

# A qualitative study examining psychosocial distress and coping mechanisms among orphan and vulnerable children living in institutional care in New Delhi, India

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## Abstract

**Introduction:** India is home to the largest population of orphaned children in the South Asia, who are at increased risk of poor psychosocial well-being. In the Indian context, literature on the psychosocial well-being of orphans and vulnerable children (OVC) is scarce. Our research was aimed at fulfilling this gap by understanding self-reported psychosocial distress among OVC and subsequent coping strategies adopted during their stay at orphanages.

**Methods:** The present study was conducted in three randomly selected orphanages of Delhi, India, during August-December 2016. Fifteen children (M = 9, F = 6) aged 10-17, were selected for in-depth interviews through a non-probability purposive sampling. Descriptive analysis was used to describe the characteristics of the study participants. Data analysis required the examination and comparison of interview transcripts for content analysis and themes identification.

**Results and Discussion:** Our findings revealed psychological turmoil and poor social cognition among OVC. Even though children were happy to enjoy their basic necessities of life, the majority of them faced parental bereavement yearning for love, and desiring advocacy and guidance in life. OVC showed low self-concept and lack of purpose in life. Isolation from outside world resulted in feelings of mistrust among OVC. They also felt stigmatized, socially excluded and remained distressed. Coping strategies adopted by OVC included praying to God, forgetting parents, shifting focus, avoiding crowded places, and treating inmates as their family. They also reported indulgence in self-discrimination, substance abuse, and delinquency to avoid psychosocial distress.

**Conclusions:** Ongoing programs aimed exclusively at fulfilling materialistic needs of OVC could lose focus on their psychosocial issues. New robust interventions are required not only for sufficing the quality services, but also for identifying psychological issues, enhancing social skills, and improving coping strategies and building resilience among OVC.

**KEY WORDS:** Child, orphaned; coping strategies; health; psychosocial well-being; social psychology; vulnerable children.

## Riassunto

**Introduzione:** L'India ospita la più ampia popolazione di bambini orfani dell'Asia meridionale, che presentano un aumentato rischio di scarso benessere psicosociale. Nel contesto indiano, la letteratura sul benessere psicosociale dei bambini orfani e vulnerabili è scarsa. La nostra ricerca è stata mirata a colmare tale mancanza attraverso la comprensione del distress psicosociale nei bambini orfani e vulnerabili e delle relative strategie di coping adottate durante la permanenza negli orfanotrofi.

**Metodi:** Questo studio è stato condotto durante il periodo compreso tra agosto e dicembre 2016 in tre orfanotrofi selezionati in modo casuale nella città di Delhi, in India. 15 bambini (M = 9, F = 6), di età compresa tra 10 e 17 anni, sono stati selezionati per interviste approfondite attraverso un campionamento mirato di tipo non probabilistico. L'analisi descrittiva è stata usata per descrivere le caratteristiche dei partecipanti. L'analisi dei dati ha richiesto l'esame ed il confronto delle trascrizioni delle interviste per l'analisi del contenuto e l'identificazione dei temi.

**Risultati e Discussione:** I nostri risultati hanno rivelato un tumulto psicologico ed una scarsa consapevolezza sociale tra i bambini orfani e vulnerabili. Anche se i bambini erano felici del soddisfacimento delle necessità materiali essenziali per vivere, la maggior parte di loro affrontava il lutto genitoriale desiderando amore e cercando supporto e consigli per vivere. Tali bambini hanno evidenziato uno scarso concetto di sé e la mancanza di determinazione nella vita. L'isolamento dal mondo esterno risultava in un sentimento di sfiducia. Essi, inoltre, si sentivano socialmente stigmatizzati ed esclusi e provavano sentimenti di afflizione. Le strategie di coping adottate includevano la preghiera a Dio, dimenticare i propri genitori, spostare l'attenzione, evitare i luoghi affollati e trattare i compagni di istituto come la loro famiglia. Essi, inoltre, dimostravano indulgenza rispetto all'autodiscriminazione, all'abuso di sostanze ed alla delinquenza come strategia per evitare il distress psicosociale.

