

# ARTICLES

## The Agonising Plight of Orphans of War: A National Survey

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The article reports about the important findings of a national survey on disadvantaged orphans in Eritrea, one among the 15 poorest countries of the world. Thousands of children were made orphans owing to the long drawn out war situation this country had been gripped with. The survey is an attempt to unearth the background characteristics of these disadvantaged orphans, the circumstances of parental loss, their living situations, and the various problems encountered by them. The present survey is based on 50,782 disadvantaged orphans where the majority of the orphans were paternal orphans followed by maternal orphans, and a few were complete orphans. They belonged to extremely poor families, and suffered from all kinds of deprivations, including schooling opportunities, medical care, food and clothing, apart from social and psychological problems of various kinds. A few of them were further affected by disabilities and chronic health problems. Analysis indicated that various factors such as loss of one parent or both, age, availability of adult care and type of care, economic status, schooling opportunity, age at loss of mother, cause of mother's death, and health status seemed to contribute to the vulnerability of these orphans.

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Every child who is a victim of any form of abuse or neglect has the right to physical and psychological and social reintegration. (CRC, Act, 39)

### INTRODUCTION

Orphaned children are one of the most vulnerable, helpless and needy groups of children in difficult circumstances all over the globe and particularly so in Eritrea. The circumstances in which the orphaned children — the poorest of the poor — live are deplorable. These children suffer from the trauma of loss of one or both parents, followed by

lack of basic needs, schooling, and adequate care and attention. They suffer from all kinds of problems — social, psychological, economic and developmental. Most of these children are taken care of either by one parent or relatives or older siblings. The struggles of existence in these poor families are quite pathetic and there is additional vulnerability due to hunger and other hardships. These children are at high risk for infectious diseases, emotional problems and disability, and fail as contributory members of society. If not supported early enough, it is possible that these children may add to the social problems of the country, namely, street children, delinquents, beggars, child prostitution, and so on. Therefore, these children need to be helped with service programmes and activities that would enable them to grow and lead a normal life.

### **CONTEXTUAL BACKGROUND: ORPHANS IN ERITREA**

Orphanhood is a global problem, involving a wide range of age-groups, from infants to young teenagers, and for countries gripped with border conflicts, war situations, and natural disasters, it is a horrendous issue. It has been estimated that the highest number of children were orphaned during World War II. In Africa, the problem is on the increase than in any other continent due to wars, internal conflicts, famines, and catastrophic diseases such as AIDS. Eritrea, a recently emerged state after 30 years of devastating war compounded by drought and which has driven its people to death, poverty and displacement, is no exception to this. A national survey conducted by Ministry of Labour and Human Welfare (MLHW) of the Government of Eritrea, in 1993, showed that there were more about 90,000 orphans in Eritrea including those who were living in orphanages and special boarding schools. In other words, about 1 in 30 Eritreans was an orphan. Of the 90,000 orphans, 61 per cent had lost their fathers, 31 per cent their mothers, and nine per cent both parents- According to the study, 52 per cent registered orphans were boys and 48 per cent were girls; 40 per cent were less than six years old and most of the remaining were between seven and 14 years old. They were found in all the six regions of Eritrea, though they were not distributed proportionately. The number of orphans in Eritrea is increasing to formidable proportions due to the border conflict with Ethiopia.

When we talk about the orphans of Eritrea, it must be kept in mind that most of these children are 'traumatised children', meaning that separation or loss of parents never occurred in isolation. Most of these

children were orphaned during war displacements, where the trauma of separation was compounded by exposure to violence, persecution, hunger, loss of their homes and belongings, and other major social upheavals. Children in the regions, where war broke out during May 1998, have witnessed bombing and shelling in their own villages. They saw their parents abused and threatened by the very people they considered as friends. Further, they have experienced hunger, thirst, and fear for their lives in the process of deportation (MLHW and UNICEF, 1999). Some children have seen people they knew being killed or wounded. All of them were removed more than once on a long trek to safety and lost the secure structure of their home villages. Many lost educational opportunities and those living in rural areas were forced to abandon all their possessions and cross the border under threat. Some children were victims of torture and violence, and even sexual harassment, which have left them scarred for a lifetime. As Freud (cited from Walker, 1993:13) pointed out in her book on *Wdr and Children*:

War acquires comparatively little significance so long as it only threatens their lives, disturbs their material comforts, or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first attachments of the child within the family group.

One of the consequences of separation from parents during war is the rise of child-headed families. Children living in child-headed households are the poorest of the poor. In these families, older siblings are compelled to grow overnight and face adult responsibilities and harsh realities of life. They have to care for younger siblings with hardly enough to survive on. They have no one to turn to and live in very difficult circumstances. They usually lack the skills that enable them to earn decent livelihoods, and are forced to engage in a variety of casual jobs in which they are, very often, exploited. In particular, girls (as heads of family) are at a greater risk since they may be abused or sexually exploited. They suffer from lack of recognition, are emotionally, socially and environmentally deprived, and are more prone to developmental problems (World Vision, 1988).

