



Housing conditions and mental health of orphans in South Africa



Lochner Marais^{a,*}, Carla Sharp^b, Michele Pappin^a, Molefi Lenka^a, Jan Cloete^a,
Donald Skinner^c, Joe Serekoane^d

^a Centre for Development Support, University of the Free State, South Africa

^b Department of Psychology, University of Houston, United States

^c Research on Health and Society, Faculty of Health Sciences, Stellenbosch University, South Africa

^d Department of Anthropology, University of the Free State, South Africa

ARTICLE INFO

Article history:

Received 6 March 2013

Received in revised form

29 July 2013

Accepted 10 August 2013

Available online 22 August 2013

Keywords:

Housing conditions

Orphans

Mental health

Informal settlements

ABSTRACT

Literature from the developed world suggests that poor housing conditions and housing environments contribute to poor mental health outcomes, although research results are mixed. This study investigates the relationship between housing conditions and the socio-emotional health of orphans and vulnerable children (OVC) in South Africa. The results of the study are mainly inconclusive, although it is suggested that methodological considerations play a vital role in explaining the mixed results. However, a positive relationship was found between living in informal settlements and better socio-emotional health of the OVC. We speculate that the historical context of informal settlement formation in South Africa helps to explain this unexpected result.

© 2013 Elsevier Ltd. All rights reserved.

1. Introduction

Although a strong link has been established in epidemiological research between living environments and health, the causal relationship in this respect is less clear (Bradley et al., 1992; Galea and Vlahov, 2005; Thomson and Petticrew, 2005). The same holds true for the relationship between urban living, housing and mental health (Evans, 2003; Galea et al., 2009). The difficulty of determining causality increases in studies investigating the relationship between housing conditions and the mental health of children (Evans et al., 2002). Although there is a growing body of literature on orphans and vulnerable children (OVC) in Africa and South Africa in particular (Cluver and Gardner, 2006; Cluver et al., 2007; Cluver and Orkin, 2009; Hermenau et al., 2011; Harms et al., 2009; Musisi et al., 2008; Sturm and Gresenz, 2002), the mental health status of orphans has been associated mainly with orphan-hood itself and to some degree with poverty and malnutrition (Cluver and Orkin, 2009; Makame et al., 2002). These studies differ in their assessment of whether orphan-hood per se contributes to higher levels of mental health problems as compared to other groups of vulnerable children. Some authors report that distinct differences in the mental health of orphans and non-orphans are present (Atwine et al., 2005; Cluver et al., 2007; Cluver and Gardner, 2006; Cluver and Orkin, 2009),

while others argue that no significant differences are visible (Musisi et al., 2008). Considering the fact that South Africa has a growing population of OVC, an important question to examine is the relationship between housing environments and the mental health of OVC.

The built environment is an important factor in people's health (including mental health). Despite some exceptions (Evans et al., 1998), the majority of studies have been conducted in the developed world. Reasons for this are that human beings spend up to 90% of their lives indoors (Evans, 2003)¹, children spend most of their time inside their homes (Gifford and Lacombe, 2006), people invest financial, psychological and other resources in their houses and the home is the venue where the most significant contact takes place with other household members (Evans et al., 2003). Despite these realities, Evans et al. (2003), p. 475, argue that "...research on housing and mental health is remarkably underdeveloped". Although some conceptual work has been done to understand the relationship between housing and mental health, "existing evidence on it is weak, mixed, and thin" (Gifford and Lacombe, 2006, p. 178). This inconclusiveness can be related to a range of methodological aspects (Hopton and Hunt, 1996), including the self-selection or drift of people into specific settings (Evans, 2003). In addition, Evans (2003) also mentions problems related to the measurement of environmental factors, poor estimations of the scale and time of exposure, a large degree of self-reporting, the

* Correspondence to: IB 100, University of the Free State, PO Box 339, Bloemfontein 9300, South Africa.

Tel.: +27 51 4012978, +27 82 6787735; fax: +27 514013434.

E-mail address: MaraisJGL@ufs.ac.za (L. Marais).

¹ As we will argue later in this paper, this notion is probably biased towards countries in Europe and North America. Consideration should be given to the fact that in South Africa, people spend more time outdoors, and therefore the environment surrounding the house should also be viewed as an important factor.

difficulty of assessing non-linear relationships and the “embeddedness” of a range of factors (for example housing, neighbourhood and socio-economic status).

In an assessment of existing research, Evans (2003) concludes that the following five factors related to the built environment play a role in mental health status: housing, crowding, noise, indoor air quality and institutional settings. The first four aspects are discussed in more detail below; institutional settings are not discussed as none of the orphans we interviewed were residing in institutional settings such as orphanages or psychiatric institutions. According to Evans (2003), a number of housing attributes play a role in mental health outcomes: house type, house quality, floor level (for example the 10th floor of a double story building) and neighbourhood quality. In respect of housing type, a number of studies have found that living in high rise buildings contributes to poor mental health of mothers and most likely their children (Evans et al., 2003). A number of studies have considered the relationship between mental health and living conditions (Araya et al., 2003; Brown et al., 1995; Elliott, 2000; Mullick and Goodman, 2005) or aspects of housing quality such as structural defects, maintenance, availability of amenities, dampness, cockroach and rodent infestation and levels of housing dissatisfaction (Evans et al., 2003; Hopton and Hunt, 1996). Some of this research has shown relationships between poor quality in terms of these indicators and lower mental health outcomes, with Evans et al. (2001) being one of only a few studies focusing specifically on children's mental health.

