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 Research Article

RESILIENCE AND ADAPTATION: COPING STRATEGIES OF CHILDREN LIVING IN KADUNA ORPHANAGES

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ABSTRACT

Background: The situation of orphans in sub-Saharan Africa, particularly Nigeria, has worsened due to factors such as HIV/AIDS, terrorism, and natural disasters. Orphans face not only the loss of parental care but also a wide range of social, emotional, and medical challenges. Despite existing interventions, many orphanages prioritize material needs, overlooking comprehensive psychosocial and medical support. This study aims to explore the coping strategies and resilience of children living in orphanages in Kaduna, Nigeria, by assessing their medical, social, and psychological challenges.

Methodology: A cross-sectional descriptive study was conducted among 100 orphans in three selected orphanages in Kaduna. Data were collected through interviewer-administered questionnaires, focusing on socio-demographics, health status, behavioural problems, stigma, and coping strategies.

Results: The findings revealed a mean age of 10 years, with a male majority (68%). Nutritional challenges were significant, with 53.7% classified as underweight despite 54.9% having access to balanced meals. Medical issues were prevalent, including incomplete immunization (46.7%) and clinical signs of illness in 33.7% of respondents. Behavioural disorders were also notable, with 27% having hyperactivity and 1.8% showing signs of major depressive disorder. Enuresis affected 22.3%. While most children (83.3%) had positive peer relationships, bullying (11.4%) and stigma (9%) were reported. Encouragingly, 89.2% of respondents demonstrated good self-esteem, and educational attendance was high, with only 2.2% not attending school. In terms of coping, 46.8% adapted their goals to manage their situations, while 35.2% reported strong social support.

Conclusion: The study highlights the complex challenges faced by orphans in Kaduna orphanages, encompassing medical, psychological, and social dimensions. While positive peer relationships and educational participation are strong points, the high prevalence of health issues and behavioural disorders points to the need for holistic care approaches. Strengthening psychosocial support and healthcare systems will be vital to improving their overall well-being.

KEYWORDS

Orphans, Resilience, Coping strategies, Kaduna, Nigeria, Mental health, Social support, Medical challenges, Behavioural disorders, Psychosocial care.

INTRODUCTION

Children growing up in orphanages encounter numerous difficulties, and these challenges are often amplified by the lack of parental care and the rigid structure of institutional environments. Orphanages serve as a crucial safety net for children who have lost one or both parents or whose families are unable to provide care due to economic hardships, conflict, or family breakdowns (Frimpong-Manso, 2021; Yuka and Omorogiuwa, 2024). Although the intention behind these institutions is to provide a nurturing environment, the reality for many children is one of deprivation, instability, and psychological strain. The trauma associated with losing their parents, compounded by the impersonal nature of institutional care, can have significant implications for a child's development. However, despite these obstacles, many children in orphanages demonstrate remarkable resilience and develop adaptive coping strategies that enable them to navigate the complex emotional

and psychological landscape of institutional living.

Resilience, the capacity to adapt and thrive in the face of adversity, is a critical factor in the well-being of children in orphanages. For children in Kaduna orphanages, resilience is not simply a natural trait but a dynamic process that evolves in response to the challenges they encounter. The loss of parental figures, coupled with the structural limitations of orphanages, forces these children to develop coping mechanisms that allow them to survive and, in some cases, flourish despite their circumstances. According to Masten (2018), resilience in children is influenced by a combination of internal and external factors, including personal traits such as optimism and self-efficacy, as well as external resources such as supportive relationships and stable environments. In the context of Kaduna orphanages, children often have to rely on their own internal resources, given the scarcity of external support systems.

The development of resilience in children is shaped by various factors, including individual characteristics, social relationships, and environmental conditions. Children in orphanages are often exposed to multiple stressors, including the loss of family, the stigma of being an orphan, and the instability of institutional care (Luthar et al., 2000). These stressors can have a profound impact on a child's emotional and psychological wellbeing. However, resilience enables some children to adapt to these challenges and develop strategies that help them cope with their situation. For instance, many children in Kaduna orphanages develop close bonds with their peers, which serve as a vital source of emotional support (Soyobi, Obohwezu & Suberu, 2024). These peer relationships can buffer against the negative effects of orphanhood and provide a sense of belonging and solidarity (Theron & Theron, 2010).

Adaptation, another key element in the survival of orphaned children, refers to the processes through which they adjust to the demands of their environment. In orphanages, adaptation can take many forms, ranging from behavioural changes to cognitive reappraisal of their circumstances. Children in orphanages often have to adapt to a lack of individualized attention and care, which

can hinder their emotional development. However, adaptive strategies such as emotional regulation, problem-solving, and seeking social support can mitigate some of the negative effects of institutional living (Ungar, 2011). In Kaduna orphanages, children may engage in activities such as group play, storytelling, and informal peer mentoring, which help them develop a sense of agency and control over their environment. These adaptive behaviours are critical for maintaining psychological well-being and fostering a sense of competence and autonomy (Garmezy, 1991).

One of the most striking aspects of resilience in children is their ability to maintain hope and optimism in the face of seemingly insurmountable odds. Despite the hardships they face, many children in Kaduna orphanages demonstrate an extraordinary capacity for positive thinking and future orientation. This optimism is often a crucial coping mechanism, as it allows children to envision a life beyond the orphanage and motivates them to pursue education and other opportunities that may improve their circumstances (Masten, 2014). Studies have shown that hope and optimism are strongly correlated with resilience in children, as they promote goal-directed behaviour and problem-solving skills (Snyder et al., 2002). For

children in orphanages, the ability to maintain hope is often reinforced by small successes, such as academic achievements or personal milestones, which validate their sense of self-worth and competence.

