

**An In-Depth Study of Psychosocial Distress Among Orphan and
Vulnerable Children Living in Institutional Care in New Delhi, India and
Their Coping Mechanisms**

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ABSTRACT

India is home to the largest population of orphan children (31 million) in the South Asia. These children are at increased risk of psychosocial distress. Keeping this in view present study was conducted in two orphanages of New Delhi, India during August-December 2016 in order to understand living conditions, education, nutrition, networking, and wellbeing of orphan children. For this paper we limited our study to psychological wellbeing of orphan children and various coping mechanisms adopted by them. 15 children aged 10-17 years were randomly selected for in-depth interviews. Data analysis entailed comparison of interview transcripts for content analyses and identifying various themes. Results revealed huge psychological torment among orphan children. Majority of children yearned for parents and longed for love and affection. Apart from low self-concept and lack purpose in life long term bereavement had resulted in depression and anxiety issues among these children. Trying to forget parents, avoiding crowded places, making new friends and finding their family among inmates of orphanage were the coping mechanisms adopted by orphan children. Given the rising number of orphan children in the country this study signified that positive relationships with caregivers and peers are important for enriched development and healing of children's mind.

I. INTRODUCTION

Recent estimates from United Nations Children's Fund (UNICEF) show there are 140 million children worldwide who have lost one or both parents. Statistics show that India is home for the 30 million orphan and vulnerable children (OVC), the largest in the South Asian region [1-2]. According to Ministry of Women and Child Development (MoWCD), adoption rates in India have declined from 6286 to 2762 during 2010 to 2016, making the situation alarming [3-4]; but, the unfortunate fact is that not all children residing in institutional care are orphan, most have been abandoned by the parents. Due to poverty, family disintegration, household violence, disability, and social unrest the number of OVC are expected to increase in the future. These children are most vulnerable and are at increased risk of exposure to child labor, trafficking, prostitution, abduction, stigma [5] and discrimination [6]. OVC are more susceptible than other children because they have already lost the parental protection and care.

Childhood experiences determine the future social, emotional and psychological dynamics and functioning of individuals in their adulthood life. Adverse and painful childhood experiences can sabotage psychosocial wellbeing of children [7]. Psychosocial wellbeing affects children's ability, intellectuality, productivity and social functionality [8-9]. Post parental loss children experience sorrow, anxiety, depression, lack of support and care. The trauma of losing parents can have adverse psychosocial effects on children like feelings of mistrust, inferiority, shame, guilt, insecurity and improper conduct [10-14]. To cope with psychosocial distress children indulge in harmful activities like substance abuse [15], violent and delinquent behavior [16-17].

Children are the responsibility of the state, and therefore, various governmental, non-governmental and faith-based institutions are established to supplement or substitute parental care and supervision, to promote the overall well-being of OVC [18]. The Juvenile Justice (Care and Protection of Children) Act, 2015 [19], reiterated the need for a child-friendly to ensure care, protection, development, treatment and social reintegration of OVC while fulfilling their basic needs. Studies have reported that efficiently catering to the materialistic needs sometimes leads to compromised psychological needs of children [20]. This child-friendly approach will remain an elusive dream until care providers understand the psychosocial needs and coping strategies of children [21].

This paper focuses on the psychosocial issues and needs of OVC living in institutional care in Delhi. The present study also tries to unveil the coping mechanisms employed by children for

resilience and recovery. The findings may provide evidence and help government and non-governmental organizations to recognize the unattended psychosocial problems of children and guide them to deal with these problems.

II. METHODS

Data: This study used the primary data from a survey carried out in children's homes of Delhi during August to December 2016.

Study design: The present study used an exploratory approach for data collection. Such study design allowed to gain insights into the experiences of children while residing in children's homes. It helped us to get familiarized with the problems of OVC.

Study Area: This study was carried out in the National Capital Territory of India, i.e., Delhi. It was based on primary data collection from three orphanages. It is suggested that northern states including Delhi alone account for nearly 3 million OVC in the country [22]; with a population of 16.7 million, the city had a decennial population growth rate of the 21 percent during 2011 to 2011 [23]. It is estimated that urban area of Delhi along including its extensions makes the world's second largest urban area, housing over 26 million people. The city is expected to add another 10 million to its population by 2030 [24].