## THEORETICAL REVIEW

Orphans and the various aspects relating to them is a well-researched area, and I would like to touch upon those issues

that will have a special significance to war-affected orphans, the most important among them being the social and psychological impact. Children respond in different ways to the experience/trauma of separation or being orphaned. While some children adjust fairly well, others break down emotionally and physically. This behaviour is reflected in the form of various stress disorders. One of the common reactions of children who have witnessed/experienced violence during their flight to safety or displacement is post-traumatic stress disorder (PTSD). In other words, it is the stress reactions manifested by a person who has undergone an extremely stressful experience. This reaction is generally characterised by persistent re-living of trauma in the form of flashbacks, nightmares, stuttering, rocking or nail-biting; reduced responsiveness to the environment such as little interest in play, emotional detachment from parents, avoidance of intense feelings; and presence of new trauma behaviour. Along with this, children will show other age-specific problems (Appendix 1). Not all children react in the same way to stressful situations and an individual child may not exhibit all the symptoms mentioned. The symptoms may not be constant and may come and go. Very young children may not show obvious reaction to a stressful event. This, however, does not mean that the child is not affected.

### **Influencing Factors on Children's Responses to Separation/Loss**

As mentioned earlier, all children do not respond in the same way to the experiences of separation or loss. A child's reaction to loss or prolonged separation from those on whom he/she relied on for care and security will depend on early bonding and mothering; experiences before, during and after the stressful incident; and the characteristics of the individual child (age and gender).

#### ***Early Bonding and Mothering***

Starting with Bowlby (1971), one of the principal theorists on human bonding and attachments, we learn about the importance of 'early bonding' and 'mothering', and the negative repercussions its absence can create on the young child. This assertion was challenged by Rutter (1972), who, based on his research studies, concluded that while early separation can have a harmful impact on the infant, early separation by itself cannot induce lasting problems. The effects become deleterious when separation becomes part of a chain of events that includes multiple caretakers, impoverished

environment with no stimulation, poor foster caring, and so on. In real life, it is difficult to disentangle the effect of one variable (for example, maternal separation) on later behaviour. Other compounding factors (such as housing, education, continuing family strife, neglect, abuse) may contribute to, or even cause, the final result (Rutter, 1972). Therefore, it is believed that it is not the mere separation that triggers the problems, but factors that follow it (Berman, 1987). Studies reviewed by Sulva and Lunt (1982) have also revealed that a child is flexible and resilient, as a result of which the impact of early deprivations or lack of bonding can be reversed. Some of the negative impact of early deprivation/separation are profound depression; withdrawal from life; adversely affected physical, emotional, social and intellectual development; and greater psychological disturbances. The problems manifested by the children also included impaired object relations, aggressive and revolting behaviour, and poor school performance. However, they noted that the children who were able to stay with their parents until the age of seven were free from these problems.

There is enough evidence to claim that a baby's parents are far more likely to meet his/her important developmental needs than others (Whiley, 1990). According to Schaffer (1987), it does not even have to be one person; it could be several — older siblings and the woman next door may well leave their mark too by way of care and education. A significant number of problematic children were able to make adequate adjustments when placed in families who could accommodate their special needs.

### *Experience during Separation*

Considerable amount of stress is noticed among children who witnessed violence during separation. Night terrors were noted among Cambodian children between seven and 13 years of age, who witnessed the death of their parents due to violence (Boothby, 1989). Other studies in support of this are Greenbaum, Erlich and Toubiana (1993), who observed a causal link between dependency behaviour and duration of detention in children, and McMillan (1991), who established a significant relationship between experience of traumatic events and incidence of stress related behaviour. The more events a child reported, the higher was the stress-related score.

A few other studies have indicated that what is important is not just the traumatic experiences, but the accompanying factors. One

study that dealt with 'reactions of children under the threat of missiles', found that proximity to missile hits corresponded to the intensity of the children's stress. But it was also been observed that stress level can be considerably mediated by adults, especially parental behaviour and attitude (Zion and Levy-Shiff, 1993). The findings of Farood, Zurayk, Chaya, Saadeh, Meshe Fedjian and Sidanu (1993) lend support to this observation. The results showed that evacuation, combined with a nervous parent during bombing raids, led to persistence of neuroses in children.