The role of caregivers and institutional staff in fostering resilience and adaptation in orphaned children cannot be overstated. Caregivers play a pivotal role in shaping the emotional and psychological environment of orphanages, and their attitudes and behaviours have a direct impact on the well-being of the children in their care. In many cases, caregivers in Kaduna orphanages are overburdened and under-resourced, which can limit their ability to provide the individualized attention and emotional support that children need. However, even in these challenging conditions, some caregivers are able to create nurturing environments that promote resilience by providing consistent care, setting clear boundaries, and offering emotional support (Sherr et al., 2017). These positive interactions can help children develop a sense of security and trust, which are critical components of resilience.

Moreover, the cultural and social context of orphanhood in Kaduna adds another layer of complexity to the development of resilience and

adaptation. In many parts of Nigeria, orphaned children are stigmatized and marginalized, which can exacerbate their sense of isolation and emotional distress (Soyobi et al., 2024a; Soyobi et al., 2024b; Soyobi et al., 2024c). However, cultural values such as communal support and extended family networks can also provide a buffer against the negative effects of orphanhood. In some cases, community members and religious institutions in Kaduna play a crucial role in supporting orphaned children by providing financial assistance, emotional support, and opportunities for social integration (Skovdal & Daniel, 2012). These community-based support systems can enhance the resilience of children by reinforcing their sense of belonging and reducing the stigma associated with orphanhood.

Despite the numerous challenges facing children in orphanages, research has shown that resilience is not only possible but can be cultivated through targeted interventions. Programs that focus on building emotional and social competencies, such as problem-solving skills, emotional regulation, and self-efficacy, have been shown to improve resilience in orphaned children (Cluver et al., 2013). In Kaduna, interventions that promote psychosocial support, education, and life skills training have the potential to enhance the

resilience and adaptive capacities of children in orphanages. Furthermore, providing training and support for caregivers can improve the quality of care in orphanages, which in turn can foster a more nurturing environment for children to develop resilience.

Children living in orphanages in Kaduna face significant challenges, but many of them demonstrate remarkable resilience and adaptability in the face of adversity. Resilience is a dynamic process that evolves in response to the complex interplay of individual, social, and environmental factors. Through coping strategies such as emotional regulation, social support, and problem-solving, these children can navigate the difficulties of institutional living and maintain a sense of hope for the future. While the structural and social challenges of orphanhood are daunting, interventions that focus on building resilience and adaptive capacities offer a promising pathway for improving the well-being of orphaned children in Kaduna.

This paper focuses on the concept of resilience among children in orphanages, particularly in Kaduna. It explores how resilience is not merely an inherent trait but a dynamic process that evolves in response to the challenges these children face. The paper highlights the internal

and external factors influencing resilience, such as personal traits and supportive relationships, and examines how children develop coping mechanisms to navigate their difficult circumstances. Additionally, it discusses the role of adaptation in helping children adjust to the demands of institutional living, emphasizing the importance of emotional regulation, problem-solving, and social support in mitigating the negative effects of orphanhood. This comprehensive analysis provides valuable insights into the psychological and emotional resilience of orphaned children, contributing to a deeper understanding of their well-being and development. By understanding the processes of resilience and adaptation, policymakers, caregivers, and communities can better support these vulnerable children and help them achieve their full potential.

METHODOLOGY

Study Area

The study was conducted in Kaduna, a significant city located in the North-West geopolitical zone of Nigeria. Kaduna serves as the capital of Kaduna State and is an essential economic and cultural hub, positioned along the Kaduna River. The state covers a total area of approximately 3,080 square

kilometers and is home to more than 60 ethnic groups, including the Gbayi, Hausa, Fulani, Gwong, Atuku, Bajju, and others. These ethnic groups contribute to Kaduna's rich cultural diversity (Nigeria National Population Commission, 2019). Economically, Kaduna plays a pivotal role as a trade center and transportation axis, connecting it with the agricultural and industrial activities of nearby regions (Adeyemi & Oluwatosin, 2018).

Research Sites

The three orphanages involved in the study reflect different aspects of institutional care in Kaduna. The Adonai Orphanage Home was established in 2010 by Reverend Mrs. Elizabeth Afuape and is located in Banawa, Kaduna South. This faith-based, non-governmental organization provides care to orphaned children, offering them shelter and access to education and healthcare (Oluwatoyin, 2019). The second institution, Mercy Orphanage Home, founded in 2001 by Reverend Dr. Tunde Balanta, is also a faith-based non-profit organization. Situated in Ungwan Romi, Mercy Orphanage focuses on the holistic development of its children, supporting them both academically and emotionally (Balanta, 2020). Lastly, Jamiyyar Matan Arewa Orphanage, established in 1963 by Northern Nigerian women,

emphasizes providing welfare services for women and children. Its establishment sought to unify women and create a support system for vulnerable children (Adeyemi et al., 2017).

Study Design and Population

The research adopted a cross-sectional descriptive design, commonly used in social and health studies to capture data at a specific point in time (Levin, 2006). The target population was children living in orphanages in Kaduna, with the inclusion criteria focused on children under 19 years old. Children above 18 or unwilling to participate were excluded from the study (Oluwatoyin, 2019).

Sample Size Determination

The sample size (n) drawn from the selected subjects was determined using the formula below:

$$n = z^2pq/d^2$$

Where n=minimum sample size required, p=0.20727, q=1-p (=0.793), z=the value of standard normal deviation taken to be 1.96(at 95% confidence interval), d=sampling error tolerance at 95% confidence interval taken to be 0.05 (5%). Based on these calculations, a sample size of 90 participants was deemed necessary, considering a 10% non-response rate. This approach to sample size determination is

commonly used in health studies involving vulnerable populations (Mugisha et al., 2018; National Population Commission, 2018).

