

# Orphans and Vulnerable Children (OVC) Care Institutions: Exploring Their Possible Damage to Children in a Few Countries of the Developing World

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**ABSTRACT** The aim of the paper, adopting a desk review of literature, debates, critics, reviews, reflects and discusses the various types of damages to children in OVC's care institutions with the hope of coming with different perspectives to strengthen the already known solutions, or shed new or newer light to tackle the state of children in institutionalized care: Findings reveal the following facets of psychosocial-emotional damage inherent in OVC care institutions: They present growth challenges that negatively affects the childrens' cognitive development, future and behaviour; Children are denied capacity to make social networks that could be useful in their future; OVCs are prone to delinquency and other socially ill behaviours; Provides an environment that does not ground children in a particular desirable culture; and offers poor attachment to children that kills their emotionality. The paper recommends to governments and child care organizations to conduct a cost benefit analysis (CBA) of having children in OVC institutions and being integrated into communities; and advocates for de- institutionalization.

## INTRODUCTION

Although different countries especially from the developed world have immense literature and data on perfidious effects of the institutionalized care to the lives of children especially when they get into adulthood, developing countries are struggling to research on the subject. Therefore, it is important that more research and data pertaining to the detrimental effects of institutionalized care to children is carried out with the hope of coming up with new or newer perspectives, and therefore increase data from especially the developing part of the world (Puras 2011). There is little doubt that the development of institutional care for orphans and vulnerable children in the 19<sup>th</sup> and early 20<sup>th</sup> centuries was guided by good intentions (Puras 2011). Puras (2011) gives examples of the contemporary humanitarian efforts in poor countries of Africa, Asia or Latin America, which often focus on the establishment of orphanages and childcare homes as a means to guarantee simple survival of children. However, an array of evidence has emerged on the damaging effects of early institutional care on the psychological, social and emotional development of children (Casky 2009). Several studies reviewed have also revealed that orphans and vulnerable children in institutions do

not receive adequate personal care, attention, affection and stimulation. It is to this end that UNICEF Innocent Research Centre (2006) points out that child neglect, harsh and rigid discipline, maltreatment and abuse exist in most institutions, whether resource constrained or in developed countries. This places both the government agents and researchers to discuss these challenges with possibilities of coming up with plausible solutions to the quagmire

An array of research findings has established that institutional care for children regardless of the status of the care facility has far reaching psychosocial and emotional damages on the children (Browne 2009; Dziro and Rufurwokuda 2013). To this end, child development practitioners such as John Bowlby (McLeod (2007) and Sigmund Freud (Maguire (2002) are particularly influential in showing the dynamics of child development which can be seriously impaired if the child's needs are not effectively and efficiently met (Baumeister et al. 1998; Zastrow and Kirst-Ashman 2013; Maguire 2002; McLeod 2007). There is to this effect a number of publications pointing to a number of emotional, behavioural and cognitive impairments that characterise individuals who have been raised under un-conducive social and emotional conditions. For example, among other serious impair-

ments, Puras (2011) mentions cognitive impairments such as specific difficulties in language development, problems in concentrating, forming emotional relationships, and also attention seeking. Similarly, the UNICEF Innocent Research Centre (2006) highlights that institutional care can result in some undesirable effects on children such as emotional and psychosocial disturbances, developmental delays and learning disabilities, and medical problems. This paper, therefore, will immensely discuss on the psychosocial and emotional harm that care institutions have on orphans and vulnerable children. More insight on the extent of this damage will be shared giving references of the practice of care and protection in care institutions from a few developing countries.

### **Problem Statement**

While in many countries, institutional care has been found by an array of researchers to be undesirable and the least option on the continuum of care, they however remain in use and therefore constituting a second best alternative to children in need of care. To this end, the placement of OVCs in care institutions attracts a barrage of criticisms from both the international and national children's rights groups who argue that institutional care compromises the future of children and also defraud children of a future they deserve. These groups also report that child care facilities pose serious threats to the psycho-social, emotional and in some severe cases, physical well being of children. This paper gives a critical discussion on the effects of out of home care for children and end by advocating for a paradigm shift in terms of child care policies in favour of family and community based care and strengthening of family system to withstand challenges of childcare.

### **Aim/Rationale/Objective**

The paper aims to review, critic, analyse, reflect and comment on various literature sources in order to form a coherent body of recommendations as to how to surmount the challenges presented to children being in institutionalized care. The researchers also aim to add their perspectives to the already suggested answers to the challenges of institutionalized care.

