Stigmatization and Mental Health Among Orphans of Registered Orphanages in Benue State, Nigeria

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Abstract
Orphans are among the most vulnerable groups of humans in the world. They struggle with poor resources, and limited access to advantages that other children have. This disequilibrium can in most extreme cases affect the mental functioning of these orphans. Amongst other factors, stigma has been highlighted as a correlate of poor mental health among orphans. Therefore, this study investigated stigmatization and mental health among orphans of registered orphanages in Benue State. In this cross-sectional survey, the participants were 205 orphans of registered orphanages in Benue state. Their ages ranged from 11-21years with a mean age of 16.149 years (SD=3.146). Among them, 125 (61%) were males and 80 (39%) were females. Proportionate sampling technique was used. The Stigma Scale and the Positive Mental Health Scale were used for data collection. Regression was used for data analysis. Results indicated that there was a significant negative influence of stigmatization on mental health among orphans. It was recommended that all hand should be on deck from the government, orphanage administrators, policy makers, reform agencies, health institutions, care homes and NGOs to address stigmatization targeted at orphans. These agencies should implement anti-stigma initiatives and promote awareness about the effects of stigmatization on orphans' mental health. This can include community outreach, education, and advocacy efforts especially local settings in Benue State where these orphanage homes are situated.

Key Words: *Stigmatization, Mental Health, Orphans, Benue State*

Introduction

Mental health is a key component of the general wellbeing of individuals, and thus, it is crucial for orphans' survival and development. Based on reports from the World Health Organization (WHO, 2022), mental health disorders in orphans have increased over the years and this issue will continue to increase by 50% until 2030 (Bayera et al., 2019). In Africa, estimates have shown that Tanzania has about 2.6 million orphan children (Makuu, 2019). It is further reported that the AIDS epidemic is most severe in some of the world's poorest countries particularly in sub-Saharan Africa where among its consequences has been the increase in the number of orphaned children (The Joint United Nations Programme on HIV/AIDS [UNAIDS] 2020). This has attracted curiosity concerning the physical and psychosocial wellbeing of these orphans. Earlier studies on orphaned children in Africa investigated orphans' mental health issues particularly those living in institutions (Msoka & Holroyd, 2018; Christopher & Mosha, 2021).

In Nigeria, an estimated 7.3 million children are orphans (National Bureau of Statistics, 2024). Years ago, the Nigeria Demographic and Health Survey (2023) reported that Benue has the highest percentage of orphans in Nigeria at 25%. Another report indicated that 28% of children in Benue were orphans, with 23% being single orphans and 5% double orphans according to a situational analysis report. Currently the total number of orphans in registered orphanages in Benue State is about 425 (Benue State Ministry of Women Affairs, 2024). Therefore, there is need to understand the determinants of mental health among orphans of registered orphanages in Benue State. Amongst many other variables, stigmatization will be tested as predictors of mental health among orphans. Stigmatization is a factor that has indices of influencing mental health among orphans. Stigma is a significant rejection of an individual by the society or an individual (Mushtaque et al., 2022). Stigma is a mark of shame, degrade, sully, or infamy that others shun or reject. People who are subjected to stigma have detrimental consequences on their mental health (Fatima et al., 2022). Orphans are often stigmatized in comparison to other children, and this stigma has a substantial impact on their mental well-being (Nawaz et al., 2021). Children in orphanages are more likely to have mental and behavioural difficulties, as well as despair and anxiety. Mental problems in orphans can be overcome after controlling perceived stigmatization (Fatima et al., 2022). This is due to orphans' frequent reports that the society approaches them differently than other youngsters (Mushtaque et al., 2022).

Stigma has a detrimental impact on the psychological and emotional well-being of children in orphanages. Research has consistently shown that stigma can lead to feelings of shame, low self-esteem, and a sense of worthlessness among stigmatized individuals (Roelen, 2020). For orphaned children, who are already vulnerable due to the loss of their parents, stigma compounds their emotional distress and creates additional barriers to their development (Fawzy & Fouad, 2020). Children in orphanages often internalize these negative perceptions, which can lead to a deep sense of self-stigmatization. This internalized stigma has been linked to higher rates of depression, anxiety, and other mental health disorders among orphaned and vulnerable children (Penner et al., 2020). However, there is paucity of research exploring the interplay of stigmatization and mental health among orphans in registered orphanages in Benue State.