Delhi is the second most productive metropolitan hub [25], city's urban magnetism allure families with children from various parts of the country in search of opportunity and growth. Sometimes children move alone or with their friends. However, not all meet their necessities, some end up in even worse conditions. It is believed that in-migration has led to increment in the problem of OVC [26]. Additionally, the city accounts for nearly 10 percent of crime against children, ranking third for the incidence of crime against children in the country. The crime rate against children in the city is highest in the country, i.e., 169 [27]. Owing to the searing facts mentioned above, Delhi was selected for the present study.

Sample Design: A non-probability purposive sampling technique was adopted for the present study. A list of orphanages in Delhi was obtained from the Department of Women and Child Development. For the present study, three orphanages (two non-governmental and one governmental orphanage) were randomly selected for conducting in-depth interviews. Study population constituted OVC living in institutional care in Delhi. We used Non- probability purposive sampling to select children for this study.

Conveniently, a sample size of 15 children including 9 boys and 6 girls was considered appropriate to capture the essential information. The inclusion- criteria were: 1) children of age 10-17 years; 2) living in the orphanage for past one year; and 3) willing to participate in the current research.

Survey Instruments: This study is part of a larger study conducted in orphanages of Delhi during August to December 2016. Before starting the survey, the researcher made several visits to the orphanages to develop a rapport with the participants. In-depth interview was used to collect data, considering the sensitive nature of the study. A semi-structured open-ended guideline was used to gather data from respondents. This guideline covered information of children's background, their admission in the orphanage, education, nutrition and physical, psychological and social wellbeing. Probes were also utilized by the researcher to extract the desired information from OVC in best the possible way.

Ethical Considerations: Ethical protocols were approved by the Research Ethics Committee of the International Institute for Population Sciences, Mumbai. Permission was obtained from the Department of Women and Child Development, Delhi to carry out the survey in orphanages of Delhi. Also, written assent was obtained from administrators of all three children's homes where the study was conducted. Participation in the study was voluntary. Informed consent was obtained from participants and their guardians. The purpose of the research was communicated in language familiar to respondents. Potential risks and benefits of participation in the study were explained to the respondents. Confidentiality of information and anonymity of respondents were maintained throughout the survey.

Operational Definitions: Several terminologies were used in the study for better operationalization of the research. These terms are as follows: 1) the orphan and vulnerable child is a child of age less than 18 years who had lost parent(s) regardless of the cause of the loss and lived in the orphanage at the time of the survey; 2) social orphan is the child whose parent(s) might be alive but are no longer fulfilling any parental duties towards the child; 3) orphanages/ children's homes are the institutions established by the government (public) or non-governmental agencies (private) to provide care, protection, and support to OVC; 4) psychosocial wellbeing is the mental, emotional, social and self-concepts of children which affect the development of children in positive and negative ways; and 5) coping mechanisms are ways to manage, adapt to, or act upon stress.

Data Analyses: To give an account of the characteristics of children frequency and descriptive statistics were used. The qualitative data analyses entailed a process of systematic

data collection. Comparative analysis was done to deduce patterns. The interview transcripts and the field notes were compared with each other for similarity and the relationship between and within the categories. Memos were written to extract the conceptual themes. In present study following aspects of the psychosocial wellbeing of children were measured: impact of parental loss or separation, self-concept, depression, anxiety, love, affection and also the coping mechanisms to overcome these issues.

III. RESULTS

The results have been divided into five sections namely, characteristics of children, provision of basic needs, psychological and social issues faced by children and lastly, coping strategies adopted by respondents.

Characteristics of respondents

A total of 15 OVC were involved in the study, 6 of them were females (Table 1). Two-thirds of children belonged to the age group of 15-17 years. Of all the respondents, most were studying in secondary or above standard, four in primary standards and three of them were not enrolled in any school. The majority of children were residing in institutional care for past 3-4 and five years or more. Most of the respondents were single orphans. Nine children were from private and six from public children's home.