Sampling Technique

A two-stage sampling process was used. First, three out of seven orphanages in Kaduna were randomly selected. In the second stage, all eligible children in these orphanages were sampled based on the inclusion criteria. For instance, Mercy Orphanage had 46 children, but only 40 met the inclusion criteria. In Adonai Orphanage, all 46 children were included, while the Jamiyyar Matan Arewa Orphanage had 14 children, all of whom participated (Kareem, 2015).

Data Collection Tools

The data collection involved an interviewer-administered questionnaire designed to gather information on the medical and social conditions of the children. The Mid-Upper Arm Circumference (MUAC) was used as an indicator of malnutrition, following Shakir's (1975) method. MUAC readings below 11 cm suggest severe acute malnutrition, while values between 12.5 cm and 13.5 cm indicate a moderate risk (Aliyu et al., 2018). Additionally, the Body Mass Index (BMI) was calculated to assess the children's weight status, which is a commonly

used method for determining nutritional health (Balanta, 2020).

Psychosocial measures included the Rosenberg Self-Esteem Scale (RSES) and the Duke-UNC Functional Social Support Questionnaire. The RSES measures self-esteem levels through a 10-item Likert-type scale, widely applied in social science research (Rosenberg, 1965). The Duke-UNC FSSQ assesses the strength of social support networks, which is essential for the well-being of orphaned children (Broadhead et al., 1988).

Hyperactivity and Depressive Disorders

Hyperactivity and major depressive disorders were diagnosed using criteria from the DSM-IV. The DSM-IV remains a standard tool in mental health diagnostics and is globally recognized (American Psychiatric Association, 2000). Any child meeting six or more of the criteria for attention deficit hyperactivity disorder (ADHD) or major depressive disorder was considered to have the respective condition (American Psychiatric Association, 2000).

Data Collection Method

Six research assistants, who were medical students at Ahmadu Bello University (ABU) Zaria, collected the data over three Saturdays. An average of 30 respondents were interviewed each day, and the data was overseen by the principal

researcher to ensure consistency (Adeyemi et al., 2017).

Data Management and Analysis

Data collected from the interviews were reviewed for completeness, and any incomplete responses were eliminated. The data was analyzed using SPSS version 20.0, with normality tests conducted before descriptive statistics were generated (Levin, 2006). Cross-tabulations were then performed to examine relationships between variables, and the results were presented in tables and charts. These results were compared with other studies to draw broader conclusions about the medical and social challenges faced by orphaned children (Oluwatoyin, 2019).

Ethical Considerations

Ethical approval was obtained from the Department of Community Medicine at ABU Zaria. Permission was also sought from the directors of the orphanages, and informed consent was obtained from the caregivers and children (Nigeria National Health Research Ethics Committee, 2017). However, limitations included

time constraints and resource shortages, which prevented the inclusion of more variables, such as vitamin A levels, that could have provided deeper insights into the children's health (Oluwatoyin, 2019).

Study Limitations

The study's cross-sectional design, which captures data from a single point in time (December 2016), limits its ability to reflect long-term trends or changes in healthcare workers' knowledge and skills. As healthcare policies, training initiatives, and resource availability have likely evolved since the study, the findings may not fully represent the current state of affairs. Therefore, caution should be exercised when interpreting the results in a contemporary context. Moreover, the reliance on self-reported data to assess knowledge, rather than direct observation of clinical performance, presents a potential source of bias. Healthcare workers may have overestimated their competencies or underreported areas of difficulty, which could affect the accuracy of the findings.

Socio-demographic information of orphans living in orphanages in Kaduna

Table 1: Socio-demographic characteristics of respondents

Socio-demographic characteristics of respondents	Frequency (n=100)	Percentage (%)
Age (in years)		
0-4	8	18.0
5-9	26	16.0
10-14	41	41.0
15-19	25	25.0
Total	100	100.0
Sex		
Male	68	68.0
Female	32	32.0
Total	100	100.0
Ethnicity		
Hausa	41	41.0
Yoruba	30	30.0
Igbo	10	10.0
Biom	8	8.0
Others	11	11.0
Total	100	100.0
Religion		
Islam	14	14.0
Christianity	86	86.0
Total	100	100.0

The table 1 above showed that the age group of respondents 10-14years have the highest percentage (41%) while age group 0-4years has the least percentage of respondents (8%). There are more males (68%) than female (32%) respondents. The predominant tribe is Hausa (41%), followed by Yoruba (30%). Others include Bajju, Ebira, Idoma, etc. There are more Christian (86%) than Muslim (14%) respondents.

Prevalence of Common Medical Problems among Orphans in Orphanages in Kaduna

Table 2: Physical well-being of respondents

Variables	All the time [n (%)]	Most of the time [n (%)]	More than half of the time [n (%)]	Less than half of the time [n (%)]	Some of the time [n (%)]	At no time [n (%)]	Total [n (%)]
I feel well and energetic	34(39.1)	35(40.2)	8(9.2)	8(9.2)	2(2.3)	-	100(100)
I feel physically fit to do anything I want	31(35.6)	35(40.2)	10(11.5)	10(11.5)	1(1.1)	-	100(100)
I am comfortable about my weight, shape and physical condition	41(48.8)	29(34.5)	11(13.1)	1(1.2)	1(1.2)	1(1.2)	100(100)