Stigmatization and Mental Health

Rometsch et al. (2024) examined the moderating role of stigma in the relationship between depression and resilience: results of a cross-sectional study in university students. A negative correlation was found between depressive symptoms and resilience. A positive correlation was

found between depressive symptoms and stigma. Lower levels of resilience and higher levels of stigma were significant predictors of depressive symptoms. The moderation analysis showed a weakening of resilience protective effect against depression as stigma levels increase. They concluded that stigma influenced the relationship between depression and resilience. Also, anti-stigma interventions and programs empowering resilience, should be implemented in university settings to protect students from depression. Lochhead et al. (2024) examined how social harms can occur and how stigma is damaging to the health and wellbeing of a person in recovery. To do so, they focused on the harms that arise from the internalization of labels that mothers who use drugs encounter in a treatment and recovery setting whilst in active recovery, and how this stigmatization can manifest negative self-beliefs. Findings revealed the enduring nature of stigma amongst mothers who were in active recovery, with women feeling judged more harshly than men and experiencing pressure to live up to a "good mother" ideal whilst in recovery. This paper demonstrated that mothers in recovery are still stigmatized and, as a consequence, approach services with increased sensitivity, with stigma often resulting in disengagement or reluctance to access healthcare settings. They concluded that staff in health, social, and primary care settings need to develop a strong therapeutic alliance with mothers in recovery and promote anti-stigma approaches in their practice, in order to mitigate stigma and reduce harms to health and wellbeing. Ahmed-Chowdhury et al. (2024) assessed depressive symptoms and internalized stigma among adult asthma patients while investigating their relationships with sociodemographic and asthma-related medical factors. The mean PHQ-9 score was 7.36 (± 6), indicating mild depressive symptoms, and the internalized stigma score was 62.2 (± 10.26), indicating moderate internalized stigma. Depression and stigma varied significantly across several factors, including age, education, ED visits, hospitalizations for asthma, number of asthma medicines, home nebulizer use, PEF rate, BMI, comorbidities, and asthma symptom control. Stigma was correlated with depression and negatively correlated with age and years since asthma diagnosis. This study highlighted associations between depressive symptoms, internalized stigma, and various sociodemographic and medical factors among asthma patients. Notably, stigma was higher among younger adults and recently diagnosed patients.

Hypotheses

i. Stigmatization will significantly influence mental health among orphans of registered orphanages in Benue State.

Design

This study adopted cross-sectional survey design to investigate stigmatization and mental health among orphans of registered orphanages in Benue State. This design was appropriate because the researchers used questionnaires to sample the opinions and views of orphans in order to make relational inferences. Using this design, the independent variable was stigmatization while the dependent variable was mental health.

Population

The population of this study was 424 orphans in 14 orphanage homes in Benue State. This figure includes both male and female, children and adolescents.

Sample Size Determination

The sample for this study was determined using the Krejcie and Morgan's Table. Using this table, a population of 424 yielded a sample of 205.

Sampling Technique

This study used proportionate sampling to draw the sample for the study. This sampling technique was chosen because the researchers ensured that the sample drawn from each orphanage home is proportionate to the original of the orphanage home.