The subsequent comprehensive psychosocial experiences of the OVC living in orphanages of Delhi surfaced from the thematic analysis of the data.

Basic provisions

Children were differently opinionated regarding the provision of basic facilities. Most children were happy to be in the orphanage because they not only got access to food, clothing, and shelter but also to the health and educational facilities. A 13-year-old double orphaned boy who lived in the institutional care for over four years had to say:

"I am happy to be here because now we can fulfill our basic needs. I get to eat on a daily basis. I don't have to sleep hungry anymore or fend on the streets without proper clothing. Now I could sleep well without having to worry about the food for next day."

Another 12-year-old single orphaned girl who lived in an orphanage for three years added:

"Being single my mother fed us with much toil. My mother could only send my brother to school and admitted me here, and I am glad that she did because here I not only get food but also I got to go to the school, as I always wanted to."

On the contrary few children expressed their grief over residing in the orphanage. They criticized the sub-standard conditions of the orphanage and poor quality of facilities. A 16-year-old boy who lived in an orphanage for little over a year stated:

“The food is not cooked properly and lacks variety too. I don’t like the clothes provided here. If given a chance, I would not mind leaving because living here is no less than imprisonment.”

The majority of children were happy in the children’s home because they were able to access basic facilities but there were few who found it hard to live in the sub-standard conditions of the orphanage.

Psychological problems

The majority of children were found to be facing one or the psychological issue as listed below.

i. Depression and stress: study revealed that the majority of children felt sad and depressed due to their stay in the orphanage and also due to parental bereavement.

“I remember I was much younger then, my mother was bedridden and on one unfortunate day she passed away. My father dropped me in the orphanage, and it feels bad to live here. It has been seven years since then but he never showed up again to see how I was doing”, stated a 17-year-old boy while expressing his grief.

“My father was alcoholic and passed away. My mother sent me here and kept my brother with her. Since starting the idea of living here seemed weird to me but I had no choice”, sadly told a 12-year-old girl.

Before joining this orphanage, I used to live on streets sad, depressed and scared until an NGO rescued me and shifted me here. After coming here, I never had to stress about fulfilling my daily necessities. I am pleased how the life has changed”, mentioned a 15-year-old boy.

ii. Low self-esteem and purpose: children reported low levels of self-esteem and lacked purpose in life. The majority of children felt they were worthless and good for nothing. A 14-year-old boy who lived there since 5years described that,

“When I compare myself to my classmates I feel disappointed about how unpleasant my life has turned out to be. I have nothing; I always wish life could be a little better.”

A 13-year-old boy stated, *“I don’t have any qualities or anything to be proud. I feel my classmates are much better than me.”*

“I don’t have any purpose in life as such. I don’t think life is going to change for good. Thinking about future only disheartens me.”, added a 17-year-old while talking about life goals.

Amidst all such children, there were some who thought they were no less at par than any other kid their age. They believed that the education provided at schools would help them earn a better life and future. They assumed that experiences of orphanage would help them become a strong and better person once they age out of the orphanage.

iii. Loneliness and helplessness: in-depth interviews of participants reflected that most of them were lonely and often felt helpless. Two boys told (12-year-old and 10-year-old) stated that,

“We feel we are a burden on others. Nobody is interested to know how was our day at school or how we are feeling. No one bothers about us.”

“Even if we get a problem we try and resolve it ourselves because we do not have anyone to help us,” told a 13-year-old girl with tears in her eyes.

Other children share a similar opinion mentioned, *“We have nobody to share our problems. We cannot tell caregivers; they might feel offended. There is nothing to hold on to or something that is our own; sometimes life doesn’t seem worthwhile.”*

On the contrary, there were children who enjoyed being with other inmates and poured their heart out to them.

iv. Love and affection: Results also indicated that due to parental bereavement children were longing for love and affection especially the younger ones; they would not understand why they ended up living in an orphanage.

“Whenever I see any child with his mother, it reminds me of mine, and I wish my parents were still alive. Sometimes I feel why the God did this to me” stated a 10-year-old child.