### *Other Characteristics of the Child*

The third influencing factor on the response of children to separation from parents, especially the mother, is the characteristics of the children such as age, gender, coping skills, and so on. The findings are inconclusive with regard to age as a sensitive period for stress and coping skills. With regard to gender, some observations on the differential impact of traumatic experiences such as war, expulsion and separation on boys and girls are available. Available evidences are inconclusive, as the observations are totally divergent. While a few studies (Baker, 1991; McCallin, 1991; Trofzer, 1959) found that there was no difference in the stress experienced by boys and girls, a few other studies have observed differences (Farood and others, 1993; Gabarino, 1992). McCallin (1991) observed that girls were more likely to experience nightmares, aches and pains and to feel sad, while boys had more fears for their personal safety and about not being 'good'. The findings of Farood and others (1993), based on 600 adolescents in Lebanon (in a study conducted on Jewish-Israeli settlers' children in the West Bank, during the Gulf War), support this observation, which reported highest levels of anxiety among girls, while the boys had fewest concerns about the war and missile attacks. In another study on Vietnamese minors separated from parents, Gabarino (1992) found that girls suffered more from depression than boys. This is further supported by the observations of Bowlby (1973), who opined that girls seemed to respond with more fear than boys did to separation or loss. Therefore, it may be concluded that though, in general, there was no difference in the stress levels experienced by boys and girls due to separation or traumatic events, it was differently expressed. And when there was a difference, more stress/problems were experienced by girls than boys.

Age is considered as another important factor. Some researchers felt that younger children were more susceptible to stress than older children (Ressler and others, 1988), whereas a few others found that older children were more vulnerable (Baker, 1991; Greenbaum and others, 1993), and some observed that both groups were equally prone to problems under separation (Merloo, 1965, cited from Ressler and others, 1988). Children of different ages varied significantly in terms of their developmental needs, abilities and limitations. Therefore, age at the time of separation might affect the extent of the initial trauma children will experience as well as the ways in which this trauma will manifest itself in terms of specific distress reactions (Baker, 1991; Ressler and others, 1988).

## **SPECIFIC OBJECTIVES AND OPERATIONALISATION OF CONCEPTS USED**

The specific objectives of the survey were to:

- gather information on the socio-demographic background of disadvantaged orphans (namely, age, gender, religion, region, education, reason for dropout, reason for non-schooling);
- probe in to the types and nature of orphanhood, causes and availability of parental care for the orphans;
- study the various problems faced by the orphans and their future aspirations; and
- examine the association between various variables and see whether certain trends could be delineated, in support of the existing findings on orphans.

Based on the theoretical review, nine hypothetical statements were also formulated that were examined in the light of the survey findings in the later part of the study.

The terms of reference of important words, phrases or concepts are as follows:

*Orphan* is a child under 18 years, who has lost one or both parents, or whose parents' whereabouts are not known.

*Disadvantaged orphans* refers to orphans below 18 years who were living in absolute poverty conditions and would require support with topmost priority as notified by the officials of the regions. Economic status was not taken into account as the requirement varied from region to region.

*Paternal orphans* were children under the age of 18 years whose fathers were dead or whose whereabouts were not known.

*Maternal orphans* were children under the age of 18 years whose mothers were dead or whose whereabouts were not known.

*Problems* refer to social, economic and psychological problems ascertained with the help of four items in each area.

## METHODOLOGY

The present article is based on a nation-wide exploratory survey in Eritrea. The survey was carried out with the help of interview schedules prepared to understand the living conditions and problems of the 'most disadvantaged orphans', a subjective criteria drawn by the local officials. The sampling used was the census survey that relied on identification and enumeration of the 'disadvantaged orphans' that could possibly be traced in the six regions of Eritrea. Though a total of 50,782 orphans were interviewed, there is every possibility that quite a few 'disadvantaged orphans' were missed out and the number of orphans enumerated may not be the exact figure. But we can certainly assume that it is closer to the actual. Moreover, given the large number of orphans studied, the survey would certainly reflect the situation of orphans in Eritrea, and meet the requirements of the stated objectives.

Data was collected from the six regions of Eritrea with the help of 824 field investigators and 84 supervisors duly trained for the purpose. Each interview took about half an hour to complete. Sometimes, it took longer as the respondents became emotional while sharing information about their lives and parents. In the case of children 10 years and below, the surviving parent or the caretaker of the child was interviewed. Most of the interviews were held in the houses where the children lived and with a reasonable amount of privacy. A few focus group discussions were also held to strengthen the findings.

The data was processed and analysed with the help of percentages, two-way tables, mean, and simple statistical techniques. Chi-square was also made use of to examine the association between a few variables where it was required. For this purpose, the variables were treated as independent variables and dependent variables as under.

### *Independent Variables*

- Economic status of parents
- Age

- Gender
- Type of orphans
- Age at loss of mother
- Age at loss of father
- Duration of loss of mother
- Duration of loss of father
- Present guardian

#### *Dependent Variables*

- Schooling opportunity
- Reason for school dropout
- Severity of problems
- Type of social problems
- Severity of psychological problems
- General health status
- Likeness of step-parents/step-father/step-mother
- Opinion about caretakers
- Immediacy of care-taking
- Options for change in caretakers

#### *Variables treated as Independent and Dependent Variables*

- Economic problems
- Social problems
- Cause of mother's death/father's death
- Presence of psychological problems
- Future aspirations

From the purpose of analysis, most of these variables were merged to form new categories.

