



Exploring the Psychosocial Wellbeing of Adolescents at Children's Homes in Sri Lanka

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Authors' contributions

This work was carried out in collaboration among all authors. Authors DK and MGHBDR designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Author NDUV managed the analyses of the study and managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Psychosocial wellbeing is essential for children's survival and development. Children's homes provide temporary care to children until they can return to their families or a long-term alternative living arrangement is achieved. The number of children entering the children's homes is increasing rapidly. They have to face lots of challenges in their life. The purpose of this study was to find out their psychosocial wellbeing. The sample of six participants was selected through the convenience sampling method from two children's homes. They were between the ages of 12 to 18 years. Semi-structured interviews were used to collect data and the data were analyzed using thematic analysis. Research findings indicated that living in children's homes has been entirely different from living in a family. They have sufficient basic facilities such as food, clothing, medical care, educational facilities, and other sanitation facilities. Although children were meeting their physical needs at the children's homes their psychosocial requirements remained more or less unaddressed. Most of the children reported that their life in the children's homes was not happy. Accordingly, they experienced one or more psychosocial problems that influenced their psychosocial wellbeing.

Keywords: Psychosocial wellbeing; children; children's home.

1. INTRODUCTION AND LITERATURE REVIEW

Psychosocial wellbeing is one part of the general well-being of an individual. The term *psychosocial* derived from two words “*psycho*” and “*social*”. Psychological wellbeing means the mental and emotional status of an individual [1]. Essentially it addresses how children think about themselves and their future and how they handle and cope with situations. Social wellbeing refers to how well a child can get along in the social ecology or social relationships [2]. It includes basic social skills and the ability to contact people emotionally.

According to Richter, Foster, and Sherr [3] defined Psychosocial well-being as positive age and stage appropriate outcome of children's physical, social, and psychological development; it is determined by a combination of the child's natural capacities, and his or her social and material environment. The current study considered the psychosocial wellbeing of children aged 12 to 18 years old at children's homes in Sri Lanka. Generally, this age group is known as the adolescence stage. Adolescence is a transitional phase of growth and development between childhood and adulthood. In this stage, they prefer to be independent, create an identity for themselves, attract peers' influence, like to argue, feel confused, and develop problem-solving skills [4]. Pikunas [5] defined adolescence as a time for further inquiry, and questions such as “who am I?”, “What do I want to be” and “what is the real purpose of my life” frequently emerge in the mind of the person moving toward adult maturity. So it is very important to understand that children and adolescents have different needs because of varying ages and developmental needs.

Children's home is a place where children are cared for if their parents are dead or unable to take care of them [6]. There are millions of children living in children's homes worldwide. Sri Lanka has long experiences with the institutionalization of children since the mid-nineteenth century. Tsunami and internal war in the country for the last few decades also increased the number of children getting institutionalized. As a result, there was a rapid growth in children's homes in Sri Lanka.

Four hundred and eighty eight (488) voluntary residential homes provide care to children in Sri Lanka [7]. According to her, out of every 10 children living in institutions, 3 have both parents; 5 have one parent; the other 2 are orphans or their family situation is not known. Accordingly, children's homes provide alternative care for children who are without adequate parental care and protection due to various reasons. Most of the children's homes in Sri Lanka are run by voluntary organizations and receive private funds from citizens and non-governmental organizations in the country or from abroad [8]. Children are the most powerful and the most decisive factor that determines the future of a country. Children's psychosocial wellbeing affects every aspect of their lives, from their ability to learn, to be healthy, to play, to be productive, and to relate well to other people as they grow. Living in a Children's home is entirely different from living in a family. These children are a socially marginalized group.

Childhood experiences determined the future social, emotional, and psychological dynamics and functioning of individuals in their adult life. Adverse and painful childhood experiences can negatively impact the psychosocial wellbeing of children [9]. Wells and Evans [10] acknowledge that institutionalization has a deeply negative impact on the life of a child. Santrock [11] further stated that institutionalization affects the children developmentally, emotionally, and psychologically [12]. Accordingly, psychosocial well-being is essential for children's survival and development. It affects every aspect of their lives. Child development passes through the adolescent stage and during this stage most children start to behave differently from the way they behaved before this stage.

1.1 Wellbeing

There is no consensus single definition of wellbeing, but general agreement is that wellbeing includes the presence of positive emotions and moods, the absence of negative emotions like depression, and anxiety, and satisfaction with life fulfillment and positive functioning [13]. According to the Cambridge Dictionary [14], well-being is the state of feeling healthy and happy. Child wellbeing is a multifaceted combination of psychological, social, cognitive, and physical wellbeing.

