



**PREVALENCE OF DEPRESSION AMONG ORPHANED ADOLESCENTS IN  
SELECTED CHILDREN'S HOMES IN GITHURAI DIVISION, NAIROBI COUNTY**

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**ABSTRACT**

The death of a parent can leave children helpless and at risk of both psychological and physical problems, the difficulties become compounded when they live in an orphanage. The number of orphans in Kenya will most likely grow in future due to the HIV/AIDS pandemic, which is a primary cause of death in adults in Kenya. Children residing in orphanages are among the most vulnerable group in the society as they live with fear of abuse and neglect. Despite the high levels of depression and other mental illnesses in Kenya, it is difficult to plan for effective interventions for mental illnesses due to large gaps in data, which is not aggregated by age. The data that is used is an estimate from the developed world whose context is different from the Kenyan context. This implies that systematic data on depression among the orphaned adolescents in Kenya, especially those living in children's homes, is insufficient. It is for this reason that this study sought to explore the prevalence of depression among orphaned adolescents in the selected children's homes in Githurai Division, Nairobi County. The study population comprised orphaned adolescents (13-19 years old) in the ten selected children's homes in Githurai Division. A sample of 81 orphaned adolescents was selected through purposive sampling. Data collection was done using questionnaires and in-depth interview and analysed using Statistical Package for Social Sciences (SPSS) version 23. The data was presented in form of statistical tables, charts, and graphs. The study established that 23.5% of all the orphaned adolescents aged between 13 and 19 in the selected children's homes met the criteria for major depressive disorder (MDD). The study recommended that community awareness programs should be conducted. Further, orphaned adolescents in children's homes should be trained on important life skills like interpersonal skills, social skills, problem solving skills, leadership skills, and communication skills.

**Key Words:** *Depression, Orphaned Adolescents, Children's Homes*

**Introduction**

Depression is a leading cause of mortality and morbidity in the world, thus, placing a heavy economic load on society. It is one of the most treatable psychiatric disorders, yet regarded as chronic illness with 85% of those who suffer from it once, are likely to experience another episode in fifteen years (Gladstone et al., 2010). In young people, depression is associated with long-term mental and functional problems, such as; substance abuse, suicide attempts, impairment at work, school, and interpersonal relationships (Gladstone & Beardslee, 2009).

The World Health Organization (WHO, 2012) defined adolescence as the age when one is no longer a child but not an adult either, it is divided into three stages, namely; early adolescence (10-14 years), middle adolescence (15-17 years), and late adolescence (18-19 years). Steinberg (1993) on the other hand divided adolescence into three stages, namely; early adolescence (11-14 years), middle adolescence (15-18 years), and late adolescence or youth (18-21 years).

The loss of a parent, sibling, or attachment figure during childhood can be detrimental to the psychological and social wellbeing of the children. According to Keyes et al. (2014), a child can endure the most stressful and potentially traumatic experience upon the loss of a parent, sibling, or attachment figure. Additionally, when orphaned at a young age, children lose the necessary support to cope up with physical and emotional development since they are the most abandoned people in any population (Jameel et al., 2015). UNICEF opined that there are about 153 million orphans (below 18 years) around the world, 17.8 % of the orphans have lost both parents and about 2.2 million of those orphans reside in orphanages where they encounter fear, neglect, and abuse which leaves them emotionally and physically vulnerable (Yousuf et al., 2019). Globally, about 10,000 children become orphans daily and this translates to 3.5 million orphans annually. Some of the causes of the deaths of the parents include diseases, murders, industrial accidents, and traffic accidents among other reasons (Karayel & Humeyra, 2019). Orphans differ from other children because they go through grief, which is gradual and some children never overcome it. If not helped to go through the grief process well, orphans may become psychologically incapacitated.

According to Karayel and Humeyra (2019), 7.3 million orphans reside in Eastern Europe and Central Asia, 10 million reside in Latin America, 61 million live in Asia, and 52 million reside in Africa. Most orphans reside in low- and middle-income countries (LMICs) (Dorsey et al., 2015). Africa has 11.9% of the total orphans globally while Asia has the highest number of orphans at 53.5% (Yousuf et al., 2019). About 15 million children in Sub-Saharan Africa (SSA) have been orphaned from acquired immuno-deficiency syndrome (AIDS) epidemic; these orphans go through chronic stress, including educational disruption, poverty, stigma, and community violence (Collishaw et al., 2016). In Sub-Saharan Africa, studies have shown high risk of depression among adolescents who have lost a parent or both parents to AIDS (Thurman et al., 2017). A study done in South Africa showed that there would be 2.5 million maternal orphans by the year 2015 and that most of them would be adolescents (Wild et al., 2011). It is approximated that 300,000 adolescents and children became orphaned in Rwanda after the genocide in 1994, and most of them suffered from post-traumatic stress disorder (PTSD) and MDD after the loss (Unterhitzberger & Rosner, 2014).

