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To cite this article: Joana Salifu Yendork & Nceba Z. Somhlaba (2015) Problems, Coping, and Efficacy: An Exploration of Subjective Distress in Orphans Placed in Ghanaian Orphanages, Journal of Loss and Trauma, 20:6, 509-525, DOI: 10.1080/15325024.2014.949160

To link to this article: http://dx.doi.org/10.1080/15325024.2014.949160

Accepted author version posted online: 19 Aug 2014.
Published online: 19 Aug 2014.

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Problems, Coping, and Efficacy: An Exploration of Subjective Distress in Orphans Placed in Ghanaian Orphanages

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We used the Kidcope scale to explore problems experienced by participants within the preceding month, coping, and coping efficacy for 89 orphaned children sampled from orphanages and 100 nonorphans sampled from public schools in Accra, Ghana. Results revealed that orphaned children reported significantly more relationship problems with peers than nonorphans, whereas for nonorphans problems cited were relationship difficulties with caregivers. With all children considered, resignation featured predominantly to manage problems with caregivers rather than in managing problems with both school and peers. Moreover, adolescents used self-criticism and wishful thinking significantly more than children. Implications of the findings are discussed.

KEYWORDS problems, coping, efficacy, orphans, orphanage

In 2011, the number of orphans in Ghana was estimated to be about 970,000 (UNICEF, 2012a). Although Ghana does not have a disproportionately high prevalence rate of orphans, when compared to other sub-Saharan African countries (UNICEF, 2012b), the mere fact that the country has recorded a high number of orphans is still a concern. This is because the majority of the Ghanaian population are young, with 41% being under the age of 15 years, whereas a mere 5% are 65 years and above (Ghana Statistical Service, Ghana Health Service, & ICF Macro, 2009). The concern often raised about the well-being of orphans is that the elderly people, notably grandparents,
are mostly the ones who traditionally care for orphans (Deters, 2008). Concerns about the long-term sustainability of orphan care by the elderly have been raised because of the emotional burden and consequences this parental responsibility has on the elderly (in addition to having to deal with the loss of their offspring) and limited financial resources (Alden, Salole, & Williamson, 1991). Additionally, Ghanaian orphans are at risk for lacking care due to the low number of available elderly people to care for a large number of orphans (Deters, 2008). As a result, there is a continued need for research inquiry on the psychological well-being of Ghanaian orphans in order to provide insights on ways in which meaningful intervention could be effected to improve well-being and quality of life.

Traditionally, the extended familial networks in Africa provide a safety net and care for orphans following parental loss (Foster, 2000; Van der Brug, 2012). However, research has noted some extended families’ inability to always cater to orphans, due to the rising number of children within these families orphaned through HIV and AIDS, labour migration, urbanization, demographic change, Westernization, and formal education (Foster, 2000). The weakening of the traditional safety net has resulted in some orphans living on the streets, in child-headed households, and in institutions of orphan care (Sengendo & Nambi, 1997).

Despite the limited capacity of some extended families to care for orphans, placement with extended families is still recognized as the ideal living condition for African orphans (UNICEF, UNAIDS, & USAID, 2004). However, it has been found that even when such avenues are available, there are associated problems that adversely affect the psychological well-being of orphans (Morantz et al., 2013; Van der Brug, 2012). For example, problems such as poverty, stigma, relationship problems with peers that include incidence of bullying and teasing (Cluver & Gardner, 2007), as well as neglect, child labor, exploitation, and abuse (Morantz et al., 2013) have been reported in studies on orphans who live with extended families. While studies on problems experienced by orphans in the extended family settings have received considerably much attention in the African context, little is known about the stressors of orphans placed in African orphanages. In addition, studies that involve orphanage children have examined children’s stress through the use of standardized measures (e.g., Fawzy & Fouad, 2010; Hermenau et al., 2011). These studies exclude the examination of events that do not necessarily relate to parental loss or orphanage placement but are appraised as problematic and influential on the well-being of orphanage children.