## **METHODOLOGY**

The paper has used a desk review methodology to debate, reflect, critic, discuss the psychosocial-damages inherent in OVC care institutions. The paper has reviewed different data sources to arrive at the prevalent situations with the hope of adding a perspective to the already found situation. The paper has immensely used child oriented journals and books; and also these researchers intuitive experience and knowledge in child welfare.

### **Evidences of Psychosocial-emotional Damage of OVCs in Care Institutions**

An array of research findings has demonstrated immensely the psychological, social and emotional effects associated with the nurturance of children (UNICEF Innocent Research Centre 2003; Browne 2009). This paper brings to light how the nurturance of children in institutional care affects their psychosocial and emotional development. It is hoped that the authors will add on their perspectives and therefore possibly strengthen the existing methodologies possibly put in place to address the perfidious effects of the institutionalized care. Several problems especially amongst young adults who grew up in institutions of child care have been found to have their origins in their early childhood. In this section, a critical review of literature on the impacts of institutional care is provided.

### **Care Institutions Present Growth Challenges to OVCs in Their Future Life**

As noted earlier, the discourse of institutionalized care for children is a bone of contention amongst professionals in the field of child care (Kang'ethe and Makuyana 2013 a,b). However, these researchers are of the opinion that if a cost benefit analysis (CBA) of the institutional care is to be conducted, there will be more negatives than there are positive scores. In another perspective, institutional care will be perfidious than it is a panacea (Kang'ethe and Nyamutinga 2013). Arguably, institutions of child care are said to be emotionally cold in their conduct with children and hence critical emotional gaps have been observed amongst children who grew up in a care facility (Community Affairs References

Committee 2004). Moreover, there is an observance that institutional care significantly contributes to moral degeneration and identity crisis among children (Maguire 2002; Zastrow and Kirst-Ashman 2013). Puras (2011) observes that a significant number of people who were once in institutional care suffer from serious failures in their psychological, social and emotional development in their adulthood. On a similar note, Casky (2009) postulates that, there are a substantial number of children who experienced severe physical and psychological trauma in residential care during their early childhood, and are now struggling with lasting developmental problems. For example many may be shy, lack self esteem, assertiveness and may find making opposite sex relationship an arduous and a difficult experience (Maguire 2002).

#### **OVCs Capacity to Make Social Networks Stifled**

Socialization is a very important component of an individual's quality of life. Regrettably, care institutions make the OVCs to detach from their communities. As a result, children are prevented from developing social networks relevant in their future (Tolfree 2003). Interestingly, the physical separation of institutionalised children from communities has been justified on the basis of enhancing their safety and protection. However, Casky (2009) argues that this separation of children encourages their stigmatisation and ostracisation by community members. To this end, Thurston (1996) notes the experiences of children in China who are kept in confined facilities where they cannot interact with the external world. She further contends that as a result of the quarantine, children often fail to develop social skills necessary for them to adopt and cope later in their lives. Similarly, Browne (2009) notes that child care institutions often create a falsified sense of being amongst children. He argues that child care facilities consider having clothing as a priority. This means that clothing is viewed as central to the development of gender appropriate roles.

#### **OVC Institutions Ill- equipped to Foster Normal Growth of Children**

Expectedly, social institutions should equip individuals with socially empowering skills for

one to cope with life situation with ease. Regrettably, it is sad to note that after spending several years of following a structured routine in which little or no right is exercised, individuals who grew up in institutions are released into an alien world where they have no idea of how to look after themselves (Puras 2011). Similarly, Tolfree (2003) laments how these individuals are vulnerable to exploitation and abuse, as they are ignorant of their rights and are accustomed to following instructions without question. In clearer terms, these individuals are prone to having their rights infringed. Casky (2009) refers to ex-institutionalised children as the most likely victims of rape, violence and other forms of abuse. Equally, Browne (2009) argues that because children who hail from institutional care spend many years in an unrealistic world offered by care institutions, they are deprived of the important opportunities that life has to offer. As such, they often face the natural world ill-prepared for the challenges they have to face.

#### **OVCs are Prone to Being Delinquents**

Institutionalized OVCs due to the fact that the institutions do not mould them to be confident and assertive make them displaced and lost when they are to get integrated with their societies upon exit from the care institutions. The UNICEF Innocent Research Centre (2006) notes that some children do not want to leave residential care where their basic needs are met. More precisely, UNICEF Innocent Research Centre (2006) indicates that, many of the discharged individuals from care institutions experience problems in adjusting to a life outside the institution. This has been found to cause problems making them feel inadequate to face the world soberly. This has motivated them to seek solace from illicit behaviours such as drinking and abusing drugs (Tolfree 2003). Cases of the former OVCs engaging in various antisocial behaviours such as immoral activities have been documented (Puras 2011). Powell et al. (2004) note with great concern that in Zimbabwe some discharged individuals voluntarily break the law so as to be sent back to prisons where their welfare will be catered for. However, they mention that in some instances, being in conflict with the law is as a result of the fact that these young people are not used to being responsible for their doings, as they are used to being guided. Interestingly,

Baumeister et al. (1998) believe that these undesirable behaviours are psychological defence mechanisms as they attempt to avoid the painful reality of the natural world they are now living in.

