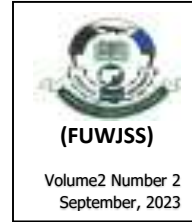


**PSYCHOLOGICAL COPING STRATEGIES OF ORPHANS IN MAKARFI LOCAL GOVERNMENT AREA, KADUNA STATE, NIGERIA**



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**Abstract**

In recent years, orphan populations have increased due to rising rates of terrorism, the HIV and AIDS pandemic, accidents, banditry, diseases, and other preventable causes of death. These have negatively impacted the lives of many orphans; as they are faced with lots of challenges leave them helpless. The paper investigates the coping strategies of orphans in Makarfi Local Government Area, Kaduna State, Nigeria. Through a systematic sampling procedure, the study sample consists of 370 respondents in five wards of Makarfi Local Government Area. One focus group discussion (FGD) was held in each of the five selected wards. Data analysis consists of descriptive statistics involving chi-square and principal component analysis using the Statistical Package for Social Science (SPSS Version 25). The study results and findings established that autonomy, environment mastery, and personal growth are the major factors that affect orphans psychologically. Orphans with secondary school education have the highest (0.042) psychological well-being, while orphans without any form of education have the lowest (-0.08) psychological well-being. The study concludes that the prevailing coping strategies mostly adopted by orphans in Makarfi Local Government Area are farming (46.8%) and peer relationships (34.8%). The study recommends that governments at all levels should integrate orphans into the National Health Insurance Scheme to enable them to access healthcare with ease and at a lesser cost.

**Keywords:** Orphans, depression, learning disorder, Makarfi, Autonomy, farming

## Introduction

According to Adejimi, Olagunoye, Amuda, Alawale, Musa, Adenekan, Oyebade, Bello, Olugbile, Adeoye, and Olatunji (2019), an orphan is a child under the age of 18 whose mother, father, or both parents have passed away from any cause of death. Cheney (2017) expresses psychosocial well-being as the age or stage of appropriate positive outcomes of an individual's physical, social, and psychological development. It is determined by a combination of individuals' capacities and their social and material environment. Psychosocial well-being is essential for children's survival and development, especially in increasingly stressful situations (Yosef, Assefa & Zinabie, 2023). This entails being in a setting that supports an orphan's mental, physical, and social well-being. It must be recognized that losing one or both parents frequently decreases a child's psychological well-being. Because they are "too young to assume this formidable task," some orphans are placed with extended relatives, where they are cared for by unqualified individuals who are unwilling to take on the responsibility (Tagurum, Chirdan, Bello, Afolarinmi, Hassan, Ajayi & Idoko, 2015. p22).

Changes in behaviour are a normal part of a person's development from infancy to maturity and are triggered by physical and biological growth in children. Parents occasionally attempt to protect their children by providing them with extra attention, support, and guidance during this stage, all of which are factors in the psychosocial well-being of the child (Ringson, 2019). Children who have lost their parents are especially susceptible because they lack the mental and physical maturity to handle the emotional distress of parental loss. About 40% of orphans develop post-traumatic stress as a result of losing their parents, symptoms of which can include withdrawal from society as a whole, feelings of guilt, depression, and aggression, as well as eating, sleeping, and learning disorders (Nikolaeva, Savchenko & Stepanova, 2022). In addition to dealing with the loss of their parents, these kids also have to deal with domestic violence in their foster families (Khan & Kamal 2023). Society, government, Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), and Community-Based Organizations (CBOs) inherit the role of guardianship for orphans, and they have to meet huge challenges when attempting to ensure the well-being of the orphans (Chipungu, 2004). Even though orphans have suffered loss, it is still possible for them to live fulfilling lives as long as their extended families, communities, CBOs, FBOs, NGOs, and the government are all doing their part to support their psychosocial well-being (Doku, 2009). This psychosocial well-being depends on the extent to which the orphans adjust and cope with the loss they experience, and it is in this area that the roles of

extended families, the community and its CBOs, FBOs, NGOs, and the government become critical (Tagurum et al., 2015).