**Conclusioni:** Programmi continui basati esclusivamente sul soddisfacimento delle necessità materiali dei bambini orfani e vulnerabili potrebbero spostare l'attenzione dalle loro problematiche psicologiche. Nuovi e solidi interventi sono richiesti non solo per rendere sufficienti i servizi di qualità, ma anche per identificare i problemi psicologici, rinforzare le abilità sociali, migliorare le strategie di coping e sviluppare la resilienza tra i bambini orfani e vulnerabili.

### TAKE-HOME MESSAGE

*In India, the overall well-being of orphans and vulnerable children can be ensured by specifically innovative interventions, identifying and targeting the psychological issues, enhancing social skills, and improving coping strategies and resilience against psychological and social distress.*

**Competing interests** - none declared.

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## INTRODUCTION

According to recent estimates by United Nations Children's Fund (UNICEF), 140 million children worldwide have lost one or both parents. Statistics show that India is home to 30 million orphans and vulnerable children (OVC), the largest in the South Asian region [1-2]. According to Indian Ministry of Women and Child Development (MoWCD), adoption rates in India have declined from 6,286 to 2,762 during 2010 - 2016, making the situation worse [3-4]; but, the most negative aspect is that not all children residing in institutional care are orphans, because most have been abandoned by their parents. Due to poverty, family disintegration, domestic violence, disability, and social unrest, the number of OVC are expected to increase in the next future. These children are most vulnerable and may be at greater risk from 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 well-being of children [7]. Psychosocial well-being can affect children's ability, intellectuality, productivity, and social functionality [8-9]. After the loss of their parents, children can experience sorrow, anxiety, depression, and 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, such as substance abuse [15] and violent and delinquent behavior [16-17]. Apart from parents, state has also the responsibility for children; therefore, various governmental, non-governmental and faith-based institutions are established to supplement or substitute parental care and supervision, and promote the overall well-being of OVC [18]. The Indian Juvenile Justice (Care and Pro-

tection of Children) Act, 2015 [19], reiterated the need for a child-friendly plan to ensure care, protection, development, treatment, and social reintegration of OVC, while fulfilling their basic needs. Studies have reported that, sometimes, an efficient catering to meet their materialistic needs like food, shelter and clothing leads to compromise on 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, India, investigating the coping mechanisms employed by children for resilience and recovery. Our findings might provide evidence and help government and non-governmental organizations recognize the neglected psychosocial problems of orphaned children, and guide them to deal with these problems.

## METHODS

### *Study design*

The present study used an exploratory approach for data collection. Such a study design allowed to gain insights into the experiences of children, while they are residing in children's homes. Therefore, a qualitative research design was employed in our study. Such a research design was considered to be budget friendly and time efficient, and it also allowed us to explore the deeper thoughts and perceptions of children about their psychosocial well-being and the ways how they handled those issues. In qualitative research, the most common methods used are interviews and focus group. There are three fundamental types of research interviews: structured, semi-structured and unstructured. We used semi-structured interviews consisting of several key questions that help define the areas to be explored, but also allows the interviewer or interviewee to diverge in order to pursue an idea or response in more detail [22].

### *Study Area*

This study was carried out in Delhi, official-

ly the National Capital Territory of Delhi (NCT), a city and a union territory of India. It was based on primary data collection from three orphanages. It is suggested that northern states - including Delhi- together account for nearly 3 million OVC in the country [23]; with a population of 16.7 million, the city had a decennial population growth rate of the 21 percent in the period 2011 - 2012 [24]. It is estimated that Delhi has the world's second largest urban area, having more than 26 million people. The city is expected to add another 10 million to its population by 2030 [25]. Delhi is the second most productive metropolitan hub [26], and city's urban magnetism allures families with children from various parts of the country, for finding new growth opportunities. Sometimes, children travel alone or with their friends. However, not all meet their needs, and some of them are likely to end up in even worse conditions. It is believed that in-migration has led to an increase in the number of OVC [27]. Additionally, the city accounts for nearly 10 percent of crimes against children, ranking third for the incidence of crimes against children in the country. The crime rate against children in the city is the highest in the country [28]. In the light of all the facts mentioned above, Delhi was selected for the present study.