In Ghana, although there seemingly is no consensus regarding the best orphan care, Ansah-Koi (2006) has noted a surge in the institutionalization of orphans in recent times, which has resulted from the rising number of orphans due to the HIV and AIDS epidemic. It is noteworthy that Ghanaian orphanages do not only care for orphaned children due to parental death, they also care for abandoned children, children from abusive families, and
children whose parents are both alive but are poor to care for them (Adu, 2011; Ministry of Manpower, Youth, and Employment & Department of Social Welfare, 2008). Thus, the sampling of orphans in Ghanaian orphanages should take into consideration whether parents are deceased or are alive but not caring for their children. While Ghanaian orphanages provide care for children (Ministry of Employment and Social Welfare & UNICEF, 2010), there has been documented evidence of incidents of corruption by orphanage administrators (Colburn, 2010), exploitation of visitors and the misuse of funds by the orphanage administrators (Pyper, 2010), as well as negative child-caregiver relationships (Kristiansen, 2009).

International research on common problems in children (that used the Kidcope) has highlighted that relationship problems with peers and family as well as problems with school are the commonly reported sources of distress for children (Pereda, Forns, Kirchner, & Munoz, 2009; Reinoso & Forns, 2010). However, health problems and loss of a loved one (Pereda et al., 2009), as well as minor-to-major accidents (Reinoso & Forns, 2010) have also been cited in other studies. Additionally, research that used Coping Response Inventory-Youth form has also highlighted relationship problems (with peers, boyfriend or girlfriend, and with family) as well as problems with school, illness, and loss as sources of distress (Forns, Kirchner, Abad, & Amador, 2012). We, however, found no research that explored problems experienced by orphans placed in orphanages, and hence argue for the need for research dedicated to this subject area.

Given the potential problems that orphanage children experience, it is essential that children placed in these homes are able to manage stressors associated with parental loss and orphanage placement. Effective coping can mediate the adverse effects of negative experiences and improve psychological adjustment (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Pincus & Friedman, 2004). In this regard, research has highlighted that children utilize more than one coping strategy in response to stress. For example, children in general have been found to use wishful thinking, problem-solving, and emotional regulation more frequently than they use blaming others, self-criticism, and resignation as forms of coping (Donaldson, Prinstein, Danovsky, & Spirito, 2000). However, the choice of strategies is dependent on temperament and developmental level as well as the nature and context of the stressors concerned (Holen, Lervag, Waaktaar, & Ystgaard, 2012).

Regarding the association between stressors and coping, Donaldson et al. (2000) found that resignation coping was used more often for family problems, whereas blaming others and emotion regulation was used for sibling problems, and cognitive restructuring for school problems. Moreover, Pereda et al. (2009) found that children used social withdrawal for problems that affected other people, whereas blaming others and self-criticism strategies were used for interpersonal problems. Regarding the influence of age,
Compas et al. (2001) have highlighted that during childhood, children make use of complex emotion regulation skills and cognitive strategies, such as cognitive refraining, self-talk, cognitive distractions, self-reassuring statements, and rumination. However, by early adolescence, individuals are expected to match coping efforts to perceived objectives of the stress. A more varied and wider range of coping strategies becomes readily available to adolescents, and strategies such as problem-solving methods, humor, support-seeking as well as maladaptive coping are used (Compas, Banez, Malcarne, & Worsham, 1991; Donaldson et al., 2000).

While a variety of coping strategies are available to children, it has been found that not all strategies are equally efficacious for varied problems. For example, Donaldson et al. (2000) found that distraction coping was less helpful for relationship problems with peers than for problems with school or family. Additionally, Pereda et al. (2009) found that support-seeking, emotional regulation, and wishful thinking were the most efficacious strategies whereas blaming others and self-criticism were the least efficacious strategies.

Given the gap in research on this specific topic in orphans, the present study was designed to examine the following hypotheses. Firstly, given the differences in parental status (whether or not they had lost a parent) and living environment (whether placement in orphanage or residing with parents) of orphans and nonorphans, we hypothesized that there would be significant differences between orphans and nonorphans on reported problems. Secondly, there would be significant age differences in the coping strategies used by all children combined. Thirdly, there would be significant associations between problems and coping strategies as well as problems and coping efficacy for all children combined.