Depression is a leading cause of Disability-Adjusted Years Lost (DAYL) among 13-19 years old (Lu, 2019). DAYL is “a summary of measure of public health widely used to quantify burden of disease” (Lu, 2019, p.14). DAYL means that everyone is born with some years where their health is at optimum (Devleesschauwer et al., 2014). As stated by Thapar et al. (2012) depression in adolescents is overlooked than in adults because depressed adolescents have features like mood reactions, irritability, and fluctuation in symptoms. Depression symptoms in adolescents can be neglected when the presenting problems are manifested in somatic disorders like anxiety, eating disorders, and failure to go to school, substance abuse, conduct problems and poor performance in school (Yatham et al., 2017). According to Bansal et al. (2009), three to nine percent of teenagers have symptoms of depression at any given time, with at least 20% of teenagers having gone through depression. Mental health illnesses are growing radically among adolescents and children living in orphanages, 80% of

adolescents and children living in orphanages and foster care homes display mental health challenges, compared to the mental issues of adolescents in the community, which is 20% (Mohammadzadeh et al., 2016). Even with such high numbers of depressed adolescents and children in children's homes, not much has been done to help them to deal or overcome the illness.

According to Demoze et al. (2018), studies in different countries showed that the range of depressive symptoms among orphan adolescents was between 2.6% and 19.4%. In developed nations, the rates of depression among adolescents are on the rise. In 2017, Pew Research Centre analysis of data from National Survey on Drug Use and Health noted that in United States of America (USA), 13% (3.2 million) of teenagers aged between 12 and 17 reported that they had gone through at least one major depressive episode in the past year (Gieger & Davis, 2019). In addition, more teenage girls were depressed than the boys at 2.4 million and 845,000 respectively. This was a 59% increase on the number of cases reported in 2007.

Depression in childhood and adolescents in Sub-Saharan Africa ranges between 7.6% and 34.7%. In Uganda, depression was at 7.6%, in Egypt it was at 20%, while in Ethiopia it was at 25.3-34.7%. Sub-Saharan Africa has a high number of orphans due to AIDS and poverty. For example, Tanzania had 2.6 million orphans and vulnerable children by 2008, the orphans and vulnerable children live with their relatives, foster care, institutions or the streets (Hermenau et al., 2011).

In Kenya, depressive symptoms have been found to be as high as 43.7%, which is the same as in other studies globally (Khasakhala et al., 2011). A study conducted by Nyarieka et al. (2020) revealed that the level of depression among secondary school students was 57.5%. Along with this, about 2% of primary school going children experience depression while 4%-8% of adolescents experience depression. Even with the high levels of MDD among adolescents in LMICs, treatment of the disorder is rare (Thurman et al., 2017). When a family loses one of its members through death, they may go through physical and psychological problems while grieving (Ando et al., 2014). In addition, the family member(s) may go through depression and anxiety whereas cognitive issues such as suppression may be experienced, behaviorally tiredness may occur. Children who have lost one or both parents become vulnerable; the loss increases their risk to suffer from mental health problems and emotional well-being such as depression, anxiety, and hopelessness (Bergman et al., 2017).

### **Statement of the Problem**

Depression among orphaned adolescents' is a major setback in our nation and has resulted in poor performance in many areas of life. Depression results to high chances of suicide among teenagers and it also leads to inadequate education, grave repercussions in social life and high likelihood of smoking, early pregnancies, substance abuse, and obesity. Death of a parent can leave children helpless and at risk of both psychological and physical problems, the difficulties become compounded when they live in an orphanage (Bano et al. 2019). The number of orphans in Kenya will most likely grow in future due to the HIV/AIDS pandemic, which is a primary cause of death in adults in Kenya (Lee et al., 2014). Children residing in orphanages are among the most vulnerable group in the society as they live with fear of abuse and neglect (Yousuf et al., 2019).

In Kenya there are approximately 2.4 million orphans, 47% of them have lost their parents due to AIDS (UNICEF, 2014). It is estimated that 30-45% of the 2.4 million orphans end in CCIs'. Despite the high levels of depression and other mental illnesses in Kenya, it is difficult to plan for effective interventions for mental illnesses due to large gaps in data, which is not aggregated by age. The data that is used is an estimate from the developed world whose

context is different from the Kenyan context (African Population and Health Research Centre [APHRC], 2019). This implies that systematic data on depression among the orphaned adolescents in Kenya, especially those living in children's homes, is insufficient. It is for this reason that this study sought to explore the prevalence of depression among orphaned adolescents in the selected children's homes in Githurai Division, Nairobi County.

### **Theoretical Framework**

This study was anchored on the attachment theory. The attachment theory shows the relationship between a child and their caregivers from a young age and how the closeness or lack of it affects a child. Bowlby (1990) is the father of attachment theory. Bowlby was a British psychoanalyst who sought to understand the cause of distress in children when separated from their attachment figures. Bowlby trained as a psychoanalyst at the British Psychoanalyst Society and started his career in a home for maladjusted boys and homes for disturbed children (Eagle, 2013). It was during Bowlby's three years stint at London's Child Guidance Clinic that he began to identify how interruption of the early mother-child relationship was a contributing factor in mental illness, later he paid attention to how the development of a child was affected by mistreatment, presence or absence of love and separation from the mother (Eagle, 2013). Bowlby was interested in knowing how early life experiences with caregivers influenced the mental health and misbehavior later in life (Cassidy et al., 2013).

The attachment theory presents two views on behavioral issues. One view explains the independent attachment behavioral system that consists of systematized behaviors in many species including human beings with predictable results such as proximity (Cassidy et al., 2013). According to this theory, attachment begins from the first year of life where mentally healthy children develop 'secure base script' which are the building blocks of Internal Working Models (Cassidy et al., 2013). An internal working model is an organized system of behaviors that have a predictable outcome, for example, proximity serves as an identifiable function of protection (Cassidy et al., 2013). Another view is on vocalization; this is how children express themselves in order to maintain closeness with their caregivers. Vocalization is exemplified by crying, clinging, sucking, and movement that serve in bringing or maintaining proximity in a mutual caregiving system whereby an adult responds to signals by providing care (Eagle, 2013). Attachment theory postulates that an intimate attachment which is the affectionate and loving behavior from a caregiver is at the center of a person's emotional life from birth to old age (Eagle, 2013).