s/n	Name of Orphanage	Population	Sample
1.	NKST Community Based orphanage Mkar	52	(52/424) x 205 = 25.14 ≈25
2.	Divine Charity Orphanage Home, Makurdi	9	(9/424) x 205 = 4.35 ≈4
3.	Divine Care Foundation Christian Academy Makurdi	10	(10/424) x 205 = 4.83 ≈5
4.	Gidan Bege City Ministries of EMS of Ekwa, Makurdi	98	(98/424) x 205 = 47.38 ≈47
5.	Benita Children's Home Oduda Amejo, Okpokwu	17	(17/424) x 205 = 8.22 ≈8
6.	Mother Theresa's Orphanage Home, Aokpe Road, Okpokwu	4	(4/424) x 205 = 1.93 ≈2
7.	Heritage Orphanage Home, Opu Road Otukpo	2	(2/424) x 205 = .97 ≈1
8.	Erninya Orphanage Home, Iga Okpaya Apa	27	(27/424) x 205 = 13.05 ≈13
9.	Restoral of Pact Care Foundation, Otukpo	24	(24/424) x 205 = 11.60 ≈12
10.	Bethesda Orphanage & Community Orphanage Care, Oju	21	(21/424) x 205=10.15 ≈10
11.	Children of Mary Orphanage, Otukpo	47	(47/424) x 205 =22.72 ≈23
12.	Faith Orphanage Home, Gboko	13	(13/424) x 205 =6.9 ≈ 7
13.	Tivid Orphanage Home International, Makurdi	50	(50/424) x 205 =24.17 ≈24
14.	Mama Abayol Children's Home, Makurdi	50	(50/424) x 205 =24.17 ≈24
	Total	**424**	**205**

The table above shows the proportions of the samples drawn. Based on this table, the sample for the study was 205 orphans.

Participants

The participants for this study were 205 orphans of registered orphanages in Benue State. Their ages ranged from 11-21years with a mean age of 16.149 years (SD=3.146). Among them, 125 (61%) were males and 80 (39%) were female. Still among them, 121 (59%) were Tiv, 74 (36.1%) were Idoma while 10 (4.9%) were from other ethnic groups. In terms of their religion, 185 (90.2%) were Christians, 16 (7.8%) were Muslims while 4 (2%) indicated practicing other religions. As for their education, 87 (42.4%) were in primary schools, 105 (51.3%) were in secondary schools while 13 (6.3%) were in tertiary schools. Concerning their durations in orphanage homes, 12 (5.8%) were there for less than 1 year, 124 (60.5%) were there for 1-5years, while 69 (33.7%) were there for over 5 years.

Instruments

The instruments used for data collection included the Stigma Scale and the Positive Mental Health Scale.

Stigma Scale: Stigmatization was measured using the Stigma scale developed by Thornicroft (2009). The scale has 13 items measured on a format of 1 (Never) to 5 (Always). The uni-dimensional scale has no reverse items. The total score on the scale is obtained by summing all the scores of individual items on the scale. The author obtained an alpha coefficient of .78 while the present study obtained .83. Sample of items include: "Have you been treated unfairly in your social life?" "Have you been treated unfairly in school?"

Positive Mental Health Scale: Mental health was measured using the Positive Mental Health Scale developed by Lukat et al. (2016). The scale is used as a self-report instrument consisting of nine items rated on a four-point rating scale ranging from 0 ("do not agree") to 3 ("agree"). The range of scores is from 0-27 with scores from 0-9 indicating poor mental health, 10-18 indicating average mental health and 19-27 indicating good mental health. The author found an alpha coefficient of .76 while the present study reported .85. The total score on the scale is obtained by summing all the scores of individual items on the scale. Sample of items include; "I enjoy my life", "I manage well to fulfill my needs".

Procedure

This study was conducted among orphans residing in orphanages in Benue State. The researchers obtained approval from the Ministry of Women Affairs and Social Development. Thereafter, the approval of the ministry was taken to each sampled orphanage home to obtain permission to collect data from orphans. All ethical measures were taken into consideration in the data collection process. The consent of the orphans was sought in the presence of their caregivers. They were instructed and given orientation on how to tick their responses appropriately. They were assured of how confidential their information would be treated and that the study would not constitute any harm to them. The researchers visited all the sampled orphanage homes where data collection was done. The drawn sample was then exposed to the questionnaire. After the administration of 210 copies of the questionnaire, a total of 205 copies representing a return rate of 97.6% were returned and found useful for statistical analysis.

Data Analysis

Data for this study were analyzed using both descriptive and inferential statistics. The researchers used descriptive statistics including frequencies and simple percentages, mean and standard deviation to summarize data on the demographic characteristics of respondents. On the other hand, Simple Linear Regression was used to test hypothesis one.

Table 1: Summary of Simple Linear Regression showing the influence of stigmatization on mental health among Orphans.