1.2 Psychosocial Wellbeing

Psychosocial wellbeing is when individuals, families, or communities have cognitive, emotional, and spiritual strengths combined with positive social relationships [15]. This state of well-being motivates the development of life skills which enables individuals, families, or communities to understand and engage with their environment and make healthy choices which lead to hope for the future. Psychosocial wellbeing refers to the social and emotional well-being of an individual and the ability to fulfill his or her potential as a human being [16]. It includes many areas of the individual's life, the psychological aspects including emotional, cognitive, mental, and spiritual factors; while the social aspect refers to relationships with others, the environment, and society [17]. Psychosocial well-being is essential for children's survival and development. Gilborn et al. [18] stated that Children's psychosocial wellbeing affects every aspect of their lives from their ability to learn, to be healthy, to play, to be productive, and to relate well to other people. When children lose one or both of their parent due to any cause, they experience multiple psychosocial problems like grief, anxiety, stigmatization, physical and mental violence, labor abuse, lack of parental love, withdrawal from society as a whole, feeling of guilt, depression, aggression as well as eating, sleeping and learning difficulties [19,20]. Also, Gilborn et al. [18] define a good or high psychosocial well-being as a period in which one's mental or emotional state and social relationships are predominantly positive, healthy, and adaptive whilst poor psychosocial well-being as when these are mostly negative, unhealthy, or maladaptive.

1.3 Psychosocial Needs of Children at Children's Homes

These children experience many challenges including unmet psychological and social needs and psychosocial support due to the lack of parental guidance, love, care, acceptance, and meeting them adequately is very important for a child's development. The meeting of these needs is essential to children living in children's homes because they are living with caregivers without their parents or relatives.

1.3.1 Psychological needs

Psychological needs are internal needs such as thoughts, feeling, understanding, emotions, and

perception [21]. Psychological needs are very important to children. Lack of psychological needs leads to the development of many psychological problems such as anxiety, depression, trauma, moods, and somatic symptoms.

1.3.2 Social needs

Social needs are external needs such as education, food, clothes, medical care, love, dignity, and shelter. The fulfillment of their social needs is very important to the processes of human development [21]. When they miss social needs increased risk of malnutrition, inadequate shelter, lack of clothing and interrupted schooling are common. All children need psychosocial needs for their psychological and emotional wellbeing, as well as their physical and mental development.

1.3.3 Psychosocial support

Psychosocial support includes meeting basic needs such as safety, shelter, nutrition, health, and education. Meyer [22] defines psychosocial support as an ongoing process of meeting the physical, emotional, social, mental, and spiritual needs of a child all of which are essential elements for meaningful and positive human development. The Family Health International [23] recommends a model of psychosocial that supports Maslow's theory of needs since it emphasizes the importance of balance in acquiring the basic skills needed for survival and it states that these skills form a wheel comprising five elements: Physical needs of a child (It incorporates financial needs such as food, shelter, clothing, school uniforms, school fees, and basic health care); Emotional needs of children (This includes the need for love, security, encouragement, motivation, care, self-esteem, confidence, trust and security, a sense of belonging, guidance, and understanding); Mental needs of the child (it includes three aspects, namely as Formal education, Informal education, and General skills combined with the motivation to succeed); Social needs (These needs must be met for proper integration into a community without feelings of stigmatization, and developing a sense of belonging. These needs promote self-acceptance, social interaction, and a healthy sense of personal identity); Spiritual needs (Children need a belief that enables them to develop hope and a belief in their future, they need to develop a sense of trust in the security of their survival. This enables them to keep trying

when facing obstacles, and facilitates a sense of connectedness to deceased parents).

1.4 Definition of an Orphan

Every human being below the age of eighteen years old is known as a child [24]. Oft-time children enter children's homes due to the loss of their parents. These children are known as orphans. UNAIDS and Global Partners [25] define an orphan as a child under 18 years of age who has lost one or both parents to any cause of death. According to this definition, there were nearly 140 million orphans globally in 2015, including 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia.

1.5 Definition of Adolescents

Adolescence is one of the most rapid phases of human development. It is a time of physical, cognitive, psychological, social, sexual, and emotional changes that move children into adulthood. The term "adolescence" comes from the Latin verb *adolescere*, which means "to grow into adulthood" [26]. World health organization [27] defined adolescence as children in the age group of 10-19 years. UNICEF [28] showed that 55 percent of all orphans are adolescents. G. Stanley Hall, the founder of the American psychological association and originator of the scientific study of adolescence, viewed adolescence as a period of "storm and stress". According to Stanley Hall adolescence is an important stage of human development that occurs between the ages of 14-24 [26].

1.6 Concept of Children's Home

Children's homes mainly provides care and accommodation for children. According to Cambridge dictionaries online [29], a children's home is a place where children are cared for if their parents are dead or unable to take care of them. Also, children's homes can define as a residential institution for children who are orphaned, abandoned, or otherwise vulnerable [30]. Today, the children's home remains common and necessary in most parts of the world. Various and wide terminology is used for children's homes. There are institutions, group homes, orphanages, child welfare homes, voluntary homes, social welfare institutions, and rehabilitation centers. A child is sent to a children's home with the expectation of

recovering his or her denied child rights and to undertake the process of reunification with his or her natural birth environment as soon as possible. The Report of Funding and Services Agreement [31] has mentioned some objectives of children's homes. They are: To provide substitute care for children in a stable and safe living environment; To protect and promote the health and welfare of children and nurture their overall growth and development, including their physical, social, emotional, and intellectual needs; To encourage the development of the potential, responsibility, self-esteem, and self-care of the children in care.