Relationships between adolescents and caregivers are developed early and it plays a crucial role in the experience of anger. Adolescents develop secure attachments when they are loved and valued by their caregivers; conversely insecure attachments are formed when adolescents perceive their caretakers as unreliable and unloving (Konishi & Hymel, 2014). Additionally, if a relationship between adolescents and caregivers goes well, the adolescents feel secure, on the other hand, if the relationship is threatened with rejection and abandonment, this is met with intense feelings of anger. Bowlby noted that as the anger becomes persistent, it crosses an unspecified "threshold of intensity", first it's directed towards the attachment figure and finally it is repressed or directed towards others (Konishi & Hymel, 2014). This explains why some orphaned adolescents tend to be withdrawn while others express their anger. Results of a study done by Konishi and Hymel (2014) revealed that great inward and outward expression of anger, and high anger intensity are predictors of an insecure parent-adolescent relationship whose roots are insecure child-parent relationships.

The theory of attachment is relevant to this study because of its' concept of independent attachment behavioral system which holds that human beings and other species desire proximity from the time they come into existence and throughout their lives. The theory holds that intimate attachments form from infancy to death. Consequently, from the time a child is born they form key relationships with the person or people who act as caregivers. Bowlby noted that attachment behaviors remained active in one's life as seen in behaviors and thoughts associated with looking for care. Distress and emotional insecurity are experienced in the absence of attachment figures and this is possible cause of mental problems such as depression experienced by adolescents after the loss of a parent or parents.

This theory is applicable to this study because it explains why some adolescents present with depression after the loss of an attachment figure such as one or both parents. The loss of an attachment figure to death often leaves children and adolescents exposed to high possibility of depression, (Shiferaw et al., 2018). This is partly because; orphans may lack someone to support them through the grieving process and this can lead to feelings of helplessness which may end up in depression. The attachment bond formed by a person from infancy throughout their lives makes one to feel protected and valued, instability occurs when these relationships are lost for one reason or another. Loss of attachment figures results in emotional distress and if nothing is done to relieve the situation then mental illnesses may occur.

### **Empirical Literature Review**

The prevalence rate of mental health problems within institutions has been established to be higher compared to that of youth within the community, the level of mental health illness was found to be between 50% and 75% within USA samples (Gearing et al., 2015). In Western countries, 4% of adolescents and children experience the loss of a parent and it is estimated that 1 in 20 adolescents and children in the USA go through a similar loss before 18 years of age (Melhem et al. 2011). In Sweden and the United Kingdom, 4-5% of children experience the loss of a parent before 18 years of age, this was associated with negative health effects throughout their lives (Berg et al., 2016).

Depression is the most common mental disorder in the US where more than 16% of the people have experienced MDD (Gladstone et al. 2010). The prevalence rate of MDD per year is 2% in childhood and 4%-7% in adolescence, whereas the lifetime prevalence of MDD in adolescents between 15 and 18 years of age is 14% (Gladstone & Beardslee, 2009). They also noted that 20% of adolescents will experience a depressive disorder by the age of 18 years; indeed, half of all depression cases occur during adolescence. In Scotland it is projected that roughly 10% of children and adolescents have mental health issues. In the USA, Melhem et al. (2011) noted that 50% of the adolescents and children bereaved by their parent or parents, suddenly are able to successively navigate through the grief process. In comparison, 10.4% go through prolonged grief spiraling up to three years after the loss. The prolonged grief reactions were associated with depression and other psychopathologies before the death of the parent or parents.

Studies done in orphanages in Turkey showed that 47% of the adolescents had clinically elevated problems compared to those in the community. Along with this, they had higher levels of internalizing, externalizing, thought problems, social problems and attention problems compared to the non-institutionalized youths with at least 36.7% of them having at least one mental disorder (Erol et al. 2008). Another study done in Turkey by Durualp and Cicekoglu (2013) observed that orphaned adolescents living in orphanages had higher loneliness score of 45.46 while adolescents living with their families had a loneliness score of 36.30.

Another study done by Rahman et al. (2012) as cited in Singh and Suvidha (2016) on emotional and behavioral disorders among orphans living in orphanages' in Dhaka city in Bangladesh, showed that 26.9% of the orphans had emotional disorders, 40.35% had behavioral disorders while 10.2% suffered from both emotional and behavioral disorders. In Mangalore India, a study done among adolescent orphans in two orphanages by Sujata and Jacob cited in Singh and Suvidha (2016) showed that 7.5% of them were at risk of hyperactivity disorder and 37.5% were at risk of having peer problems. In 2011, a research on mental problems in orphanages in Kupwara Kashmir, found out that the levels of depression and anxiety was at 100% whereas the level of stress was at 80% (Bhat et al. 2015).