The constraints of the study included transportation to remote areas; difficulty in getting investigators to travel to these remote places; failure of some of the investigators in grasping the questions and therefore, leaving them unfilled. Another major lacuna of the study was the use of many close-ended questions that gave the children only a limited option to state their problems.

## **FINDINGS**

### **Demographic Background of Orphans**

Of the 50,782 orphans studied, boys and girls were almost equal in number, with the boys slightly larger in proportion. Among the three

age-categories of orphans studied, the largest majority was children of middle childhood (7-12 years) and adolescents (13-17 years) followed by those in early childhood (3-6 years) and very few infants (0-2 years). Majority of the children were Christians followed by Muslims. The economic status of the parents or caretakers was extremely low, with the largest majority (97 per cent) earning less than US\$13 a month. Of the total sample, two-thirds were paternal orphans and nearly one-third were maternal orphans; and six per cent were complete orphans.

With regard to their educational background, more than one-third (35.2 per cent) of the school going age-group were non-schoolers, and 3.9 per cent were dropouts. The remaining 60.2 per cent were attending school. A detailed probing revealed that their academic performance were very poor and a proportion of as high as 29 per cent were academic failures. With respect to their educational level and reasons for dropout, among the complete orphans of school-going age, only two-thirds were attending school; of the remaining one-third that stayed out of school, a very small proportion had dropped out of school and the rest never having been to school.

Comparatively, more boys were in schools and more girls were either dropouts or had had no schooling opportunity. Probably, the pressures of taking care of the family in the absence of one parent fell more on girls than on boys. This was confirmed with the observations of the focus group discussions. The largest majority of school-going children was in the elementary level followed by a few in junior and senior levels. Majority of the dropouts discontinued their studies at the elementary level itself, barring a few at higher levels.

The main reasons for dropping out of school were poverty, displacement, and illness. Parent's death, negligence, change of residence, absence of school, and the need to take care of the home were also contributing factors. While poverty and personal reasons dominated as the reasons for dropping out in the case of boys, absence of adult care was the predominant reason for girls to drop out of school. Similar reasons accounted for the non-schooling of children. Illness, disability and religious beliefs also figured as causes for non-schooling among a small proportion of the children. A proportionate and statistically significant association was also found between the economic status of parents and the schooling opportunity of children, supporting the existing knowledge in the field.

## Orphanhood

Two-thirds of the respondents had lost their fathers or mothers at an early age, that is below six years, which is a very critical period for child development. Illness was the main cause of death, both in the case of maternal or paternal deaths. Whether the illness was the result of war casualties was not probed, though it is believed that most of these illness were precipitated by war situations such as landmines (UNICEF, 1994). Comparatively, more proportion of fathers lost their lives due to accidents or the war. The main killer diseases were malaria, tuberculosis, respiratory infections, abdominal problems, 'strange fever', and heart problems, both in the case of deaths of fathers and mothers. In addition, mothers also died of blood pressure, post-delivery complications, swelling of the body, and reproductive tract infections.

Consistent with available evidences, it was observed that in general, the complete orphans were more prone to miss out on school life and face other problems, followed by maternal orphans. This is confirmed by the fact that a larger proportion of complete orphans had no schooling or had to drop out of school, had more proportion of the disabled and chronically ill, and those with social and psychological problems especially, strained relationships. They had also expressed hopelessness and helplessness in terms of their future plans as 'God's will' and 'nothing'. Maternal orphans followed this trend. These problems were reported in lesser proportion in the case of paternal orphans. It may be inferred that the absence of both parents or mothers had a more deleterious impact on children than the absence of fathers.

## **Present Guardian**

It is important to note that as many as 80 per cent of the respondents were living with one parent or one parent and a step-parent (Table1). The rest were living with close relatives or older siblings, barring a few who were taken care of by volunteers or lived alone and were complete orphans. This reflects the tradition of the Eritrean extended families that owns up the responsibility of taking care of orphans. About 10 per cent of these parents were disabled and another five per cent were chronically ill who needed additional support. In addition, most of the parents were extremely poor with no stable source of income. The caretakers were also extremely poor. This meant that

though the children had guardians, it did not mean that they got the necessary support or care, or even their basic needs met.

TABLE 1: Present Guardian

<i>Guardian</i>	<i>No. of Respondents</i>	
	<i>Frequency</i>	<i>Percentage</i>
Only father	7,524	14.8
Only mother	29,212	57.5
Brother/Sister	1,276	2.5
Father and step-mother	1,215	2.4
Mother and step-father	2,704	5.3
Relatives	8,615	17.0
Alone	153	0.3
Volunteers	83	0.2
Total	50,782	100

### *Present Guardian and Type of Orphans*

It is also interesting to note that only about two-thirds (68.66 per cent) of the maternal orphans were living with their fathers of which 18.11 per cent lived with their fathers and step-mothers. The rest (28.34 per cent) lived with their relatives, barring a few who lived with their siblings (2.52 per cent) or lived alone (0.40 per cent). The reasons for one-third of the maternal orphans to live away from their fathers is not known — whether this was due to the inability of the fathers to take care of small children/girls, or willing neglect of children, or refusal of the children themselves to stay with the fathers — as this issue was not probed into.