I do get all the sleep I need	37(44.0))	20(23.8))	20(23.8)	4(4.8)	3(3.6)	-	100(100))
I am free from unexplained physical health symptoms	29(35.8))	14(17.3))	11(13.6)	2(2.5)	23(28.4))	2(2.5)	100(100))
I woke up feeling fresh and rested	41(50.0))	18(22.0))	12(14.6)	3(3.7)	6(7.3)	2(2.4)	100(100))
My daily life has been filled with things that interest me	23(28.4))	29(35.8))	23(28.4)	5(6.2)	1(1.2)	-	100(100))
I eat good balanced diet daily	45(54.9))	20(24.4))	7(8.5)	2(2.4)	8(9.8)	-	100(100))
I feel calm and relax	30(36.6))	30(36.6))	14(17.1)	2(2.4)	6(7.3)	-	100(100))
I usually visit hospital for treatment	41(50.0))	15(18.3))	11(13.4)	7(8.5)	8(9.8)	-	100(100))
I do get all I need anytime the need arise	15(18.3))	15(18.3))	26(31.7)	10(12.2)	11(13.4))	5(6.1)	100(100))
I eat what I want and not what I see	14(17.1))	13(15.9))	11(13.4)	8(7.3)	14(17.1))	24(29.3)	100(100))

From the above table, result shows that a high percentage of respondent felt well and energetic all the time (39.1), most of the time (40.2) and none (0%) none of the time. This implies that about 80% feel well and energetic and approximately 90% feel physically fit and comfortable with their weight, shape and physical condition. About 46.4% of them eat what they want while majority (55.6%) eat what they see rather than what they want, majority (83.3%) eat balanced diet likewise 81.7% visit the hospital whenever they are ill.

Table 3: Body mass index and mid upper arm circumference of respondents

Body mass index and MUAC of respondents	Frequency (n=95)	Percentage (%)
BMI		
Underweight	51	53.7
Normal weight	35	36.8
Overweight	4	4.2
Obese	5	5.3
Total	95	100.0
MUAC (cm)		
<11.0	2	28.6
11.0-12.5	2	28.6
12.5-13.5	1	14.3
>13.5	2	28.6

Total	7	100.0
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From the table above, more than half (53.7%) of the children are underweight while 36.8% weigh within normal and 5.3% are obese. Less than half (28.6%) of respondents have severe acute malnutrition, 28.8% also have moderate acute malnutrition, 14.3% is at risk of malnutrition and 28.6% of the respondents are well nourished.

Table 4: Clinical examination result of respondents

Signs and symptoms/Age group	0-4(n=8)	5-9(n=26)	10-14(n=40)	15-18(n=25)	Total(n=95)
De-pigmentation of hair	-	-	2	1	3
Muscle wasting	-	-	-	-	-
Moon face	-	-	-	1	1
Flaky paint dermatitis	-	-	-	-	-
Oedema	-	-			
Bitot spot	-	-	-	2	2
Conjunctival xerosis	-	-	-	1	1
Xerosis of the skin	-	-	-	-	-
Cheilosis	1	1	1	-	3
Magenta tongue	-	-	1	1	2
Loss of ankle and knee jerk	-	-	-	-	-
Atrophic lingual papillae	-	1	-	-	1
Spongy bleeding tongue	-	-	-	1	1
Open fontanella	-	-	-	-	-
Bow leg	1	-	-	1	2
Knock knee		3	1	2	6

Pale conjunctival	1	1	2	1	5
Enlarged thyroid gland	-	-	-	-	-
Mottled dental enamel	1	1	1	2	5
Total [n (%)]	4	7	8	13	32 (33.7)

66.3% of the respondents had no physical signs on clinical examination while 33.7% of the respondent do.

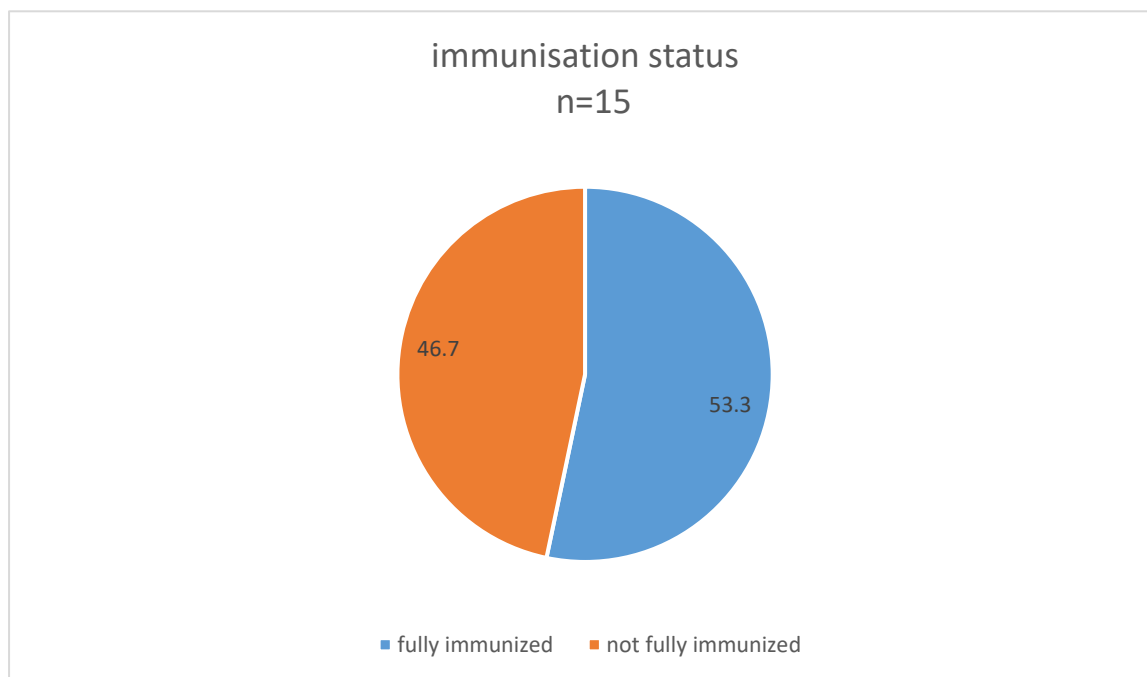


Figure 1: Immunization status of respondents

The number of respondents that are fully immunized (53.3) were slightly higher than those that were not fully immunized (46.7%).