A study done by Shiferaw et al. (2018) in South West Ethiopia orphanages amongst adolescents aged between 15 and 17 revealed that 31.1% had suffered from a mental illness, the prevalence of depression was at 24.1% and that females were more depressed than the males at 27.2% and 21.24% respectively. Moreover, the study established that the likelihood of depression among older adolescents was 2.09 times higher than that of younger adolescents. In addition, the rate of depression among total orphans was two and half times higher than that of single orphans; the level of depression amongst respondents with suicidal ideation was 4.8 times higher than the rate of depression of respondents without suicidal ideation.

In South West Ethiopia, Shiferaw et al. (2018) established that the level of depression of female orphans in orphanages was 3.29 times higher than that in males; the level of depression among total orphans was 2.5 times higher than that of single orphans. Their study results further showed that depression among orphans who had suicidal ideation was 4.8 times higher than among orphans who had no suicidal ideation. In addition, they found out that orphans who had lived in orphanages for less than two years were 2.08 times more depressed than those who had stayed there for more than two years. Orphans who had previously been physically abused had 3.1 times higher depression than those who had not been physically abused.

## Methodology

Descriptive research design was used in this study because it describes the characteristics of a particular individual or a group. In this study, the researcher used the 6-Item Kutcher Adolescent Depression Scale: KADS-6 to explore the prevalence of depression among the adolescents. The target population of this study was 211 orphaned adolescents aged between 13 and 19 at the selected children's homes in Githurai who are either partial or total orphans.

**Table 1: Orphaned Adolescents in Children's Homes in Githurai Division**

No	Name of Home	13-14	15-16	17-19	Total
1.	Compassionate Neighbors Children's Home	7	4	-	11
2.	Mathew 25	2	3	1	6
3.	Bishop Luigi Location	4	4	1	9
4.	Fountain of Grace	2	2	-	4
5.	Mwamko Foundation	6	4	4	14
6.	Familia ya Ufariji (Street boys' rehab)	12	7	-	19
7.	Better living Rescue Centre	3	3	2	8
8.	Victorious Joy Children's Home	15	7	-	22
9.	Amazing Wonders Rescue Centre	5	3	2	10
10.	Victors Children's Homes	2	2	3	7
11.	Jopasha Rescue Centre	7	3	-	10
12.	Blessed Rescue Centre	2	1	1	4
13.	Goshen Rescue Children's Centre	7	4	2	13

14.	Manasseh Children's Home	10	4	-	14
15.	Sarepta Children Rescue Centre	6	5	1	12
16.	Havillah Children's Home	3	1	2	6
17.	Bethsaida Community	10	7	-	17
18.	Sidon	8	5	1	14
19.	Great Hope	7	4	-	11
Total		118	73	20	211

Source: Children's Officer Githurai Division (2022)

The fisher formulae were used since the population for the study is large. In this formula the minimum target sample for a large population is 96 cases. By using this formula, a representative sample was assured. Fisher (1983) formula shown below was used to determine the sample size;

$$n = \frac{Z^2 P(1 - P)}{I^2}$$

Whereby: n= sample size; Z = Normal deviation at the desired confidence level; P= Proportion of the population with desired characteristics; Q= Proportion of the population without desired characteristics; I= Degree of precision

$$n = \frac{1.96^2 * 0.3(1 - 0.3)}{0.01^2}$$

$$n = 80.6736$$

The sample size of 81 orphaned adolescents is justified as the sample size for this study. Ten children's homes were picked randomly for the study from the 19 homes; these are; Amazing Wonders Rescue Centre, Mathew 25 Children's Home, Goshen Rescue Children's Centre, Havillah Children's Home, Victors Children's Home, Bishop Opera Luigi Locati Children's Home, Blessed Rescue Centre, Better Living Rescue Centre, Fountain of Grace Children's Home, and Mwamko Foundation Children's Home; these homes have 81 orphaned adolescents from ages 13-19 years old.

The research used purposive sampling in this study to select the participants from the ten children's homes. By using this method, the researcher inquired from the institution administrators to sample the adolescent orphans between 13 and 19 years. With this knowledge of the population the researcher picked exclusively the cases typical to population being studied. The researcher picked orphaned adolescents of both genders between 13-19 years in the ten selected homes. The children and adolescents in the ten children's homes below 13 years or 20 years and above years were not picked for the study, the adolescents between the ages of 13-19 who are not orphaned did not participate in the study too. This method of research best fits the study because the study is non-probabilistic and the researcher picked adolescents who fit a specific description that is; they are orphans aged between 13 and 19. The institutions have between 6 and 24 orphans in this category. The administrators in these homes were willing to give the researcher the information requested.

The study used KADS-6. KADS-6 is self-report scales specifically designed to diagnose and assess adolescent depression. KADS has three versions; a 16-item, an 11-item, and an abbreviated 6-item scale. The KADS-6 was used because it has been evaluated against a set standard for instruments and passed the sensitivity (this is the rate of correctly identified cases) and specificity test (LeBlanc et al., 2002). Moreover, compared to other instruments used to assess severity of depression in adolescents, KADS-6 has a sensitivity rate of 92% and a specificity rate of 71%; other instruments have not managed to attain such high

combined rates. Besides the KAD-6 scale, the researcher developed socio-demographic questionnaire with appropriate questions to answer to the objectives of factors that cause depression among the orphaned adolescents, coping mechanisms used and the ways that orphaned adolescents can be helped. The researcher also prepared some questions to conduct interview among the institution administrators and caregivers of the children's homes.

