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## RESIDENTIAL PLACEMENT AND EMOTIONAL WELL-BEING OF ORPHANS IN SELECTED STATES IN NIGERIA

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## ABSTRACT

*Orphans after the demise of their parents are often taken to live with family or institutionalized. Where Orphans reside and the care received are important to their emotional stability, social development and overall quality of life. The objective of this study was to examine the emotional well-being of orphans residing in family settings and orphanages in Nigeria with the aim of obtaining empirical data for appropriate recommendation for intervention and care of orphans. The study adopted a cross-sectional survey research design conducted across 5 states in Nigeria. The population comprised all orphans in Nigeria. Sample was determined using multi-stage sampling procedure. Sample size was determined and 3,883 orphans participated in the study. Data was obtained using structured questionnaires administered by trained field workers. Data obtained were analysed using frequency counts, percentages and two-sample t-test at 0.05 significance level to show the difference in emotional well-being of orphans based in orphanages and family settings. Results showed that 57.25% of orphans in Nigeria have low levels of emotional well-being, 27.50% exhibited moderate levels and 15.23% have high levels. A comparison of the emotional well-being levels of orphans in family settings and orphanages indicated a statistically significant difference in emotional well-being ( $t = 5.01$ ,  $df = 3882$ ,  $p < 0.05$ ) with children in orphanages reporting higher well-being scores (8.84). The result obtained reflects differences in emotional well-being and the need to bridge the gap between the care accessible to orphans in the family settings and orphanages.*

**Keywords:** Orphans, Emotional Well-being, Vulnerability and Orphans Residential placement

## INTRODUCTION

Orphans experience vulnerability more than other children because of the loss of their parent/s. Yoruba adage says, oju oloju ko le dabi oju eni (Other people's eyes cannot be like one's eyes) which can be interpreted to mean that - an orphan cannot be adequately taken care of by others like the parents would do. Orphans after the demise of their parents are often taken to live with relatives or institutionalised in orphanages. Orphans living with family members are often placed and cared for within extended family (kinship), foster, or adoption settings. These settings

sometimes fail to meet the social, emotional, cognitive, and developmental needs of the children in their care and many of the orphans experience psychological, social, and economic hardships that threaten their emotional well-being, Soyobi e. al., 2024). Studies indicate that many orphans experience higher levels of anxiety, depression, loneliness, grief, and behavioural difficulties due to parental loss, poverty, and inadequate caregiving support (Kaur et al., 2018; Phaladze et al., 2018). Also Huynh et al. (2019) found that nurturing caregiving environments, emotional support, and stable social relationships significantly improved the emotional well-being outcomes of orphaned and separated children across several low- and middle-income countries.

In 2010, the population of orphans in Nigeria was estimated at 17.5 million (USAID, 2016). Not long after this time, series of clashes and wars were experienced in different parts of the country - militants' clashes in the Niger-Delta region, insurgency in most of the North-eastern states and Fulani herdsmen/farmer clashes in the North Central. All these crises no doubt keep the population of the orphans increasing in the country. Unfortunately, as violence spreads to more states in Nigeria, killing thousands of parents, the number of orphans and vulnerable children keeps rising. It is important to assess the emotional well-being of the orphans so that they do not grow up to become problematic adult causing unrest in the society.

Emotional well-being can be defined as the state of being emotionally safe and it affects both the physical and social aspects of one's life (Corinne, 2010). As a critical indicator of a healthy child, emotional well-being influences children's self-esteem, social adjustment, academic performance, and future productivity. For children to experience positive outcomes and develop into well-grounded individuals, they need to grow up in an environment that supports their emotional well-being (Subramanyam, 2024). However, research has found that orphans are more susceptible to emotional problems compared to other children due to their circumstances and the environment they find themselves in (Kaur et. al., 2018; Yendork & Somhlaba, 2014). Orphaned children often face unique stressors, including loss of parental care, stigma, neglect, and limited emotional support, which may negatively affect their emotional development. The environment they live in plays a major role in their experiences. Research indicates that both institutionalised orphans and those residing with families experience unique challenges that affect their psychosocial development.