Another 12-year-old girl said reminiscing that *“I often see them in dreams. Their (parent’s) thoughts keep hounding me so I cannot sleep peacefully”*.

“I feel jealous of my classmates staying with their parents. I always wish if there were some secret magic, I would bring back my mother. I miss my parents”, told a sobbing 11-year-old boy.

On the other hand, older children were still a little satisfied because other inmates had become their family and they cared for each other. A 14-year-old mentioned:

“I am thankful that I got to live here at least I am not roaming on streets. I have made many great friends here, and now this is my only family.”

The majority of children stated that they still miss their parents and often have a problem falling asleep due to their memories. Seeing other kids with parents often reminded them of their families.

Social issues

i. Behavioral disorders: most of the children reported problems with behavior and detachment. They were shy and were less interactive and expressive outside the orphanage. An 11-year-old boy girl mentioned how she felt shy to interact with someone outside of the children's home:

"I mostly prefer to interact with someone like me (orphan). I feel uncomfortable while talking to other kids at school. I feel they will make fun of me."

"Whenever I would give my opinion on anything I would be made fun of, and other children will laugh at me. Now I don't express myself at school to avoid embarrassment" pointed a 14-year-old boy.

Others reported that they refrained from interacting with any outsider because they didn't know what to say and hesitated to put forth their opinions. Attachment disorders were also reported among participants.

"I don't like to hug anyone and also don't like it when anybody touches me. I don't feel like to mingle with everyone on the go because mostly we are transferred to some other institute after some time", told a 16-year-old boy.

Although most of the children reported that they were comfortable with inmates of the orphanage but due to the provision of transfer of kids from one orphanage to other children avoided mingling with newcomers.

ii. Lack of guidance: the majority of OVC reported that they lack adult guidance and advocacy. Although children were going to school, they didn't know what to do afterward or what they will do once they go out of the orphanage. A 17-year-old girl that,

"I am in 12th standard, but I don't know what to do after graduating from school or how to get enrolled in a college or which vocational study would be better for my future."

Another 16-year class 10th student [surprisingly] added, *"I had no clue about higher studies. I got to know from you [the researcher] how one could take up different courses beyond college and continue the study."*

"We don't have anyone to guide us about future or tell us what is good or bad for us" sadly explains a 12-year-old boy.

iii. Rejection: children staying in orphanages often feel rejected and disowned by own people. These dejected children enter children homes which in no ways can replace familial love and affection. A 10-year-old boy explains how his relatives turned their back on him–

“I used to stay in a big family with my parents and uncle, aunt and cousins. Then my father passed away, and my mother also left me. My uncle and aunt looked after me, but a few months later they said they couldn’t keep me anymore. I don’t understand why they left me here because my cousins still live with them”.

Another 15-year-old girl remembers how her parents disowned her, *“I was very small when my parents left me as if I was some contagious disease to get rid off. If they hadn’t given up on me then maybe I would have been a better version of myself today.”*

These statements prove how OVC feel socially disowned especially those who were left at the orphanage by their parents and relatives.

iv. Recognition and approval: most of the times OVC have to experience stigmatization by society.

A dejected 14-year-old boy replied, *“Before coming here when I used to stay with my relatives, they often taunted me and called me by mean names. Even my neighbors use to call me bad omen and presage. I was not allowed to attend any auspicious function in the family.”*

Most of the children stated, *“Our classmates are afraid of us because we (inmates) go together to the school. So other children at school think we live in prison and if they talk to us, they will become imprisoned too.”*

Many children reported their concern about whether they will be able to fit in the society or more so be accepted by the society.

Other children were afraid to voice out their opinions fearing embarrassment. *“Whenever I would give my opinion on anything I would be made fun of, and other children will laugh at me. Now I don’t say anything at school to avoid embarrassment”* pointed a 14-year-old boy.

v. Security: these children lead a stressful life, and once they go out of orphanage they are likely to slip into poverty. They don’t have any special training or any assurance of a job. A 16-year-old child responded,

“Soon I’ll be going out of the orphanage, but I have nothing to secure my future neither a good degree nor any job. Decent standard a far away dream I am afraid if I’ll be able to secure the daily necessities for myself.”

