PREDICTORS OF THE MENTAL HEALTH OF ORPHANS AND VULNERABLE CHILDREN IN NIGERIA

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Abstract

An individual's ability to work productively, attain self-actualization, and make useful contribution to his or her community is a function of his or her mental health. Poor mental health has the capacity to interfere with an individual's ability to function adequately across all areas of life. It has however been shown that the consequences of poor mental health in childhood extend into adulthood, which clearly indicates that a healthy mental development in childhood is of utmost importance. Children who are victims of circumstances stand the risk of being exposed to experiences that could negatively affect their mental health thereby robbing them of the opportunity of a healthy mental development in childhood and a healthy mental status in adulthood. This paper therefore looked at the mental health of orphans and vulnerable children (OVC), the factors that can predict their mental health, and what to be done to improve their experiences, which can in turn, improve their mental health.

Introduction

"Health is wealth." This is a phrase that is unanimously agreed on all over the globe. Health is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury or pain (Merriam-Webster Dictionary, 2011). The maintenance and promotion of health is achieved through different combination of physical, mental, and social well-being, together sometimes referred to as the *"health triangle"* (Nutter, 2003). Health is a combination of physical health, mental health, and social health (Yadav, 2010). Physical health is the general condition of a person in all aspects. It is also a level of functional and/or metabolic efficiency of an organism; Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder; Social health refers to the health of a person in reference to his or her ability to interact with others and thrive in social settings. The physical, mental, and social health of a person are related to one another. Depreciation in any one of the three factors can lead to depreciation in the other two, thus in turn depreciating the complete health of a person (Yadav, 2010).

However, the maintenance of mental health appears to be most crucial to the maintenance of the other aspects of the human health. It has been noted that the body responds to the way individuals think, feel and act, which is often referred to the "mind/body connection." When there is a breakdown in mental health, the physical health, as well as the social health tends to suffer more. Poor mental health, for instance, can weaken the body's immune system, and it has been linked with deterioration in physical health. Also, an individual with poor mental health may lack the ability to thrive in social settings. In another vein, a sound mental health is synonymous to a sound mind and a sound mind is synonymous to productivity and achievement in crucial aspects of an individual's life. The importance of mental health can thus not be overemphasized.

Objectives of the Study

This paper aims at achieving the following objectives:

1. Establish the meaning and importance of mental health.

2. Evaluate the mental health of orphans and vulnerable children (OVC).

3. Evaluate the factors predicting the mental health of orphans and vulnerable children (OVC).

4. Recommend what can be done to improve the mental health of orphans and vulnerable children (OVC).

What is Mental Health?

Mental health is an integral and essential component of health. The World Health Organization (WHO, 2012) constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community (WHO, 2012).

Boyle (2011) defined mental health as "emotional, behavioral, and social maturity or normality; the absence of a mental or behavioral disorder; a state of psychological well-being in which one has achieved a satisfactory integration of one's instinctual drives acceptable to both oneself and one's social environment; an appropriate balance of love, work, and leisure pursuits." Nordqvist (2009) says, "Mental health also refers to our cognitive, and/or emotional wellbeing - it is all about how we think, feel and behave. An individual's mental health can affect his/her daily life, relationships and even physical health. Mental health also includes a person's ability to enjoy life, which is to attain a balance between life activities and efforts to achieve psychological resilience." Quite simply, mental health refers to a person's health of the mind (Kozier, 2008), and the impact of social, cultural, physical and education can all affect someone's mental health (Kitchener, & Jorm, 2002).

Holmes (2010) stated that even though many may not suffer from a diagnosable mental disorder, it is clear that some individuals are mentally healthier than others. Consequently, Holmes (2010) described a few ideas that have been put forward as characteristics of mental health. They are as follows:

• **The ability to enjoy life** - The ability to enjoy life is essential to good mental health. Too often we make the mistake of making ourselves miserable in the present by worrying about the future.