### **Statement of the Problem**

In Nigeria, orphaned children living with families and institutions frequently encounter challenges such as stigmatisation, behavioural problems, inadequate healthcare, and restricted access to social support systems, all of which may undermine their emotional stability (Soyobi e. al., 2024; Akintomide et al., 2023). Orphans are particularly vulnerable because they sometimes lack parental care, commitment and love. These children are more prone to ill health than children in more secure circumstances, they have less access to health care and miss meals more frequently and are more likely to skip school or not go to school at all (Gana et.al 2016). The family environment serves as a primary context for emotional growth, socialisation and the development of self-concept (Adedigba et al., 2023). However, evidence indicates that families caring for orphaned children still experience poverty, which may often hinder them from providing adequate care for their live-in orphans (Singh & Sekher, 2021). On the other hand, while orphanages have what it takes, including material support from individuals and private and government institutions to provide structure and basic amenities and needs, they may not be able to address the many psychosocial problems that orphans in their care suffer from (Odoemene et al., 2019; Ojo et al., 2022). In addition, existing interventions in Nigeria have mainly dealt with addressing the limited physical resources for orphans

without considering the need to also prioritise their emotional well-being (Soyobi et al., 2024).

Therefore, to address this challenge, this study investigated the emotional well-being of orphans in family settings and orphanages and provides insight into how the overall emotional well-being of orphans in Nigeria must become a priority. The study also provides evidence-based recommendations that would inform policy and practice aimed at improving orphans' well-being in Nigeria.

### **Conceptual framework of the Study**

This study is anchored on Socio-ecological System Theory of Bronfenbrenner (1979) which explains how children develop within the context of their world. The framework is credited to Urie Bronfenbrenner (1979), who modified earlier researchers' models and suggest a multi-person systems approach to understanding development of human in context. The strength of this theory lies in its explanation of the ecology of human progression which holds that human development occurs in nested hierarchical structures, each contained within the nest (for this study, orphanages and family settings). Bronfenbrenner, (1979) argued that a symbiotic relationship exists between a developing person and the environment. In his theory, he described five nested levels that influence human development; Microsystem, Mesosystem, Exosystem, Macrosystem and Chronosystem. Each of these systems determines the quality of interrelationships among settings as influenced by forces in which the child does not participate, but which have a direct bearing on significant others (parents and other adults) who interact with the child.

This theory is useful for framing this research because of its emphasis on children development within the context of their world. The theory is also useful in explaining how each of the unique system provide stimulation, information, or other significant events that may (or may not) positively (or negatively) influence orphan's life course. Specifically, the application of Bronfenbrenner, (1979) theory helps in understanding individual orphan and their emotional well-being. It is believed that factors at each level are capable of influencing individual orphan's development and as well predispose them to some challenges. The conceptualisation of their challenges or vulnerability within the family and orphanage settings have either negative or positive impact on their well-being. Within these settings, the vulnerability of orphans is exacerbated by the social and economic conditions of their caregivers.

### **Objectives**

The main aim of this study is to examine the emotional well-being of orphans in Nigeria and determine if their residential placement has any significant influence on their emotional well-being. The specific objectives of this study are to:

1. Assess the level of emotional well-being of orphans in orphanages and family settings in Nigeria
2. Find out if residential placement of orphans significantly influences their well-being

To address the concerns of this study, the following research questions and hypothesis were raised for the study:

## Research Questions

1. What is the level of emotional well-being of orphans living in family settings in Nigeria
2. What is the level of emotional well-being of orphans living in orphanages in Nigeria.
3. What is the overall level of emotional well-being of orphans resident in family settings and orphanages in Nigeria

## Hypothesis

1. There is no significant influence of orphans' residential placement on their emotional well-being in Nigeria.

## METHODS

### Study Setting

The study was carried out in Nigeria which is located on the western coast of Africa. Nigeria has a diversified geography with equatorial climates that range from arid to humid. Nigeria is the most populous and 14th largest country in terms of land in Africa. Nigeria is a multicultural state with more than 250 different ethnic groups that speak over 500 different languages and identify with a wide range of cultural traditions. Some of the languages spoken include Yoruba, Igbo, Hausa, Edo, Ibibio, Tiv, and English and so on. Nigeria is currently divided into six geopolitical zones: North Central, North East, North West, South East, South South, and South West. Nigeria is a federal republic with 36 states and one federal capital territory (FCT). Although the FCT is not a state, it is run by elected authorities who are subject to federal oversight. Each state is subdivided into local government areas (LGAs). There are 774 LGAs in Nigeria (NDHS, 2018). This study is national in scope and conducted in four out of the six geo-political zones of the country. The study states selected from the four geo-political zones were as follows:

1. North East: Gombe State
2. North Central: FCT
3. South West: Lagos and Osun States
4. South-South: Akwa Ibom State

From the North-east zone, Gombe State was selected because of the high rate of insurgency. From the South-south zone, Akwa-Ibom State was selected for its high poverty and increased rates of HIV/AIDS, while Lagos and Osun States were selected from the South-west zone because of the metropolitan city Lagos is and Osun because of incidence of identified "baby factories". Abuja was selected from the North-central zone because of its status as the federal capital territory and the concentration of NGOs working with Orphans and Vulnerable Children (OVC).