In the case of paternal orphans, the largest majority (93.42 per cent) lived with their mothers; it was only a very small proportion who lived with their relatives (6.09 per cent), or siblings (0.41 per cent), or lived alone (0.1 per cent). This was owing to the inability of the mother to take care of them as expressed by the children themselves in reply to the query on reason for 'preference to live with'.

**The** largest majority (75 per cent) of the complete orphans lived with their relatives or volunteers, while the rest mainly lived with their siblings (23.08 per cent). Though a very small proportion, the majority of orphans who lived alone were complete orphans, followed by maternal orphans.

### *Present Guardian by Age*

The important trends that need to be noted were in the case of orphans cared by siblings and orphans who lived alone. Regarding orphans cared by siblings (child-headed families), as the age increased the proportion of children cared by siblings also increased. This may be because, as the age increased more orphans preferred to stay away from 'adult supervision' in the absence of parents or because younger children tended to elicit more sympathy and also attract the care of relatives as compared to older children. But the orphans who lived alone, as well as those who lived with volunteers or siblings, were more frustrated with their present lives as is evident from large proportions of them opting for a change in caretakers to a parent or relatives. They also faced more problems with interpersonal relationships and psychological problems.

Available evidence shows that children living in child-headed households are at particular risk as the elder sibling is compelled to care for younger siblings and face the harsh realities of life with nothing to survive on. Those who lived with one parent and a step-parent also faced these problems as the children, more often than not, had difficulties in accepting a step-parent.

### **Problems Encountered**

The various problems encountered by orphans in their social, economic and psychological aspects are dealt in this section. These areas were studied with the help of pre-coded questions that would have had a serious limitation in terms of the response provided by the respondents. Moreover, there were overlapping aspects with regards to the areas studied. Hence, what is obtained is a very superficial response with respect to the problems faced by orphans. The health status of orphans, details of disability, and chronic diseases are also presented. Their future aspirations that were also elicited with the help of pre-coded responses are analysed and discussed.

### *Social Problems*

Table 2 indicates that, of the total orphans, nearly half (48 per cent) had social problems — isolation, lack of medical treatment, lack of educational facilities, strained relationships, and a combination of all of the above. Around 4.1 per cent reported no problems and the no response rate was 10.8 per cent. 'Strained relationship' was expressed

as a problem only by a very small proportion (2.5 per cent). In general, problems of isolation, medical care and education were the most prevalent ones, though medical problem was the greatest.

### ***Economic Problems***

Economic problems was ascertained in terms of the following five pre-coded items — starvation, no proper clothing, financial problems, lack of school materials, and a combination of all. The largest majority of orphans (89.3 per cent) were reportedly affected with economic problems. Among the types of problems expressed, the largest majority had a combination of all four economic problems. It is very clear that most of the orphans were subjected to acute poverty situations (Table 2).

### ***Psychological Problems***

The pre-coded responses included excessive worrying, loneliness, nervousness, sad remembrances of parental loss, and combination of all the above four problems. Psychological problems of one kind or other or a combination of all four were reported among a little more than one-third of the population (37.3 per cent). It was not reported among 52.2 per cent and around 10.5 per cent did not respond at all (Table 2).

Among those who had problems, around one-fifth (22.7 per cent) had a combination of all four problems. Regarding individual problems, sad memories of parental loss (24.4 per cent), loneliness (24.6 per cent), and excessive worrying (20.5 per cent) were prevalent singly, in almost the same proportions among one-fifth to one-fourth of the affected group. Comparatively, nervousness was reported among a smaller proportion (7.8 per cent). In general, the problems that required attention were feelings of parental loss, loneliness, and excessive worrying. More information about their problems was obtained through the focus group discussions and is presented in Appendix 2.

### ***Problems with Respect to Relevant Background Variables***

Most of the orphans, both boys and girls, faced economic problems followed by social and psychological problems. Around 80 per cent had faced a combination of various problems. Lack of medical care, lack of educational facilities, and isolation were the main social problems. Interpersonal problems were reported more among the adolescents. Sad memories of parental loss/grief reaction,

excessive worrying and loneliness and a combination of all were the main psychological problems expressed. Older orphans, especially adolescents; orphans whose mothers had died of unnatural causes; and those who expressed a strong dislike for their stepparents had comparatively more proportion of psychological problems. Psychological problems were also observed in a higher proportion in complete orphans, orphans who lived alone, or with siblings, or step-parents. Complete orphans and those who lived alone were certainly at a higher risk than others due to the deprivation of adult care and supervision. Children living with siblings were also at risk, as they were vulnerable in terms of adequate food, shelter, adult care, and so on. Complete orphans, coupled with lack of parental care, emerged as a major cause for social and psychological problems. Some of these children (41 per cent) also expressed an urge to be cared by an adult.