It is important to know how to enjoy the present even while learning from the past and planning for the future.

• **Resilience** – This is the ability to bounce back from adversity. It has been long known that some people handle stress better than others. For instance, some Vietnam combat veterans become handicapped for life, while others become United States senators; some adults raised in alcoholic families do well, while others have repeated problems in life. The characteristic of "resilience" is shared by those who cope well with stress.

• **Balance** - Balance in life seems to result in greater mental health. For example, we all need to balance time spent socially with time spent alone. Those who spend all of their time alone may get labeled as "loners," and they may lose many of their social skills. Extreme social isolation may even result in a split with reality. Those who ignore the need for some solitary times also risk such a split. Although we all balance these two needs differently, it is a vital key to mental health. Other areas where balance seems to be important include the balance between work and play, the balance between sleep and wakefulness, the balance between rest and exercise, and even the balance between time spent indoors and time spent outdoors.

• **Flexibility** - Some people hold very rigid opinions. No amount of discussion can change their views. Such people often set themselves up for added stress by the rigid expectations that they hold. Working on making expectations more flexible can improve mental health. Emotional flexibility may be just as important as cognitive flexibility. Mental healthy people experience a range of emotions and allow themselves to express these feelings. Some people shut off certain feelings, finding them to be unacceptable. This emotional rigidity may result in other mental health problems.

• **Self-actualization** – Like the story of the talents in the Bible, it is of essence for individuals to ask themselves questions such as, "What have I made of the gifts that I have been given?" There are people who have surpassed their potential and there are others who seem to have squandered their gifts. The first need is to recognize one's gifts and the process of recognition is part of the

path toward self-actualization. Mentally healthy persons feel secure about their areas of gifting and so are in the process of actualizing their potential.

Importance of Mental Health

Storrie, Ahern, & Tuckett (2010) noted that evidence from the World Health Organization suggests that nearly half the world's population is affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life. An individual's emotional health can also impact physical health and poor mental health can lead to problems such as substance abuse (Richards, Campania, & Muse-Burke, 2010). The importance of maintaining good mental health is crucial to living a long and healthy life. Good mental health can enhance one's life, while poor mental health can prevent someone from living a normal life. According to Richards, Campania, & Muse-Burke (2010), "There is growing evidence that is showing emotional abilities are associated with pro-social behaviors such as stress management and physical health." It was also concluded in their research that lack of emotional expression in people lead to misfit behaviors. These behaviors are a direct reflection of their mental health. Self-destructive acts may take place to suppress emotions. Some of these acts include drug and alcohol abuse, physical fights or vandalism (Richards, Campania, & Muse-Burke, 2010). Good mental health and wellbeing are associated with improved outcomes for individuals including longevity, physical health, social connectedness, educational achievement, maintaining a home, employment status and productivity (The National Archives, 2012).

Mental health problems are characterized by the extent to which they disrupt an individual's ability to function. As a matter of fact, many consider the inability to learn, work, or participate fully in life to be one of the hallmarks of having a mental illness. Mental health issues generally, including those not severe enough to be labeled by professionals as "illnesses," can still interfere with functioning across all areas of life – socially, emotionally, and physically (CampusHealthandSafety.org, n.d). Poor mental health has been known to result in adjustment as well as interpersonal problems, diminished quality of life, deteriorating physical health, etc. Poor mental health and wellbeing can have impact on every area of a person's life including physical health, education, employment, family, relationships, and the effects can last a lifetime.