METHOD

Participants

We used purposive sampling technique to select orphans from four orphanages in Accra, Ghana: namely, Savers Foundation, Paradise Foster Home, God Saves Orphanage, and Haven for Orphans Foundation (all names are pseudonyms). Orphans were included if they were aged between 7 and 17 years, had lost one or both parents through death or abandonment (the latter criterion, abandonment, was used to rule out the inclusion of children who, although also staying in orphanages, had indicated their parents were still alive, even when their whereabouts were unknown), resided in an orphanage, and were willing to participate in the study. Orphans were identified through the assistance of the orphanage administrators. The first author (who, as the native of Ghana, had the insider knowledge of the Ghanaian context) and a trained research assistant approached participants who met
the inclusion criteria within the orphanages as invitation for possible participation in the study. Out of the 104 children who were approached, four were excluded from the data analyses on the basis that, although they also lived in the orphanages, their residence status was due to their parents being caregivers or administrators of the orphanages. A further 11 orphans who did not report a problem on the Kidcope scale, which is the main measure under consideration in the present study, were excluded from the final analyses. The orphaned sample was then reduced to 89 participants.

The nonorphans were sampled from two public schools: namely, Dynamic Senior High School and Good Starters Basic School (all names are pseudonyms). Nonorphans were included if both of their parents were alive, if they were between the ages of 7 and 17 years, attended public schools in Accra, lived with their parents, and were willing to participate in the study. Schoolchildren were identified through the assistance of the head teachers of the schools and were approached by the first author and a research assistant for possible participation in the study. All the 115 children who were approached agreed to participate in the study. Out of these, 15 children (13.05%) were excluded from the data analyses for various reasons: 6 were orphans and 9 were older than the cutoff age of 17 years. After excluding the 15 children, 100 nonorphans were included in the study.

For the purpose of analyses, participants were divided into children (7–12 years) and adolescents (13–17 years), in order to ascertain if there were any differences between the two groups of children. The orphaned group was made up of 51 (57.3%) boys and 38 (42.7%) girls; and 37 (41.6%) children and 52 adolescents. The control group was made up of 60 (60%) boys and 40 (40%) girls; and 41 (41%) children and 59 (59%) adolescents. The age for all children ranged from 7 to 17 years (M = 13.35 years, SD = 3.14; for orphans: M = 13.34 years, SD = 3.22; for nonorphans: M = 13.37 years, SD = 3.08). There was no significant age difference between orphans and nonorphans, t(187) = -0.07, p > .05. Regarding religious affiliations, 85 (95.5%) orphans and 95 (95%) nonorphans reported to be Christian while 3 (3.4%) orphans and 5 (5%) nonorphans reported to be Muslim. There were no significant differences between orphans and nonorphans on religious affiliations (t(186) = -0.54, p > .05). Data were collected over a five-month period spanning from September 2012 to February 2013.

Measuring Instruments

A demographic questionnaire was used to ascertain information pertaining to participants’ age and sex. The Kidcope scale (Spirito, Stark, Grace, & Stamoulis, 1991) measures subjective distress and coping strategies in children. For subjective distress, this measure has a single-item question: “Write down a problem that you have experienced during the prior month.” This question requires children
to report on any problem, irrespective of intensity. Subsequently, participants are required to read 15 statements pertaining to various ways of coping with the problem reported or identified, and then answer two sets of questions. The first question—“Did you do this [did you make use of each of 15 listed coping strategies?]”—assess whether or not the coping strategies listed were used, and uses the yes–no response-type question format. The second question—“How much did it [coping strategy] help you?”—asseses coping efficacy, and has three response options that range from 0 (not at all or not efficacious) to 2 (a lot or highly efficacious). Sample items on the Kidcope include, “I just tried to forget it” and “I tried to fix the problem by thinking of answers.” For the younger childhood version, which was used in the present study, the coping strategies of distraction, social withdrawal, problem-solving, emotional regulation, and wishful thinking have two items on the scale, whereas self-criticism, blaming others, cognitive restructuring, support-seeking, and resignation are coping strategies that each have a single item on the scale. Strong psychometric values ranging from .41 to .81 for test–retest reliability in the short time, .15 to .43 for a 10-week period, as well as moderate to high concurrent validity ranging from .33 to .77, have been reported (Spirito et al., 1991; Spirito, Stark, & Williams, 1988).