1.7 Children's Homes in the Sri Lankan Context

Sri Lanka has a long experience of institutionalization of children since the mid-nineteenth century. The International Save the Children Alliance [32] stated that Children's institutions have been in existence in Sri Lanka since 1900. Approximately one-half of the children were institutionalized because their families were poor. Only 8% of children were double orphans; the separation of living parents was a critical factor for many institutionalized children. 40% of children had been living in homes for more than 3 years. 33% of children were placed outside their home province, intentionally disrupting links with their families. Moreover, the living conditions in state homes were very poor and the staff was unqualified to care for children, particularly those with disabilities. Children's own responses indicated that they felt living in homes undermined their sense of privacy, individuality, and dignity.

Child care Institutions in Sri Lanka that come under the purview of the Department of Probation and Child Care include remand homes, certified schools, receiving homes, detention homes, national training and counseling centers, approved schools, and voluntary children's homes. National Institute of Social Development [33] found that there are 14,179 children in 414 institutions located in all nine provinces in Sri Lanka. The majority of child care institutions were run by non-governmental organizations, registered under the Department of Probation and Child Care Services. The types of child care institutions that existed within the Government and Non-Government sectors varied widely. This study revealed that 50 percent of the children had a single parent and 32 percent of them had both parents. However, 18 percent of children had no parents.

1.8 Previous Research on Psychosocial Wellbeing of Adolescents

Tadesse, Dereje, and Belay [34] found that orphan and vulnerable children in the orphanages accessed all the basic services necessary to sustain their lives but that the majority of the children felt sad, depressed, and stressed due to a lack of good relationship with service providers and the community. Sreekanth and Verma [35] stated that orphans are significantly more stressed and performed weakly in the areas of psychological wellbeing compared to normal adolescence. The study by [36] revealed psychological turmoil and poor social cognition among orphans and vulnerable children. Also, orphan and vulnerable children showed low self-concept and a lack of purpose in life. They also felt stigmatized, socially excluded, and remained distressed.

According to Padmaja, Sushma, and Agarwal [37] found that children who were under institutional care reported a higher level of emotional problems than those children who were under home-based care. Thus, institutionalized children showed more internalizing of and externalizing of problems and poor well-being. Bettmann, Mortensen, and Akuoko [38] indicate that while caregivers describe a basic understanding of children's emotional and interpersonal needs, they detail a lack of training and support necessary to fully attend to these needs. Specifically, training for caregivers regarding children's basic attachment needs and the particular emotional needs of orphaned children is critical. Fawzy and Fouad [39] revealed that the prevalence rate of depression was 21%, anxiety was 45%, low self-esteem was 23% and developmental disorders was 61% among orphanage children and there is a high rate of emotional and developmental disorders among orphanage children and they are strongly inter-related with socio-demographic characteristics.

Padmaja, Sushma, and Agrawal [40] found that type of care and gender did play a role in social interaction anxiety. Thus social interaction anxiety was associated with psychosocial problems and well-being in children. Also, they found institutionalized children have higher levels of social interaction anxiety than non-institutionalized children and this anxiety is correlated with psychosocial problems. Priyanka, Parasar, and Dewangan [41] mentioned that orphan children have low self-esteem and high depression than children living with parents.

According to Khan and Jahan [42], there is a significant difference between orphan and non-orphans on psychological wellbeing. Non-orphans scored higher on psychological wellbeing than orphan adolescents.

In Sri Lanka, the number of children entering children's homes is increasing and those children have to face a lot of psychosocial challenges. There is a lack of previous studies related to psychosocial problems among the institutionalized children in the Sri Lankan context especially studies that explore the psychosocial wellbeing of children aged 12 to 18 years old at children's homes in Sri Lanka. Hence, the present study intends to fulfill this gap by exploring the psychosocial wellbeing of children aged 12 to 18 years old at children's homes in Sri Lanka.

2. METHODOLOGY

The research was based on a qualitative research design. The sample was selected through the convenience sampling method. The sample size was six participants including three males and three females between the ages of 12-18 years from two children's homes which are branches of the Department of Social Welfare, Probation, and Child Care Service Affairs in the central province. A semi-structured interview method with open-ended questions was used for collecting information. The purpose of the questions was to collect information about the psychosocial wellbeing of children at children's homes and focused on identifying the psychosocial needs, support, psychosocial problems, and emotions of them. Non-verbal cues such as the tone of voice, facial expressions, and body postures were also observed during the interviews. All participants were interviewed using the same set of questions and 30 -40 minutes were used to conduct the interviews.

3. RESULTS AND DATA ANALYSIS

Participants were named as M1, M2, M3, F4, F5, and F6 respectively. The data revealed eight main themes and some sub-themes: Provision of basic facilities (food, education, health, clothing, safety); Reasons for entering to children's homes; Duration of stay at children's home; Children's life at children's home; Educational level of children; Psychosocial problems of children; Future aspiration of children; and Psychosocial support (physical, emotional, spiritual and, social).

3.1 Provision of Basic Facilities

Food- Food is an essential factor for all living beings. We cannot live without food. Children especially need healthy food for their development.

M1- Our meals are cooked by an aunty. This home's food is healthy and very good. We receive a variety of food.

F4- During school days, we received breakfast and lunch from school. Here we have more facilities than our own homes. We received food from outside. If we didn't receive food from outside we cook it here.