### *Sample Design*

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 se-

lected for conducting in-depth interviews. The study population was constituted by OVC living in institutional care in Delhi. We used a non-probability purposive sampling to select children for our 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 aged 10-17, 2) children who have been living in the orphanage during the last year, and 3) children who were willing to participate in the current research.

### *Survey Instruments*

This study is part of a larger study, which was conducted in orphanages of Delhi in September 2016. Before starting the survey, the researcher made several visits to the orphanages to meet and develop a rapport with research participants. During these visits, researcher also took observation notes on the services and facilities of the orphanage and behavior of children. In-depth interviews were 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 concerning children's background and admission in the orphanage, their education and nutrition, and children's physical, psychological, and social well-being. Probes were also utilized by the researcher to extract the desired information from OVC in the best way possible. Themes used for in-depth interviews included, but not limited to, aspects mentioned in Table 1.

**Table 1.** Checklist for In-depth interviews.

N°	Items
1	OVC's background.
2	OVC's experiences since separation from their parent(s).
3	OVC's opinion about own situation.
4	Reasons why OVC were admitted into the orphanage.
5	OVC's experiences during their stay in the orphanage.
6	OVC's perceptions concerning services and facilities provided by orphanage.
7	Supply of care and support provided by orphanage.

8	Interpersonal relationship between children and their external social interactions.
9	Support structures.
10	Coping strategies.

### *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 a better operationalization of the research. Terms used were the following: 1) the orphan and vulnerable child is a child aged less than 18, who have lost father ('paternal orphan'), mother ('maternal orphan') or a child whose parents have both died ('full or double orphan'), regardless of the cause of the loss and lived in the orphanage at the time of the survey; 2) 'social orphans' are children who have lost one or both parents because of abandonment, alcoholism, or imprisonment; 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 well-being are the mental, emotional, and social self-concepts of children that affect the development of children in both positive and negative ways; and 5) coping mechanisms are ways to manage, adapt to, or act upon stress.

### *Data Analyses*

To describe the characteristics of our sample, frequency and descriptive statistics were used. The qualitative data analysis required a systematic data collection procedure. A comparative analysis was made 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 this study, the following aspects of the children's psychosocial well-being were measured: impact of parental loss or separation, self-concept, sadness, melancholy, love, affection, and, finally, the coping strategies to overcome these issues.

## **RESULTS**

Our results have been classified into four sections: 1) characteristics of children; 2) provision of basic human needs; 3) psychological and social issues faced by children; and 4) coping strategies adopted by respondents.

### *Characteristics of respondents*

A total of 15 OVC were involved in the study, 6 of them were females (Table 2). Two-thirds of children belonged to the 15-17 age group. Of all the respondents, eight were studying at the secondary and higher secondary levels, four at the primary school, and three of them were not attending school. The majority of children have been living in institutional care during the past 3-5 years or more. Most of the respondents were 'single orphans' (children who have lost at least one parent). Nine children were from private and six from public institutions. The subsequent comprehensive psychosocial experiences of the OVC living in orphanages of Delhi surfaced from the thematic analysis of the data.

**Table 2.** Characteristics of participants at selected children's homes in Delhi, 2016 ( $n = 15$ ).

Characteristics of OVC	Number of children
<b>Gender</b>	
Male	9
Female	6
<b>Age group</b>	
10-14	5
15-17	10
<b>Educational status</b>	
None	3
Primary	4
Secondary and above	8
<b>Duration of stay in orphanage</b>	
1-2 years	4
3-4 years	5
5 or more years	6
<b>Type of orphans</b>	
Double	4
Paternal	6
Maternal	3
Social	2
<b>Ownership of orphanage</b>	
Public	6
Private	9

### *Provisions of basic human needs*

Children had different opinions about the provision of basic needs. Most children were happy to be in the orphanage, because they not only got access to food, clothing, and shelter, but also to health and educational facilities. A 13-year-old 'double orphan' boy who lived in the institutional care for over four years said: *"I am happy to be here, because, now, I can fulfill my 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 can sleep well without having to worry about the food for next day"*.

