

Vulnerabilities in Ghanaian orphans: Using the ecological systems theory as a lens

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ABSTRACT

International studies have suggested that parental loss is a risk factor for poor physical and mental health, but all orphans do not develop the same kind and intensity of wellbeing indicators. This disparity is associated with certain biopsychosocial characteristics of the developing orphan which may interact with certain environmental factors to determine the levels of vulnerability a child may experience following parental death. While studies have been devoted to orphanhood in Ghana, no study has examined the nature of multisystemic risks within the sociocultural environment, and the factors within orphans which may interact to determine their experiences and developmental outcomes in Ghana. In the present paper, the Ecological Systems Theory is used to depict different vulnerabilities associated with orphanhood in the Ghanaian context. Using this theory, I demonstrate that Ghanaian orphans may experience vulnerabilities at all systems of the theory. Implications of the identified vulnerabilities for research, interventions and policy making are discussed.

1. Introduction

While all children are vulnerable because of their age and maturity level (World Bank, 2005), some children are considered more vulnerable due to certain experiences and biopsychosocial characteristics they possess. The World Bank defines vulnerability as 'likelihood of being harmed by unforeseen events or as susceptibility to exogenous shocks' (Holzmann & Jorgensen, 2000, p. 1). Shock is defined as any event that has a high probability of leading to a negative outcome in children. Therefore, a vulnerable child is any person below 18 years whose safety, well-being and development are endangered because they lack care and affection as well as have impoverished shelter, education, nutrition, and psychological support (World Bank, 2004). Vulnerability could also be determined based on the household in which the child lives. A vulnerable household is one that cannot prevent the odds of shocks striking against the household, one that cannot reduce the possibility of a negative impact if shocks occur, and one that cannot adequately manage shocks and their negative impacts when they befall the household (World Bank, 2004).

SOS Children's Villages International (2017) also refers to key criteria for judging vulnerabilities in childhood. Factors such as poverty, poor health, violence (e.g., psychological, physical, sexual, neglect), political risks (e.g., armed conflict and natural disasters) and socio-cultural risks (e.g., migration, family breakdown, divorce and

remarriage, single parenthood, teenage pregnancy, gender inequalities and ethnic discrimination) are considered key criteria for judging childhood vulnerabilities. Of the many vulnerable children, children orphaned by parental death are considered the most vulnerable (Skinner et al., 2004; SOS Children's Villages International, 2017). This is because the absence of a parent places the child at a greater risk of experiencing any of the other cited sources of vulnerability in childhood.

While some authors have argued that the term 'orphan' has no single definition (Ennew, 2005), literature generally identifies two categories of orphans (Salifu Yendork, 2014). Some international organisations have defined an orphan as a child below 18 years who has lost at least one parent through death by any cause (United Nations Children's Emergency Fund [UNICEF], 2016; UNICEF/The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2006). Such an orphan is referred to as a 'biological orphan'. In contrast, the term 'social orphan' has also been recognised and used for other groups of children who may have one or both parents alive but who are unable to cater for their children's needs due to extreme poverty or illness, among other reasons (Foster, 2000; Salifu Yendork, 2014). The term 'social orphan' is commonly used in Africa (Foster, 2000; Morantz et al., 2013; Skinner et al., 2006) and allows for the inclusion of other factors beside the child's age and parental death status to determine orphanhood. In this paper, orphanhood is conceptualised as both biological and social orphanhood. This definition was adopted because some of the studies reviewed included

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both social and biological orphans. Additionally, certain socio-cultural practices that surround parental death, and their consequences on several aspects of children's wellbeing, which will be the main focus of subsequent sections of this paper are significant and worth highlighting in the present paper.

Orphanhood is a risk factor for poor physical and mental health outcomes although some children do not develop negative outcomes (Karayel, 2019). It increases the probability of a child experiencing violations of their basic rights to health, education, basic services and safety (SOS Children's Villages International, 2017). Parental death may cause behavioural, emotional and social problems (Karayel, 2019). Orphanhood increases the probability that a child will be placed in residential care (Salifu Yendork & Somhlaba, 2015–2016). Such placement has been associated with lack of warmth, poor sleep, reduced self-confidence, helplessness, poor concentration and limited opportunities for extra-curricular activities (Tadesse, Dereje, & Belay, 2014). Residential institutions have also been reported to lack funds which limit the quality of services they can provide to children in their care (Nyamutinga & Kang'ethe, 2015).

In the present paper, the Ecological Systems theory (Bronfenbrenner, 1979, 1992) is used to discuss various dimensions of vulnerabilities of orphanhood in the Ghanaian context by reviewing previous studies on orphans to achieve the following: 1. To identify sources of vulnerability within different systems using the theory. 2. To highlight sections of the model that have not yet been the focus of psychological research in the Ghanaian context and discuss implications of the findings for research, interventions and policy making. To properly situate this paper, the state of orphanhood in Ghana is briefly discussed next.

1.1. Orphanhood in the Ghanaian context

Globally, in 2015, it was estimated that about 140 million children were orphaned with 13 million having lost both parents through death by any cause (UNICEF, 2016). Of this number, 52 million (approximately 30 per cent) of the overall orphan population live in Africa. In 2012, the number of orphans due to all causes in Ghana was estimated at 1.1 million (UNICEF, 2012).

Traditionally, the care of orphans is the responsibility of the extended family or clan (Frimpong-Manso, 2014), and this is undertaken through the practices of inheritance, fosterage and marriage (Frimpong-Manso, 2014). Traditional inheritance systems ensure that following the death of a parent, the clan selects a successor whose inheritance includes properties and the care of any surviving children and widow (Ansah-Koi, 2006; Apt, Blavo, & Wilson, 1998). In the absence of formal inheritance, children lacking parental care are adopted by members of the extended family or community members through fosterage (Ansah-Koi, 2006; Kuyini, Alhassan, Tollerud, Weld, & Haruna, 2009). The practice of remarriage and polygyny also provide the opportunity for orphaned children to be cared for by stepparents. These practices ensured that orphans received care from their own family or remained within the family context and protected against stigma, abuse and potential placement in residential facilities.