3.1.1. Education

Education is essential to create a better future. Education is the process of facilitating learning or the acquisition of knowledge, skills, values, beliefs, and habits [43]. Most of the children's homes provide each child with at least a chair and desk and a drawer or locker to keep their books and stationery in place.

M1- I have a lot of school uniforms and books. We have a separate table and chair to study. Also, we have a separate place to keep our books. In here we are provided tuition for Mathematics and English.

F4 –Our time table is very good. They supply all school necessities for us. I think I can learn well if I stay here more. We have books for reading and writing. Here we have tuition for mathematics and English.

3.1.2 Health

Health is another important basic need. Children mentioned their ideas about health facilities as follows.

F6 - When we are ill they took us immediately to see the doctor. Recently I was down with flu and they brought medicine to me. Also, here we do not have problems with other sanitation facilities.

M1- When we got ill they took us to the hospital and brought medicine and took very good care of us. This home is clean and we have no problems with health facilities.

3.1.3 Clothing

Clothing is the other important need of children especially adolescents. Participants stated their opinions as follows.

F5- Clothes are supplied as needed. Also, wealthy people often donate clothes to our home, and staff members distribute them to us. We have a lot of new clothes.

M2 – Some of our clothes are supplied from our home. My mother brought me some of what I want. Other things supplied from this children's home. They give us clothes at Christmas. I like to stay here because of everything we received from here.

3.1.4 Safety

Safety is the most important basic facility for children. Accordingly, they stated their opinions as follows.

M2- They look after us well. Some rules are tough here but it is better for our safety.

But some girls stated that they have some problems with their safety. This is endorsed in the following statements.

F4 - After school, we must walk to our children's home and it is a little distance from school. We walk together with small children walking first and elder children coming behind them. People in this area are not good. So we have problems with our safety. People in this area behave very badly when they see a girl. In the morning we don't have a problem because lots of people are going on this road but after school, not many people are about. Sometimes we have extra classes after school. So we have a problem in the evening with our safety. So many strangers go on this road. We faced many problems. One day one child was taken by their parents by a trishaw without permission of the children's home. The police arrested the parents and that child was put in a children's home in Maskeliya.

3.2 Reasons for Entering Children's Homes

There had been many reasons for entering children's homes. It is explained in the following statements.

M2 -My father left us and went to an elder's home but now he has left that also. We don't know where he is. My mother is earning money by singing songs on buses. We don't have a house. I stay here with my younger

brother. I have one elder brother. Mother handed him over to a temple and now he is a monk. Our lives are very hard. My mother does not have the money to take care of us. So she handed us over to this home.

F6- I was raped by my brother in law. He lives near our house. He said if you tell anyone about the rape he will set fire to our house. So I didn't tell anyone. But, somehow, my mother got to know about it and complained to the police. The court ordered the police to take me to this home.

M3- I have never seen my mother and father and don't know anything about them. I lived with my grandmother. But she cannot take care of me forever. Our neighbors told our grandmother to hand me over to the children's home. So she admitted me here.

3.3 Duration of Stay at Children's Homes

The following table depicts the duration of the children's stay at children's homes.

Table 1. Duration of the children stay at children's homes

Participants	Duration of stay at children's homes
M1	10 years
M2	6 years
M3	15 years
F4	10 years
F5	04 years
F6	02 years

F4- I came to a children's home ten years ago. First I stayed at 'Sigithi Sevana' children's home. When I was twelve years old I was sent here.

M3- I came from home fifteen years ago. First I stayed in Colombo. After that, I went to a Gampaha children's home and then to Kandy. Later I changed to Kegalle. Finally, I was sent to this home. I came here when I was in grade one.

3.4 Children's Life at Children's Home

Under this section, data were collected concerning children's life at children's homes. Here participants responded as follows.

M2- This home is good and staff members are very good. They are like our parents. I stay here happily. We do everything

according to the time table. The time table is good. Every day we wake up at 4'o clock in the morning. I can't leave here because I live here happily. If I stay at our home I don't know what I would do. Warden is very friendly to us. I have many friends here. Rules here are good and essential for our security.

F4 - There are two staff members. They are better than my mother. They have said to call them "mother". This home is better than my home. Sometimes when I remember our home I feel like going home. But, I love this warden so much. I like to stay here. We receive all facilities from here. I do go home for vacations.

At the same time, there were unhappy children too.

F5 - This home is good but staff members are tough. When we do little mistakes they hit and blame us. Other children often tell lies about me with the warden. So we can't stay here peacefully. Also, staff members using bad words blame us. In the morning when they are waking us up they scream at us. It disturbs us. I live here miserably. Here sometimes clothes of children go missing. Some of them had complained to the warden against me. But I don't know anything about it. We can't do what we like because of no freedom here. I do not live here happily. The old matron is so unkind. I do not like to stay here.

M3 - I'm so unhappy here. I don't have any friends my age. I'm a Buddhist. This is a Christian home. They don't allow us to go anywhere. We only go to church on Sundays. How can we live that way? Is there anything useful in this life?

Many children have criticized the strict administration of the rules and regulations especially the timetable. Some of the statements below give testament to it.

F6- This time table is not very good. It is very difficult to stay according to the time table. They do not like us as our parents. This home is not like our home. Staff members blame me often. They told me you came here because of all the bad things you did. I like to go home again. Here we haven't the freedom to do what we like. Staff members

punish us cruelly. My arm is damaged because the warden hit me.