A 12-year-old 'single orphan' girl who was living in an orphanage for three years added: *"Being a single parent, my mother fed us with much toil. My mother could only send my brother to school and, so, she admitted me here; I am thankful for what she has done for me, because, here, I not only get food but also I can go to school, as I have always wanted to do"*.

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 a 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 the orphanage, because living here is like living in a prison"*. The majority of children were happy to stay in a children's home, because they were able to access basic facilities, but there were a few who found it hard to live because of the sub-standard housing conditions.

### *Psychological issues*

The majority of children were found to be affected by one of the below psychological issues.

*Sadness and melancholy*: our study revealed that the most children were feeling sadness and melancholy due to their stay in the orphanage and due to parental bereavement, too.

Children used to remember the past, when they lived with their parent(s) or extended family. *"I remember when I was much younger than now; my mother was bedridden, and it was one unfortunate day when she passed away. My father dropped me in this orphanage, and I was feeling bad for living there. It is been seven years since then, but I never saw him again"*, stated a 17-year-old boy while expressing his grief. *"My father was alcoholic and passed away. My mother abandoned me here keeping my brother with her. Since I started living here, I thought that was weird, but I had no choice"*, sadly told a 12-year-old girl. *"Before joining this orphanage, I used to live sad, depressed and scared on streets, until a non-governmental organization rescued and shifted me here. After coming here, I am not worrying about my daily necessities. I am pleased how my life has changed"*, mentioned a 15-year-old boy.

Low self-esteem and lack of purpose: children reported low levels of self-esteem and lack of purpose in life. The majority of children felt to be worthless and good for nothing. A 14-year-old boy who lived in the orphanage since he was 5 declared: *"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 my life could be a little better than now"*. 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 own life goals. Among such children, there were some who thought they were no less than peers of their own age. They believed that the education provided at schools would help them earn a better life and future. They assumed that experiences within orphanage would help them become a strong and better person once they age out of the orphanage.

Loneliness and helplessness: in-depth interviews of participants reflected that most of them were lonely and, often, helpless. Each of two boys (12-year-old and 10-year-old) told: *"I feel I am a burden to others. Nobody pays*

*attention to how I am spending my time at school or how I am feeling. No one cares about me"*. *"We deal with our own problems, because nobody helps us"*, told a 13-year-old girl with tears in her eyes. Other children shared a similar opinion: *"We have none to share our burdens. We cannot disclose that because our caregivers might feel offended; 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.

Love and affection: our findings indicated that due to parental bereavement children were also longing for love and affection, especially the younger ones; they still did not understand why they ended up living in an orphanage. *"Whenever I see a child with his mother, I remember my parents and I wish they still alive. Sometimes, I wonder why God did this to me"*, stated a 10-year-old child. Another 12-year-old girl said reminiscing that: *"Often, I see them in dreams. Their (parent's) thoughts keep bounding me, so I cannot sleep peacefully"*. *"I feel jealous of my classmates, because they can live with their parents. 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, because at least I am not roaming on streets. I have made many great friends here, and, now, this is my only family"*. Most children stated that they still miss their parents and, often, have a problem falling asleep due to their memories. In addition, seeing other kids with own parents often reminded them of their families.

### Social issues

Behavioral disorders: in our study, most of the children reported behavioral and attachment issues. They were shy and less interactive and likely to express 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 believe that they will make fun of me*". 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 self-reported among participants. *"I don't like to hug anyone and, also, I don't like when someone touches me. I don't feel like mingling with everyone, because some of them could be transferred to other institute after some time"*, told a 16-year-old boy. Although most of the children reported they were comfortable with inmates of the orphanage, due to the provision of transfer of kids from one orphanage to another one, children avoided mingling with newcomers.

*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 said: *"I am in 12<sup>th</sup> 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 10<sup>th</sup> student, surprisingly, added: *"I have no idea about higher studies. I learned from you [the researcher] how one could take up different courses beyond college and continue to 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.