A cross-sectional research design was adopted for this study. A multi-stage sampling technique was employed to select relevant participants for the study. In the first stage, states were purposively selected based on predefined national indicators. Subsequent stages involved the random selection of local government areas, communities, households, and eligible participants within both family and institutional care settings. Inclusion criteria included children identified as orphans within the defined 9-17 age range and residing in the selected study areas at the time of data collection. The sample size was determined using the statistical formula for comparison of proportions with the assumption of  $p = 0.5$  and margin of error = 0.5; the sample size of 385 was arrived at. Giving an attrition rate of 10%, an overall sample size of 423.5 was calculated, approximately 424 orphans per State. Structured questionnaires developed and scripted on an Open Data Kit were used to elicit information from respondents. Research assistants were trained to administer the questionnaire and ensure an ethical data collection process. Following the appropriate laid-down sampling techniques, RAs were able to collect data from indexed

orphans and their caregivers at selected orphanages and homes. after data cleaning, field data yielded 3,884 respondents for analysis. Frequency counts, percentages, mean, and standard deviations were utilised in summarising the data. The hypothesis was tested using a two-sample t-test and the statistical significance was determined at a p-value of less than 0.05.

### Ethical Approval

Ethical clearance was sought and obtained from Research and Ethics Committee, Obafemi Awolowo University, Ile-Ife, Nigeria (HREC NO/IPH/OAU/12/1453) and the relevant orphans' caregivers. The participation of the eligible respondents was voluntary. All the necessary information required by the orphans and their caregivers to make an informed decision on participation in the study was made available. All ethical procedures were complied with.

## RESULTS

**Table 1: Socio-Demographic Characteristics of the Orphans by state based on settings**

State	Abuja		Lagos		Osun		Awka-Ibom		Gombe		Total	
Setting	Family Setting (%)	Orphanage setting (%)	Family Setting (%)	Orphanage setting (%)	Family Setting (%)	Orphanage setting (%)	Family Setting (%)	Orphanage setting (%)	Family Setting (%)	Orphanage setting (%)	Family Setting (%)	Orphanage setting (%)
Sub-Total	362	389	377	325	582	148	514	469	581	136	2417	1467
<b>Overall total</b>	<b>751(19.3)</b>		<b>702(18.1)</b>		<b>730(18.8)</b>		<b>983(25.3)</b>		<b>717(18.5)</b>		<b>3884</b>	

Table 1 showed the socio-demographic characteristics of the orphans living in family and orphanage settings across 5 states which include Abuja, Lagos, Osun, Akwa-Ibom and Gombe. The table shows that the majority of the selected participants live in Akwa Ibom State with a percentage rate of 25.3 followed by Abuja with 19.3%.

**Research Question 1:** What is the level of emotional well-being of orphans living in family settings in Nigeria?

Frequency counts and simple percentages were used to describe the emotional well-being level of orphans living in family settings in Nigeria.

The level of their emotional well-being is presented in Table 2 below:

Table 2: Level of Emotional Well-Being of Orphans in Family Settings.

	N	Minimum	Maximum	Mean	Std. Deviation
Emotional Well-being	2417	0.00	33.00	9.2255	6.99929
Level	Emotional Well-Being				
	Frequency (N)			Percent (%)	
Low	1295			53.6	
Moderate	718			29.7	
High	404			16.7	
Total	2417			100.0	

Table 2 presents the levels of orphan’s emotional well-being within family settings (N = 2,417), a mean emotional well-being score of 9.23 (SD = 7.00), indicating that most children experience low to moderate emotional well-being. Furthermore, the categorical analysis demonstrated that more than half of the respondents (53.6%) fell within the low emotional well-being category, while only 16.7% reported high emotional well-being. The remaining 29.7% fell within the moderate category.

**Research Question 2** states that what is the level of emotional well-being of orphans living in orphanages in Nigeria?

For this analysis, the emotional well-being of the orphans in orphanages was determined using frequency counts and simple percentages. The level of their emotional well-being is presented in Table 3:

Table 3: Descriptive analysis for the emotional well-being of orphans in orphanages

	N	Minimum	Maximum	Mean	Std. Deviation
Emotional well-being Total	1467	0.00	30.00	6.3074	6.47012
Level	Emotional Well-Being				
	Frequency (N)			Percent (%)	
Low	863			58.8	
Moderate	348			23.7	
High	256			17.5	
Total	1467			100.0	

Table 3 presents the descriptive statistics of emotional well-being of orphans residing in orphanages. The result showed that emotional well-being scores range from 0 to 30, with a mean score of 6.31 (SD = 6.47). The relatively low mean, compared to the maximum possible score, indicates that, on average, orphans in orphanages experience low levels of emotional well-being. Additionally, the moderately large standard deviation suggests substantial variability

in emotional well-being among the orphans, implying that while many orphans report low emotional well-being, some exhibit comparatively higher scores.