M1- I always wish I could sleep at least till 5.30 – 6.00 but we have to get up at 4.00 in the morning. This is what I don't like about this home. I feel uncomfortable when I hear the bell. We have to do everything according to the bell, to get up, eat, worship, play, study, and sleep. The bell controls our life in here. This life is so miserable. We never go anywhere.

3.5 Children's Education

These children are sent to government schools. The schools provide students with free education and are usually within walking distance of the children's home. Almost all the children interviewed had been provided with educational facilities by the children's homes.

M2- I'm 14 years old. But I'm in grade two. My younger brother learns in the same class as me. But his grade is four. In the past, I couldn't write and read. Now I can read and write somethings. Before I was admitted to this home, I didn't go to school regularly.

Other children stated their opinions as follows.

F5- I'm last in the class but I used to get 2nd or 3rd place in the class before I was admitted to this home. I can't study properly because staff members are punishing us. Sometimes they speak loudly when we are studying. Now I don't like learning and have abandoned it.

Most of them complained that the teachers do not have time to respond to the participant's needs and problems. An example is shown in the quote below.

F4 - In school, one of the children often hit me. I told that to our teacher. But the teacher said she doesn't have time for it. Also, school friends always call me nicknames.

3.6 Psychosocial Problems of Children

The majority of children have one or more psychosocial issues. Following statements endorse it.

F6- I always remember my mother because she doesn't stay with me. Others always

fight and blame me. So I haven't any friends here. We have good facilities here than our home but we don't feel happy because they do not respect us. They blame me with nicknames. I want to go home. When we see the other children wearing smart clothes then we feel so sad because we can't wear clothes like that. But sometimes we don't feel sad because a lot of children like us stay in children's homes. However, this home is not like our home.

M1- I like to stay alone from others. I feel alone. I feel so sad because I couldn't live with my parents. I don't tell anyone when I have a problem. Staff members are not close to us. I often try to forget my past. But it is difficult. I do not like to say I stay in a children's home with my school friends. I'm shy about saying that.

F4- in School, children often call me nicknames. I felt so sad when they say them. Some children always hit me. Some children blame me for using bad words.

She said further- Our warden informed us you should wear long skirts, long frocks, and braid the hair because this is a Buddhist children's home. But, no one is afraid of our elder warden. When she goes on holiday, elder children wear short skirts, frocks, trousers and put up various hairstyles. Some children often disturb our studies and fight with us. Staff members cannot control them. When I remember my home I get angry with my mother. Now my mother asks my father, can she come home again. But I don't like it. I do not remember my mother's face. I was very small when she left me. So now I don't like to go again to our family.

3.7 Future Aspirations of Children

Participants narrated how their children's homes have helped them to find hope. They stated their opinions as stated below.

M2- My mother said that in the future we will receive land from the Department of probation to build a house. I hope to look after my mother and build a big house for my mother. I am not interested in higher education because then I couldn't take care of my mother.

F6- I want to be a bank manager.

M1- *I do not have any hope for the future. I don't have any purpose in life. I hope to take care of my younger brother and live with him.*

F4- *I prefer to become a dancing teacher.*

M3- *I want to go to the army because I like shooting. I have no interest in higher education.*

The above comments revealed how the respondents viewed their future plans.

3.8 Psychosocial Support

This section intended to identify the psychosocial support available to them. We considered how family, caregivers, and society help these children for their wellbeing and we created four sub-themes under the main theme.

3.8.1 Physical support

F4- *We have all facilities here. We receive food, clothes, school uniforms, school bag, and shoes. Our school fees are paid by this home.*

F6- *We receive quality food. Usually, we receive food from outside. Wealthy people and foreigners always visit here and donate what we need.*

3.8.2 Emotional support

Emotional support is very important for these children because they have faced lots of challenges and difficulties in their previous life. Participants supplied different opinions about it.

M2- *We can say anything to our warden. I stay happily in this home. I like very much to stay in this home. Staff members are very friendly to us. Our elder children are very good. They help us.*

F6- *No one here knew what happened to me. But staff members blamed me, mentioning that event in front of all of them. Our problems don't say with probation officers. If we inform the officers, they complain to staff members. After that staff members again punish us and blame us. They ask why you complain to probation officers. We don't have a chance to go anywhere like other children. I feel so sad about that.*

M3- *I like sports very much. I have many certificates for sports. They don't help with my sports activities because they don't like that. Sometimes when I informed them through our school teachers they give permission. They never allow us to go on trips organized by the school.*

3.8.3 Spiritual support

For this sub-theme data were collected from respondents about the spiritual support available to them. Participants narrated their ideas as following.

F5- *This home is Buddhist. We observe Sil every poya day. We worship Lord Buddha every day and we go to Dhamma School every Sunday.*

M2- *This is a Christian home. But I'm a Buddhist but I practice religion here like Catholic.*

3.8.4 Social support

Social support is necessary to develop their psychosocial wellbeing. These children are a part of our society. Social support enhances their quality of life and provides them with a buffer against adverse life events.