Children believed that their future is quite insecure and dark. They often felt there is no one to advocate for them if something went wrong.

vi. Isolation: this was the most common problem of children living in institutional care. Most of them felt that they were free enough to interact with people outside the orphanage. A 13-year-old child told,

“I feel trapped here. I don’t know anybody outside the four walls of this orphanage. Sometimes I feel like I am imprisoned here always following specific codes of conduct.”

Most of the children mention, *“We feel cut-off from the outside world. Sometimes it becomes frustrating. Even if we want to, we can’t go out and roam. We don’t get to interact with other people.”*

Children’s responses showed that they felt left out and isolated from in the orphanage.

Coping strategies

Children used different coping strategies to deal with psychosocial issues they faced on a day-to-day basis as discussed below.

i. Spiritual approach: Most of the children reported that whenever they are worried or upset about something they prayed to the God. They said that they often complained to the God about the hardships of life and felt better. A 16-year-old girl said:

“I think God has given me problems so he would help me find the ways to reach the solution and become a better person. God can turn anything impossible to possible.”

ii. Supporting inmates: the majority of children said they whenever some children have a problem especially younger ones we try to solve it and support them. Though they didn’t have a family but most of them considered all the inmates as their family, and some were even close to their caregivers. A 17-year-old boy stated,

“The only good thing is living alone teaches you how to be on your own, and we quickly mix up with other children and can make friends. We’re like one big family.”

iii. Suppressing feelings: it was found that while most of the children yearned for their parents, some considered that actively suppressing feelings and forgetting about problems associated with parents is the key to psychological recovery and happiness. A 15-year-old boy mentioned,

“If I think about them (parents) they would never be forgotten. So I try not to think or talk about them so that I can live peacefully. It is hard but not impossible.”

iv. Shifting focus to other activities: many children reported that whenever they felt down, they tried to focus on something else like any activity which made them happy like playing with other inmates, studying, watching television or simply by going to sleep.

v. Substance abuse some older children accepted that many times they smoked and chewed tobacco to avoid tension and be carefree. Some other reported that they often used pain relieving balms as inhalants to relieve tension and anxiety.

vi. Self-discrimination: these practices were more common among younger children or those who were new to the atmosphere of the orphanage they often sit alone, cry a lot, skip meals and isolate themselves which was harmful to their wellbeing.

vii. Misbehavior: some children accepted that whenever they are stressed, they get irritated very easily on small things and felt agitated and therefore, took out their anger on fellow children and sometimes even on the caregivers.

viii. Detachment: some children also reported that to keep the emotions at bay they try not to be sentimental or emotionally attached to people around them. They feel that detachment from others would save and secure them from getting hurt.

IV. DISCUSSION AND CONCLUSION

This study aimed to explore and attain an in-depth understanding of psychosocial distress among OVC living in orphanages. It was found that children had access to all the necessities of life like food, clothing, and shelter. They were able to attend school and get medical aids when needed. Children were grateful to receive these facilities in orphanages because previously they were not able to bear expenses of these facilities. Sufficient provision of basic services and facilities relieved OVC from their daily sufferings. Despite all hardships, children were confident that the education received at the orphanage would help them fight all odds of life.

The present study also indicated that although children were meeting their physical needs at the orphanage but their psychosocial requirements remained more or less unaddressed. Most of the children experienced one or the other psychological problem, which are documented as depreciating for the wellbeing of children [21,28]. Like other studies [29-34], this study also substantiated that due to parental bereavement children encounter various psychological issues. Stress, depression, lack of affection, yearning for parents, emotional instability, low self-esteem, loneliness, helplessness and lack of purpose in life some psychological issues faced by the OVC.