Despite the significance of these practices to the well-being of orphans, recent reports suggest that these traditional orphan-care practices are weakening due to an overwhelming increase in the number of orphans needing care, increased modernisation, and migration (Ansah-Koi, 2006; Apt et al., 1998). Another major cause of the breakdown of the traditional system of care pertained to the general socio-economic situation in Ghana. The economy of Ghana is noted for its steady growth (World Bank, 2019), attaining the status of a Lower-Middle Income country with a significant decrease in the number of people in poverty from 52% in 1992 to 24% in 2013 (Graham, 2016). Despite these achievements, Graham noted that the actual number of people in poverty has not dropped that much falling from 7 million in 2006 to 6.4 million in 2013, the rate of child poverty has increased from 15 percent to 40 percent, the North-South developmental gap still

remain strong, divides between cash crops and food crops as well as divides between rural-urban divides on poverty continue to exist. This pattern of growth has been noted to result from the bias towards extractive and capital intensive services sector which do not directly have poverty reducing effects (United Nations Development Program [UNDP], 2020). Also noted are economic, social, political, and gender inequalities; high maternal mortality; and poor health and public education services. These challenges place so much demand on the resources of the average Ghanaian making it difficult to sustain their immediate family and practically impossible to extend a helping hand to the vulnerable members in their families and society. Additionally, inadequate resources and abuse of orphans in foster families have been reported (Kuyini et al., 2009). The breakdown of traditional orphan care practices has resulted in increased use of Children's Homes as alternative care arrangement (Ansah-Koi, 2006).

Placement in residential care has been reported to provide a home structure, access to basic needs and education for orphans (Salifu Yendork & Somhlaba, 2015a). Nonetheless, problems including orphan-caregiver relationship problems (Adu, 2011; Salifu Yendork & Somhlaba, 2015a), peer relationship problems (Salifu Yendork & Somhlaba, 2015b), physical and sexual abuse (MESW & UNICEF, 2010), neglect of children by caregivers (Adu-Agyem, Enti, & Peligah, 2009) and stigma (Adu, 2011) have been identified. Additionally, several systemic problems including corruption (Colburn, 2010), unqualified staff, poor medical facilities and high child-to-caregiver ratio (MMYE & DSW, 2008), financial constraints (Salifu Yendork & Somhlaba, 2015 a), have been reported.

Despite providing some insights into the experiences of orphanhood, these studies have failed to explore orphanhood from a holistic perspective. Many studies focused on either the orphan only (i.e., experiences with orphanhood or influence of orphans' demographic characteristics) or the orphan within one system (i.e., government and/or cultural practices of orphan care). In this way, there has been a neglect of other systems that jointly impact and determine wellbeing outcomes in orphaned children. It was based on this identified gap that the current paper uses the Ecological Systems Theory to depict the multisystemic vulnerabilities experienced by Ghanaian orphans.

1.2. Ecological Systems Theory (Bronfenbrenner, 1979, 1992)

Using the process-person-context model, Bronfenbrenner (1979, 1992) recognises the significance of the environment and characteristics of a person in determining the developmental outcomes of an individual. Thus, development is conceptualised as the constancy and changes an individual undergoes over the life course which result from an interaction between properties of the developing person and properties of the environment (Bronfenbrenner, 1979). This interaction is bidirectional as each of the components influence the other to determine the developmental outcome of the individual, and the enduring impact on development. Bronfenbrenner thus argued that it is inadequate to evaluate a child's development by focusing only on the person or only on the immediate environment without examining the interactions among the larger environments that the child develops in.

Characteristics of the person can be an outcome and also a process that shapes the latter developmental outcomes. Certain psychological properties of the person including the general health of the child, brain function, emotional and physical systems are significant properties that can shape the person's developmental outcome. On the other hand, the environment is conceptualised as a set of nested structures which are successively more encompassing at each level and range from the micro to the macro. These systems move from the most proximal to the developing person to the most remote to encompass the higher ideological and sociocultural factors in the developing person's context. The systems are microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979). Bronfenbrenner later included the Chronosystem as the fifth system of influence on the developing child

(Bronfenbrenner, 1992).

Microsystem is the smallest system and the most immediate environment of the developing child. It includes immediate relationships between the child and significant others such as parents, siblings and extended family members. It also includes other organisations that have direct interactions with the child such as the school, day care, religious setting, peer group etc. These individuals help to construct the developmental setting and most of the child's behaviour is learned in this system.

The mesosystem pertains to set of interrelations between two or more settings in the microsystems in which the developing person becomes an active participant. The exosystem consist "of one or more settings that do not involve the developing person as an active participant but in which events occur that affect, or are affected by, what happens in that setting" (p. 237). Exosystems affect the course of a child's development through connecting events in the external setting to processes that occur in the developing person's microsystem and linking the microsystem processes to developmental changes occurring in a developing person living within that setting.

The macrosystem is the largest and the most remote influence on the developing child. It denotes the observed consistency in the nature and content of a given culture's constituent micro-, meso-, and exosystem as well as beliefs systems or ideology that are fundamental to such consistencies. The macrosystem include laws of the nation, cultural values, the economy, wars among others that determines access to national resources and how the developing child should be socialised. The chronosystem captures the changing nature of the environment of the developing person. It encompasses developmental changes triggered by life events or experiences that may originate either in the external environment (e.g., birth of a sibling, starting school, divorce etc.) or within the developing person (e.g., puberty, severe illness). These events may alter the existing relation between person and environment, which in turn create a dynamic that may set off developmental change.