## **Health Status of Orphans**

Majority of children, that is 95 per cent were healthy and had no major health problems. Around 2.8 per cent were disabled and 2.2 per cent were chronically ill. The health status of boys and girls were almost same.

### ***Illness and Disability***

Only less than three per cent of the orphans were chronically ill or disabled. This proportion is consistent with the findings of an earlier survey (UNICEF, 1994). This can also be due to the fact that these problems are not easily identifiable among young children and hence not observed. It was also noted that higher the age, more were the proportions of orphans with chronic illnesses or disabilities.

The common chronic illnesses reported were tuberculosis, malaria, respiratory infections, stomach and abdominal problems, cancer, heart problems, ear infections, epilepsy, diabetes, and so on. A larger proportion of girls had heart problems. Tuberculosis, malaria, respiratory infections, stomach and abdominal problems, and anaemia were reported as the killer diseases among children in Eritrea.

Physical disability, followed by hearing disability and visual disability were the main disabilities observed. The other problems were epilepsy, learning disability, leprosy, and multiple disabilities. The prevalence of learning disability was very less, probably due to the difficulty in its identification.

TABLE 2: Type of Problems

<i>Problems</i>		<i>Distribution of Respondents</i>				<i>Total</i>	<i>Percent out of Total N=50782</i>
<b>Social</b>	Isolation	Lack of Med. Trt	Lack of Ednl. Fac	Strained Relations	All Problems		
	3,436 (14.1)	7,437 (30.1)	3,687 (15.1)	613 (2.5)	9,214 (37.8)	24,387 (100)	48.0
<b>Economic</b>	Famine	Clothing	Lack of School Mat.	Financial	All Problems		
	1,150 (2.0)	919 (5.3)	2,406 (2.9)	1,330 (87.2)	39,536 (2.5)	45,341 (100)	89.3
<b>Psychological</b>	Excessive worrying/fear	Loneliness	Nervousness	Feelings about Parent loss	All Problems		
	3,877 (20.0)	4,663 (24.6)	1,480 (7.8)	4,618 (22.7)	4,300 (24.4)	18,938 (100)	37.3

## Future Aspirations

The future aspirations of orphans were studied with the help of a few pre-coded responses with a provision for open responses. As Table 3 indicates, the greatest majority (80.5 per cent) had expressed plans to study. A few had expressed plans to work, to graze animals, or to work and learn. A small proportion had expressed 'helplessness' in terms of opting for the responses, namely 'God's will', and 'no plans'. In general, a large majority of the orphans were intending to study and get educated/qualified, that was quite appropriate for their age.

TABLE 3: Future Aspirations

<i>Future Aspirations</i>	<i>No. of Respondents</i>	<i>Percentage</i>
Want to study	40,884	80.5
Take up work	2,922	5.8
Graze animal	815	1.6
Get married	25	0
Study and work	377	0.7
God's will	2,673	5.3
Nothing	985	1.9
Unable to answer	126	0.2
No response	1,828	3.6
<b>Total</b>	<b>50,782</b>	<b>100</b>

However, the pre-coded responses seem to have had a limiting influence on the real aspirations of these orphans. More proportion of children who expressed a helpless attitude included the complete orphans and maternal orphans; those who had never been to school or dropouts; orphans with a disability, and those who were both disabled and ill; younger children; comparatively more girls; and orphans who lost their mothers at a very young age. Helplessness regarding the future may also be a reflection of their frustrations in life and the emotional trauma that they were undergoing. It may be noted that nearly 32 per cent of the orphans also expressed that they wanted to become soldiers and fight and kill their enemies. Ninety-two percent of these children were boys. The desire to take revenge was deep-rooted in the children affected by war.

## REVIEW OF THE STUDY HYPOTHESES

The trends noticed in the present survey helped to examine the nine hypothetical statements formulated below, though some of the associations were statistically non-significant. However, they are useful towards generating hypotheses towards more focussed or in depth studies in the future. They can also be used as pointers for planning various intervention services and policy formulations.

*Younger the age at the loss of mother, greater will be the problems for orphans.*

Data on the type or severity of social and psychological problems faced, or the health problems faced by orphans did not lend support to this hypothesis. However, there is a trend that indicates that younger the age at the loss of mother, lesser are the concrete plans for the future, and greater are the feelings of helplessness. This does reflect the emotional trauma of children. However, this relationship is not statistically significant. But its implication is that we cannot totally rule out the impact that age at loss of mother has on children's minds and the fact that it does have a role to play.