The United Nations Children's Emergency Fund (UNICEF) database, estimates the number of orphans in Nigeria to be 14.6 million (UNICEF, 2021). According to the 2020 Situation Analysis, 4.92 million are orphans due to AIDS while the remaining are due to other causes (FMoH, 2021); 15.5% of the 89 million children are vulnerable (UNICEF, 2017); and 10% of children in Nigeria are orphaned (7% in the north-west, 10% in rural areas, and 11% in urban areas, respectively). According to the National Plan of Action for Orphans and Vulnerable Children (OVC), up to 40% of children may have been trafficked and 39% of children aged 5 to 14 engage in child labour. According to the World Bank, deaths (42%), conflicts (22%), maternal deaths (17%), and HIV/AIDS (11%) are the main causes of orphans and child vulnerability in Nigeria, where 44% of children do not attend primary school. According to the National Population Commission (2006) and the CIA World Fact Book (2021), Nigeria is dealing with a situation of catastrophic proportions involving orphans and vulnerable children. This is due to government estimates of 19.5 million OVC in Nigeria, who make up 11% of the population, with 11.3 million being orphans, making up 7%, although experts believe these numbers might underestimate the size and scope of the issue Federal Ministry of Women Affairs and Social Development (FMWA&SD, 2021). Many orphans suffer extreme poverty, limited access to medical care, and poor food habits that are frequently both insufficient in quality and quantity. They are less well-off socially and psychologically than non-orphan children because they are more frequently separated from and given biased treatment. Since children are considered to be the closest living things to adults, the care provided to orphans is just as important as that to other children.

Prejudice, poor educational services, insufficient nutrition, sexual abuse, and other issues are usually present when a child becomes an orphan, which can further jeopardize their chances of finishing school. Moreover, the death of one or both parents had a dramatic and long-lasting impact on a child's psychological wellbeing well-being. Children and teenagers are particularly vulnerable to unresolved or painful grieving because of their emotional dependency and developmental vulnerabilities (Hiwot, 2011). Despite the lack of research on orphans in Makarfi Local Government Area, the increasing number of orphans in the area is still noticeable. The death of parents brings about orphanhood, thereby leaving the children vulnerable to many life challenges such as feeding, clothing and shelter. These needs expose them to criminal activities such as theft, and assault, amongst others. Some are left in the hands of relatives who cannot even care well for their biological children in terms of clothing, nutrition, education, and shelter as

a result many orphans are pushed into child labour. Considering this, one would assume that these orphans are just living their lives at the mercy of their creator. As a result, most of them end up begging in the streets, with no proper shelter, clothing, and so on. All these issues contribute to the psychological condition of orphans in Makarfi Local Government Area. Thus, this study examines the psychological well-being of orphans between the ages of 11 – 18 years.

Makarfi Local Government Area, located between Latitude  $11^{\circ} 16' 0''$  N and  $11^{\circ} 26' 0''$  N of the Equator and Longitudes  $07^{\circ} 48' 0''$  E and  $08^{\circ} 8' 0''$  E of the Greenwich Meridian (Figure 1) (Dabo, 2011), has experienced various changes in its physical structure, population, economic and social mix over the years (Bichi et al., 2012). The region's tropical wet-dry climate is characterized by two distinct seasons - wet and dry, triggered by the Inter-Tropical Discontinuity (ITD) movement influenced by two major air masses, the tropical continental (cT) and the tropical maritime (mT). On average, the temperature in Makarfi Local Government Area is around  $30^{\circ}\text{C}$  per month, with April being the warmest month on record. (Yusuf, 2006). The average yearly rainfall is approximately 900 mm. The population of Makarfi Local Government Area increased from 8,434 in 1953 to 69,858 in 1991 and 146,574 by 2006, the population of Makarfi has increased rapidly (NPC, 2009), with the male population standing around 73,292 and the female population standing around 73,282. The population of Makarfi is projected to be 217,093 in 2022 using the exponential population projection model and a 3% growth rate. The primary occupations of the Makarfi people include farming, public service, and different types of trade.