F5- *Some school friends are very good and they support us. Some teachers treat us like they are our mothers. When I ask them for things they do their best to bring them to me.*

M2- *Some school children don't speak with me. I don't have any friends in school because I stay in a children's home.*

F4- *We received food, books, and clothes from wealthy people. Various programs are conducted by outside organizations for us. We go to programs conducted by the probation department as well.*

As mentioned above, data were analyzed using the thematic analysis method. It helped us to develop the themes and sub-themes discussed above. The data revealed eight major themes and several sub-themes. This systematic analysis and presentation of the data above provide us with a clear background for the discussion and the conclusion of the study.

4. DISCUSSION

4.1 Provision of Basic Facilities

Under this theme, we requested them to explain the basic facilities they receive from their children's homes. Almost all participants have similar ideas about this theme. Let's discuss the subthemes under this theme one by one.

Food- The participants wanted good quality healthy food for their development. Most of them mentioned that they receive quality and healthy food from these children's homes and that overall they are satisfied with the food they received.

Education- Children received all school necessities. Some children's homes supply tuition classes for English and Mathematics [44]. They have a separate place to study and separate times for their studies. It seems that these children receive above-average support towards getting a good education.

Health facilities play a very significant role. The majority of children stated that they have good sanitation facilities and staff members immediately take them hospital when they get ill.

Clothing- Most of the clothing needs of children are taken care of by the children's homes. However, there are some children's homes that request parents to bring clothing for their children.

Safety- The majority of participants accept that children's homes are a safe environment for them. However, two of the children stated that they don't have a secure environment in their place. Especially when they go to school, they have problems with their safety.

This research found that children had access to all basic necessities of life, such as food, clothing, and shelter. They were able to attend school and get medical aid when needed. They said that donors donated school bags, shoes, clothes, and books for them. Children were grateful to receive these facilities in children's homes because previously they were not able to get these facilities. Most children appreciated the basic facilities provided to them. Accordingly, when considering the basic facilities, the majority of children are satisfied with the basic facilities received by them from children's homes.

4.2 Reasons for Entering Children's Homes

Based on the participants' evaluation following two factors were deemed as mainly impacting children entering children's homes: Unfavorable conditions prevailing at home and Economic difficulties. However, we can say the relationship difficulties of the family is the main reason for being admitted to children's homes. The family environment has a major impact on developing the wellbeing of children. Family is an important and basic unit that influences the child's personality development. But these children's family situation directly affected them entering children's homes. According to the participants' information, one child is a paternal orphan and another child is a maternal orphan. The other four children's parents were alive. But one or both parents have left their family. The study found that children entering children's homes were not necessarily orphans.

The unfavorable conditions at home had many dimensions. The majority have been admitted to children's homes due to the parent becoming a single parent due to the death of one parent, separation, remarriage, or divorce of parents, and or parents not being able to raise the child. Thus, almost all children's case studies revealed that they had entered children's homes due to problems at home. They don't have a good family environment for development. Most participants have broken families and an insecure home environment. Female children especially have problems with their safety. Therefore, the children's home is a good place for them. Another major reason for children to leave their homes was poverty. All the children were from low-income families. Lack of financial resources made it difficult to raise children and provide them with an education. This study revealed that family issues and economic difficulties are the main cause of entry into children's homes in Sri Lanka.

4.3 Duration of Stay at Children's Homes

According to the results, the majority of the children have stayed a long time in the children's homes. Results indicated that some children have stayed at the children's homes for more than ten years. Also, findings showed that some children stay at a lot of children's homes in various places.

Length of stay in the children's homes impact later outcomes and sometimes it can influence negatively children's psychosocial wellbeing. Beckett et. al. [45] discovered that children who had been institutionalized over 6 months showed decreased cognitive functioning than children who had been institutionalized less than 6 months.

4.4 Children's Life at Children's Homes

Children's life experiences at children's homes have a severe impact on their lives. Under this theme, participants stated different opinions. Two participants commented that life at the children's home is good and that they live happily in this home. They are satisfied with this lifestyle. However, others do not agree with that opinion. According to those children's perspectives, the satisfaction or dissatisfaction of life at the children's homes depended on many criteria. The freedom within the children's home, safety, food, availability or non-availability of a homely environment, rules and regulations, attitudes and behavior of staff members and close and intimate relationships they have with their caregivers, the cooperation of other children are some of them.

In general, life at the children's home seems to be organized in an orderly manner. Children are required to work according to a time schedule. Some children spoke of this lifestyle with satisfaction. They saw meaning in that lifestyle. At the same time, there were unhappy children too. A main reason for their unhappiness is the unsatisfactory relationship they had with their matrons. Children have become frustrated due to the unkind behavior of these matrons. Hence, it is clear that even if children were meeting their physical needs at the children's homes a majority of children are unhappy about life at children's homes because they do not receive sufficient love, care, and support from their caregivers. Participants remarked that they don't have an intimate relationship with caregivers at the home.

The results showed that the majority of children are unhappy about life at children's home and that they are worried about life there. Participants M3, F5, and F6's statements confirmed it. They are not satisfied with life in children's homes. Most of the children want to leave this place. They have negative feelings about life in children's homes. Participants remarked that they have no homely environment here. The participants' information revealed that children's homes have a strict and structured environment.