Parental care and support are supposed to have a fulfilling effect on children. Parental love and care shape the social initiative, social connection, aspirations, adjustment, and achievements of children [35]. Even if all the socio-economic factors shaping child's

development and achievement are taken out of the equation, parental involvement during the transition from childhood to adolescence and adulthood remains an important predictor of child's social well-being [36]. Parental loss or separation and abandonment during childhood have a distressing blow to children's social growth and development [37-38]. This study also revealed that children were socially isolated and lacked skills of interaction and expression. Barring a few inmates of orphanage these children had a poor attachment to the other people. Other studies have also acknowledged that OVC has a low social understanding and they have impaired ability to deal with social relations [39-40].

It is said that '*sky's the limit*,' but this is not true for institutionalized OVC, for their world lies within the boundaries of children's home. As mentioned by Pilapil [41], this study also posits that due to various codes of conduct and rules and regulations of the orphanage, children had limited contact with the world outside and felt imprisoned. It was also found that children felt disowned and rejected by the family and society. These instances inculcate negative thoughts among OVC, and they develop a feeling of mistrust for the people. Supported by other studies [42-43], our findings also indicated that OVC lacked guidance and advocacy on matters related to school and future. These children also felt the need to make extra efforts to prove their worth to gain recognition and approval from society because people usually made speculations about them and questioned their existence. Results imply that prolific development of the child is not the only attainment of physical comforts and wellbeing but also the sound psychological and social cognition.

OVC employed various tactics to overcome stress and develop resilience. Corroborating with other studies [44-46], this study also found Most of the children followed a spiritual path to overcome difficulties and bad experiences of their life by praying and talking to the God. OVC also tried to suppress their feelings and tried to forget their past, parents, and orphanhood to overcome grief. For most of the children inmates of the orphanage had become their family and they used to support each other through thick and thin. Some OVC performed activities which made them happy to keep bad memories and thoughts at bay. There were some kids who felt themselves guilty for their situation and thus preferred to stay alone and cried their heart out. On the contrary, for some lashing out at others was a way to cope up with problems. There were some children who got engaged into bad habits to cope up with their problems. These OVC smoked and chewed tobacco; some even used inhalants for euphoria. Substance abuse was a way to forget the sorrows in a trance. Others studies have also documented similar findings [15,47].

It is good to build resilience against problems, but unfortunately, some OVC were using self-destructing ways like self-discrimination, substance abuse and aggressive behavior to cope up with their stress. Therefore, orphanages should take up this matter seriously apart from providing necessities OVC should be dealt with love and affection to heal their inner core. Caregivers should constantly guide and mentor children for life skill development. Additionally, OVC should be counseled on a regular basis for the attainment of best possible psychosocial equilibrium. Traditionally in India, joint family system India worked as a safety net for children in case of prenatal loss or separation, but due to the gradual disintegration of the joint family, these children slip off this safety net and often end up in vulnerable and devastating situations. Meeting the needs of these children represents a major new challenge to governments, organizations, and communities. There is need of more vigorous and efforts to increase the number of adoption so that OVC can get a family environment for their nurturance. The right to the family is the most basic and utmost right of a child, of which OVC are deprived off. Therefore, it is important that family-setting based care is promoted at the larger level. In addition to this caregivers should be trained in better ways to comfort OVC and make them resilient.

The present study illustrated that OVC had access to all the basic facilities required to sustain their lives. However, it was also noted children suffered from a lot of psychosocial turmoil. These problems remained inefficiently and insufficiently addressed in the orphanage. It was evident that ongoing programs for the well-being of OVC should not only focus on materialistic requirements but also on the psychosocial needs of children living in the orphanages. New interventions should be implemented specifically targeting the psychological issues, enhancing social skills, improving coping strategies and developing resilience among OVC.

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Table 1. Characteristics of participants at selected children's homes in Delhi, 2016 (*n* = 15).

Characteristics of OVC	Number of children
Sex of children	
Male	9
Female	6
Age of children	
10-14	5
15-17	10
Educational status	
None	3
Primary	4
Secondary and above	8
Duration of stay in children's home	
1-2 years	4
3-4 years	5
5 or more years	6
Type of orphan	
Double orphan	4
Paternal	6
Maternal	3
Social	2
Ownership of children's home	
Public	6
Private	9