Table 5: Frequency distribution of respondents with BCG scar and the immunization card seen

Number of immunization card seen and presence of BCG scar on respondents among under-fives	Frequency (n=8)	Percentage (%)
Number of immunization card seen	7	87.5
Presence of BCG scar	5	62.5

Table 5 above showed that 87.5% of the under-five's immunization card were seen and 62.5% of them have BCG scar.

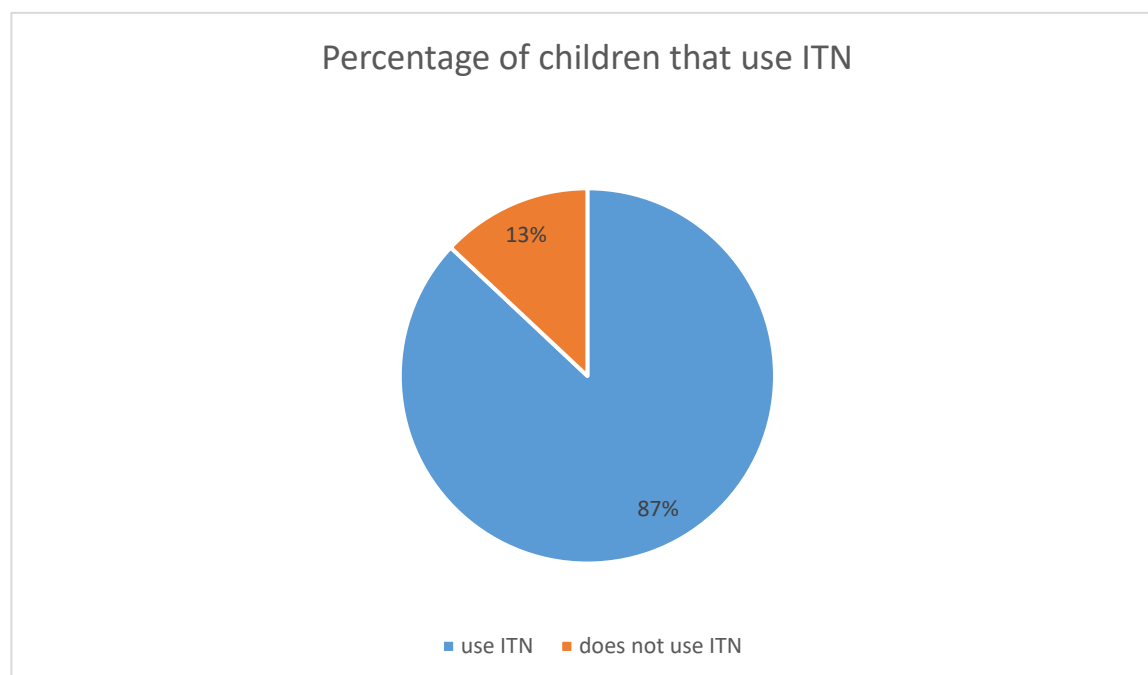


Figure 2: Frequency distribution of children that sleep under ITN

Figure 2 above showed that 87% of the respondents sleep under insecticide treated net.

4.5 Psycho-social status among orphans living in orphanages in Kaduna

Table 7: Psycho-social status of respondents lining in orphanages in kaduna

Psycho-social status of respondents	Frequency (n=100)	Percentage (%)
Attends school		
Yes	87	97.8
No	2	2.2
Total	89	100.0
Type of education		
Western	79	89.7
Quranic	3	3.4
Home	6	6.9
Total	87	100.0
Mathematics and English Textbook		
Yes	69	80.2
No	17	19.8
Total	87	100.0
Absence from school		



Yes	16	18.4
No	71	81.6
Total	87	100.0

Reasons for school absenteeism

Illness	12	85.7
Lack of school fees	2	14.3
Total	14	100.0

Table 7 above showed that majority (97.8%) of the children attends school, (89.7%) sought western education and 3.4% school at home while 6.9% sought qur’anic education. Majority (80.2%) have Mathematics and English textbooks while 19.8% do not have Mathematics and English textbooks, 18.8% were absent from school in the last one week and majority (85.7%) of them were absent from school in the last one week due to sickness.