Mental health is important for individuals, especially children. The importance of healthy mental and physical development for children can not be overemphasized. Many people recognize the importance of a healthy childhood, but few understand the critical part played by mental and emotional problems and how important and harmful they can be for children and youth throughout the growing years. According to Wattie (2003), mental health covers a lifespan, from infancy to the elderly years, but it is in the earliest years, so often disregarded, that the interaction of inherent genetic potential, environmental nurturing and daily experience mold the nature of our personality and our vulnerability to damaging events. Childhood mental health is very important because a healthy start is crucial for mental health and wellbeing throughout life. The consequences of poor mental health in childhood extend into adulthood, increasing the likelihood of low educational achievement, reduced productivity, criminality and violence, adult mental disorder, unhealthy lifestyles and the risk of ill health (DataPrev, n.d). However, a group of children who perhaps is at risk of poor mental health are the orphans and vulnerable children (OVC).

Orphans and Vulnerable Children (OVC)

"An orphan or vulnerable child is a child under the age of 18 whose mother or father or both parents, or a primary caregiver (a caregiver is the individual who takes primary responsibility for the physical, mental, and emotional needs and wellbeing of a child) has died, and who is need of care or protection" (Namibian Government Definition, 2002). In common usage, an orphan does not have any surviving parent to care for him or her. An orphan, according to the Wordnet definition, is a child who has lost both parents (Wordnet, 2007). However, the United Nations Children's Fund (UNICEF), Joint United Nations Program on HIV and AIDS (UNAIDS), and other groups label any child that has lost one parent or both parents as an orphan. This approach has identified three types of orphans: a **maternal orphan,** is a child whose mother has died, a **paternal orphan**, is a child whose father has died, and a **double orphan,** is a child who has lost both parents (UNAIDS Global Report 2008). This broader definition of orphan was adopted in the mid-1990s as the AIDS pandemic began leading to the death of millions of parents worldwide, leaving an ever increasing number of children growing up without one or both parents. The HIV/AIDS pandemic has necessitated categorizing orphans by cause of death; for example, a child orphaned by HIV/AIDS is one under age 18 years who has lost one parent to

AIDS (UNAIDS Global Report 2008). The number of orphans and vulnerable children in Nigeria is estimated at 17.5 million out of which 7.3 million are orphaned by HIV/AIDS (Uneze, 2010). Another cause for the increasing number of orphans is the high level of sectarian or inter-community conflicts and internecine crises that are rampant in some parts of the country; hence there is a large pool of children orphaned by conflict in some states in Nigeria, such as Plateau, Benue and Taraba in recent years (Nigeria OVC National Plan of Action 2006-2010). However, in some parts of Nigeria, a child is not regarded as an orphan if the father is alive. In other parts, a child is regarded as an orphan only if both parents are dead.

A vulnerable child on the other hand is a child who, because of circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care and protection, and is thus disadvantaged relative to his or her peers (Federal Ministry of Women Affairs and Social Development, 2008). Vulnerability is a state of being or likely to be in a risky situation, where a person may suffer significant physical, emotional, or mental harm that could result in his or her human rights not being fulfilled (CUBS, 2010). The loss of a parent through death or desertion is an important aspect of vulnerability. Additional factors leading to vulnerability include severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers; and factors specific to the child, including disability, direct experience of physical and sexual violence, or severe chronic illness (Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, et. al., 2006).

Orphans can also be considered as a category of vulnerable children; however, not all orphans are vulnerable. In some cases, there could be children who are not orphaned but are living in very difficult situations, which make them to be more vulnerable than orphans. Orphans and vulnerable children without doubt face many challenges including stigmatization, discrimination, poverty and shelter problem, lack of food, loss of parental care, love and affection, lack of basic education, drop out of school, poor health, malnutrition, poor self esteem, streetism, involvement in drugs and alcohol (NELA, 2008). Nigeria OVC National Plan of Action 2006-2010 gave categories of vulnerable children are as follows:

- Children who have lost one or both parents

- Children living with terminally or chronically ill parent(s)

- Children on the street (e.g. child hawkers)

- Children living with aged or frail grandparent(s)

- Neglected and abandoned children

- Children in child-headed homes

- Children infected with HIV

- Child domestic servants

- Child beggars/destitute children (including exploited almajiris)

- Child sex workers

- Children with special challenges or disability, or whose parents have disability