In 1995, Bronfenbrenner (1995) modified the theory as Bioecological Systems Theory taking into consideration the interaction of the progressive processes, the biopsychosocial characteristics of the developing person, the environment and influence of time in determining developmental outcome. The present paper adopts the Ecological Systems Theory to illustrate vulnerabilities at different systems that could pose added risks to the wellbeing of Ghanaian orphans. While this theory has been used in diverse contexts and disciplines, to the best of my knowledge, no study has used the theory to locate different systemic vulnerabilities that pose added risks to an already vulnerable group of Ghanaian children. The findings of this review have implications for interventions, policy making and future research.

1.3. Method of review

To conduct the review, I searched Google Scholar, PSYCInfo, African Journal Online and EBSCOhost in June 2019 using keywords related to orphanhood. Keywords on orphanhood (i.e., orphans, parental death, parental loss, AIDS orphans) were crossed with risks, vulnerability, negative experiences, challenges and problems. All keywords were also crossed with Ghana. Articles and reports that were found were screened using the following criteria: 1. used either qualitative or quantitative approach, 2. focused on orphans in Ghana, 3. explored aspects of risks in Ghanaian orphans, and 4. published between 1999 and 2019. In all, 27 studies met the inclusion criteria (See Table 1). For demographic characteristics of orphans, two studies met the criteria, microsystems 19 studies, mesosystems two studies, exosystems one study, macrosystems 18 studies, and chronosystems one study. The findings of the review are organised along the systems of the Ecological Systems Theory in the ensuing paragraphs.

1.4. Vulnerability within the orphan

Given the significance of secure attachment to children's wellbeing, I was curious to see how the age of becoming an orphan impact on Ghanaian orphans' wellbeing. My search yielded only one study that linked age of orphans to negative outcomes. In 2016, Salifu Yendork and Somhlaba in a quantitative study among orphans placed in Children's Homes found that younger orphans (7–12 years) reported lower levels of self-efficacy and perceptions of resilience than older orphans (13–17 years). However, being an older orphan was associated with lower perception of support from friends, family and significant others. These findings suggest that younger orphans appraise their mastery beliefs poorly whereas older orphans perceived they had lower social support. These beliefs are important for positive outcomes among urban children in adversity (Wyman, 2003).

Review of international studies also shows that the sex of an orphan can determine the forms and intensity of psychopathology following parental death (Dowdney, 2000; Dowdney et al., 1999). Following my search on the link between sex and orphanhood in the Ghanaian context, I found two studies. Yarney, Mba, and Asampong (2015) found that when a female orphan reaches puberty and undergo Dipo rites (rite of passage for girls who reach puberty among the people of Krobo in the Eastern part of Ghana), she is more likely to lose support from her adoptive family. Neglect results from the belief that once the girl goes through the rite, she becomes an adult who should be able to care for herself. Salifu Yendork and Somhlaba (2016) also found that male orphans reported lower levels of self-efficacy than female orphans, suggesting that male orphans tend to perceive their mastery levels poorly relative to female orphans. These findings suggest that the sex of the orphan exposes them to different vulnerabilities.

The perception that people have about the character of orphans was found to determine the kind of support and treatment they rendered to them. Such beliefs also affect how they interpret the orphan's experiences in their family. Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that community members perceived that orphans who are disobedient and disrespectful are more likely to be discriminated against in the household. Hence, determinants of whether or not orphans will receive the best treatment fell on the children themselves irrespective of the emotional and physical distress they may be going through due to the death of their parent or any unfair treatments they may be receiving in their household.

1.5. Microsystems

Vulnerabilities in the microsystems identified pertained to problems within the family system, problems within the school environment, problems within the communities in which the orphan lives and problematic peer relationships. Each of these is discussed below.

1.5.1. Vulnerabilities within the family

Three studies highlighted how the cause of parental death may pose certain risks to orphans. Parental death resulting from chronic and perceived dishonourable illnesses may pose different risks relative to other sources of parental death. Atobrah (2005) found that AIDS orphans were more likely to be stigmatised and discriminated against relative to general orphans. Yarney, Mba, Asampong, Darko, and Yarney (2012) also found AIDS orphans are more likely to lose both parent due to the communicable nature of the illness, thus increasing the vulnerability levels. Additionally, Doku and Minnis (2016) also found that AIDS orphans in the family setting were at heightened risk for mental health problems in comparison to children affected by AIDS, children orphaned by other causes and non-orphaned children.

The gender of the deceased parent also appeared to present certain risks to Ghanaian orphans. Paternal orphanhood is implicated in care arrangement following parental death. In a study of 100 orphans placed in Children's Homes in Ghana, Salifu Yendork and Somhlaba (2014)

Table 1
Summary of studies used for review.