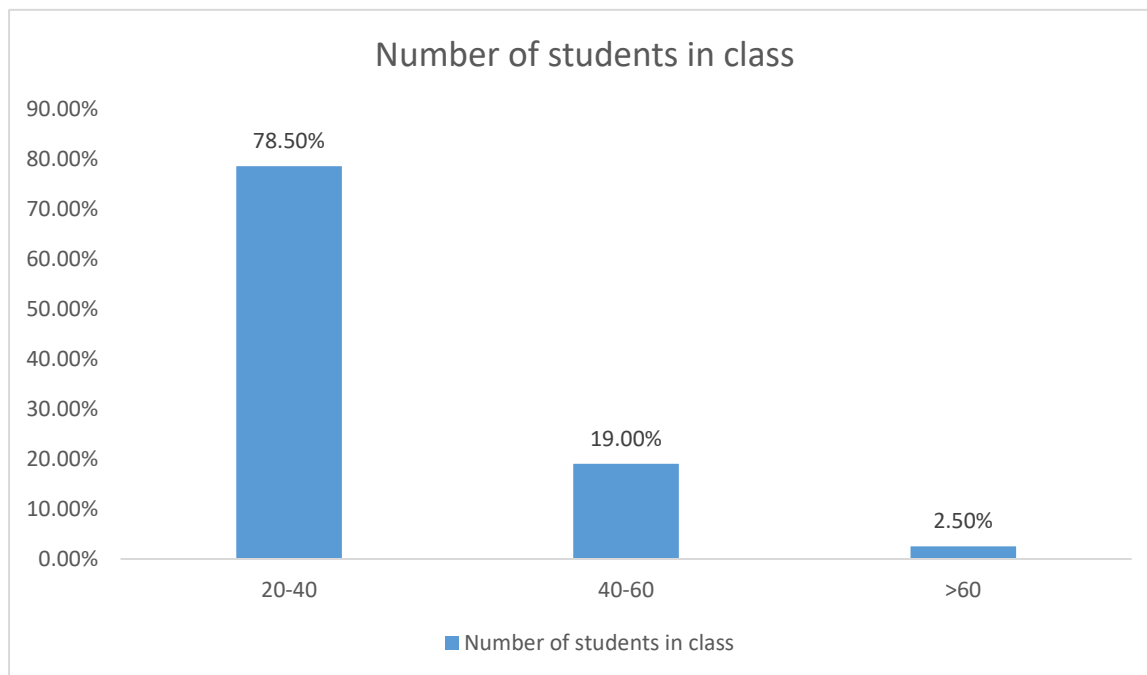


Figure 4: The frequency distribution of children and their number in class

Figure 4 above showed that majority (78.5%) of the children are in a class of 20-40 persons

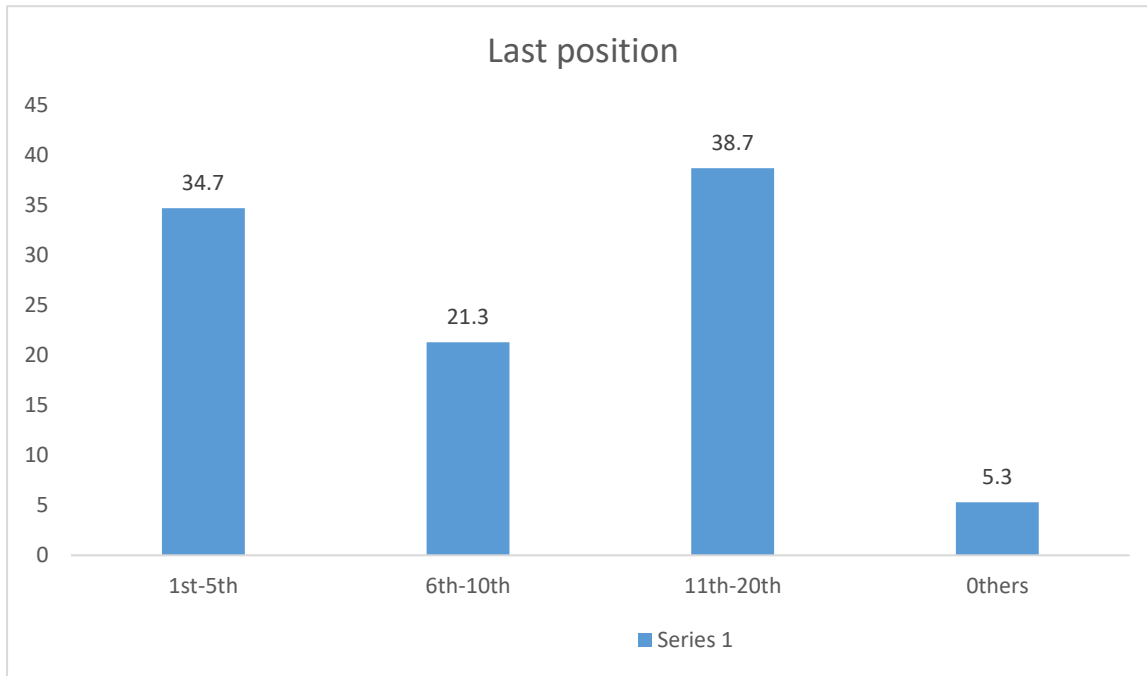


Figure 5: Shows the last position in school.

The figure above showed that majority (38.7%) of the children had between 11th and 20th position in the last term.

Table 8: showing self-esteem status of orphans living in orphanages in Kaduna

Self-esteem status	Male n (%)	Female n (%)	Total (%)

Good self-esteem	46(60.5)	21(27.7)	67(89.2)
Poor self-esteem	6(7.9)	3(3.9)	9(11.8)

The above table showed that 89.2% of them have good self-esteem of which majority are males (60%) and 11.8% have poor self-esteem.