- Trafficked children

- Children of migrant workers e.g., fishermen or women, nomads

Mental Health of Orphans and Vulnerable Children (OVC)

According to World Health Organization (2009), when the daily environment is inadequate, children often do not achieve their full potential for cognitive, social, and behavioral development. Orphans and vulnerable children live in some of the most "inadequate" environments in the world, and this makes them to be at a distinct disadvantage for healthy development. Though a number of studies have investigated the consequences of poor socio-economic conditions on OVC, few have explored the psychological impact of their circumstances. However, studies have shown that the psychological impact of orphanhood is considerable. According to Subbarao, Mattimore, & Plangemann (2001), data gathered by UNICEF on the development of children in Burundi shows that children who have lost their mothers or both parents are more likely to be malnourished and, hence, will not reach their full physical or intellectual potentials. Other research reveals that OVC often show physical signs of distress such as hysteria, crying, insomnia, nervousness, and a general emotional imbalance marked by anxiety, depression and grief. Foster (2002) reported a study carried out in Tanzania,

which compared the psychological health of orphans to non-orphans and found substantial evidence of reduced psychological wellbeing for orphans, with most orphans showing psychological impairment, especially internalized behavior changes such as depression, anxiety and low self-esteem. Other research shows that orphans have higher tendencies toward social pathology than non-orphans (World Bank, 2001). Subbarao, Mattimore, & Plangemann (2001) also stated that the HIV/AIDS pandemic has robbed many OVC of a sense of security and hope for the future. Children raised in such destabilized environments may lack trust in others and in an overall system of law, both of which are necessary for creating a stable society in the future

Orphanhood and vulnerability are two variables found to be positively correlated to poverty, especially within child- headed households. Ganga & Chinyoka (2010) carried out a study on "Exploring Psychological Disorders Caused By Poverty amongst Orphans and Vulnerable Children Living Within Child – Headed Households" and presented a detailed account of the manifestations of resultant psychological disorders most of which were found to be rooted in poverty and need deprivation amongst the majority of OVC – they lack sufficient resources to sustain family life. Findings of this survey confirmed that OVC in CHH (Child – Headed Households) are faced with psychological difficulties that are somehow leading to the mushrooming of symptoms of psychological disorders such as dissociative, affective, anxiety and somatoform disorders.

Nyamukapa & Gregson (2005) found that due to impoverished conditions most OVC fail to complete school due to family responsibilities that force them to seek employment too soon. As such, children observe others going to school whilst they go to work, memories of school years and the promise of education and hope for the future, keep lingering in their minds. This brings in psychological stress that may eventually give birth to some psychological disorders. Most times, orphans and vulnerable children are exposed to sexual activities quite early. Nyamukapa & Gregson (2005) also found that OVC face a high risk of contracting HIV and AIDS, which can easily perpetuate poor lifestyles in already poor CHHs. Presently, AIDS remains with no cure. Such stressful events can easily lead to psychological disorders. Eggenberger & Gschwend (2012) presented the findings of a study conducted by Swiss Academy for Development on the impact of psychosocial services on vulnerable and non vulnerable children, which showed that orphans and vulnerable children are more affected by mental health problems than other

children: depression rates are higher among orphans and vulnerable children (32.1%) than among other children (20.8%). Result also showed that orphans and vulnerable children endure more stigmatization in communities, and bullying by peers.

Factors Predicting Mental Health of Orphans and Vulnerable Children

It is obvious that many factors are directly related to the mental health of orphans and vulnerable children. Due to their circumstances, orphans and vulnerable children in most cases lack adequate care and resources. Some challenges encountered by orphans and vulnerable children, as identified by UNICEF in various articles include:

- Difficulty in accessing basic services- such as health, education, food, legal, financial and psychosocial services.

- A very limited choice of livelihood strategies and means of generating income.

- A tendency to rely on negative coping strategies, such as early marriage, commercial sex or harmful forms of labour.