System	Subsystem	Author(s)	Aspect of vulnerability	Impact of risks on orphans
Orphan Characteristics	Age	Salifu Yendork and Somhlaba (2016)	Age: childhood or adolescence	Childhood: lower perception of mastery; Adolescence: lower perception of support from friend, family and significant others
	Sex	Salifu Yendork and Somhlaba (2016)	Being male	Lower levels of self-efficacy
		Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015)	Being female	Loss of support from adoptive family
Character	Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015)	Disobedient and disrespectful character	Discrimination in the household	
Microsystems	Family	Atobrah (2005)	Cause of parental death	Stigma and discrimination
		Yarney et al. (2012)	Cause of parental death	Double orphanhood from AIDS
		Doku and Minnis (2016)	Cause of parental death	Heightened mental health problems
		Salifu Yendork and Somhlaba (2014)	Deceased parent's gender	Paternal orphanhood associated with residential care placement
		Yarney et al. (2012)	Deceased parent's gender	Paternal orphanhood associated with stunted growth
		van der Geest (2004)	Family treatment of the topic of death	Privacy surround death prevent social support seeking during parental illness
		Apt (2005)	Weakened extended family system	Abuse and exploitation
		Apt (2006)	Weakened extended family system	Diminished/lack safety net from extended family
		Salifu Yendork and Somhlaba (2015/2016)	Weakened extended family system	Diminished/lack safety net from extended family
		Better Care Network (2014)	Weakened extended family system	Problems with grandparent-headed households
	Yarney et al. (2012)	Weakened extended family system	Stunted growth	
	Teteh (2011)	Weakened extended family system	Abuse and exploitation	
	Kuyini et al. (2009)	Weakened extended family system	Engaging in menial jobs for survival, poor educational attainment	
	Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015)	Weakened extended family system	Poor care, unhappiness, discrimination	
	School	Salifu Yendork and Somhlaba (2014)	Lower school grade for age	Stigma and discrimination
Salifu Yendork and Somhlaba (2015b)		General school-related stressors	Distress	
Salifu Yendork and Somhlaba (2015a)		Delayed payment of tuition fees	Stigma and verbal abuse from teachers	
Community	Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015)	Community social practices	High incidence of rape and HIV infections, financial burden, poor supervision, psychological distress, stigma and discrimination	
Peers	Salifu Yendork and Somhlaba (2015a)	Verbal abuse from peers	Psychological distress	
	Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015)	Peer influence	Negative treatments from their caregivers	
	Doku (2009)	Orphaned by AIDS	Peer problems	
Mesosystems	Salifu Yendork and Somhlaba (2015a)	Poor coordination between Children's Homes administrators and orphans' school	Shame, verbal abuse by teachers, psychological distress	
Exosystems	Frimpong-Manso and Bugyei (2018)	Little or no involvement of orphans in reunification process	Hunger, truncated education and engagement of menial jobs for survival	
Macrosystems	Government	Boafo, Norman & Frimpong-Manso (2017); Frimpong-Manso (2014)	Challenges with implementation of Care Reform Initiative	Poor outcomes following reintegration
		Voyk (2011)	Reasons behind reintegration not in orphans' interest	Poor care due to families' lack of resources
	Global Affairs Canada & UNICEF (2015)	Overlapping mandates and poor coordination among sectors involved in the implementation of CRI, weak enforcement of legal provisions, inadequate budgetary allocations, and inadequate institutional capacity for monitoring and evaluation	Negative effects of reintegration on orphans	
	Castillo et al. (2012)	Inadequate training, supervision and communication procedures for staff in Children's Homes	Negative effects of reintegration on orphans	
	Pomeyie (2017)	Challenges with implementation of Care Reform Initiative	Few unified orphans	
Aryeetey Bortei-Doku et al., (2012)	Inadequate resources of families to support reintegrated children	School drop-out		

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Table 1 (continued)

System	Subsystem	Author(s)	Aspect of vulnerability	Impact of risks on orphans
		Akpalu (2007); Apt and Akuffo-Amoabeng (2007) Darkwah et al. (2018)	High financial requirement from potential adopters	Few orphans getting adoption opportunity
		Global Affairs Canada & UNICEF (2015)	Inconsistencies between the principles of Child Rights and the traditional means of disciplining children	Limited power of caregivers to correct orphans in care
			Failure of government to access needed systemic changes before adoption of Child Rights strategies	Child's right principles deemed culturally inappropriate, financially unviable and unsustainable
	Sociocultural practices	Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015); Yarney et al. (2012) Kutoati and Morck (2012)	Certain practices, rituals and ceremonies (e.g., funeral, marriage, puberty, naming ceremony and polygyny); inheritance systems	Financial burden, lack of supervision, neglect, stunted growth
		Cooper (2011)	Entrenched traditional inheritance systems despite the present of legal ones	Orphans may lack willpower to enforce inheritance law
			Problems with Interstate Succession Act [PNDC 111, 1985] and Interstate Succession Amendment Law [PNDC 264]	Inability to inherit lineage property, complications with polygamous family
Chronosystem		Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015)	Puberty and associated rite of passage in females	Loss of support from adoptive family, problems with education, early sexual activities and sexual advances from men

found that more paternal orphans (41) as opposed to maternal (7) and double orphans (14) were in residential care. This suggests that children who lose their father are more likely to be placed in residential care than those who lose their mother or both parents. Given the growing importance of family and a family environment (Better Care Network, 2015) and the potential adverse effects of placement in residential care in Ghana (Salifu Yendork & Somhlaba, 2015a; 2015b), the use of residential facilities as care arrangement for orphaned children is discouraged (UN General Assembly, 2010). Yarney et al. (2012) also found that paternal orphans were more likely to be stunted than maternal orphans although the difference was not significant. These findings could have resulted from the nature of traditional family structure in many Ghanaian homes. Traditionally, fathers are the main, if not the sole, breadwinner of many families in Ghana (Amoakohene, 2004). Hence, the absence of a father may take a big toll on the family's ability to carter for children.

The culture surrounding treatment of the topic of death can also pose added risks to Ghanaian orphans. In Ghana, death and dying are private subjects that are not discussed openly (van der Geest, 2004). In most cases, unless one is very close to the dying individual, his/her poor health may not be known to others outside of the family until the person dies. During parental illness, this culture of silence may prevent children from discussing the distress they may be experiencing with people outside of the family. Hence, the protective effects of social support seeking and talking about one's distress may not be achieved by these children.

Problems with the Ghanaian traditional system of orphan care were also identified as a potential risk to orphans' wellbeing. Traditionally, Ghana relies on the extended families to provide care for children in need. The extended families, although willing to provide care, are often over-stretched of their limited resources and sometimes overwhelmed by the large number of orphans needing care (Apt, 2006; Salifu Yendork & Somhlaba, 2015/2016). As the number of orphans continues to spiral upwards, extended families continue to face greater burden and in some cases are unable to care for orphaned children. Another significant development is the emergence of grandparent-headed households (Better Care Network, 2014) which are generally poorer and are progressively unable to provide adequately for orphans. Yarney et al. (2012) found that orphans who lived with caregivers between the ages of 41–50 years were eight times more likely to be stunted than those living with caregivers in other age groups.