Procedure

The Kidcope scale was administered on orphans in their respective orphanages either after school hours or over the weekends. For nonorphans, the administration of the Kidcope took place during their short-break periods at the school premises. Participants were asked to write down a problem they had encountered during the prior month, after which they were asked to rate each of the coping strategies by how often (frequency scale) they had used a particular coping strategy and how effective (efficacy scale) they believed the coping strategy was for them. Children who could respond to the questions on their own (usually older participants aged between 12 to 17 years) completed the questionnaire by themselves, whereas those who could not respond to the questions on their own (usually younger participants aged between 7 to 11 years) were interviewed by the researcher and a research assistant on the questions in the questionnaire. As a gesture of gratitude for participating, participants were given a monetary value of GHC5 (Equivalent to US$ 2.5).

Ethical Considerations

The research ethics committee (REC, Humanities) at Stellenbosch University, South Africa, granted ethical permission for the study. Moreover, we obtained permission from the Ghana Education Service and the Department of Social Welfare in Accra, Ghana, for the study to be conducted in schools
and orphanages respectively. Additionally, parents (of nonorphans), legal guardians, and administrators of orphanages designated to give parental consent for orphans, all gave consent. Lastly, all children who participated in the study gave assent. We also adhered to the ethical principles of confidentiality, participant anonymity, and voluntary participation. Although no participant required, or made use of, the counseling services made available, contingency plans were put in place in the eventuality of the need for referral of the children for psychological support.

Data Analyses

Content analysis was used to analyze the problems reported by participants in order to ascertain categories of problems. Before data analyses, there were no predetermined sets of categories; these categories emerged from the data, and the analyses were done solely by the first author. The first author read through each quote and then assigned code names with a focus on the existence and frequency of the sources of problems. Subsequently, codes with similar emphasis were grouped into categories. After content analyses of the problems, statistical analyses were carried out using the Statistical Programme for Social Sciences (SPSS, version 20.0 for windows). The chi-square test ($\chi^2$) was used to compare differences in problems and coping strategies between orphans and nonorphans. One-way analysis of variance (ANOVA) was used to explore the association between coping strategies and problems as well as the association between coping efficacy and problems.

RESULTS

Group Differences on Problems

The results of the content analyses revealed that relationship problems with peers were mostly cited and were reported by 59 (31.22%) participants, made up of 41 (46.1%) orphans and 18 (18%) nonorphans. Examples of excerpts for problems with peers are as follows:

“I had a fight with my friend at school” (Participant 13, 12-year-old male orphan).

“A friend of mine came for my video game and kept it for some time. When I was going for it, it became a problem and I became annoyed because he gave the game to someone else” (Participant 99, 17-year-old male nonorphan).

Problems with school were the second most cited problems and were reported by 32 (16.9%) participants, made up of 17 (19.1%) orphans and 15 (15%) nonorphans. School problems concerned difficulty with schoolwork,
poor academic achievement, lateness to school, relationship problems with
teachers, and dislike for the school environment. Examples of excerpts for
problems with peers are as follows:

“I don’t understand what I am being taught at school” (Participant 30,
12-year-old male orphan).
“I don’t understand some of the subjects I am taught at school” (Par-
ticipant 153, 11-year-old male nonorphan).

Relationship problems with caregivers were the third commonly cited
problems and were reported by 31 (16.4\%) children, made up of eight
(8.9\%) orphans and 23 (23\%) nonorphans. For orphans, caregiver problems
arose in relationship problems with house mothers, whereas for nonorphans,
they concerned the use of corporal punishment as a disciplinary measure and
relationship problems with parents. Examples of excerpts for relationship
problems with peers are as follows:

“I went home late and my father slapped me” (Participant 160,
13-year-old female nonorphan).
“I took water to drink and an aunty in the orphanage slapped me and
it affected my eyes” (Participant 5, 11-year-old female orphan).