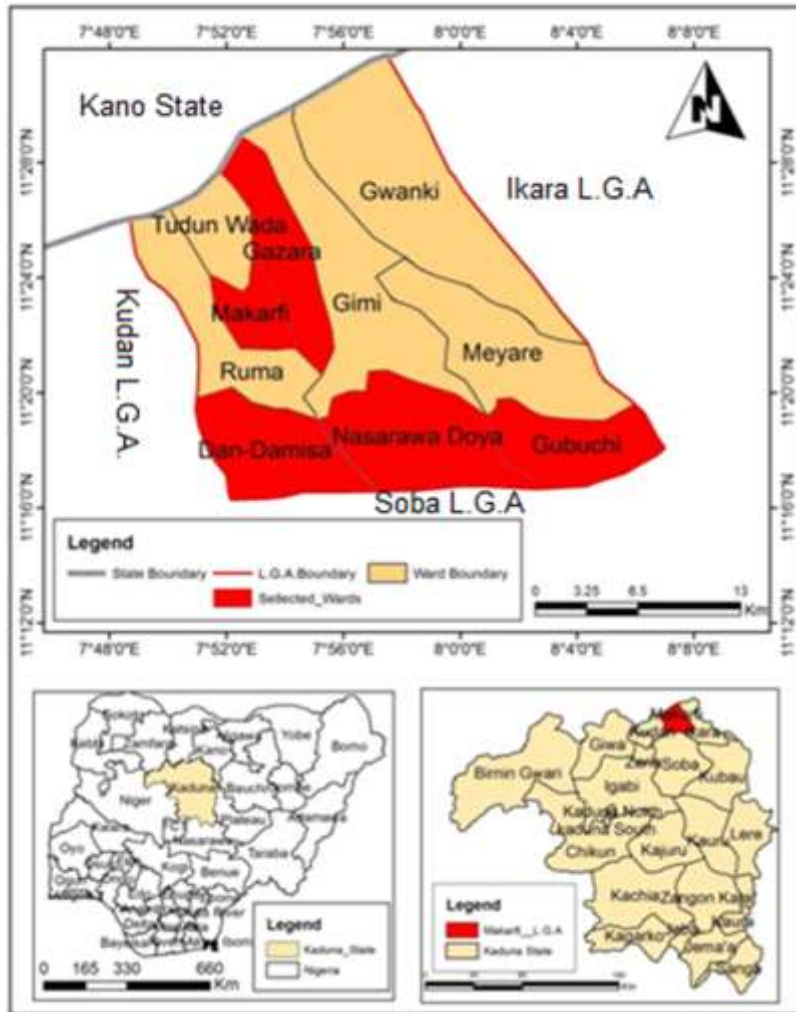


Figure 1: Makarfi Local Government Area  
 Source: Adapted from the Administrative Map of Kaduna State (2023)

**Challenges of Orphanhood in Nigeria**

According to Amoran and Lawoyin, (2017) orphanhood in Nigeria, like in many other parts of the world, presents numerous challenges for children and young people who have lost one or both parents. Encountering such difficulties can have adverse and enduring impacts on a child’s general welfare, individual growth, and forthcoming prospects. UNICEF (2018) reported that many orphaned children in Nigeria face difficulties in accessing quality education due to financial constraints and lack of parental

guidance, which can limit their future opportunities. Also, orphaned children often experience economic vulnerability, as they lack the financial support and resources that intact families provide. This vulnerability can lead to poverty and homelessness. The loss of one or both parents can lead to psychological and emotional trauma in orphaned children. They may experience grief, depression, anxiety, and a sense of abandonment. Orphaned children in Nigeria may face social stigma and discrimination due to their orphan status. This can result in exclusion and isolation from their peers and communities. In Nigeria, orphaned children often have limited access to healthcare services, which can result in poor health outcomes. This includes a higher risk of malnutrition, infections, and inadequate medical care (Oladeji, Taiwo, Mosaku, and Mapayi, 2014).

Orphaned children in Nigeria are at a higher risk of exploitation and abuse, including child labour, human trafficking, and physical or sexual abuse. The absence of parental figures in the lives of orphaned children can lead to a lack of guidance and positive role models, affecting their moral and social development. They may face difficulties in obtaining legal documentation, such as birth certificates, which can hinder their access to government services and rights. Nigeria's social welfare and support systems for orphaned children are often inadequate, leaving many without essential services and care (Oladimeji, Ogundipe, Ogbolu and Okeke, 2015; UNICEF, 2018). The challenges faced during orphanhood in Nigeria can have a long-term impact on the future well-being, education, and employment opportunities of these children (Adeyemo & Ogunjuyigbe, 2019).