*Complete orphans will have greater problems than others*

The following trends do confirm this observation. Complete orphans shared comparatively more proportion of the following problems:

- less schooling opportunities,
- more dropouts,
- social problems (especially interpersonal relationship problems), and
- psychological problems.

The association between type of orphans and psychological problems is statistically significant. The observations of **UNICEF (1994)** and Reddy (1987) lend support to this.

*Severity of problems is directly proportionate to the age of orphans*

This hypothesis is partially supported as the psychological problems did vary according to the age of children, namely younger the child, lesser the problem; and older the child, greater the problem. Baker's (1991) findings are in agreement with this observation. But this trend was not noticed in the case of social problems or severity of problems.

*Future aspirations of orphans vary according to age and schooling opportunities*

This association between future aspirations and schooling opportunities stands supported, and is consistent with the widely held views on the impact of education on children. Data showed that 'concrete plans' for the future was associated more with children who were currently attending school than others. Dropouts and those who had no schooling expressed more feelings of helplessness and hopelessness. This finding was statistically significant at the .05 level (Chi-square=3.645). The association between future aspirations and age of orphans is not supported, as there was no difference in the plans expressed by orphans of different age groups.

*Healthy orphans will have more concrete plans for their future than those who are chronically ill or are disabled*

This association is partially supported by the findings. Analysis indicates that orphans with concrete plans are more associated with those who are healthy and chronically ill. On the other hand, those with no concrete plans are more associated with orphans who are disabled and those who are both disabled and ill. This association is not statistically significant.

*Complete orphans will have more feelings of hopelessness and helplessness towards the future than others*

This hypothesis is supported by the analysis that showed that orphans with feelings of hopelessness and helplessness were in larger proportion among complete orphans than among paternal or maternal orphans. However, it was also seen that future aspiration was influenced by schooling opportunities and complete orphans had more proportion of children without schooling opportunities. Hence, we may conclude that girls with no schooling opportunities were more prone to have an attitude of 'hopelessness and helplessness' towards their future than the complete orphans with schooling opportunities. This finding was significant statistically at the .05 level (Chi-square value=3.932).

*Adolescent orphans will have more problems of 'strained relations' and isolation than others*

Existing evidence does lend support to this conjunction. With regard to the type of problems faced, a larger proportion of adolescents faced relationship problems, followed by isolation and lack of educational facilities. Orphans in the 7-12 years age group also faced this problem, though in a lower proportion. The younger age groups shared the lowest proportion.

*Higher the economic status of parents, (a) greater are the opportunities for schooling, and (b) lesser are the problems faced*

Part (a) of this hypothesis is supported and part (b) is rejected. The economic status of parents was directly proportionate to the schooling opportunities of children as the analysis reveals, namely higher the economic status, higher was the schooling opportunity, and lower the economic status, lower was the schooling opportunity. The reverse was true in the case of those who had no schooling and also the dropouts. Lower the economic status, higher was the dropout and no schooling rates and vice-versa in the case of higher income groups. This association is statistically significant ( $\lambda$  was 0.15 and the chi-square value was significant at the .01 level). A similar trend was noticed in the case of the economic status of caretakers and orphans too.

*Orphaned girls will have more social and psychological problems than orphaned boys*

This hypothesis is disproved as we found that the social and psychological problems faced by orphans of both genders were almost the same. There was also no difference with regard to the severity of problems faced by both girls and boys.

This observation correlates with the research findings of Baker (1991) and McCallin (1991). However, it finds support in the fact that girls displayed more abnormal behaviour than boys. This finding is corroborated by the observations of Gabarino (1992), Greenbaum and others (1993), and Farood and others (1993).

### **Other Important Trends Observed**

The other trends observed that will be useful in framing hypotheses for future studies are as follow:

- Children living with their mothers (paternal orphans) will have fewer problems (social, psychological) and more hopes about their future than maternal or complete orphans.
- More maternal orphans are likely to stay away from their fathers than paternal orphans staying away from their mothers.
- There is a difference in the future aspirations of boys and girls.
- Complete orphans are more vulnerable to health problems and disabilities than others.
- Orphans who live alone, with volunteers and siblings are likely to be more dissatisfied with the care and would opt for a change than those who are living with one of their parents.
- Unnatural death of mothers is associated with more psychological problems.

These trends can be of great help in providing direction for future researches intended to examine these above stated relationships and come out with reliable information based on specific and in-depth studies.

## **SUMMARY AND CONCLUSIONS**

We can summarise a million lives in a short paper, but eventually, what matters is how we deal with the real human problems.