Lastly, 67 (25.45\%) children, made up of 23 (25.84) orphans and 44
(44\%) nonorphans reported other problems surrounding relationship prob-
lems with siblings and boyfriend or girlfriend as well as problems with emo-
tions, finance, health, loss of loved ones, home environments, misplacement
of personal items, and negative personal experiences. Relationship problems
with peers and caregivers as well as problems with school were the three
most cited problems and were used for further analyses.

The results of the chi-square ($\chi^2$) analyses, presented in Table 1,
revealed significant differences between orphans and nonorphans on prob-
lems with peers ($\chi^2[1, n = 59] = 15.99, p < .05$) and caregivers ($\chi^2 [1,
n = 31] = 5.76, p < .05$). The results suggested that orphans experienced more
relationship problems with peers than nonorphans whereas nonorphans
experienced more problems with caregivers than orphans. There was no sig-
nificant difference between orphans and nonorphans on problems with
school ($\chi^2[1, n = 32] = .31, p > .05$). The results (illustrated in Table 1) thus
confirmed the research hypothesis: *There would be significant differences
between orphans and nonorphans on reported problems.*

Age Differences in Coping Strategies

The results of the chi-square analyses revealed significant age differences on
self-criticism ($\chi^2[1, N=189] = 4.65, p < .05$) and wishful thinking
The results suggested that adolescents used more self-criticism and wishful thinking than children. There were no significant age differences on social withdrawal (χ²[1, n = 131] = .67, p > .05), cognitive restructuring (χ²[1, n = 144] = 2.92, p > .05), distraction (χ²[1, n = 164] = .01, p > .05), blaming others (χ²[1, n = 67] = .44, p > .05), problem solving (χ²[1, n = 162] = .33, p > .05), emotional regulation (χ²[1, n = 164] = .91, p > .05), support-seeking (χ²[1, n = 145] = 2.65, p > .05) and resignation (χ²[1, n = 73] = .52, p > .05). The results partially confirmed the research hypothesis: There would be significant age differences in the coping strategies used by all children combined.

### Associations Between Problems, Coping Strategies, and Coping Efficacy

The results of the one-way analyses of variance, presented in Table 2, revealed a significant association between resignation coping and reported problems (H[2, 119] = 4.25, p < .05) as well as blaming others coping and problems (H[2, 119] = 3.17, p < .05). Resignation coping was used more often in managing problems with caregivers (M = .61, SD = .50) than for relationship problems with peers (M = .31, SD = .46). Coping by blaming others was used more often in managing relationship problems with peers (M = .44, SD = .50) than for problems with school (M = .19, SD = .40). There were no significant associations between other strategies and problems.

Also, the results of the one-way analyses of variance, presented in Table 2, revealed significant associations between problems and the efficacy of cognitive restructuring (H[2, 119] = 3.52, p < .05), blaming others (H[2, 119] = 3.90, p < .05), and resignation (H[2, 119] = 5.77, p < .05). Cognitive restructuring was more efficacious for relationship problems with peers.
(M = 1.27, SD = .58) than for caregiver problems (M = 1, SD = .63) and school problems (M = .97, SD = .6). Blaming others was more efficacious for caregiver problems (M = 1.39, SD = .80) than for peer problems (M = 1.38, SD = .82) and school problems (M = 1.78, SD = .49). Resignation coping was more efficacious for caregiver problems (M = 1.06, SD = .85) than for peer problems (M = 1.59, SD = .67) and school (M = 1.53, SD = .67). There were no significant associations between problems and self-criticism (F[2, 119] = .5, p < .05), social withdrawal (F[2, 119] = 1.16, p < .05), distraction (F[2, 119] = .21, p < .05), problem solving (F[2, 119] = 2.45, p < .05), emotion regulation (F[2, 119] = 2.92, p < .05), wishful thinking (F[2, 119] = .92, p < .05), and support seeking (F[2, 119] = 1.39, p < .05). The results (illustrated in table 2) partially confirmed the research hypothesis: There would be significant associations between problems and coping strategies as well as problems and coping efficacy for all children combined.