The potential abuse of orphans in extended family households has also been noted in research. Some orphans living in extended families are subjected to child labour and exploited for domestic services (Apt,

2005; Tetteh, 2011). Kuyini et al. (2009) found that many of the children in kinship fosterage have to work and some occasionally did not attend school. Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) also reported that majority of orphans rated the care they received from their caregivers poorly and a high percentage of them were unhappy or depressed. In these households, orphans reportedly received harsher punishment than biological children, were belittled, ate different food which was often less nutritious than food given to biological children.

1.5.2. Vulnerabilities at the school

International literature has found that orphanhood is associated with lower school participation (Case, Paxson, & Ableidinger, 2004). In Ghana, studies have reported that compared to non-orphans, orphans report lower school grade for their age (Salifu Yendork & Somhlaba, 2014). This leads to stigma and discrimination as orphans were often teased by their peers for being too old for their class. The school environment also posed added stress to orphans resulting from difficulties with school work, poor academic performance, frequent lateness to school, relationship problems with teachers and general dislike for the school environment (Salifu Yendork & Somhlaba, 2015b). Teachers in schools have also been reported to stigmatise and verbally abuse orphans for delayed payment of tuition fees (Salifu Yendork & Somhlaba, 2015a). All of these negative experiences can have adverse effects on orphans' academic achievements.

1.5.3. Community as a source of risk

The community in which the orphan lives may present added risks to their wellbeing. In a qualitative study, Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that certain community social practices and activities negatively affect orphans' wellbeing. Community activities such as excessive alcohol consumption, easily available tobacco products, use of hard drugs, excessive social eating and drinking habits, changing fashion trends, widespread avenues to films, night clubs, games and sports, as well as religious gatherings were implicated. For example, consumption of excessive amount of alcohol, tobacco and hard drugs during these programs were reported to be associated with high incidence of rape and HIV infections among orphans. In the study, participants reported that large sums of money are used by some addicted caregivers to satisfy their drug needs to the neglect of orphan children. Caregivers with drug problems also maltreat orphans, lose control and are not able to provide good supervision to orphans. Through observational learning, orphans may sometimes become addicted to drugs themselves. Some orphans reported feeling anxious due to frequent physical abuse, insults, blames and curses they

encounter from their alcoholic caregivers. Other practices (night clubbing, film watching, sports and games) were reported to lead to neglect of orphans as caregivers spend majority of their time and resources on these practices to the neglect of the needs of orphans. The community at large tend to stigmatise and discriminate against orphans due to their parents dying from AIDS and often accuse them of being witches and causing the death of their parents.

1.5.4. Peers as sources of vulnerability

A study done in Ghanaian Children's Homes found that peers verbally abused each other which could cause psychological distress to those affected (Salifu Yendork & Somhlaba, 2015a). Orphans' peers can influence the kind of behaviour that orphans model, and how they conduct themselves. Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that orphans could be influenced by peers to learn to disrespect their caregiver, become uncontrollable and be ungrateful to their caregivers. These inappropriate behaviours in turn invoked negative treatments from their caregivers. Additionally, Doku (2009) in a community study found that AIDS orphans showed high levels of peer problems in comparison to children affected by AIDS, children orphaned by other causes and non-orphaned children.

1.6. Mesosystems

Review of literature on the nature of interactions among the microsystems and their subsequent effects on Ghanaian orphans yielded one study (Salifu Yendork & Somhlaba, 2015a) which was conducted in children's homes. In this study, orphans in residential care reported that some administrators sometimes delayed payment of their tuition fees. When orphans were dismissed from school for non-payment of fees, they were reportedly made to remain at home by the administrators who did not bother to negotiate a payment plan. Due to poor interaction between the school and the Children's Homes, orphans were often shamed and verbally abused by teachers which caused them psychological distress. Absenteeism resulting from delayed payment of school fees could further worsen orphans' academic performance and delayed their academic progression (Salifu Yendork & Somhlaba, 2014).

1.7. Exosystems

One study that evaluated the outcome of reunification of orphans in Children's Homes with their families in line with the goals of Care Reform Initiative (CRI) fits exosystems. CRI is a 5-year initiative developed by Ghana's Department of Social Welfare (DSW) in partnership with UNICEF in 2006 to transform child care system in Ghana. This initiative was fuelled by allegations of physical and sexual abuse in some of the country's Children's Homes. The overall aim was to deinstitutionalise child care services and promote family- and community-based care for orphans and vulnerable children (Frimpong-Manso, 2014). Following the role out of this initiative, Frimpong-Manso and Bugyei (2018) found that several challenges resulted in negative outcomes for reintegrated children, which included exclusion of children in reunification process, lack of preparation of the families for the reunification, lack of financial support from the government, poor coordination between the families and the government as well as poor monitoring of children after reunification. In this study, the problem that fit within the exosystem ideology was the lack of involvement of children in reunification process and the subsequent effects of reunification on orphans' wellbeing. Frimpong-Manso and Bugyei found that much of the decisions regarding unification were taken by the Children's Homes officials and the extended families with little or no participation of the orphans. Nonetheless, orphans suffered the consequences of reunification. Orphans reported going to school hungry, being unable to further their education and being absent from school to engage in menial jobs for survival. These problems arose from the families' poor financial status and lack of financial support from the government.

1.8. Macrosystems

Vulnerabilities at the macrosystems level included problems at the governmental level as well as certain sociocultural practices that adversely affect orphan care in the Ghanaian context. These are discussed next.