*Rejection*: children staying in orphanages, often, feel rejected and disowned by own people. They enter children's care homes that in no ways can replace familial love and affection. A 10-year-old boy explains how his relatives turned their back to 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, as my cousins still live with them"*. Another 15-year-old girl remembers how her parents disowned her: *"I was very young when my parents left me, as if I was affected by some contagious disease, they*

*tried to get rid off me. If they had not given up on me, then, maybe, I would have been a better child than I am now"*. These statements prove how OVC feel socially disowned, especially those who were left at the orphanage by their parents and relatives.

*Recognition and approval*: most times OVC are subjected to 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 insulting me with nicknames. Even my neighbors used to consider me as a bad omen and presage. I was not allowed to attend any auspicious function in the family and neighborhood"*. Most of the children stated: *"Our classmates are afraid of us, because we (inmates) go to the same school. Therefore, our classmates believe that we live in prison and if they talk to us they could be imprisoned, too"*. Many children reported their concern about whether they will be able to fit in the society and if they will be accepted by the community. Other children were afraid to express their opinions by fearing for the embarrassment. *"Even though I would like to give my opinion on everything, I could be made fun of, and other children could laugh at me. Therefore, I don't say anything at school to avoid embarrassment"*, pointed a 14-year-old boy.

*Low social security*: being orphan can lead to a stressful life, because once they go out of orphanage they are likely to slip into poverty. They don't have any special training or any assurance of getting a job. A 16-year-old child responded: *"When I will be out of the orphanage, I will not be able to secure my future neither a good degree nor any job. Decent standard is a dream far away from me, and I am afraid that I will not be able to get the daily needs for myself"*. Children believe that their future will be quite insecure and dark. They, often, feel there is no one to advocate for them if something will be wrong.

*Isolation*: the most common problem among children living in institutional care was the feeling of being alone. 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 of the four walls of this orphanage. Sometimes, I feel like I am imprisoned here, because I always have to follow specific codes of conduct".* Most of the children declared: *"We feel cut-off from the outside world. Sometimes, that is frustrating. We cannot go out and roam the streets to interact with other people, however much we should like to".* Children's responses showed that they felt to be left out and isolated from the world because of living in the orphanage.

### **Coping strategies**

Children used different ways and strategies to tolerate, reduce, or minimize psychosocial issues they have to address on a day-to-day basis, as discussed below.

*Spiritual approach:* most of the children reported that whenever they are worried or upset about something, they prayed to the God. They said that, often, they complained to the God about the hardships of life to get 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 from impossible to possible"*.

*Supporting inmates:* the majority of children said that whenever their peers have a problem -especially younger ones- they try to solve it and support them. Even though they don't have a family, most of them consider all the inmates and, sometimes, their caregivers as their family. A 17-year-old boy stated: *"The only advantage of living alone is learning how to be on your own, and we quickly mix up with other children and can make friends. We're like one big family"*.

*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 were the right ways to reach 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"*.

*Shifting focus to other activities:* many children reported that whenever they felt down, they

tried to focus on something else like any activity that made them happy, such as playing with other inmates, studying, watching television or simply by going to sleep.

*Substance abuse:* many times, some of the older children 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.

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

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

*Detachment:* some of the children also reported that they tried to keep their emotions at bay, or they tried 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.

## **DISCUSSION**

This study aimed to explore and attain an in-depth understanding of psychosocial distress among OVC living in orphanages in Delhi. It was found that children had access to all basic necessities of life, such as 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 education received at the orphanage would help them fight all the trials that life can offer.