### **OVC are Cultural -free**

According to Kang'ethe (2009), culture constitutes the beliefs, customs, traditions that are passed down through generations. It is the culture that determines the do's and don'ts; as well as people's thinking and attitudes. Since culture can be a panacea to shape the direction of an individual's life, unfortunately individuals from institutional care lack the cultural and practical knowledge and skills that enables them to integrate autonomously and with confidence in the society (UNICEF 2004). In the same vein, Tobis (2000) mentions that individuals raised in care institutions may end up in other types of institutions such as detention centres and psychiatric institutions or even living on the street. This is just but a pathetic scenario, which brings to the reader the extent of damage to which institutional care has on the life of orphans and vulnerable children. A study carried out in Russia highlighted that, one in three children who leave institutional care becomes homeless, one in five ends up with a criminal record and more than ten commits suicide (Tobis 2000). As a result of such dreadful experiences associated with residential care, the UNICEF (2004) report note that the governments of Ethiopia and Uganda were forced to adopt policies of de-institutionalisation and opting to adopt and support community home based care programmes for OVC instead. However, these researchers think that these policies and practices should be country specific. This is because there are cases when children are considered safe when in institutions that when they are in community home based residential domiciles.

### **Evidences of Emotional Damage of Children in OVC Institutions**

To say the least, emotional growth is one facet of human development which cannot be underestimated (Zastrow and Kirst-Ashman 2013). In essence, emotional growth is the foundation of human relationships, interaction and the basis of *ubuntu* (humanity) in the African

context. Due to fragmented and inconsistent child-caregiver relationships, adverse social and emotional environment in child care facilities, children often lack individualised emotional attachment which can help them to develop caring relationships (Puras 2011). However, it is sad to note that, emotional attachment which these children are deprived of is a vital aspect for their development, and lack of it may result in emotional problems. This means that their future life may be in jeopardy in that lack of emotional growth may stifle their interaction with other people and therefore also weaken their capacities to embrace and participate in societal socialization

### **Poor Children Attachments in Care Institutions Kill Emotional Strength**

Qualitative attachment that a child gets could hugely be the mainspring of a strong emotional strength and development (McLeod 2007; Zastrow and Kirst-Ashman 2013; Maguire 2002). According to the psychologist, John Bowlby (McLeod 2007) who is the father of attachment theory, emotional problems are attributed to the separation of a child from its primary caregiver whom the child needs to experience individualised emotional attachment or bonding (Cummins 2000; McLeod 2007; Maguire 2002). On a similar note, Berk (2007) notes that the attachment theory emphasizes the importance of a primary caregiver for normal development and that institutional care compared to family based care does not guarantee an adequate emotional growth for the children.

According to the Centre for Parenting and Research (2006), children internalise attachment experiences in the form of mental models or images of caregivers and themselves. As such, children with secure attachment build mental models of a secure self, caring parents and a kind of world. In contrast, children with insecure attachments come to see care givers and the world as dangerous and unpredictable. They also see themselves as bad or unworthy of love and care. As a result, the mental models that children construct is said to affect their later relationships (Centre for Parenting and Research et al. 2006).

In addition, Bowlby (McLeod 2007) indicates the need for intimacy and continuity of emotional relationships between the primary care-

giver and the child during the first weeks, months and years of their lives. In the same vein, Cummins (2000) highlights that an infant is genetically inclined to respond to a caregiver who will respond to, talk to, and handle him/her in a sensitive way and introduce new stimuli in a manner that is safe, predictable, gradual and appropriate to the infant's stage of development. As such, the growth and development of the brain can be promoted by good quality of care and through secure attachment (Berk 2007). However, it is sad to note that many a times, this kind of bonding with infants does not exist in most residential care. This thus results to the negative effects of a lack of attachment to most individuals who have been raised in such facilities.