**DISCUSSION**

This study aimed to explore (a) the nature of problems for orphans and non-orphans, (b) the influence of age and sex on coping strategies, and (c) the association between problems and coping as well as the association between problems and coping efficacy. While our data did not give an account of the pattern of problems and strategies of coping with problems over time, it was evident that orphanhood and placement in orphanages are life-altering experiences that variably evoke acute emotional upheavals that, if unattended to, could adversely affect the well-being of orphans in the long term. Therefore, interventions aimed at containing the wide range of
emotional reactions arising out of this kind of loss should be given a priority if the psychological needs of orphans are to be addressed.

Our results showed that when both groups of children were considered, problems with peers, school, and caregivers were predominantly cited as stressors. These findings were not surprising given that they constituted the usual childhood problems that have been reported in various other studies on stressors in children (e.g., Forns et al., 2012; Pereda et al., 2009; Reinoso & Forns, 2010). Therefore, interventions on child and adolescent stress management should include a close monitoring of predominant stressors that can lead to psychological distress and skills for managing stressful encounters.

In line with our hypothesis, the present findings revealed significant differences between orphaned children and nonorphans on the source of their distress. While orphans reported significantly more problems with peers than nonorphans, the nonorphans reported significantly more problems with caregivers than orphans. Although there is no notable empirical support for these results, the findings could have resulted from differences in parental status and living environment. Considering the high child-to-caregiver ratio often found in orphanages (Merz & McCall, 2010), and that orphans generally have limited contact with their families (Luecken, 2008), it is plausible that the present sample of Ghanaian orphans had minimal contact with caregivers in the orphanages. As a result, relationships with peers served as a major source of social network and interaction, and could have been a source of social concern for orphans.

Given the adverse effects of parental loss on children’s well-being, such as emotional distress (Taylor, Weems, Costa, & Carrión, 2009), poor physical and mental health (Luecken, 2008), and the adverse conditions in orphanages reported by previous research (Browne, 2009), we expected orphans to voluntarily report emotional problems, issues surrounding parental loss, and negative experiences regarding orphanage placement. However, only one orphaned child reported problems regarding parental loss and only a few (8.99% of them) reported problems related to orphanage placement. The results were partly consistent with previous research (Reinoso & Forns, 2010) and suggested that parental loss and orphanage placement could not have been issues of daily concern that were so prominent for the orphans. We were unable to account for such a low number of children voluntarily expressing problems regarding their status as orphans, and believed this to be a subject that warranted further research exploration.

Consistent with previous research (Donaldson et al., 2000; Reinoso & Forns, 2010), we found that both orphans and nonorphans frequently used distraction, problem-solving, emotion regulation, wishful thinking, and support-seeking more than coping strategies that included blaming others and self-criticism. In light of the research that indicates the maladaptiveness
of wishful thinking (Morris & Rao, 2013) and distraction (Marsac, Donlon, Hildenbrand, Winston, & Kassam-Adams, 2014), the present finding points to the need for the psychoeducation of children and adolescents regarding the best ways of coping with distress. This should include education on differences between maladaptive and adaptive styles of coping in order to augment coping efforts that are sustainable in the long term.

Consistent with our hypothesis, adolescents (aged 13–17 years) used self-criticism and wishful thinking more frequently than younger children (aged between 7 and 12 years). Although there was no empirical support for the present finding, research on children and adolescent coping has shown that coping follows a developmental course, and that by the adolescence stage, coping efforts are matched by the initial evaluation of the distress and the perceived competence in managing such a stressful encounter (Compas et al., 2001). As a result, it is possible that the present sample of Ghanaian adolescents’ use of self-criticism and wishful thinking represented a characteristic pattern of early adolescents’ reaction to the world around them. The early adolescent developmental stage is characterized by such trends as egocentric thinking, personal fables, imaginary audience (seen as the equivalents of wishful thinking), and that the stage is typically centered around the ongoing negotiation of the crisis of the definition of their group identity and the formation of, and conformity to, socially defined group membership (Meyer, 2005), from which self-criticism is mainly derived.