Finally, a number of studies have referred to the contextualisation of housing within a neighbourhood (Evans and Kantrowitz, 2002; Wandersman and Nation, 1998), with most of these studies embedded in theories of social disorganisation (Galea et al., 2009). Essentially, the argument is that poor housing conditions cannot be disassociated from decaying neighbourhoods, which themselves have negative impacts on children (Caspi et al., 2000). Rogers et al. (2008):p. 364, argue that decaying neighbourhoods lead to “... psychological distress because of exposure to the impact of uncontrollable events, psychosocial insults and the negative impact of unemployment, disruption, violence and crime and the lack of supportive relationships.” In a similar manner, Weich et al. (2002) found positive associations between depression and specific neighbourhood features such as the presence of graffiti, while Gifford and Lacombe (2006) found that housing quality and neighbourhood quality both had an impact on the socio-emotional health of children. Despite these studies, Evans and Kantrowitz (2002), p. 324, argue that the “role of housing and neighbourhood quality in cumulative risk exposure among low-income children is not adequately appreciated”.

Crowding – commonly expressed in terms of the number of people per room – has been identified as one of the main housing-related factors that contribute to poor mental health outcomes (Evans et al., 1998; Evans et al., 2003), in particular for children (Maxwell, 1996; Evans et al., 1998). The literature shows that crowded conditions lead to a larger degree of corporal punishment, a larger degree of conflict, a reduction in parent/caregiver responsiveness and subsequent behavioural problems and poorer mental health of children (Evans and Lepore, 1993; Evans et al., 2002; Evans et al., 2003). Crowding has also been associated with skin conductance amongst boys, delayed cognitive development, diminished reading ability, behavioural problems at school, relinquishing choice over reward and children being less likely to solve a puzzle, with female children being more profoundly affected (Evans, 2001; Evans et al., 1998). Evans et al. (1998) rightfully point out that “although the vast majority of children in the world live in economically underdeveloped countries nearly all data on crowding and children emanate from the North”. This highlights the need for studies exploring the relationship between crowding and mental health in developing world contexts.

Noise has commonly been associated with poor mental health (Evans, 2003; Lercher et al., 2002). In this regard, Lercher et al.

(2002), p. 380, state that “... the correlation between mental health and ambient noise is larger in children with early biological risk”. At the same time, the availability of in-door lighting has been associated with good mental health outcomes (Evans, 2003).

Despite the above relationships discussed in the literature, causality seems to be inadequately explored. Evans (2003) proposes three explanatory frameworks, namely control, social support and restoration. Supported by other research, Evans (2003) first argues that people have better mental health outcomes when they are able to control their environment, more specifically their housing environment. This is because a lack of control can lead to helplessness. The link between helplessness and aspects of the built environment such as crowding, noise and pollution has been well-established for both children and adults (Evans, 2003). The relationship between social support and positive mental health outcomes is also demonstrated in the literature, and Evans (2003) argues that a range of design aspects promote or inhibit social interaction with neighbours or within dwellings. Finally, Evans (2003) points out that the physical/natural environment serves as a remedy for fatigue and stress, a phenomenon known in the literature as restoration. Despite attempts to explain this relationship, Evans (2003), p. 546, concludes that “...more thought and analyses are necessary on why and how the physical environment might affect mental health.”

Other housing-related factors associated with mental health are urbanisation (Marsella, 1998; Rostampoor-Vajari, 2012; Turan and Besirli, 2008) and residential moves (Adam and Chase-Lansdale, 2002). Studies have shown that the uncertainty associated with residential moves has a negative impact on mental health, especially of children (Adam and Chase-Lansdale, 2002). Although the relationship between urbanisation and overall mental health is still unclear, urbanisation has been linked with family disruption and an uncertainty about the future, mostly about employment (Marsella, 1998; Turan and Besirli, 2008).

In short, although the literature is somewhat inconclusive, a number of studies have indicated that improved housing and urban living conditions might contribute to improved mental health outcomes (Halpern, 1995; Evans et al., 2000). This has even led some authors to offer urban regeneration as a mental health strategy (Rogers et al., 2008). Considering the results of the above-mentioned literature, this current article focuses on two aspects. First of all, the paper investigates the relationship between the housing conditions and the socio-emotional health of orphans and vulnerable children in South Africa. Secondly, the paper contributes to the discussion about methodological concerns related to research on housing and mental health.

2. Methods

2.1. Participants

The current study was approved by all relevant institutional review boards and conducted in Mangaung Metropolitan Municipality, in the Free State province of South Africa. The Free State is the third largest province in the country in area, covering 10.6% of the country's surface area and containing 5.6% of the country's population (Marais and Pelser, 2006). It is also the third most urbanised province, with the Mangaung Metropolitan Municipality being the largest urban settlement in the province. Of the 747 431 people living in Mangaung, 622 383 (82%) are African (mostly Sesotho), 182 291 are White, 37 337 are Coloured and 3 204 are Indian/Asian (StatsSA, 2013). Currently, 31% of children in Mangaung are orphaned (Mangaung Municipality, 2010). In order to determine the socio-emotional health of orphans and vulnerable children, interviews were conducted with 609 OVC (between

Download English Version:

<https://daneshyari.com/en/article/7458843>

Download Persian Version:

<https://daneshyari.com/article/7458843>

[Daneshyari.com](https://daneshyari.com)