1.8.1. Vulnerabilities at the governmental level

At the governmental level, although Ghana has several policies to protect the well-being of Orphans and Vulnerable Children (OVC), implementation of these policies and guidelines has met several challenges. Basic to the CRI is the significance of children growing up within the family context through unification with their families, encouraging formal foster care and adoption. Despite the potential benefits associated with the goals of the CRI, implementation has been fraught with several challenges. Challenges such as limited capacity of the DSW (institution responsible for the care of OVC), limited financial resource to implement the reform, weak coordination among key stakeholders (Non-governmental Organisations and Residential Homes Caregivers [RHC]), poor planning for reintegration procedure, limited knowledge of the CRI, lack of evaluation on the outcomes of the CRI on children and families, weak monitoring and enforcement of standards of RHCs and foster care, weak legal enforcement of reintegration procedures have been found (Boafo, Norman & Frimpong-Manso, 2017; Frimpong-Manso, 2014; Voyk, 2011).

Voyk (2011) also found that the reasons for reintegration were not always in the best interest of the children as there were instances where children were reintegrated with families who did not want them or were not capable of caring for the children because of limited resources. Global Affairs Canada and UNICEF (2015) also reported overlapping mandates and poor coordination among sectors involved in the implementation of the reform, weak enforcement of legal provisions, inadequate budgetary allocations, and institutional capacity for monitoring and evaluation. Also cited are inadequate training and supervision and poor communication procedures for staff in the Children's Homes (Castillo, Sarver, Bettmann, Mortensen, & Akuoko, 2012). Given all the challenges, it is not surprising that in 2017, Pomeyie found that the DSW was not able to reintegrate more than ten children in two public residential care institutions in Suhum Municipalities (one of the Municipalities in Ghana) in the Eastern region of Ghana. Also, following reintegration, children had to drop out of schools because their parents could not afford non-tuition expenses (Aryeetey, Afranie, Andoh, Doh, & Bosiakoh, 2012; Frimpong-Manso, 2014).

Foster care has not been successful as few foster parents (only 70) were registered as of 2007 (Apt & Akuffo-Amoabeng, 2007). With respect to adoption, although inter-country adoption has increased, evidence suggests that this trend could result in child trafficking (Mezmur, 2009; Roby & Shaw, 2006; United Nations, 2009). Additionally, the government of Ghana is yet to ratify the 1993 Hague Convention in the Protection of Children and Cooperation in Respect of Inter-country adoption (The Hague Convention). This convention aims to protect children in inter-country adoption, hence, Ghanaian orphans who are adopted into other countries received no protection from the Government of Ghana in their host countries.

The opportunity for orphans to be adopted into a family environment in Ghana is limited as the adoption process is unattractive to potential adopters. Per the adoption law, potential adopters need to demonstrate that they are financially capable of caring for children they adopt (Akpalu, 2007). Hence, people who are deemed poor may be refused adoption. Also, unlike other countries (e.g., UK) that provide financial assistance to potential adopters (United Nations, 2009), the government of Ghana does not provide any form of financial support to individuals who adopt children. The implication is that many children are denied the right to a family environment (Frimpong-Manso, 2014) which goes against the core aim of the CRI.

Implementation of Child Rights principles has also been met with

several challenges. Caregivers in Ghana's Children's Homes are frustrated with Child Rights principles and find the principles a hindrance to the care services they are employed to render (Darkwah, Daniel, & Salifu Yendork, 2018). Caregivers also cited inconsistencies between the principles of child rights and the traditional means of disciplining children. Caregivers believe that the principles give too much power to the child, thus crippling their abilities to correct children when they go wrong. Global Affairs Canada and UNICEF (2015) further highlights that prior to 2012, the Ghanaian government failed to delve into the needed systemic changes in the country before adopting certain strategies (e.g., development of guidelines, formation of committees, conducting trainings). This failure, they propose, led to a course of action which is deemed culturally inappropriate, financially unviable and unsustainable. Such issues are cited to cause continued systemic challenges in the implementation of child welfare policies (Global Affairs Canada & UNICEF, 2015) and continue to persist in the implementation of CRI in Ghanaian Children's Homes (Darkwa et al., 2018).

1.8.2. Vulnerability at the socio-cultural level

At the sociocultural level, certain practices, rituals and ceremonies (e.g., funeral, marriage, puberty, naming ceremony and polygyny) have been found to negatively affect orphan care. Some of these practices are used as periods of socialising, merry making and celebrations that demand advanced preparation as well as commitment of resources in finance and time. Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that monies dedicated for these celebrations are not diverted to care for orphans in the family. Also, funeral rites performed in honour of the dead are costly, time consuming and demand that huge resources which could be used to care for orphans are diverted towards funeral celebrations. This results in financial burden and lack of supervision as some caregivers spend a great deal of their time planning or attending funerals which occur frequently.

The traditional inheritance systems of the family may also place added risks on Ghanaian orphans. Besides the formal legal inheritance law, the matrilineal and patrilineal inheritance systems are practiced in Ghana. The specific system which is enacted following parental death is dependent on how one's extended family is defined (Kutoati & Morck, 2012). Following parental death, irrespective of which inheritance customs apply, clan members make most decisions regarding care arrangement of orphan as widows have no inheritance rights in both systems (Kutoati & Morck, 2012). While the original idea behind these inheritance systems was to ensure that children are cared for following parental absence, the systems that ensure the wellbeing of these children are often not adhered to or enforced (Yarney et al., 2012) which in turn creates more problems for the already vulnerable groups of individuals.

In patrilineal societies (practiced by people of Northern, Kroboland and Volta Regions in Ghana), lineage is defined through the paternal bloodline only (with fathers, paternal cousins, uncles etc. as blood kin). Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that very young children experience peculiar challenges. Although children are supposed to inherit their deceased father's properties, when orphans are very young, an inheritor is selected to inherit any properties of the deceased and care for orphans until adulthood. The problem is that some inheritors often use the properties for themselves and children to the neglect of the orphans and surviving widow. Additionally, in some instances, when the deceased does not leave any properties for the orphans and family to fall on, the orphan becomes a burden on the family. All of these may create severe hardship which may result in waywardness and rebellion in orphans.