The present study also indicated that even if children were meeting their physical needs at the orphanage, their psychosocial requirements remained more or less unaddressed.

sed. Most of the children experienced some of those psychological issues that literature showed as depreciating for the wellbeing of children [21, 29]. Consistent with past studies [30–35], our research also confirmed that due to parental bereavement children encounter various psychological disorders. Sadness, melancholy, lack of affection, yearning for parents, emotional instability, low self-esteem, loneliness, helplessness and lack of purpose in life are some of the 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 [36]. 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 [37]. Parental loss or separation and abandonment during childhood have a distressing consequence on children's social growth and development [38, 39]. 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. Past studies have already acknowledged that OVC have a low social understanding and an impaired ability to deal with social relations [40, 41]. It was called 'sky's the limit', but this is not always true for institutionalized OVC, because for them world lies within the boundaries of children's home. As mentioned by Pilapil [42], this study also posits that due to various codes of conduct, 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 their family and society. Such experiences inculcate negative thoughts among OVC, and they develop a feeling of mistrust for the people. Supported by other studies [43, 44], 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 of psychological and social cognition.

OVC employed various tactics to overcome stress and develop resilience. As past research has showed [44–47], this study also found that 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 forget their story and parents to overcome grief. In our sample, for many 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 that made them happy to keep bad memories and thoughts at bay. There were some kids who felt themselves guilty for their situation and, therefore, preferred to stay alone and cried their heart out. On the contrary, for some of them lashing out at others was a way to cope up with their problems. There were some children who got engaged into bad habits to cope up with their difficulties. These OVC smoked and chewed tobacco; some even used inhalants for euphoria. Substance abuse was a way to forget the sorrows in a trance. Other studies have also documented similar findings [15, 48]. 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-strain. Therefore, orphanages should take up this matter seriously, and 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 skills development. Additionally, OVC should be counseled on a regular basis for the attainment of best possible psychosocial equilibrium. Traditionally

in India, the 'joint family' system worked as a safety net for children in case of prenatal loss or separation, but due to the gradual disintegration of this family model, orphan children slip off this safety net and, often, they end up in vulnerable and devastating situations. Meeting the needs of these children represents a major new challenge for 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 a larger level. In addition, caregivers should be trained in a better way to give comfort to OVC and make them more resilient.

#### *Strengths and limitations of the study*

Findings of this study should, however, be interpreted in light of several limitations. Firstly, the convenience sampling allowed researcher to choose children who were either most accessible or most willing to participate. Therefore, this type of sampling might have introduced a bias and might not be representative of the population in question. Secondly, results rely on children's self-reports and no other informants were recruited to cross check the findings. Finally, past research on orphan children's psychological wellbeing focused on anxiety, depression and coping strategies by using both psychological interviews and standardized questionnaires, which are often used in the field of psychology, within a quantitative research method [51-54]. Therefore, we did not analyze anxiety and depression by a medical or psychological point of view. However, strengths of our study include the fact that qualitative research design allowed researcher to examine social and psychological issues in depth and detail. Interviews were not restricted to specific questions and were redirected by the researcher in real time. Even though our findings coming from a small sample should not be generalized at the country level [49], they could be relevant

in the context of Indian metropolitan cities, like Delhi. Moreover, our findings could be useful in other contexts where people have to face similar psychosocial health problems. In 2007, Cluver and Gardner [50] indicated the need for increased scientific research on orphan children's psychological health in India. To the best of our knowledge, this is the first study exploring the psychosocial wellbeing of OVC living in institutional care in the Indian context. Future studies could add further knowledge on this topic by using a quantitative research design.

#### **CONCLUSIONS**

The present study illustrated that OVC had access to all basic needs and facilities required to sustain their lives. However, it was also noted children suffered from a lot of psychosocial turmoil. Their problems remained inefficiently and insufficiently addressed in the orphanages. It was evident that ongoing programs set up for OVC's well-being should not only focus on materialistic requirements, but also on the psychosocial needs of children living in the orphanages. New interventions should be specifically implemented for targeting all the psychological issues, enhancing social skills, improving coping strategies and developing resilience among OVC. Unlike other studies [51-54], which only reported the adverse effects of institutional care on children's wellbeing, surprisingly, our study also found that there were few children who consider living in the orphanage as a positive turn to their lives since they got facilities to suffice the basic day-to-day needs. However, further studies are needed to validate this finding. Future studies should empirically address the differentials and determinants of children's perception regarding institutional care and the level of satisfaction derived from the same.

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