### **Materials and Methods**

The study was conducted in Makarfi Local Government Area, Kaduna State, Nigeria. Five Local Government Area wards were chosen to make up the sample for the study. These five wards were the most populated. Using the Yamane (1967) sample size method and a projected child population of 84,163 resulted in a sample size of 400 (NPC, 2009). To choose the five wards for the study, a systematic sampling technique was adopted. A structured questionnaire and Ryff's Psychological Wellbeing Scale medium form, which has 42 questions, were used to collect the data. A total of 400 copies of the questionnaire, which includes the medium version of Ryff's Psychological Wellbeing Scale, were distributed; 370 of them were retrieved and proved helpful for this study. In-depth interviews and focus groups were also conducted, and the findings from both were used as additional information for the survey data. Using SPSS version 25 and Microsoft Excel version 2020, the data were analyzed inferentially and descriptively using frequency, percentage, and Principal Component Analysis (PCA).

### Socio-Demographic Characteristics of Respondents

Table 1 presents the socio-demographic characteristics of the respondents. It consists of sex, age, religion, place of residence, and type of residence. Table 1 shows that 65.7% of the respondents are males and 34.3% are females. The age distribution shows that respondents within the age group 17–18 years have the highest proportion, followed by those aged between 15–16 years and 11–12 years, who have the least. Age is a powerful demographic factor for research given that it is such a formidable force (ICPD, 2018).

**Table 1: Socio-demographic characteristics of respondents**

<b>Sex</b>	<b>Frequency</b>	<b>Percentage</b>
Male	243	65.7
Female	127	34.3
<b>Total</b>	<b>370</b>	<b>100.0</b>
<b>Age</b>		
11-12	56	15.1
13-14	87	23.5
15-16	91	24.6
17-18	136	36.8
<b>Total</b>	<b>370</b>	<b>100.0</b>
<b>Religion</b>		
Islam	248	67.0
Christianity	118	32.0
Traditional Worship	4	1.0
<b>Total</b>	<b>370</b>	<b>100.0</b>
<b>Current place of residence</b>		
Parent	165	44.6
Uncle	68	18.4
Aunt	26	7.0
Grand Parents	60	16.2
Brother	26	7.0
Sister	8	2.2
Family Friends	17	4.6
<b>Total</b>	<b>370</b>	<b>100.0</b>
<b>Type of Accommodation</b>		
Compound house	322	87.0
A Flat	34	9.2
Bungalow	12	3.2
Others	2	0.6
<b>Total</b>	<b>370</b>	<b>100.0</b>

Field Survey, 2022

In terms of religion, 66.8% of the respondents are Muslims, and 32.2% are Christians. This shows the multi-religious nature of the study area, with Islam being the predominant religion. Religion is a determinant and a driving force for cultural values in how orphans relate to people around them. The respondent's current place of residence revealed that 44.6% live in their parents' house, 18.4% live with their uncles, and 2.2% live with their sisters. Furthermore, the majority of the respondents (87%) live in compound houses, which comprise single rooms, two rooms, and three rooms. Only 0.6% live in other types of accommodation, such as huts, batchers and on the street. Following the death of a parent, children live with a surviving biological parent or a stepparent. Some children receive care from other members of the family, or adoptive parents, or are left homeless. Research has shown that most children who survive their parents' deaths suffer from negative consequences, irrespective of who cares for them following the death of their parents. Traditions of kinship systems in Africa may cause children who lose their fathers to stay with paternal relatives instead of their mothers (Gaydosh, 2019).

### **Psycho-Social Effects of Orphan-Hood in Makarfi Local Government Area**

Losing loved ones, especially when you're young, might cause depressed thoughts and emotions, including hopelessness, anger, and guilt. These are typical emotions associated with bereavement. These negative emotions are expected to ease away with time as the person begins to come to terms with the loss (Rotabi, Jini & Kelley, 2017). First, the 42 variables measuring psychological well-being were broken down into their parts. Several well-recognized criteria for the factorability of a correlation were used. Firstly, 40 of the 42 items correlated at least four with one other item, suggesting reasonable factorability. Second, Bartlett's test of sphericity was significant ( $\chi^2(780) = 2.85, (.00) p.05$ ), and the Kaiser-Meyer-Olkin measure of sample adequacy was .75, higher than the suggested value of .6. The Cronbach's Alpha reliability test is .84. The diagonals of the anti-image correlation matrix, all greater than .5, support the component analysis inclusion of each item. The communalities were all more than .3, which was the last step in the procedure, further indicating that each item shared some common variance with other components. A component analysis was conducted utilising all 42 components, or all the variables in the questionnaire's C portion, in light of these overall indications. Principal component analysis with VARIMAX rotation and Kaiser criterion-based factor selection are shown in Table 2.