After administering and collecting the filled questionnaires, the first step involved editing, correcting errors and omissions to ensure that the data is of good quality. The answers that did not meet the standards were eliminated from the analysis. In the next step the answers were grouped into categories to enable coding and tabulation. While coding, numbers or symbols were allocated for easy examination and analysis. The researcher filtered, coded and keyed in the data using Statistical Package for Social Sciences (SPSS) version 23. The frequencies and percentages generated were transferred to Microsoft Excel (MS Excel) to generate tables, graphs, and charts. Results were analyzed and presented in graphs, charts and tables accompanied by relevant descriptions.

### Findings

The sample size of this study was 81 orphaned adolescents aged between 13 and 19 in selected children's homes who are either partial or total orphans. Out of a sample size of 81 orphaned adolescents aged between 13 and 19, 81 questionnaires were filled and returned. This gives a response rate of 100%. According to Babbie (2017), a 50 percent response rate is considered adequate for analysis and reporting, a response of 60 percent is good and a response of 70 percent is very good. This implies that the response rate of 100% is perfect and adequate for making inferences and conclusions about the population.

### Demographic Information

The demographic information of the respondents comprised their gender, age bracket as well as the gender of their parents that had died.

### Gender of the Respondents

The respondents were requested to indicate their gender. The results were as presented in Figure 1. From the findings, 55.6% (45) of the respondents indicated that they were female while 44.4% (36) indicated that they were male. This shows that most of the orphaned adolescents aged between 13 and 19 in the selected children's homes were female.

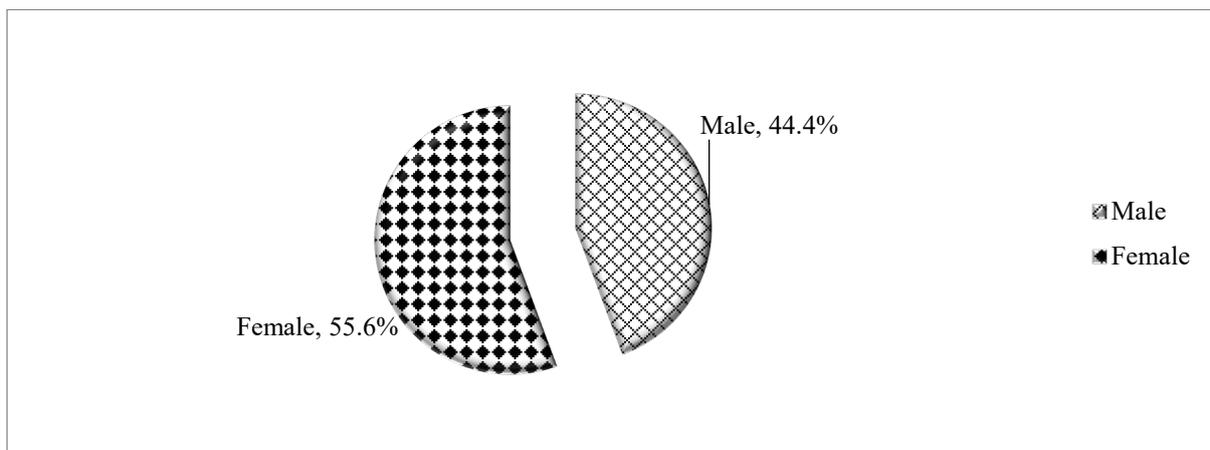
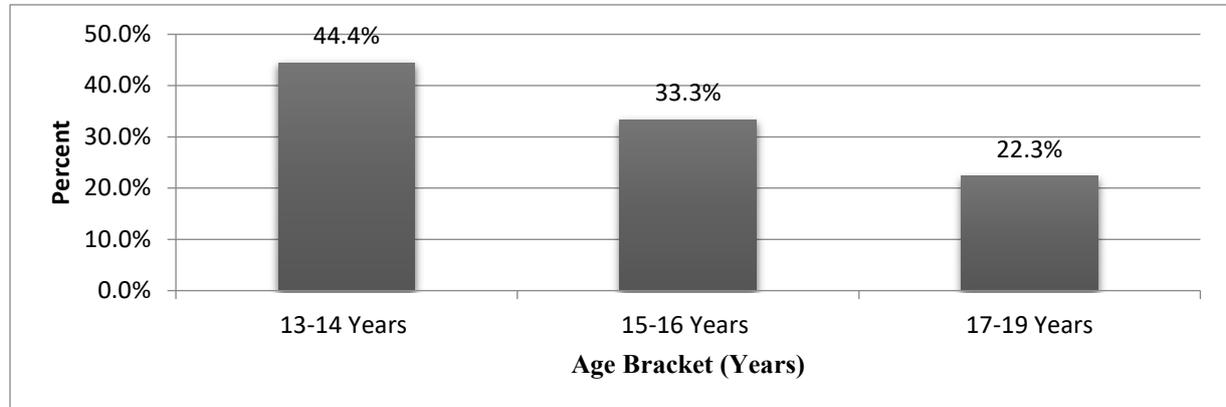