- A heavy responsibility, particularly for children who are heads of household, for the survival and wellbeing of other members of the household.

These challenges expose orphans and vulnerable children to experiences that militate against their mental health and wellbeing. The factors, among others, that could directly affect and ultimately predict the mental health of orphans and vulnerable children are outlined as follows:

- **Social Support.** Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, organizations, co-workers, etc. (Wikipedia, 2012). Social support has been linked to many benefits for both physical and mental health. In stressful times, social support helps people reduce

psychological distress e.g., anxiety or depression (Taylor, 2011). People with low social support have higher rates of major mental disorder than those with high support. These include post traumatic stress disorder (Brewin, Andrew, & Valentine, 2000); panic disorder (Huang, Yen, & Lung, 2010); social phobia (Torgrud, Walker, Murray, Cox, Chartier, & Kjernisted, 2004); major depressive disorder (Lakey & Cronin, 2008); and eating disorders (Stice, Presnell, & Spangler, 2002). In addition, people with low support have more suicidal ideation (Casey, Dunn, Kelly, Birkbeck, Dalgard, Lehtinen, et. al. 2006). Similar results have been found among children (Chu, Saucier, & Hafner, 2010). Due to certain prevailing circumstances, some orphans and vulnerable children may lack varying forms of supportive resources, resulting in perceived or actual low social support, and this can be detrimental to their mental health.

- **Self-esteem.** In psychology, the term self-esteem is used to describe a person's overall sense of self-worth or personal value. Self-esteem is how an individual values himself, how he perceives his value to the world, and how valuable he thinks he is to others. Self-esteem is also described as the amount of respect or self-worth that an individual has for himself (Wikipedia, 2012). People are often described as having either high self-esteem, meaning they think very well of themselves and their abilities, or low self-esteem, meaning they are filled with doubts and criticisms about themselves and their abilities. Self-esteem is important because it is an essential human need that is vital for survival and normal, healthy development (Wikipedia, 2012). Abraham Maslow states that "Psychological health is not possible unless the essential core of the person is fundamentally accepted, loved and respected by others and by her or his self. Self-esteem allows people to face life with more confidence, benevolence and optimism, and thus easily reach their goals and self-actualize" (Wikipedia, 2012).

Low self-esteem can be particularly damaging during adolescence. Donnellan, Trzesniewski, Robin, Moffitt, & Capsi (2005) found that low self-esteem was associated with aggression, antisocial behavior, and delinquency. In another study, Trzesniewski, Donnellan, Moffitt, Robin, Poulton, & Capsi (2006) also found that low-self esteem during adolescence was related to an increased likelihood of later problems in adulthood, including depression, anxiety, poorer physical health, increased tobacco use, increased

criminal behavior, and greater employment difficulties. Orphans and vulnerable children are at the risk of developing low self esteem due to a variety of reasons. One reason is that parents have a major role to play in the development of high self-esteem in their children. Where there is no parent to play that role, a child may ultimately develop a low self-esteem. Discrimination and stigmatization are factors that could also influence the development of low self-esteem in orphans.

🔸 **Life Satisfaction.** Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well being as well as a cognitive, global judgment. It is having a favorable attitude of one's life as a whole. Life satisfaction has been measured in relation to economic standing, amount of education, experiences, and the people's residence as well as many other topics (Wikipedia, 2012). Studies have established a relationship between life satisfaction and mental health. In a study, Zullig, Valois, Huebner, & Drane (2005) explored the relationship between perceived satisfaction with life and health-related quality of life in a sample of 13-18-year-old adolescents (n = 4914). The findings revealed that self-rated health, poor physical days (past 30 days), poor mental health days (past 30 days), and activity limitation days (past 30 days) were significantly related ($p < 0.05$) to reduced life satisfaction, regardless of race or gender. In another research, Valois, Zullig, Huebner, & Drane (2004) found that poor mental health (past 30 days), poor mental/physical health (past 30 days), serious suicide consideration (past 12 months), planning for suicide (past 12 months), attempted suicide (past 12 months), and suicide attempt requiring medical care (past 12 months) were significantly related to reduced life satisfaction.

