotional deprivation resulting from the absence of a maternal figure in the institutions during early development (Ellis, Fisher, & Zaharie, 2004; Rutter, 1979).

Subsequent to the early studies, later studies, using more rigorous methodologies, have also reported similar negative findings (e.g., Johnson, Browne, & Hamilton-Giachritsis, 2006; MacLean, 2003; The St. Petersburg-USA Orphanage Research Team, 2005; Zeanah et al., 2009). The later studies also reported developmental, intellectual, academic and language delays, problems with social competence, quasi-autistic behaviour, poor emotional attachment and poor mental health following the institutionalisation of children. Although the severity and duration of the difficulties encountered varied across studies (Browne, 2009); one key finding was that, early institutionalisation and long-term placement can negatively impact on all aspects of children's development and mental health.

Whereas studies of the effects of institutionalisation on early childhood development have consistently highlighted negative results, studies that examine the psychological effects of orphanage placement on orphaned children have yielded inconsistent results. Some studies have highlighted the presence of poor mental health in orphanage children with the symptoms of depression and anxiety being the commonly reported mental health problems (e.g., Ahmad & Mohamad, 1996; Ahmad et al., 2005a, 2005b; Fawzy & Fouad, 2010; Fisher, Ames, Chisholm, & Savoie, 1997; Hermenau et al., 2011; Hong et al., 2010; Wolff & Fesseha, 1999). These studies have associated the poor psychological well-being of the orphanage-placed children to lack social support, inadequate basic need in the orphanage, as well as the absence of problem-solving and social skills in the orphanage children. All of these factors are known risk factors for poor mental health in children. The findings of the studies highlighted above suggest that placement in orphanage can negatively impact on the psychological well-being of the orphans concerned. On the other hand, some studies have revealed positive effects of institutionalisation on orphaned children's mental health (notably, Aboud, Samuel, Hadera, & Addus, 1991; Emond, 2009; Koder, 2000; Whetten et al., 2009; Zimmerman, 2005). The positive findings were associated with factors such as favourable management in some privately-run orphanages as well as the availability of basic needs and social support. The positive findings also suggest that orphanage placement can promote the psychological well-being of orphans.

The contradictory results have raised questions about the true impact of orphanage placement on children's mental health and have led to different recommendations regarding placement of orphans in orphanages.

Some scholars have argued against institutional placement and have promoted alternative methods of orphan care such as adoption and foster care (e.g., Ahmad et al., 2005a; Beard, 2005; Johnson et al., 2006; Smith, 1995). Others have also argued that institutional placement should be considered as a last resort (notably, Wanat et al., 2010). In contrast, some scholars have argued that institutional placement should be considered as a viable option for orphan care (e.g., Christiansen, 2005; McKenzie, 1997, 1998; Whetten et al., 2009), and might even be more suitable than kinship care (Koder, 2000).

Given the background outlined above, it can be argued that parental loss and orphanage placement can negatively impact on children's mental health. Despite these findings, the number of orphans in Africa continues to increase due to the recent increase in HIV/AIDS epidemic. Additionally, given the weakening of the traditional safety-net for orphans in Africa, families and government of nations have resorted to institutional care for orphans who lack support. Although the emergence of orphanages have served to provide care for orphans who once were vulnerable as a result of not receiving care from their extended family, the potential negative impact of such placement cannot be ignored. Additionally, although few studies have been done on the issue in Africa, the results of those studies has been inconsistent, thus, warranting research.

Within the Ghanaian context and, specifically in Accra, very few studies have been done on the mental health orphanage children in general. Notable exceptions are two master's theses that examined the subjective experiences of well-being (Adu, 2011) and the quality of life of orphaned children (Kristiansen, 2009). It can therefore be argued that studies that explore the mental health of children placed in Accra orphanages are warranted. In the present study, we assessed the symptoms of depression and anxiety, quality of life and coping strategies of orphans placed in four orphanages in Accra, Ghana. We examined: (1) the overall quality of life and the level of stress (as measured by depressive and anxiety symptoms) of orphaned children relative to non-orphaned children in Accra, Ghana; (2) the comparative coping strategies used by these two groups of children to manage stress; and (3) the variable(s) that emerged as significant predictor(s) of quality of life in these two groups of children.

Based on the aims, the following hypotheses were formulated. Firstly, previous studies have found that orphaned children present with significantly lower quality of life scores than non-orphaned children (Damnjanovic et al., 2012; Van Damme-Ostapowicz et al., 2007). Based on this, we hypothesised that orphaned children would present with lower quality of life scores than non-orphaned children. Secondly, orphaned children are reported to show significantly higher anxiety and depressive symptoms than non-orphans (Damnjanovic, Lakic, Stevanovic, & Jovanovic, 2011; Fawzy & Fouad, 2010; Hermenau et al., 2011; Thabet, Thabet, Hussein, & Vostanis, 2007; Wolff & Fesseha, 1999), hence we hypothesised that orphaned children would evince relatively higher depression and anxiety scores than non-orphans. Given that the orphans and non-orphaned children experience different stressors due to their parental status and living arrangements (Cluver, Orkin, Gardner, & Boyes, 2012; Hong et al., 2010; Hortaçsu, Cesur, & Oral, 1993; Şimşek, Erol, Öztop, & Özcan, 2008), we hypothesised that there would be differences between these two groups on coping strategies used. Fourthly, in line with the literature that shows an inverse relationship between anxiety and quality of life (Damnjanovic et al., 2011; Stevanovic, 2013; Stevanovic, Jancic, & Lakic, 2011) as well as depression and quality of life (Damnjanovic et al., 2011; He & Ji, 2007), we hypothesised that anxiety and depression would emerge as significant negative predictors of the quality of life of the orphaned children. Fifthly, consistent with the literature on the positive associations between seeking human contact in times of duress and overall quality of life (Çaman & Özcebe, 2011; Erol, Şimşek, & Münir, 2010; Hong et al., 2010; Şimşek, Erol, Öztop, & Münir, 2007), we hypothesised that social support-seeking coping would emerge as a significant positive predictor of overall quality of life.

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