Figure 1: Gender of the Respondents

## Age Bracket

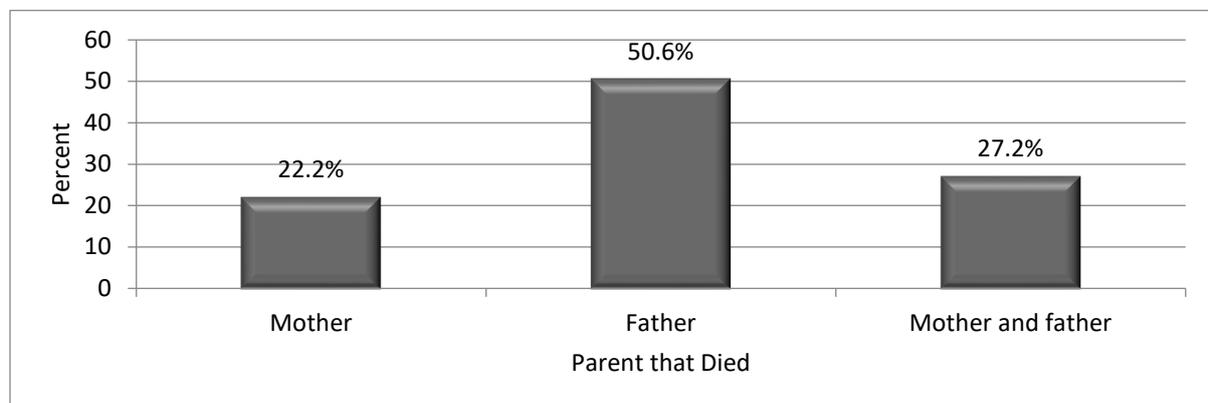
The respondents were also asked to indicate their age bracket. The results were as presented in Figure 2. From the findings, 44.4% (36) of the respondents indicated that they were aged between 13 and 14, 33.3% (27) indicated that they were aged between 15 and 16 while 22.3% (18) indicated that they were aged 17, 18, and 19. This implies that most of the orphaned adolescents in the selected children's homes were aged between 13 and 14.



**Figure 2: Age Bracket**

## Adolescents' Parents that had died

The respondents were requested to indicate which of their parents had died. The results were as presented in Figure 3. As indicated in Figure 3, 50.6% (41) of the respondents indicated that their fathers had died, 27.2% (22) indicated that both their mothers and fathers had died while 22.2% (18) indicated that their mothers had died. The results indicated that the majority of the orphaned adolescents aged between 13 and 19 in the selected children's homes had lost their fathers.

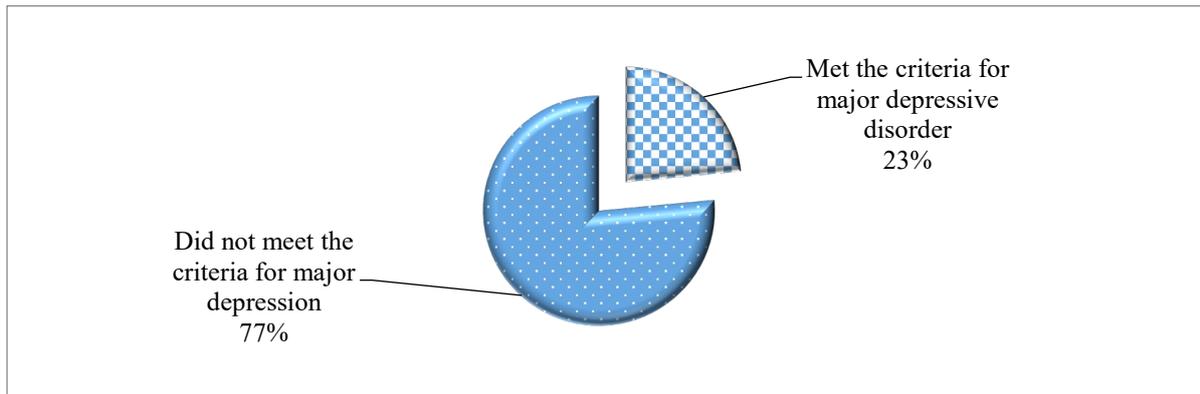


**Figure 3: Adolescents' Parents that had died**

## Prevalence of Depression among Orphaned Adolescents

The study sought to explore prevalence of depression among orphaned adolescents in the selected children's homes in Githurai Division, Nairobi County. The prevalence of adolescents' depression was calculated from the 6-ITEM Kutcher adolescent depression scale where total scores at or above 6 suggest 'that they met the criteria for MDD and total scores below 6 indicate 'they did not meet the criteria for MDD. The results were as presented in Figure 4. As shown in Figure 4, 77% (62) of the orphaned adolescents aged between 13 and 19 in the selected children's homes did not meet the criteria for MDD while

23% (19) met the criteria for MDD. This implies that about one fifth of all the orphaned adolescents aged between 13 and 19 in the selected children's homes had MDD.



**Figure 4: Prevalence of Depression among Orphaned Adolescents**

The key informants were requested to indicate whether they noticed any psychological issues among orphaned adolescents. From the findings, the key informants agreed that there existed psychological issues among orphaned adolescents as they were sad, isolated, and cried a lot.

“The administrators from the 10 children’s homes said that some of the adolescents were sad, isolated and cried for no explainable reason. Two girls who had been raped by their fathers never talked to anyone. One of the girls never spoke to anyone in the children’s home for 3 years and when she did, she says very little and mostly isolates herself.” KIII

In regard to what they had done to help deal with the psychological issues, most of the administrators said that they encouraged and mostly prayed for the adolescents they suspect to be suffering from psychological challenges.