Table 9: showing the quality of social support for orphans living in orphanages in Kaduna

Social support score (8-40)	Frequency (n=71)	Percentage (%)
16-19.9	11	15.5
20-24.9	19	26.8
25-29.9	25	35.2
>30	16	22.5

Table 9 above showed that majority (35.2%) had good (25-29.9) social support score and 15.5% have an average (16-19.9) social support score

4.6 coping strategies of orphans living in orphanages in Kaduna

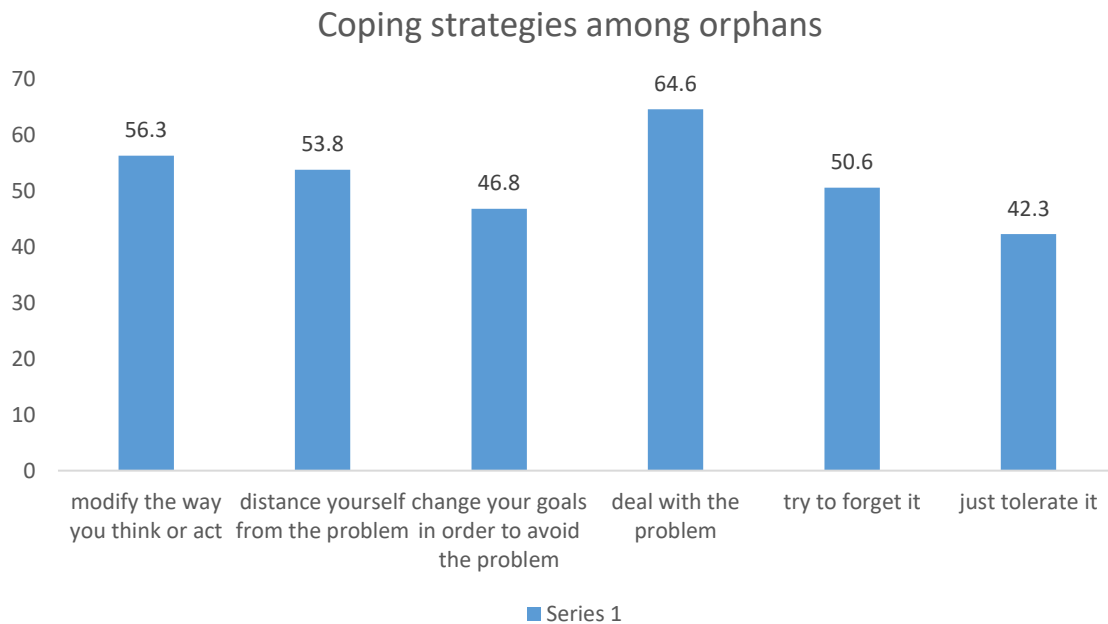


Figure 6: Shows how the orphans cope with their various situations

The figure above showed that 64.6% of the children try to deal with their situation, however majority of them shy away from their challenges.

DISCUSSION

The results of this study on the resilience and adaptation of children living in Kaduna orphanages provide important insights into how orphaned children cope with the challenges they face, both in terms of their daily well-being and their broader psychosocial development. Coping strategies and resilience play a significant role in shaping the lives of these children, and

understanding the dynamics of these mechanisms offers an avenue for improving care and support in institutional settings. The findings align with broader research on the subject but also highlight unique contextual factors specific to the Kaduna setting.

A significant proportion of the respondents, particularly those aged 10–14 years, exhibited a notable capacity for coping, as evidenced by their

ability to maintain physical well-being and positive social relationships. This age group is critical for the development of resilience, as children at this stage are navigating complex emotional and social changes. Studies have shown that children in this age range who live in institutional care face heightened risks of emotional and behavioural challenges, yet they also possess remarkable adaptability and resilience when provided with supportive environments (Fawzy & Fouad, 2017). The mean age of 10 years among the respondents underscores the early onset of adaptive strategies in this group, which is consistent with literature suggesting that early childhood experiences significantly influence resilience in later life (Masten & Barnes, 2018).

The gender distribution in this study, where males made up 68% of the sample, offers an interesting lens through which to examine resilience and coping. Research has often indicated that males and females may employ different coping mechanisms in response to adversity. While males in this study were more likely to report good self-esteem (60.5% of respondents), this contrasts with other studies, such as the one conducted in Ogun State, which found that females generally exhibited higher

self-esteem than males (Adebayo et al., 2020). These differences could be attributed to the specific cultural and social dynamics within the Kaduna orphanages, as well as the varying roles and expectations placed on boys and girls in Northern Nigerian society.

The religious and ethnic composition of the respondents, with 86% identifying as Christian and 41% being of Hausa ethnicity, also has implications for how these children cope with their circumstances. Religion, in particular, is a significant source of emotional support and resilience for many orphaned children. Studies have demonstrated that children in orphanages often turn to faith as a coping mechanism, drawing strength from religious teachings and community worship (Zhao et al., 2020). The predominance of Christian orphanages in this study may explain why a majority of the children reported strong social support networks and positive peer relationships, as religious institutions often emphasize community building and mutual care (Salifu Yendork & Somhlaba, 2017).

The level of education among the respondents further reflects their adaptive capacity. More than half (57%) were enrolled in primary school, while 26.7% were in junior secondary school.

Education serves as a critical protective factor for children in institutional care, providing not only knowledge and skills but also a sense of purpose and structure. Several studies have highlighted the role of education in fostering resilience, particularly in orphaned children, who may see academic success as a way to secure a better future (Ismayilova et al., 2018). The high percentage of children attending school in this study aligns with findings from other parts of Nigeria, where access to education has been shown to mitigate some of the negative effects of orphanhood, including social isolation and low self-esteem (Oladeji et al., 2020).

In terms of physical well-being, the majority of the respondents (40.2%) reported feeling energetic most of the time, with none reporting that they never felt energetic. This finding is consistent with research indicating that children in orphanages often have better physical health outcomes than expected, due to access to regular meals and healthcare, particularly in well-managed institutions (Chi & Li, 2019). However, the fact that 53.7% of the children in this study were classified as underweight suggests that nutritional deficiencies remain a challenge. This aligns with previous studies in Nigeria, such as one conducted in Imo State, which found that a

significant proportion of children in orphanages were underweight, wasted, or stunted due to inadequate nutrition (Obialo et al., 2019). Nationally, 29% of children are underweight, encompassing both acute and chronic malnutrition or low weight for age (UNICEF, 2015). The 53.7% reported in Kaduna orphanages is almost twice the national average, suggesting a severe malnutrition crisis in these institutions. This disparity highlights the urgent need for targeted nutritional interventions and support to address the specific challenges faced by children in orphanages in Kaduna. Addressing these nutritional gaps is critical, as poor physical health can undermine children's capacity to cope with emotional and social stressors.