The damaging effects of institutionalization have been noted to depend on the age at which it occurs as well as the period of stay in institutional care (Puras 2011). While the devastating effects of large-scale institutional care on child development has been documented since time immemorial, current evidence indicates that children under the age of three are particularly vulnerable (Browne 2009; Casky 2009). In support of this, Jonson et al. (2006) note that the first three years of life are the most sensitive period for brain development. These scholars also posit that continuous emotional relations with sensitive care givers is crucial for normal development, while neglect in the early years of a child negatively affects development and later functioning of the brain. Subjectively, this can be said to be the main argument against placing young children in institutional care.

#### **A Case Study on the Effects of Institutionalised Care on OVCs in Romania**

Romania is one of the developing countries in the world. In a study conducted by the Bucharest Early Intervention Project (2009), developmental capacities of children raised in large-scale institutions were compared with non-institutional and fostered children. Random samples of 208 children with a minimum age of 22 months were evident in these three care arrangements in Romania. The study then followed their emotional, behavioural and cognitive development, as well as brain activity and physical growth over a number of years. The outcome of this study revealed that compared with non-institutionalised children and fostered children,

institutionalised children were far more likely to have social and behavioural abnormalities such as disturbance and delays in social and emotional development, aggressive behavioural problems, inattention and hyperactivity, or a syndrome that mimics autism. Furthermore, this study also found that institutionalised children were far more physically stunted (for every 2.6 months spent in a Romanian orphanage, a child fell behind one month of normal growth) and they had drastically lower IQs and levels of brain activity. The effects were particularly pronounced in children who had entered institutions at a very young age (Bucharest Early Intervention Project 2009). This implies that age is a critical factor of child development and treatment of them at different ages may pose different results and impacts to development.

#### **Psychosocial Assessment of Institutionalised OVCs in Zimbabwe**

More insight on this subject can also be drawn by reviewing a psychosocial assessment of institutionalised OVCs in Zimbabwe. Powel et al. (2004) carried out a research with a sample of 189 youth from 10 care institutions in Zimbabwe. In the process, focus groups were carried out to determine their response to institutional care and their psychosocial wellbeing as well. They found out that children in residential care were far more psychologically disturbed, compared to those in community home based care units. These researchers indicate that many children in care institutions felt abandoned by their extended families. More so, severe cases of physical abuse in form of beating as a way of discipline were also noted in this study. In addition, many cases of children with bedwetting were revealed to youths who grew up in institutionalized care (Powel et al. 2004). However, they also indicated that children who grew in institutionalized care lacked self esteem and had more psychological stress than non institutionalized children.

Powel et al. (2004) further highlighted that the youth in institutionalized care were worried about their future after exiting from the institutions. These researchers are of the opinion that most care institutions' level of OVC preparedness is low. The finding from Powel et al. (2004) above can be corroborated by a similar study carried out by Dziro and Rufurwokuda (2013) in

Zimbabwe that explored the challenges faced by girl children discharged from one care institution. Findings indicated that due to depersonalised environment imposed by care institutions, children did not have the opportunity to experience a normal family life and could not acquire the basic skills of developing the quality of humanity, love and trust. Their level of humanity or *ubuntu/botho/hunhu* was low. As a result, Dziro and Rufurwokuda (2013) noted that children in institutionalized care fail to acquire culturally specific life skills and their capacity to think independently was low. Further findings indicated that children discharged from residential care endured persistent abuse and emotional deprivation which they said gives rise to a lasting inability to form loving and trusting relationships. This could be detrimental to children's adult life because their capacities to foster a strong relationship especially to form a family may be stifled.

### Theoretical Framework

There are several theories which speak to the developmental processes of childhood. These theories in one way or the other complement one another. In many instances, theories like the psychodynamic theory, attachment theory and the psychosocial theory as postulated by Freud, Bowlby, and Erikson respectively have been used conjunctively to complement each other. In this paper, the above mentioned theories are fused together in an attempt to bring together the various facets of psychosocial and emotional damages as understood from different theoretical standpoints (Mcleod 2007; Maguire 2002; Zastrow and Kirst-Ashman 2013).

As a matter of fact, child development theories concur that childhood experiences determine the future social, emotional and psychological dynamics and functioning of individuals in their adulthood life. Psychodynamic theorists postulate that adverse and painful childhood experiences are repressed into the subconscious part of the mind and they can return at a later stage of human development as challenges to social functioning of the individual. Similarly, Bowlby (Mcleod 2007) in his attachment theory argues that infants have a tendency of developing mutual and reciprocal relationships with constant and favourable caregivers. To this end, attachment theorists argue that latter social re-

lationships of individuals are reflective of their childhood attachment with their care givers. An emotionally cold and detached relationship as is often alleged to be the case in institutional care could be synonymous with trouble in developing intimate and personal relationship. This assertion is echoed in most, if not all childhood development theories. More so, the psychosocial paradigm by Erickson views that human development passes through eight defined stages of growth and development (Maguire 2002). Like the other two theories, the psychosocial theory postulate that social dysfunctions in adulthood are as a result of unresolved childhood conflict (Zastrow and Kirst-Ashman 2013).