### **Discussions of Key Findings**

The study sought to explore prevalence of depression among orphaned adolescents in the selected children’s homes in Githurai Division, Nairobi County. The study found that about one fifth (23.5%) of all the orphaned adolescents aged between 13 and 19 in the selected children’s homes met the criteria for MDD. These findings agree with Bano et al. (2019) who observed that about 20-25% of adolescent orphans go through a mental illness after the loss of their parent/parents. The findings also agree with Wild et al. (2011) findings that 75-80% of orphans do not develop mental illness after the loss of one or both parents, yet majority of those who do, experience sleep problems, irritability, anger, grief reactions, internalizing disorders, low esteem and behavioral problems. The findings are supported by Shiferaw et al. (2018) who stated that in South West Ethiopia orphanages amongst adolescents aged between 15 and 17 revealed that 31.1% had suffered from a mental illness; the prevalence of depression was at 24.1%. The findings concur with those of Fawzy and Fourad (2010) who carried their study in four orphanages in Sharkia governate in Egypt. Their study showed that 21% of the participants suffered from depression.

### **Conclusion and Recommendations**

The study concludes that 23.5% of all the orphaned adolescents aged between 13 and 19 in the selected children’s homes met the criteria for MDD. In addition, orphaned adolescents who lost their mother were more likely to be have MDD as compared to those that lost their father or both mother and father.

The study recommends that community awareness programs should be conducted by use of road shows and radio programs to increase community's knowledge on the negative impact of family violence and verbal abuse. In addition, the community awareness programs should be used to increase the community's knowledge on the need to ensure close family relationships with children who have lost their parents.

### **Recommendation for Further Studies**

From the study and related conclusions, the researcher recommends further research in the area of Major Depressive Disorder among orphaned adolescents in children's homes in other parts of Nairobi including Kibra, Mathere Slums, Korogocho, Kangemi, Kariobangi, Huruma, and Kawangware among others. In addition, the study was conducted in Githurai Division, which is an urban center. Therefore, further studies need to be conducted on depression among orphaned adolescents among children's homes in the rural areas of Kenya. There is need for more studies to be done in the area of prevalence of depression among orphaned adolescents in Kenya because literature done in this area is limited.

### **REFERENCES**

- African Population and Health Research Centre (APHRC). (2019). *Adolescent mental health in Kenya*. Retrieved from <https://aphrc.org/blogarticle/adolescent-mental-health-in-kenya-where-is-the-data/>.
- Ando, M., Sakauchi, Y., Shiihara, Y., & Izuhara, K. (2014). Universality of bereavement life review for spirituality for depression in bereaved families. *American Journal of Hospice & Palliative Medicine*, 31(3) 327-330. doi: 10.1177/1049909113488928.
- Asfawesen, G., & Deribessa, S., Bisirat, T., Berhanu, G. & Mebratu, B. (2013). Outcome in a paediatric cohort receiving ART in Addis Abeba, Ethiopia. *Acta paediatrica*, 100, 1164-7.
- Babbie, E.R. (2017). *The basics of social research*. Boston: Cengage Learning.
- Bano, Z., Fatim, S., & Naz, I. (2019). Stigma as a predictor of psychological issues among orphan residing in orphanages. *Pak Armed Forces Med Journal*, 69(3)631-37.
- Bansal, V., Goyal, S. & Srivastava, K. (2009) Study of Prevalence of Depression in Adolescent Students of a Public School. *Industrial Psychiatry Journal*, 18, 43-46.
- Berg, L., Rostila, M., & Hjern, A. (2016). Parental death during childhood and depression in young adults- a national cohort study. *Journal of Child Psychology and Psychiatry*, 57(9), 1092-1098. doi:10.1111/jcpp.12560.
- Bergman, A. S., Axberg, U., & Hanson, E. (2017). When a parent dies: A systematic review of the effects of support programs for parentally bereaved children and caregivers. *BMC Palliative Care*, 16(39), 1-15. doi: 10.1186/s12904-017-0223-y.
- Bhat, A., Rahman, S., & Bhat, N. (2015). Mental health issues in institutionalized adolescent orphans. *The International Journal of Indian Psychology*, 3(1), 2349-3429.
- Bowlby, J. (1979). *The Making and Breaking of Affectional Bonds*. Tavistok Publication.
- Bowlby, J. (1990). *Attachment: Attachment and Loss*. Bookstore Martins Fontes.
- Cassidy, J., Jones, J., & Shaver, P. (2013). Contributions of attachment theory and research: A framework for future research, translation, and policy. *Development and Psychopathology*, 25(2013), 1415-1434.