Furthermore, both groups of children used resignation coping more frequently in response to caregiver problems than for peer-relationship problems. Although there was no empirical support for the present finding, resignation coping has been used more in response to problems with family than for problems with school (Donaldson et al., 2010). The present finding was expected given that the Ghanaian culture promotes values that encourage children to respect and obey the elderly at all times without challenging their authority (Twum-Danso, 2009). Therefore, it is possible that when children encountered problems that involved an authority figure (such as a caregiver or a parent), resigning to their fate could have been the only available and culturally appropriate way of dealing with the distress, as it would have been considered impolite to adopt a confrontational approach toward the adults. Moreover, the fact that these children rated resignation as less efficacious for managing problems with caregivers pointed to the internalized strategies of dealing with distress that could arguably be deemed as not helpful for well-being. Therefore, Ghanaian children would benefit from interventions that focus on teaching adaptive means of coping with problems that involve an authority figure while still balancing out how to express their problems within the prevailing sociocultural prescriptions and prohibitions relating to their behaviour in interpersonal-relationship contexts.
Conclusions and Implications for Interventions

Our study revealed that for the present Ghanaian sample of orphaned and nonorphaned children, problems with peers, school, and caregivers were the major sources of their distress. Therefore, interventions aimed at teaching skills for managing stress should be applied to both groups of children. For example, clinicians and policy makers could consider adopting the Coping with Kids Programme (Henderson, Kelby, & Engerbreston, 1992), which is a cognitive-behavioral intervention program that teaches children how to cope with stress, manage anger, develop healthy interpersonal relationships, and solve problems in relationships. Furthermore, given that the majority of the orphans and nonorphans collectively cited relationship problems with peers, interventions that mainly focus on teaching the skills for the formation and sustenance of healthy peer relationships should be applied to both groups. The other intervention that has positive effects is the School-Based Social Skills Group Intervention (S.S.GRIN; DeRosier, 2004; DeRosier & Marcus, 2005).

Limitations

The study had four limitations. Firstly, given that orphanhood is an irrevocable, life-changing experience that has far-reaching consequences for the surviving children, and that placement in an orphanage is a compounding factor, the cross-sectional nature of our study limited our ability to draw causal inferences between parental loss, orphanage placement, and psychological distress. For example, regarding the findings that both groups of children reported problems with peers, school, and caregivers, we could not determine whether the problems reported were due to placement in an orphanage or familial experiences (for the nonorphans). Moreover, we could not ascertain whether orphans’ reported problems were due to parental loss or to placement in an orphanage. Therefore, future research should consider adopting longitudinal designs that would enable the appraisal of the extent to which problems manifest over time, in order to draw inferences about how parental loss and orphanage placement differentially impact the psychological well-being of orphans.

Secondly, given that the line of questioning on the Kidcope scale was more problem-saturated in nature, this raised the possibility of social desirability. Participants could have exclusively focused on problematic aspects of their lives, thus making the study miss data on neutral or positive aspects of their lived experiences. Therefore, future research could consider including measures that enable the quantification of the alternative (positive and neutral) experiences and how these relate to the negative experiences that the Kidcope focuses on, thereby addressing the issue of the exclusively problem-oriented focus that the study explored.
Thirdly, the use of purposive sampling technique and a nonprobability sample could have led to selection bias and limited our ability to generalize our results to the population of orphanage-placed children in Accra, Ghana. Therefore, future research should use a probability sampling technique in order to sample orphans that are statistically representative of the population of orphans in Accra, Ghana.

Finally, the single-item coping strategies on the Kidcope scale rendered the interitem reliability assessment impossible, and the present data were collected at a one-time point. We could not establish the replicability of the measure for the present sample of Ghanaian children. Future research could explore the possibility of gathering the data on coping strategies of orphaned children over time to address this limitation.

ACKNOWLEDGMENTS

The researchers wish to express their gratitude to the Graduate School of Stellenbosch University for funding the first author’s doctoral dissertation, out of which the present manuscript emerged.

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