As a consequence of their unfortunate circumstance, orphans and vulnerable children encounter such problems as taking on adult responsibilities, child labour, growing up in impoverished conditions, poor nutrition and health care, poor education, neglect, and abuse, among others. Without having an immediate solution to these challenges and seeing other children of same age in better positions, orphans and vulnerable children feel different and may tend towards not being satisfied with their lives, thereby reporting reduced life satisfaction, which in turn could militate against their mental health.

- **Abuse.** Children without proper adult care are more likely to be abused and exploited physically, emotionally, and/or sexually. Orphans and vulnerable children are at greater risk and vulnerability to such vices. Abuse has also been associated with mental health in various dimensions. Spataro, Mullen, Burgess, & Wells (2004) examined the association between child sexual abuse in both boys and girls and subsequent treatment for mental disorder. Findings revealed that both male and female victims of abuse had significantly higher rates of psychiatric treatment during the study period than general population controls (12.4% *v*. 3.6%). Rates were higher for childhood mental disorders, personality disorders, anxiety disorders and major affective disorders, but not for schizophrenia. Male victims were significantly more likely to have had treatment than females (22.8% *v*.10.2%). Leeb, Lewis, & Zolotor (2011) noted that child maltreatment is associated with a variety of negative physical and mental health outcomes that affect the individual throughout the lifespan and place a substantial burden on both victims and the population as a whole.

Conclusion and Recommendation

It is a common saying and a well known fact that "children are our future," and among these children we look forward to bringing us a bright future are orphans and vulnerable children. However, it has been severally shown that this group of individuals makes up quite a large percentage of our 'future', an assertion hinged on the empirical fact stated by Uneze (2010) that "the number of orphans and vulnerable children in Nigeria is estimated at 17.5 million...." The issue of concern then is how orphans and vulnerable children can live up to that dream of being the future of a people/nation when by virtue of their circumstances and predicaments, they are prone to very poor mental health, which makes it almost impossible for them to have a sure future for themselves, talk less of being a future and hope for others.

The quality of care orphans and vulnerable children enjoy is a very important factor in their mental health. When there is no adequate care or the little care available lacks good quality, orphans and vulnerable children are exposed to a variety of traumatic experience, which in turn impact their mental health and wellbeing negatively. Orphans, who may lack access to education and other types of services, as well as growing up on the margins of society, may find it very difficult to become productive members of society as adults (Commission on HIV/AIDS and

Governance in Africa, 2004). Brown (2008) mentioned that the quality care of orphans and vulnerable children should include among other things:

- **Food and Nutrition Support.** A child's nutritional status should be enhanced and deaths due to malnutrition among vulnerable children should be prevented.

- **Shelter and Care.** No child should go without shelter, clothing, and access to clean safe water or basic personal hygiene. Also, children should have at least one adult who provides them with love and support.

- **Protection.** There should be protection services for reducing stigma and social neglect as well as insuring access to basic rights (birth registration, inheritance claims, and unification of siblings) and services, and protecting children from abuse and exploitation.

- **Health Care.** Health services should meet the health needs of children according to their age, providing primary care, immunization, treatment for children when they are sick, ongoing treatment for HIV positive children, and HIV prevention.

- **Psychosocial Support.** It should be ensured that children have the human attachments necessary for normal development and that children can participate cooperatively in activities such as school, recreation and work with other children and adults.

- **Education and Vocational Training.** It should be ensured that vulnerable children receive educational and vocational opportunities in accord with community norms and market-driven employment options.

Findings from studies have challenged the myth of the resilient African child. It is rather suggested that adequate provision be made at individual, household, and community level to address the psychological needs of vulnerable children.

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