The mental health of the respondents also warrants attention, with 27% showing signs of hyperactivity/impulsivity disorders and 22.3% suffering from enuresis. These findings are in line with studies conducted in other parts of Africa and the Middle East, where children in orphanages often exhibit higher rates of mental health challenges compared to their peers in family settings (Abdelrahman et al., 2017; Zhao et al., 2020). The presence of hyperactivity disorders may be linked to the stressful environment of orphanages, where children often

lack individualized attention and may experience emotional dysregulation as a result. Moreover, the prevalence of enuresis, a condition often linked to stress and anxiety, suggests that many of these children are struggling with unresolved trauma, further complicating their ability to cope with daily challenges.

Despite these challenges, the children in this study demonstrated remarkable resilience in their social relationships. More than 83% of respondents reported positive peer relationships, which is crucial for their emotional development. Positive peer interactions can serve as a buffer against the negative effects of orphanhood, fostering a sense of belonging and reducing feelings of loneliness (Kwak et al., 2019). The fact that only 11.4% of the children reported being bullied and 9% felt ostracized is an encouraging sign, as peer-based stigma and exclusion can significantly undermine resilience. This finding contrasts with studies from other parts of Africa, where a much higher percentage of orphans reported experiencing social isolation and bullying (Cluver et al., 2018).

One of the key themes emerging from this study is the reliance on negative coping strategies by a significant proportion of the children. The fact that 56.3% of respondents reported modifying

their behaviour to cope with their challenges, and 50.6% made efforts to forget their situations, suggests that these children are engaging in avoidant coping mechanisms. Avoidant strategies, such as distancing oneself from problems or changing one's goals to avoid challenges, have been widely documented in the literature as less effective in the long term (Compas et al., 2017). While these strategies may provide temporary relief, they often fail to address the underlying issues, leaving children more vulnerable to stress and emotional exhaustion. Studies from Ethiopia and other parts of Sub-Saharan Africa have similarly found that orphans often rely on avoidant coping mechanisms, due to a lack of appropriate psychosocial support (Tadesse et al., 2021).

The high percentage of children employing avoidant coping strategies underscores the need for targeted interventions aimed at promoting more adaptive forms of coping. Programs that teach problem-solving skills, emotional regulation, and positive self-talk have been shown to enhance resilience among orphaned children (Ungar, 2019). Moreover, providing children with access to counselling services and creating opportunities for them to engage in therapeutic activities, such as art or play therapy,

can help them process their emotions in healthier ways (Theron & Theron, 2014). In this regard, the lack of access to mental health services in many orphanages remains a significant barrier to improving children's coping strategies.

Another important finding in this study is the role of social support in fostering resilience. More than half of the respondents (64.6%) reported that they were able to deal with their situations, indicating that social support networks within the orphanages play a critical role in helping children cope. Social support has been consistently identified as one of the most important factors contributing to resilience, particularly in children who have experienced significant adversity (Rutter, 2012). The presence of supportive caregivers and peers can provide children with a sense of security and belonging, reducing the emotional burden of orphanhood and enhancing their ability to adapt to their circumstances (Werner, 2013).

However, the gender differences in social support scores, with males reporting higher levels of support than females, raise important questions about the gendered dynamics of care in these orphanages. Research has shown that girls in institutional settings are often more vulnerable to emotional neglect and may receive less attention

from caregivers, which can undermine their social support networks and overall resilience (Jones, 2017). Addressing these gender disparities is essential for ensuring that all children, regardless of gender, have access to the support they need to thrive.

In essence, this study highlights the complex interplay between resilience, adaptation, and coping strategies among children living in Kaduna orphanages. While the majority of children demonstrated remarkable resilience in their physical well-being and social relationships, the reliance on negative coping strategies suggests that many are struggling to adapt to the emotional and psychological challenges of orphanhood. Addressing these challenges requires a multifaceted approach that includes improving access to mental health services, enhancing the quality of social support within orphanages, and promoting more adaptive forms of coping through targeted interventions. The findings of this study are consistent with broader research on orphanhood and resilience but also underscore the unique cultural and contextual factors that shape the experiences of children in Kaduna.

CONCLUSION

This study underscores the resilience and adaptation strategies employed by children living in orphanages in Kaduna State, Nigeria. Despite facing significant medical and social challenges, including various health conditions and behavioural disorders such as hyperactivity and enuresis, these children demonstrate remarkable coping mechanisms. Their ability to adapt to adverse conditions is evident in their resilience and emotional strength.

The prevalence of poor self-esteem among many children highlights the need for comprehensive psychosocial support. However, the children's access to formal education and their academic performance suggests a strong potential for positive outcomes. This resilience is further demonstrated by their low levels of stigmatization and good social integration, which contribute to their emotional resilience and overall well-being.

Addressing the challenges faced by these children through targeted interventions is crucial for enhancing their quality of life. Ensuring psychological support, along with maintaining access to education and fostering social support systems, is essential for their long-term development and integration into society. Collaborative efforts between government

agencies, non-governmental organizations, and the community are necessary to support these children's resilience and adaptation strategies, ultimately enhancing their well-being and helping them thrive despite their circumstances. By focusing on these multidimensional issues, we can create a more supportive environment that promotes the holistic development of these vulnerable children.

Conflicts of interest

The author reports no conflicts of interests.

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