**Table 2: Total Variance Analysis**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
Autonomy	5.299	13.944	13.944	5.299	13.944	13.944
Self-concept	2.253	5.929	19.873	2.253	5.929	19.873
Personal Growth	2.015	5.302	25.175	2.015	5.302	25.175
Purpose in Life	1.479	3.892	29.067	1.479	3.892	29.067
Social Comparison	1.471	3.872	32.939	1.471	3.872	32.939
Self-acceptance	1.334	3.511	36.451	1.334	3.511	36.451
Environmental Mastery	1.272	3.347	39.798	1.272	3.347	39.798
Self-esteem	1.215	3.198	42.996	1.215	3.198	42.996
Life Satisfaction	1.184	3.116	46.112	1.184	3.116	46.112
Locus of Control (internal)	1.156	3.043	49.155	1.156	3.043	49.155
Personal Relationships with others	1.111	2.923	52.078	1.111	2.923	52.078
Social Support	1.071	2.819	54.897	1.071	2.819	54.897
Low Life Satisfaction	1.025	2.696	57.593	1.025	2.696	57.593

Source: Field survey, 2022

Component 1 in Table 2 has an eigenvalue of 5.29 and explains 13.29% of the total variance with high positive loadings (0.729, 0.669, 0.665, and 0.513). These variables describe orphans' views of people's perceptions about having to share time with others, what is important to them, and life as a continuous learning process. Thus, component 1 is identified as "autonomy". Component 2 has high and significant positive loadings for the ability to trust in friends (0.737), perception about oneself (0.723), and life achievement (0.690). With an eigenvalue of 2.25 accounting for 5.9% of the total explained variance, these variables describe individuals' images or perceptions of themselves. Component 2 is therefore identified as "self-concept". Component 3 has positive loadings on loving and affectionate (0.609), plans for the future (0.453), working to make them a reality, new experiences and challenges (0.401), being confident and positive about life (0.400), development over the years (0.365), and the ability to manage responsibility (0.358). These have an eigenvalue of 2.0 and account for 3.9%

of the total explained variance. Component 3 describes the relationships and self-improvement of the orphans in the area. It is, therefore, identified as "personal growth".

Component 4 has an eigenvalue of 1.48, accounting for 3.9% of the total explained variance. The component has high positive loadings (0.732, 0.631, and 0.515) on the poor direction in life, disappointment at self-achievement, and not having an interest in activities that will expand their horizons, respectively. These variables describe the orphans' poor sense of direction in life and their disappointment. Thus, component 4 is identified as "purpose in life". Component 5 has an eigenvalue of 1.47, accounting for 3.87% of the total explained variance. The component has a high positive loading (0.768) on not feeling accomplished in life and (0.596) on lack of confidence. These variables describe how the orphans feel about life achievement when compared with others. Thus, this component can be identified as "social comparison". Component 6 has positive loading on a mutual conversation with family members (0.312), a sense of direction and purpose (0.676), and the ability to express opinion openly (0.580), an eigenvalue of 1.33 accounting for 3.55% of the total explained variance. These variables describe the orphans' relationship with family members and positive attitude. Component 6 can thus be identified as "self-acceptance".

Component 7 has positive loading (0.669, 0.617, and 0.530) on new situations, and an inability to adjust to people, community, and loneliness, respectively, with an eigenvalue of 1.22 accounting for 3.34% of the total explained variance. These variables describe the orphans' inability to adjust to their new environment. Component 7 can be identified as "poor environmental mastery". Component 8 has a positive loading (0.627, 0.538) on self-confidence and influence by people with strong opinions, respectively, with an eigenvalue of 1.21, and it accounts for 3.19% of the total explained variance. These variables describe the orphans' image of themselves. Component 8 can thus be identified as "self-esteem".