Variables	R	R^2	F	df	β	t	sig.
Constant	.666	.443	132.044	1,203		-4.562	.000
Stigmatization					-.666	-11.491	.000

The result presented in Table 1 indicated that there was a significant negative influence of stigmatization on mental health among orphans [R^2=.443, F(1,203)=132.044, p<.001]. This means that stigmatized orphans will be more likely to suffer poor mental health states. The result further indicated that stigmatization explained 44.3% of the variation in mental health. Thus, hypothesis one was accepted.

Discussion

Hypothesis one was tested to find out if stigmatization will significantly influence mental health among orphans of registered orphanages in Benue State. Findings indicated that there was a significant negative influence of stigmatization on mental health among orphans. Stigmatization is the social process of devaluing, labeling, and discriminating against individuals based on perceived differences, characteristics, or behaviors. It creates profound social, health, and economic barriers, causing internalized shame, reduced opportunities, and health inequities. It is common for orphans who feel stigmatized to experience poor mental health states. This finding tallies with Rometsch et al. (2024) who found a positive correlation between depressive symptoms and stigma. Earlier studies (Lochhead et al., 2024; Ahmed-Chowdhury et al., 2024) found that stigma was strongly correlated with depression. Similarly, Youness-Alnassar et al. (2024) found a strong negative correlation between stigma and attitudes toward seeking professional help. Other researchers (Al-Shannaq et al., 2023; Xie et al., 2023) revealed that infertility stigma can bring heavy mental pressure or psychological burden and affect quality of life. Earlier studies (Abdel-Razek & El-sheikh, 2023; Swed et al., 2022; Al-Dwaikat et al., 2022) have shown that stigmatization was positively correlated with depression and anxiety. Similarly, stigma has been associated with low health related quality of life (Samari et al., 2022; He et al., 2021; Li et al., 2020).

Recommendations

Based on the findings obtained from this study, the following recommendations were made:

i. All hand should be on deck from the government, orphanage administrators, policy makers, reform agencies, health institutions, care homes and NGOs to address stigmatization targeted at orphans. These agencies should implement anti-stigma initiatives and promote awareness about the effects of stigmatization on orphans' mental health. This can include community outreach, education, and advocacy efforts especially local settings in Benue State where these orphanage homes are situated.

ii. The welfare division of child services in Benue State should strengthen their policies and programmes on orphans' welfare by creating innovative liaisons with existing mental health projects in strengthening programmes on stigma reduction and attachment systems for orphans in Benue State. This can be achieved by consistently monitoring the quality of attachment-based services orphans to children at orphanages.

Contributions to Knowledge

i. The study has also provided indigenous evidences in Benue state to back-up the gap in knowledge concerning the role of stigmatization as a predictor of mental health. The findings underscore the impact of stigmatization on mental health among orphans, emphasizing the need to address this critical factor in clinical and rehabilitative interventions.

References

Abdel-Razek, R. & El-Sheikh, M. (2023). Self-stigma and depression among patients with substance use disorders: role of perceived social support. *Egyptian Journal of Health Care, 14*(3), 1254-1270.

Ahmed-Chowdhury, S., Ahmad, S., Sarker, M. & Ismail, N. (2024). Assessment of depression and internalized-stigma among adult asthma patients in Bangladesh: a cross-sectional study. *Discover Social Science and Health, 4*, 8-23.

Al-Dwaikat, T., Rababa, M. & Alalou, F. (2022). Relationship of stigmatization and social support with depression and anxiety among cognitively intact older adults. *Heliyon, 8*, 107-122

Al-Shannaq, Y., Jaradat, D., Ta'an, W. & Jaradat, D. (2023). Depression stigma, depression literacy, and psychological help seeking attitudes among school and university students. *Archives of Psychiatric Nursing, 46*, 98-106

Bayera, A., Gilmanb, R., Tsuid, A., & Hindind, M. (2019). What is adolescence? Adolescents narrate their lives in Lima, Peru. *Journal of Adolescents*, *33*(4), 509–520. http://dx.doi.org/10.1016/j.adolescence.2010.02.002

Christopher, T. & Mosha, M. A. (2021). Psychosocial challenges facing orphaned children and caregivers in Tanzanian institutionalized orphanage centres. *East African Journal of Interdisciplinary Studies, 4*(1), 1–14

Fatima, S. M., Ahmed-Lak, T., & Mushtaque, I. (2022). Cases of Transgender Killing in Pakistan. *Asia Pacific Journal of Public Health, 2*(1), 33-41.