In matrilineal customs, lineage is defined through the maternal bloodline only and children belong to their mother's family. Following this system, paternal orphans may be denied properties left by their father as it is believed that children belong to the woman's line, therefore orphans' needs and wellbeing are the responsibility of their maternal family line. Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that among the Asante's when a father dies, his family may

neglect the orphans due to the belief that children belong to their mother's family. Also, some inheritors tend to neglect their responsibilities towards orphans due to the belief the nieces and nephews of the deceased are the rightful owners of the properties. Following paternal death, some paternal uncle inherits the deceased's properties and cut ties with the widow and orphans. It is therefore not surprising that Yarney et al. (2012) found that AIDS orphans in the matrilineal system of inheritance were twice more likely to be stunted when compared with orphans under the patrilineal system of inheritance.

Formal inheritance laws (Interstate Succession Act [PNDC 111, 1985] and Interstate Succession Amendment Law [PNDC 264]) offer protection to surviving spouse and children when a property owner dies without a will (Cooper, 2011). By this law, orphans can inherit their deceased parents' properties whether or not they left a will. Nonetheless, there are challenges. First, the law only covers self-acquired properties and not any lineage property even if it was developed by the inheritor (Copper, 2011). Additionally, it does not adequately cater for polygamous marriages in that it grants the household chattels and one house to all of the deceased man's wives and children as tenants-in-common. Moreover, the definition of 'spouse' does not take into consideration cohabitating partners who are not married per Ghana's marriage laws. Also, while many people profess to know the law, they rarely implement it (Kutoati & Morck, 2012). Therefore, while orphans may be protected by law and can claim properties acquired by their deceased parent(s), they cannot inherit lineage property and may experience further complications if they find themselves in a polygamous family or do not have the will power or lack the support to implement the Interstate law.

Some of the problematic socio-cultural practices highlighted above are not peculiar to Ghana but are pervasive in other African contexts. The potential for children to lose their land, homes and possession following the death of a parent has been reported in many African countries (Evans, 2012; Gilborn, 2008; Rose, 2007). The high cost of funerals and its associated adverse effects on survivors following death is a persisting problem in low- and middle-income countries (Moatti & Ventelou, 2008). For example, prolonged funeral rite for the death, associated high costs and the adverse effects on orphans have been reported among the Luos in Kenya where the culture demand that all Luos are buried in Nyanza (their ancestral home) in a lavish funeral characterised by feasting, drinking and dancing which can deplete financial resources, particularly of widows and orphans (Achieng, 1997). Similarly in South Africa, a study found that following the death of family members to HIV/AIDS, households spend one third of their income on funerals (Steinberg, Johnson, Schierhout, & Ndegwa, 2002). In Tanzania, a study found that rural households spend nearly 50% more on funeral costs than on medical costs (World Bank, 1997).

1.9. Chronosystem

Review of studies that fit the influence of time yielded two studies. In a qualitative study, Yarney, Adjei, et al. (2015) and Yarney, Mba, et al. (2015) found that among the Krobos, when orphan girls go through Dipo rites, some adoptive caregivers relinquish their responsibilities towards the orphan girl. The marker for this initiation rite is primary and secondary sexual characteristics of puberty. Thus, puberty, as a developmental change could become a risk factor for an orphan girl which may increase the probability that she will lose access to care which in turn could force her to quit her education, engage in early sexual activities for survival, or experience sexual abuse and teenage pregnancy. This same assumption of adulthood also exposes the girl child to sexual advances from men which may increase her risks of early pregnancy and contracting sexually transmitted diseases. Girls may also need about three weeks to go through the process which will also mean being absent from school for the entire period. This could truncate the education of some girls who go through the rite (Fig. 1).

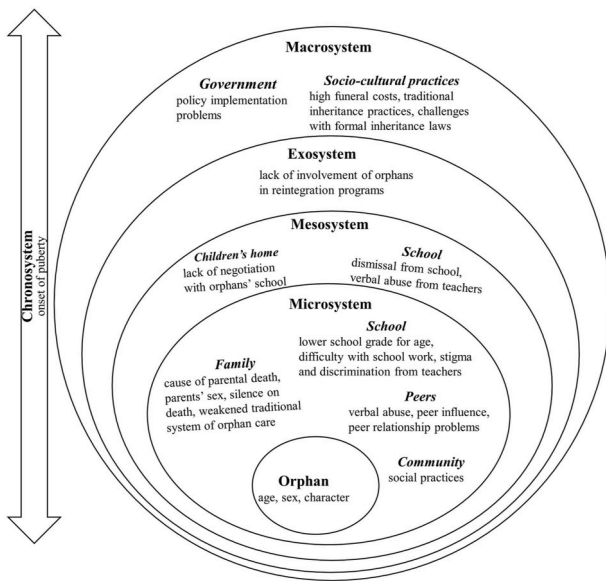


Fig. 1. Ecological systems theory applied to vulnerabilities in Ghanaian orphans.

2. Conclusions and recommendations

The present paper has demonstrated that although parental death is a risk factor for poor physical and mental health, certain factors within the orphan and their sociocultural context can compound their vulnerability. In the developing orphan, the review shows that the age of orphanhood, sex and character of the orphan can determine how they judge their own mastery levels, how they perceive the amount of support they may receive from family, friends and significant others and how the community members relate with them. In the microsystem, relationship within the family, school environment, community members' attitudes towards orphans and the nature of peer relationship cause added risks to Ghanaian orphans. These systemic risks were associated with peer pressure, stigma and discrimination, poor care, stunted growth and poor educational attainments. At the mesosystem, poor interaction between school officials and Children's Home administrators led to stigmatisation of orphans at school and absenteeism which in turn could negatively affect orphans' educational outcomes. At the exosystem, lack of involvement of orphans in reintegration processes, poor coordination between DSW and orphans' families truncate orphans' educational aspirations and increases the risk of engagement in menial jobs for survival. At the macrosystem, problems with implementation of policies and guidelines for OVC, certain sociocultural practices surrounding inheritance, funeral rituals, rite of passage, festivals and marriage present added risks to Ghanaian orphans' wellbeing. At the chronosystem, puberty and rite of passage reduce the amount of social support orphan girls may receive from adoptive families and could hinder their education and wellbeing.