- Collishaw, S., Gardener, F., Aber, L. J., Cluver, L. (2016). Predictors of mental health resilience in children who have been parentally bereaved by aids in urban South Africa. *Abnormal Child Psychology*, 44(1), 719-730. doi:10.1007/s10802-015-0068-x
- Demoze, M., Angaw, D., & Mulat, H. (2018). Prevalence and associated factors of depression among orphan adolescence in Addis Ababa. *Psychiatry Journal*, 6(1), 90-121.
- Durualp, E., & Cicekoglu, P. (2013). A study on loneliness levels of adolescents who live in an orphanage and those who live with their families. *International Journal of Academic Research*, 5(4), 231-236. doi:10.7813/2075-4124.2013/5-4/B.35.
- Eagle, M. (2013). *Attachment and psychoanalysis. Theory, research and clinical implications*. New York, NY: The Guilford Press.
- Erol, N., Simsek, Z., & Munir, K. (2008). Mental health of adolescents reared in institutional care in Turkey: Challenges and hope in the twenty-first century. *Europe Child Adolescence Psychiatry*, 19(2010), 113–124. doi:10.1007/s00787-009-0047-2.
- Fawzy, N. & Fouad, A. (2010). Psychosocial and developmental status of orphanage children: Epidemiological study. *Current Psychiatry*, 17(2), 61-89.
- Gieger, A.W., & Davis, L. (2019). *A growing number of American teenagers-particularly girls- are facing depression*. Retrieved from <https://www.pewresearch.org/fact-tank/2019/07/12/a-growing-number-of-american-teenagers-particularly-girls-are-facing-depression/>
- Gladstone, T. & Beardslee, W. (2009). The prevention of depression in children and adolescents: A review. *The Canadian Journal of Psychiatry*, 54(4) 212-221.
- Gladstone, T., Beardslee, W., & O'Connor, E. (2010). The prevention of adolescent depression. *Psychiatric Clinics of North America*, 34(2011)35-52.
- Hermenau, K., Hecker, T., Ruf, M., Schauer, E., Elbert, T., & Schauer, M. (2011). Childhood adversity, mental ill-health and aggressive behavior in an African orphanage: Changes in response to trauma-focused therapy and the implementation of a new instructional system. *Child and Adolescent Psychiatry and Mental Health*, 5(1), 1-9.
- Karayel, A., & Humeyra, K. (2019). *The effects of parental death on child*. Florence, Italy: Humanitarian and Social Research Centre.
- Khasakhala, L. I., Ndeti, D. M, Mutiso, V., Mbwayo, A. W., Mathai, M. (2012). The prevalence of depressive symptoms among adolescents in Nairobi secondary schools. *Association with Perceived Maladaptive Parental Behavior*, 15(106), 113-119.
- Konishi, C., & Hymel, S. (2014). *An attachment perspective on anger among adolescents*. Michigan, USA: Wayne State University Press.
- Lee, V., Muriithi, P., Nandra, U., Kim, A., Schmitz, M., Odek, J., Mokaya, R., & Galbraith, J. S. (2014). Orphans and vulnerable children in Kenya: Results from a nationally representative population-based survey. *Journal of Acquired Immune Deficiency Syndromes*, 66(1), 89-97.
- Melhem, N., Porta, G., Shamsedden, W., Payne, M., & Brent, D. (2011). Grief in children and adolescents bereaved by sudden parental death. *Arch Gen Psychiatry*, 68(9), 911-919.

- Mikulincer, M., Shaver, P., Pereg, D. (2003). *Attachment theory and affect regulation: The dynamics, development, and cognitive consequences of attachment-related strategies*. New York, NY: Plenum Publishing Corporation.
- Mohammadzadeh, M., Awang, H., Shahar, H., & Ismail, S. (2016). Emotional health and self-esteem among adolescents in Malaysian orphanages. *Community Mental Health Journal, 54*(2), 117–125. doi: 10.1007/s10597-017-0128-5.
- Nyarieka, B., Cantor-Graae., & Bajunirwe, F. (2020). Psychological distress among AIDS orphans in rural Uganda. *Social Science & Medicine, 61*(2005), 555–564. doi:10.1016/j.socscimed.2004.12.018.
- Rahman, A., Gross, D. & Creed, F. (2012). Outcome of prenatal depression and risk factors associated with persistence in the first postnatal year: prospective study from Rawalpindi, Pakistan. *Journal of Affective Disorders, 100*(1-3), 115-21.
- Shiferaw, G., Bacha, L., & Tsegaye, E. (2018). *Prevalence of depression and its associated factors among orphan children in orphanages in Ilu Abba Bor zone, South West Ethiopia*. Retrieved from <https://doi.org/10.1155/2018/6865085>
- Singh, A. & Suvidha. (2016). Well-being of orphans: A review on their mental health status. *International Journal of Scientific Research in Science and Technology, 2*(5), 180-184.
- Thapar, A., Collishaw, S., Pine, D., & Thapar, A. (2012). Depression in adolescence. *Lancet, 379*(1), 1056-1067. doi:10.1016/S0140-6736(11)60871-4
- Thurman, R., Nice, J., Taylor, T., & Lockett, B. (2017). Mitigating depression among orphaned and vulnerable Adolescents: A randomized controlled trial of interpersonal psychotherapy for groups in South Africa. *Child and Adolescent Mental Health, 22*(4) 224-231.
- United Nations Children’s Fund (UNICEF). (2014). *Guidelines for the alternative family care of children in Kenya*. New York, NY: UNICEF.
- Unterhitzenberger, J., & Rosner, R. (2014). Lessons from writing sessions: a school-based randomized trial with adolescent orphans in Rwanda. *European Journal of Psychotraumatology, 5*(24917), 1-11. doi: 10.3402/ejpt.v5.24917.
- Wild, L., Flisher, A., & Robertson, B. (2011). Risk and resilience in orphaned adolescents living in a community affected by AIDS. *Youth & Society, 45*(1) 140-162. doi: 10.1177/0044118X11409256.
- World Health Organization (2012). *Adolescent health in the South-East Asia Region*. Retrieved from <https://www.who.int>
- Yousuf, S., Khan, A. W., Rashid, R., & Mir, A. R. (2019). Prevalence and attributes of suicidal ideation and PTSD like symptoms in children living in orphanages in Kashmir Valley. *Journal of Dental and Medical Sciences, 18*(8) 2279-0861.