Component 9 has an eigenvalue of 1.18 and accounts for 3.11% of the total explained variance. The component has a positive loading (0.694) on the control of living conditions and a negative loading (0.548) on life improvement. These variables describe the orphans' ability to accept their life situation. Hence component 9 can be identified as "life satisfaction". With an eigenvalue of 1.15, component 10 contributes 3.0% of the total explained variance. The component has a positive loading (0.389, 0.307, 0.256, and 0.693) on self-acceptance, self-confidence, influence by people, and confidence in self-opinion, respectively. These variables describe the orphans' perception of themselves and their strong will. Thus, component 10 can be identified as an internal locus of control.

Component 11 has an eigenvalue of 1.1 and accounts for 2.9% of the total explained variance. The component has a positive loading (0.591, 0.549) on warm and trusting relationships and an inability to maintain close relationships. These variables describe the association and relationship of the orphans in the study area. Thus, component 11 can be identified as "personal relationships with others". Component 12 with an eigenvalue of 1.07, accounts for 2.8% of the total explained variance. The component has a negative loading. It describes the kind of support received by the orphans in the study area. Thus, component 12 can be identified as "social support". Component 13 with an eigenvalue of 1.02, accounts for 2.7% of the total explained variance. The component has a positive loading (0.232, 0.236, 0.300, 0.182, and 0.800) on loving and affectionate feelings, disappointment at achievement in life, loneliness, and poor improvement over the years. These variables describe the activities and associations of the orphans in the study area. Component 13 can be identified as "low life satisfaction". The component matrix's findings lead us to the conclusion that autonomy has a significant impact on the psychological health of orphans in Makarfi LGA.

According to Table 2, the main component analysis identified thirteen components as accounting for a majority of the total variance. The proportion of variance that the analysis was able to explain is shown by the total variance explained, and component one had an eigenvalue of 5.29, representing 13.94% of that variance. Similarly, component two reveals an eigenvalue of 2.25, thereby accounting for 5.92%, while component three has an eigenvalue of 2.01, explaining 5.30% of the total variance. Component four has an eigenvalue of 1.48, explaining 3.89% of the total variance. Component five has an eigenvalue of 1.47, explaining 3.87% of the total variance. Component six has an eigenvalue of 1.33, explaining 3.51% of the total variance. Component seven has an eigenvalue of 1.27, explaining 3.19% of the total variance. Component eight has an eigenvalue of 1.21, explaining 3.19% of the total variance; component nine has an eigenvalue of 1.18, explaining 3.11% of the total variance; component ten has an eigenvalue of 1.15, explaining 3.04% of the total variance; component eleven has an eigenvalue of 1.11, explaining 2.92% of the total variance; component twelve has an eigenvalue of 1.07, explaining 2.81% of the total variance; and component thirteen has an eigenvalue of 1.02, explaining 2.69% of the total variance. The factors affecting psychological well-being in the study area, which have been summarized into thirteen components, are indicated by this component loading. Thirteen components were found in the analysis's solution, which accounts for 57.6% of the total variance.

This finding shows the poor psychological health of orphans. In line with this, Zhao et al. (2019) found that in their study on the psychological well-being of orphans and non-orphans in China, orphans and vulnerable

children demonstrated lower psychological well-being than non-orphans. In Tanzania, Mwoma and Pillay (2016) conducted interviews with 41 orphans and 41 controls who were not orphans. They found that orphans had more internalizing issues than non-orphans did and that 34% of orphans reported having thought about suicide in the previous year as compared with 12% of non-orphans. A study by Chan and Shu (2020) in China compared the psychological well-being (self-esteem, subjective life quality, and depression) of orphans and non-orphans. They found that orphans were more depressed and had lower self-esteem than non-orphans.

### Psychological Wellbeing of Orphans by Age Group

Table 3 shows the total psychological well-being of respondents by age group. The Table reveals that respondents aged 11-12 years have a psychological well-being of mean of 0.033(SD=0.28) while age groups 17-18 years have a psychological well-being of mean -0.046(SD=0.25).

**Table 3: Distribution of Respondents' Psychological Well-Being by Age Group**

Age Group(years)	PWB	
	Mean	SD
11-12	0.033	0.28
13-14	-0.007	0.22
15-16	-0.001	0.31
17-18	-0.046	0.25

Source: Field survey, 2022

Table 3 also revealed that respondents in the 11–12 age group have the highest psychological well-being, while those 17–18 years of age have the lowest psychological well-being. For those who live in child-headed homes, the adult responsibilities they are forced to take on might increase with age; that is, the older they become, the higher the adult responsibility. At such a young age, carrying such a heavy burden may lead to low life satisfaction, which on their psychological well-being. According to Zhao et al. (2019), older orphans reported considerably greater depression ratings than younger orphans, which is in line with this study's findings.