Children are expected to adhere to all the rules of the home where they are residing and there is a lot of control over the children's behavior. Thus, they have far more limited freedom and autonomy to act and behave in ways that they wish to compare to children who live at home. So a highly controlled environment in the children's homes may be contributing to unhappiness in children's life. Also, children living in children's homes have limited opportunities for varied social experiences when compared to their peers who live at home. This could also make them apprehensive about how to interact with others in novel situations.

On average, children did not like living according to a time table. According to them, time tables were administered very strictly limiting their freedom. Some children criticized the strict rules and regulations of the children's homes. The strict administration of rules and regulations has also put undue pressure on children. However, M2 stated that rules at children's homes are good and that these are essential to their safety. Children's life at children's homes needs close attention as it could vary by the age of the child, their previous life experiences, and the situations at the children's home. Participants included 12-year-olds to 18-year-old adolescences. So they have unique psychosocial needs. Adolescences are much more independent and mobile and are often out of the direct control of adults. Accordingly, staff members should consider it because these homes are considered as temporary homes that help children at difficult times in their lives. Also, they need to remember that they are preparing children to face the challenges of their lives and eventually become good and productive citizens.

4.5 Children's Education

Education provides an opportunity for development and growth in children that prepares them for their future and can help them to support themselves independently. Education is a right of everyone. Under this theme, we tried to find out the educational level of these children. The majority of children are in secondary school. Results indicated that children's educational level is very low because there wasn't a good environment for it.

Most children's homes follow timetables and the children must study at least for a few hours a day. But some children do not like it. Some complained that it includes only study times. F6

has explained that due to the timetable, she couldn't study her own way. Generally, children's homes allocate specific time-periods for educational activities in daily time schedules. There are some instances where children were provided with tuition facilities to improve their subject knowledge. However, just sending children to schools would hardly make a change in their educational attainment. Even at their homes, they did go to school regularly. There wasn't a good environment for learning in their homes. So now they are unable to enter classes that match their age. M2 stated that he is 14 years old but he is in grade two whereas he should be in grade nine. Similarly, F5 mentioned that she is 14 years old but now studying in grade six. Due to their earlier home environments, they are being enrolled into lower grades making their school life miserable.

Also, findings indicated that school support was not sufficient for them. Children faced numerous issues due to staying at children's homes from the teachers and school children. They stated that they were labeled and bullied at school. Some students tried to keep away from these children and some teachers were very harsh on them. The children perceive their teachers are not encouraging of them. It is important to provide a supportive school environment for such children. The principal and teachers should pay attention to create a friendly and supportive environment free of violence, labeling, and stigmatization for these children.

Participants complained that staff members cruelly punish them and it disturbs their educational activities. The children want a good education to achieve their full range of rights and needs and become better equipped psychologically, behaviorally, and emotionally as well as enjoy full access to education like other children in the society.

Education is to grow children into productive citizens that use their knowledge, talents, and learned skills to sustain themselves and help others while pushing the human race forward in areas of equality, equity, and harmony. When considering the above opinions we can conclude that these children have more educational facilities. But results showed that they haven't interest in it. Also, they haven't a cooperative environment in school and at children's homes. Some instances showed that teachers and school children not cooperative with the children coming from the children's homes. Children

reported that teachers do not care about them like other children. Also behaviors of children's home staff members' negatively influence children's education.

According to the participants' information, we can recognize that access to education for children in these homes has become problematic. Children are faced with numerous issues due to stigmatization by the teachers and school children and they haven't a good environment in children's homes for it.

4.6 Psychosocial Problems of Children

The research found that these children have one or more psychosocial issues. Sadness, interpersonal problems, isolation, behavioral and attachment issues, stigmatization, loneliness, lack of guidance and affection, anger, suicidal thoughts, rejection, relationship issues, and delinquent behaviors are some of them. We could identify some reasons for it: Strict rules and regulations of children's homes; Negative relationships between caregivers and children; and Separation from parents

The strict rules and regulations have put pressure on children. Some rules and regulations negatively impact children's psychosocial wellbeing. On average children did not like living according to a timetable. According to them, time tables were administered very strictly, limiting their freedom. The most common problem among children living in children's homes was the feeling of being alone. Children's responses showed that they felt isolated from the world because of living in the children's home. Also, this study revealed that most children were feeling sad and miserable due to staying in the children's homes and due to separation from parents.

Results indicated that they have poor relationships with their caregivers. They feel they were ignored and nobody took care of them. Also, children reported that they suffered from stress, depression, and other emotional problems that were rooted in the lack of parental love from caregivers and the community. Some participants have suicidal thoughts as a result of the unfriendly behavior of staff members and other difficulties that they face in their lives. Most participants stated that staff members punished them cruelly. Physical punishment can lead to low self-esteem, poor academic achievements, anxiety, depression, physical injuries, and

suicide. Participants complained that staff members were telling children's details with outside people and they did not respect the privacy of children harming the dignity of children. Some children were using self-destructive ways to cope with their stress. The intimate relationships with caregivers at the home were a major determinant of their satisfaction. However, they did not receive it sufficiently. Caregivers should constantly guide and mentor children for life skills development [46].