The very fact 50,782 disadvantaged orphans were cited and studied is a loud and clear reminder for reaching out to them with the required care and support that would foster their development and thereby prevent any developmental hazards and its social, economic and psychological consequences. Disadvantaged orphans encountered problems at various fronts, namely meeting basic needs such as food and shelter, schooling, health care, social and psychological status, and lack of adult care in some cases. Therefore, the programmes should address the psychosocial needs, survival needs, education, and healthy development of these orphans. In other words, a holistic approach should be adopted. As we know, children do not develop in isolation and their well-being and development depends on the family and community in which they grow up. The family and community have a crucial role in fostering or hampering their development as the literature review clearly indicated. Therefore, a child's needs cannot be addressed in isolation from the circumstances of his or her family and caregivers and the larger community. This would necessitate the inevitable need for a three-tier approach, namely direct service to the child, helping

the child through services to the family, and assisting the child and family through services in the community.

The prevalence of so many orphans calls for a nation-wide policy and programmes. Such a nation-wide approach ought to be supported with empirical evidences on the background, living conditions, problems faced, and other aspects of orphans. A survey carried out in 1992 helped only to ascertain the magnitude of the problem of orphans. The present study has thrown light on various aspects of orphans that have implications for policy development, programme planning and implementation and research. It is hoped that these efforts will bring progress and development in addressing to the problems of the disadvantaged orphans and enable them realise their rights as children.

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**Appendix 1: Age-Wise Specific Distress Reactions of Children**

<i>Infants and Toddlers (0-2 years)</i>	<i>Early Childhood (3-6 years)</i>	<i>Middle Childhood (7-12 years)</i>	<i>Adolescents (13-18 years)</i>
Periods of intense crying	Bedwetting	Withdrawn from substitute caretakers	Depressed
Initial reluctance to accept the substitute caretakers	Poorer impulse control	Depressed	Moody
Food refusal	Temporary regression in verbal skills	Irritable	Withdrawn
Digestive upsets	Nightmares	Restless	Developing psychosomatic symptoms like headaches, stomachaches, and so on.
Depressed appetites	Night terrors	Unable to concentrate	Anxiety disorders
Sleeping problems	Fear of actual objects (noise, animals)	Disruptive at school	Reactive depression
Developmental delays	Fear of imaginary objects (ghosts, witches, and so on)	Withdrawn from play and peer groups in new settings	Suicidal ideation Psychopathological symptoms like truancy, drug addiction, alcoholism, petty crimes, and so on
Weight loss	Weeping	Anxiety disorders	Medical problems like diabetes, epilepsy, and so on
Withdrawal from others	Mood swings	Nightmares	Incapable of trust and gratitude.
Serious delay in mental alertness	Aggressive behaviour	-	Difficulty to maintain interpersonal relationships
Delays in gross motor skills	Personality disorder	-	Nightmares

*Infants and Toddlers  
(0-2 years)*

PTSD Symptoms are not easily observable

*Early Childhood  
(3-6 years)*

PTSD symptoms include

- Anxious behaviour such as clinging, temper tantrums, fear of going to sleep
- Regressive behaviour such as babbling, thumb sucking
- Nightmares and night terrors
- Bed wetting, loss of bowel control

*Middle Childhood  
(7-12 years)*

PTSD symptoms include

- Poor concentration
- Restlessness and learning difficulties
- Anxiety
- Aches and pains
- Aggressive behaviour
- Depression
- Regression
- Sleeping problems

*Adolescence  
(13-18 years)*

PTSD symptoms include

- Self-destructiveness
- Risk taking
- Withdrawal
- Anxiety
- Aches and pains

**APPENDIX 2****What Girls had shared in the Focus Group Discussion**

- They missed their parents and their 'happy home'. They were uncomfortable in the new crowded surroundings and were terrified by the sudden reaction of their community forcing them to leave. They were shocked, frightened and thought that they would be killed. They got nightmares in which the Ethiopian soldiers were coming to take them away, or arresting one of their parents.
- They missed their old life with fun and games, missed a variety of foods, and clothing that they liked. School-going girls missed their organised entertainment (music, dancing, and community festivals, which they had before displacement). They were burdened with a greater number of household tasks than they had been used to doing. In some places, they had to walk long distances to fetch water and firewood. Those who were separated from siblings missed their brothers or sisters. Those who had lost their mothers are literally drained off their energy in doing household chores, apart from missing their own mothers. Some of them were teased and were made fun of in their schools for their low scores and repeated failures. They complained of lack of time and space to study.
- They also complained of frequent headaches, body pains, and fear of the future. They were listless, despairing and without much hope.

**What Boys had Shared in the Focus Group Discussion**

- Small boys expressed that they missed their home and good food. They missed their parents, schools and teachers. Those who had lost their mothers had difficulty in sleeping at night. The majority suffered from nightmares related to their expulsion or displacement.
- Junior and older boys were preoccupied with the change in their life status. They worried about working and earning for the family. They were very angry with the 'Ethiopians' whom they believed to be the source of all their troubles. They were more upset by the loss of their mothers and wanted to fight back when they grew up.
- They suffered from nightmares and flashbacks.
- The boys who had no schooling expressed that they wanted to become soldiers and kill the enemies.