### Psychological Coping Strategies

Table 4 reveals respondents' psychological coping strategies; these are strategies employed by orphans to cope with emotional and psychological stress. It shows that 34.6% of the respondents adopt peer relationships, 26.8% adopt self-esteem, and 3.5% adopt school enrolment.

**Table 4: Respondents by psychological coping strategies**

Strategy	Frequency	Percentage
Peer relationship	128	34.6
Self-esteem	99	26.8
Dreams and hope for the future	17	4.6
Attachment to caregiver	23	6.2
Isolation	21	5.7
Faith in God	40	10.8
Connection to community values	29	7.8
School enrollment	13	3.5
<b>Total</b>	<b>370</b>	<b>100.0</b>

Source: Field survey, 2022

Table 4 reveals that a greater proportion of the respondents adopt peer relationships as a coping strategy. Some of the respondents feel their peers understand them better, so they share their worries and challenges with them. Some discussants had this to say during the focused group discussion:

Honestly, it is a painful experience, but life must go on. I know that God is in control of my life, so all I pray for is to achieve my dreams in life so that my parents will be proud of me wherever they are, I always like to move with my friends because they understand me better and I can confide in them.

(13-year-old male orphan in Dandamisa, 2022)

While some adopt positive strategies like peer relationships, dreams, hope for the future and attachment to their caregivers, others would rather isolate themselves because they feel no one cares for them.

Well, I feel keeping to myself is the best for me. I don't have any friends I can share my problems with, no one wants to keep me, and other children in the neighbourhood keep away from me because my parents died of that deadly disease (HIV), so I would rather stay alone.

(12-year-old male orphan in Gubuchi, 2022).

Similar to this is the findings of Elegbeleye (2014), which showed that the majority of children adopt peer relationships, praying and going to church, focusing on education as a coping strategy, while some hide their feelings, cry, and engage in self-discrimination as negative coping strategies. According to the findings, orphanhood has increased over the years, with the highest number of parental deaths in the years 2021 and 2022. The socio-economic and psychological effects of orphanhood were found. The study shows there is no significant relationship between parent loss and educational attainment, as the majority of orphans (41.9%) have a secondary school education. It also shows that the occupation of the carer determines the nature or type of care the orphan benefits from. The majority of the

orphans (61.6%) have lost their parents due to illness; 43.5% have lost both parents; and 44.6% live in child-headed households. The study also found that the primary factors affecting the psychological well-being of the orphans in the study area are autonomy (13.3%), self-concept (5.9%), and personal growth (3.9%).

With regards to how orphans cope to survive, the study revealed that 58.9% of the orphans engage in menial jobs as a coping strategy; menial jobs such as farming (46.8%) and hawking (24.7%). Psychologically, more than one-third of the orphans (34.6%) adopt peer relationships as a coping strategy. Orphans with secondary school education have the highest psychological well-being (0.042), while orphans without any form of education have the lowest (-0.08) psychological well-being. The study showed that the highest form of assistance the orphans receive is mainly food, with 20.3%, and orphans in the study area get their medical bills paid mainly by their relations (60.5%). These are the living conditions of orphans observed by the researcher in Makarfi Local Government Area (LGA) of Kaduna State.

### **Conclusion and Recommendations**

This study found psychological variables like self-concept, autonomy, and personal growth influence the psychological well-being of orphans. Also, the study established that older orphans have poor psychological well-being compared to younger orphans due to the adult responsibilities they now carry. Orphans in the study area cope by engaging in agricultural activities and peer relationships; this shows the absence of stigmatization and abuse. Therefore, given the findings, it can be concluded that orphanhood in Makarfi LGA affects children psychologically in many ways. The study concludes that the government should give loans and farm inputs to orphans who work in agriculture to improve their socioeconomic well-being, which will additionally improve their psychological well-being. Considering the psychological effect of parental death on children, the government should integrate orphans into the National Health Insurance Scheme to enable them to access healthcare with ease and at a lesser cost.

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