Apparently, the main discourse running in all the paradigms outlined above implicates unresolved childhood conflicts. The centrality of these theoretical perspectives in this paper stems from the fact that, child care institutions are charged with the responsibility of overseeing children during their most vital and delicate period of development. Interestingly, Kangethe and Makuyana (2013a,b) argue that in most instances, child care institutions are fraught with serious impingements on the wellbeing of children. They allege that there are social and emotional gaps in the care which institutionalised children receive and thus advocate for the reconsideration of institutional care as a way of meeting children's needs for care and protection. Stemming from these arguments, this paper chronicled mainly the after effects of institutional care with particular reference to psychosocial and emotional damages suffered as a result of institutionalisation.

### CONCLUSION

This paper has indicated the psychological, social and emotional effects of institutional care on the growth and development of orphans and vulnerable children. Long term effects of after-care have also been discussed. As such, these researchers have advocated for a paradigm shift from institutionalisation to family and community oriented solutions. Such settings are believed to be more socially integrated and developmentally constructive on the psycho-social and emotional growth of children. However, in order for this to be a success, political will and the identification of feasible alternatives is required.

### RECOMMENDATIONS

The discussion above has established that institutional care is associated with psychosocial and emotional damages to children. It has also been established that childhood is a delicate period for human development and as such ways to protect them at this stage must be developed. Without undermining the role played by institutional care, these researchers believe that radical interventions mostly focusing on de-institutionalisation should be adopted and in cases where this is not possible, strict guidelines and supervision should be devised by the government to monitor institutions of child care.

From the evidence brought about in this paper, it is beyond reasonable doubt that removing children from care institutions to more appropriate forms of care such as foster care and even adoption is desirable. Institutionalization of children has been proved to worsen the situation of children who have been found to be in need of care and protection. Apparently, research has demonstrated that care institutions are associated with poor development of attachment amongst children and this has been proved to negatively affect later relationships and behaviours in an individual's life. As such, a paradigm shift from this form of care to more family and community oriented forms of care is recommendable.

Based also on the realism that operational costs and over head infrastructure needed for institutional care are higher than those for placing and supporting children in other forms of care like foster care, it is imperative that the governments of respective countries consider supporting families to afford community based forms of care. More over, the latter has more merits in terms of the conduciveness of the environment for child growth and development. In this regard, it is the perception of these writers that it could be advantageous to do away with institutions of care in favour of family and community based care. Perhaps this is supported by various research findings that residential care for children is five to twenty times more expensive than foster care in general.

Encouragingly, global trends of institutionalisation are spiralling downwards indicating a disregard of this option for care and protection of children. Since literature abounds that high-

income industrialised countries began child de-institutionalisation in the 1970s in favour of family and community based care services, it is critical that developing countries also gather momentum in the pursuit of deinstitutionalization. Realistically, de-institutionalisation is synonymous with following and respecting the best interests of the child. Stemming from the vantage point that community and family based care offers lovely, socially and emotionally warm environments, and above all, it affords the child an opportunity to retain his or her cultural identity, these researchers contend that deinstitutionalisation will serve as a panacea to the best interests of children and their families.

If the goal of caring for OVCs is to allow them a better and sustained future, it is imperative to make sure that society and government start to make a cost benefit analysis of care institutions with the hope of realizing their perfidiousness to the life of children. This should prompt and motivate putting in place an infrastructure of remedying the perfidious gaps. It is not enough for the government to continue parroting how undesirable institutional care is without taking initiative to ameliorate the dangers inherent in them. Also, Instead of being complacent, social workers need to become serious advocates for alternative forms of care. They need to be pro-active in their dealings with families to ensure that families whether nuclear or extended are strengthened to be able to support the children who are in need without turning to institutional care. In this light, and to achieve the goal of strengthening families, it is imperative to consider having public discussions on vital social issues such as effective ways of supporting families and children in order to avoid the situation of children ending up in care institutions. There is also the need for relevant stakeholders in the field of child welfare, such as social workers and psychologists to raise awareness to communities and caregivers on the basic needs of children in order for them to successfully complete their psychosocial stages of development. More insight on the need for attachment and emotional bonding with children should also be shared with caregivers. By so doing, this will help improve the psychosocial and emotional development of children including those who are currently in the care institutions.

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