Fawzy, N. & Fouad, A. (2020). Psychosocial and developmental status of orphanage children: Epidemiological study. *Current psychiatry*, *17*(2), 41-48.

Lochhead, L., Addison, M., Cavener, J., Scott, S. & McGovern, W. (2024). Exploring the Impact of Stigma on Health and Wellbeing: Insights from Mothers with Lived Experience Accessing Recovery Services. *International Journal of Environmental Research and Public Health, 21*, 118-129. https://doi.org/10.3390/ijerph21091189

Lukat, J., Margraf, J., Lutz, R, van der Veld, W. & Becker, E. S. (2016). Psychometric properties of the positive mental health scale (PMH-scale). *BMC Psychology, 4*(8), 1–14.

Makuu, M. J. (2019). Situation analysis of orphans and vulnerable children in existing alternative care systems in Dar es Salaam, Tanzania. *Social Work and Society, 17*(1), 32-44

Msoka, A. & Holroyd, E. (2018). Children's perspectives of their psychosocial wellbeing in Tanzanian orphanages. *International Journal of Nursing and Midwifery, 10*(5), 41-52.

Mushtaque, I., Zahra, R., & Khan, A. A. (2022). A rise in rape cases in Pakistan: a need for coping strategies for the victims. *Asia Pacific Journal of Public Health, 3*(1), 31-43. https://doi.org/10.1177/10105395221112645

Nawaz, M. A., Saeed, L., & Mushtaque, I. (2021). Mediating Role of Spousal Support on Internalized Stigma and Marital Satisfaction among depressive Patients. *Review of Education, Administration and Law, 4*(4), 561–572. https://doi.org/10.47067/real.v4i4.207

Penner, F., Sharp, C., Marais, L., Shohet, C., Givon, D. & Boivin, M., (2020). Community-based caregiver and family interventions to support the mental health of orphans and vulnerable children: Review and future directions. *New Directions for Child and Adolescent Development, 17*(1), 77-105.

Roelen, K., (2020). Receiving social assistance in low-and middle-income countries: Negating shame or producing stigma? *Journal of Social Policy, 49*(4), 705-723.

Rometsch, C., Mansueto, G., Ceccatelli, S. & Cosci, F. (2024). The moderating role of stigma in the relationship between depression and resilience: results of a cross-sectional study in university students. *Frontiers of Psychology, 15*, 139-181.

Samari, E., Teh, W., Roystonn, K., Devi, F., Cetty, L., Shahwan, S. & Subramaniam, M. (2022). Perceived mental illness stigma among family and friends of young people with depressionand its role in help-seeking: a qualitative inquiry. *BMC Psychiatry, 22*, 107-121. https://doi.org/10.1186/s12888-022-03754-0

Swed, S., Sohib, S., Fathy-Hassan, N., Almoshantaf, M., Alkadi, S. & AbdelQadir, Y. (2022) Stigmatizing attitudes towards depression among university students in Syria. *PLoS ONE, 17*(9), 273-283. https://doi.org/10.1371/journal.

Thornicroft, G. (2009). *Discrimination and Stigma Scale DISC 12*. The INDIGO Study Group, Institute of Psychiatry, King's College London.

Xie, Y., Ren, Y., Niu, C., Zheng, Y., Yu, P. & Li, L. (2023) The impact of stigma on mental health and quality of life of infertile women: A systematic review. *Frontiers of Psychology, 13*, 109-159.

Youness-Alnassar, J., Alshutayli, A., Almadhi, A., Alromaih, D., AlMutairi, D., & Alhomaid, T. (2024). Impact of stigma on psychological help-seeking behavior in the general population - a systematic review. *International Journal of Medicine in Developing Countries, 8*(11), 3376–3386.