The results showed that 58.8% of the respondents were categorized as having low emotional well-being. Only 17.5% reported high emotional well-being.

**Research Question 3** states that what is the overall level of emotional well-being of orphans resident in family settings and orphanages in Nigeria. The overall scores of all the orphans in both family settings and orphanages on their emotional well-being were assessed. Table 4 presents the result.

Table 4: Level of Emotional Well-being of Orphans, both in Family and Institutional (Orphanages) Care in Nigeria

Level of Emotional Well-Being	Frequency	Percentage
Low	2,184	57.25
Moderate	1,049	27.50
High	561	15.23
Total	3,814	100

The results in Table 4 above showed that a majority of the orphans exhibited a low level of emotional well-being, accounting for 57.25% of the total sample. This indicates that more than half of the participants may be experiencing challenges related to emotional health. A smaller proportion, 27.50%, were found to exhibit a moderate level of emotional well-being, suggesting that about one in four children exhibit an average or stable state but may still be at some risk. Only 15.23% of them were found to have a high level of emotional well-being, representing the smallest group.

### Testing of Hypothesis

Hypothesis 1: There is no significant difference in the emotional well-being of orphans living in orphanages and family settings. The difference in means of the scores from orphanages and family settings was subjected to a two-sample t-test. The result is presented in Table 6.

Table 6: Two-sample t-test showing the difference in emotional well-being of orphans based on residential type

Group	Obs	Mean	Std. Err	Std. Dev	[95% C.I.]	
Family Settings	2,417	7.689	0.14	7.05	7.4077	7.9708
Orphanage Home	901	8.838	0.17	6.71	8.4949	9.1819
Combined	3,318	8.123	90.111	6.94	7.90471	8.3419
Diff		1.182	0.229		-1.5986	-.69964

diff = mean (Family Settings) – mean (Orphanages)

t = 5.0121

H0: diff = 0 Degrees of freedom = 3882

Pr (T < t) = 0.0000 Pr (|T| > |t|) = 0.0000 Pr (T > t) = 1.0000

The result in Table 6 showed the difference in emotional well-being between orphans living in family settings and orphanage homes in Nigeria (t = 5.01, p < 0.001). The results indicated a statistically significant difference in emotional well-being between children in family settings and orphanages, with children in orphanages reporting higher well-being scores (8.84). The results showed a statistically significant difference in emotional well-being, with children in orphanage homes reporting higher scores than those in family settings.

## **DISCUSSION**

The findings of this study indicate that the emotional well-being of orphans in both family settings and orphanages in Nigeria is generally low. This suggests that many children in both environments experience significant emotional challenges arising from parental loss, poverty, discrimination, inadequate care, and psychosocial stressors. In family-based care, issues such as neglect, financial hardship, and weak caregiver-child relationships contribute to depression, anxiety, and emotional distress, while in orphanages, factors such as separation from biological families, limited individualised attention, and inadequate caregiver-child ratios also negatively affect emotional development. Consistent with previous studies (e.g., Mokwena et al., 2023; Yimer & Tilwani, 2023; van IJzendoorn et al., 2020), these conditions are linked to emotional instability, loneliness, social withdrawal, and poor psychosocial adjustment, highlighting the vulnerability of orphaned children across care settings.

However, the results also showed that a small proportion of children in orphanages report relatively higher emotional well-being than those in family care, possibly due to structured routines, access to education, counselling, peer interaction, and more consistent caregiving in some institutions. Overall, 57.25% of orphans across both settings exhibited low emotional well-being, while only 15.23% showed high levels, reinforcing the widespread emotional vulnerability associated with orphanhood. A statistically significant difference was found between the two groups, with orphanage children reporting higher emotional well-being than those in family settings ( $t = 5.01, p < 0.001$ ). This suggests that in some Nigerian contexts, orphanages may provide more stable support than resource-constrained family environments, although this contradicts literature favouring family-based care (e.g., UNICEF, 2021; van IJzendoorn et al., 2020), likely due to variations in caregiving quality, socioeconomic conditions, and institutional resources.

## **Conclusion**

Overall, the findings of this study suggest that the quality of caregiving, emotional support, stability, and access to psychosocial resources may be more important determinants of emotional well-being than residential type alone. Therefore, interventions aimed at improving orphan well-being should focus on strengthening both family-based and institutional care systems through caregiver training, economic empowerment, counselling services, and child protection mechanisms.

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