This review has brought to light the applicability of the Ecological Systems theory in the Ghanaian context. Its emphasis on the reciprocal interaction between the developing person and the environment is significant in drawing attention to the fact that indeed, orphans' wellbeing after the loss of their parent does not only depend on the orphan but also on the nature of different layers of the environment in which the orphan finds himself/herself. It has also shown that the problem of orphanhood in the Ghanaian context is a complex one and for one to better understand the broader effect on children, there is the need for a holistic and multi-systemic approach which will provide a clearer picture on how various layers of orphans' environment interrelate and interact with the orphan's personal characteristics to predict overall outcome.

Findings of this review have implications for research, interventions

and policy making. Regarding research, four key findings are worth noting. First, there is dearth of studies on the biopsychosocial characteristics of Ghanaian orphans that could increase their risks to poor outcomes. Literature has highlighted important relationship between the age a child lose a parent and developmental outcomes. In infancy, parental death adversely influences attachment formation (Bowlby, 1979; 1977) and grieving process (Clark, Pynoos, & Goebel, 1996; Li et al., 2008). In adolescence, parental death is associated with sexual abuse, inconsistent use of condoms and unemployment (Mishra & Assche, 2008), risky sexual behaviours (Hallman, 2006; Thurman, Brown, Richter, Maharaj, & Magnani, 2006) and high prevalence of sexually transmitted infections and pregnancy (Birdthistle et al., 2008; Gregson et al., 2005). These complexities were not found in Ghanaian studies. Second, no study was found that explored all the different layers of vulnerabilities in Ghanaian orphans. Most studies tended to focus on either the developing orphans only or the developing orphan in one system only (mostly micro or macro) to the neglect of other systems. Future studies could explore these gaps to enhance our knowledge of orphanhood in Ghana. Third, majority of the studies were conducted in the children's homes with a few being conducted on orphans in the community and family setting. Hence, little is known about factors which aggravate vulnerabilities in Ghanaian orphans living in the family and community contexts. Therefore, future studies could be directed towards studying orphans living in these settings. Such studies could focus on exploring familial factors that exacerbate risks in orphans living in the family contexts and differences in vulnerabilities between orphans living in the family setting and those living in the children's homes. Fourth, the literature search revealed limited studies on the psychological vulnerabilities in Ghanaian orphans. This limitation result from limited research devoted to the psychological wellbeing of Ghanaian orphans. Future studies should consider exploring psychological factors that predispose Ghanaian orphans to added risks for poor mental health.

Regarding interventions, three developments are also worth noting. First, given that interventions are informed by research, the limitation in depth of existing studies also suggests that existing interventions may not be comprehensive. The findings of risks at all systems also underscore the need for a multi-systemic approach to interventions by including components that target risks at all systems to enhance positive outcomes. Existing interventions will also benefit from a comprehensive review to ascertain loopholes for amendment. Second, the findings of this review also show that certain characteristics of the orphan (i.e., age, sex, character, inheritance system) expose them to different vulnerabilities. Therefore, interventions aimed at improving Ghanaian orphans' wellbeing should take cognisance of these differences and tailor-make strategies for each group. Third, caregivers of orphans in general, whether in residential care or family context, would benefit from psychoeducation of the complexity of orphanhood, the different sources of vulnerabilities that orphans could be exposed to, as well as how to identity risks to poor wellbeing and ways of providing appropriate care to mitigate challenges associated with orphanhood. Caregivers in the family context would further benefit from psychoeducation on how sociocultural practices could adversely affect orphans' wellbeing. It is believed these training would sensitize orphan caregivers to be conscious of orphans' needs and their own caregiving practices.

Policy makers should consider providing resources needed to aid the successful implementation, evaluation and monitoring of existing policies. In drawing up appropriate policies, it is important to consider the role of different ecological systems on the wellbeing of orphans and these policies should be sensitive to the context in which the policies would be applied. This is important because it emerged that some of the policies that are being implemented are not compatible with the Ghanaian cultural practices of child care. Example of such policy is Child's right principles which have been shown to be incompatible with the Ghanaian cultural norms of child care in some Children's Homes. These policies need to be reviewed to determine their suitability in the Ghanaian context and subsequently revised to make them culturally

appropriate. Additionally, some sociocultural practices such as costly and prolonged funerals as well as some traditional inheritance systems could be detrimental to the wellbeing of Ghanaian orphans. Therefore, policies should be put in place to ensure that cultural practices that increase Ghanaian orphans' vulnerabilities are abolished and those protecting orphans are enforced. Moreover, it was found that orphans, who are the beneficiaries of policies, are not often involved in policy development and implementation. Example of such policy is the CRI which aimed to reintegrate children in Children's Homes with their families. This has been proven to be problematic as children are taken by surprise and end up with family members who either do not want them or are incapable of caring for their needs. Policy makers should consider the involvement of orphans in policy development and implementation in order to ascertain feedback from the beneficiaries on the implications of such policies. It is believed that these strategies will go a long way to improve Ghanaian orphans' wellbeing.

CRedit authorship contribution statement

Joana Salifu Yendork: Conceptualization, Methodology, Investigation, Writing - original draft, Writing - review & editing.

Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.newideapsych.2020.100811>.

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