In this study, most of the children reported behavioral and attachment issues. Most children reported that they don't have a positive relationship with other children in their children's homes. Thus, they were shy and less interactive with society. For example, M1 mentioned that he has shame about telling that he is staying in a children's home with his school friends. Also, the data from the participants show that many of the children have many interpersonal problems with peers. The interpersonal problems were the major social problem children were facing.

This study also revealed that the majority of the children at children's homes were socially isolated and had a poor attachment to the people around them. The children explained that they did not have anybody who understood them and with whom they could share their problems with. As a result, they preferred to bury the problems within themselves. Most of the children did not feel comfortable sharing their private issues, stress, sadness, and grief with staff. This study also substantiated that due to parental bereavement or separation, children encounter various psychological issues like stress, sadness, lack of affection, emotional instability, low self-esteem, loneliness, helplessness, and a lack of purpose in life. Parental loss, separation, or abandonment during childhood has distressing consequences on children's social growth and development [46]. Parental love and care shape the social initiative, social connection, aspirations, adjustment, and achievements of children. Parental involvement during the transition from childhood to adolescence and adulthood remains an important predictor of a child's social wellbeing. This study also revealed that children were socially isolated and lacked skills of interaction and expression.

The participants' statements revealed that children living at children's homes are stigmatized in many different contexts. School is

the main place for it. The participants indicated that school children often call them nicknames and laugh at them. This negatively affected their wellbeing. We always depend on others. If a person is ignored or cornered, that person can become depressed, and if it is a severe depression that can lead to suicidal thoughts. So society should be sensitive to them without labeling them. Negative labels on a child may destroy their self-esteem and harm their development and growth. The results also indicated that children often face rejection from their peers within the school environment. All the participants acknowledged that they experience stigmatization in various ways. The results further indicate that children experience isolation and sadness as a result of stigma.

The findings of this study also highlighted that children often display delinquent behaviors such as stealing, sexual problems, cheating, and habitual lying. Participants indicated that stealing is a very big problem in children's homes. Even if their basic needs are fulfilled they tend to steal food and clothes from their peers and money from staff members. They use them to get clothes, cloth accessories, and hair accessories.

Results highlighted that small children are vulnerable to harmful behaviors from older children. This can apply to both males and females. Sometimes, small children have been sexually abused by older children. This has been due to a lack of supervision, especially at night. Although children were going to school, they didn't know what to do afterward or what they will do once they leave the children's home. Accordingly, most of the children experience one or more psychosocial issues that affect to denigrate the psychosocial wellbeing of children. If we do not focus on these problems of theirs then the problems will get worse.

Psychosocial problems influence a child's overall development. These children have a high risk of developing severe psychosocial problems compared with those growing up in a family setting because they do not adequately receive love, care, and affection from their parents, caregivers, and community. As a result, these children grow up with poor mental health and adjustment problems.

4.7 Future Aspirations of Children

The future aspirations of children show a mixed picture. Some children had a very clear-cut aim

in their life and some do not have any hope for the future. Results indicated that they have not received proper guidance for it. Children were not encouraged to set goals and accomplish them. Teachers can guide the students according to their abilities and talents. Some of the children want to be army officers. Some of them have appreciable aspirations and have clear cut targets to achieve them. At the same time, some are very skeptical about society's reactions to their entry into society. A lot of them are not interested in higher education. Teachers and administration should take responsibility to build career aspirations for them. Caregivers should be concerned about the children's hidden talents.

Environment determinants like parental ambition for children, social expectations and cultural background, competition among peers, and group cohesiveness influence the level of aspirations [47]. Some of the environmental determinants are not available for these children and this may result in the possibility of low aspiration levels compared with those growing up in a family setting.

4.8 Psychosocial Support

Another main objective of this research was to find out the psychosocial support available to them. Under this theme, we analyzed data under four sub-themes namely physical support, emotional support, social support, and spiritual support. Here we hope to discuss them. Almost all children are satisfied with the physical support they received from children's homes. However, participants' information clearly showed that they do not receive sufficient psychosocial support such as love, care, good relationships, respect, trust, and confidence from their caregivers, family, and society.

Social support is needed to build a positive self-image. The study also revealed that children were socially isolated and lacked skills for interaction and expression. The majority of the children reported that they lack adult guidance and advocacy. The results found that these children are labeled and bullied by school children and teachers. These children did not receive adequate psychosocial support from caregivers and society. As a result, the children grew up with poor mental health and adjustment problems. When talking about emotional support, M2 commented that he is satisfied with the emotional support received from caregivers.

However, others have a negative attitude about the emotional support received from caregivers. The children explained that they did not have anybody who understood them and shared their problems. As a result, they preferred to bury the problems within themselves. So it affected negatively their psychosocial wellbeing. They lacked a strong attachment with caregivers as they could not get affection from the caregivers when they needed it.

Emotional support involves the expression of empathy, love, trust, and caring. Most participants reported that teachers do not show love and care to them and that they do not have a good relationship with them. School teachers were not very cooperative and sympathetic to these children. They were not happy at school. Most children do not like to discuss problems with their caregivers. Adolescence is a transitional period with many occurrences of emotional disturbances. During this stage, they prefer to be independent, create an identity for themselves, attract peer influence, argue, feel confused, and develop problem-solving skills. So caregivers should be aware of these differences and guide them to solve problems more successfully. Participants stated that parents could visit the children's homes once a month. Some children went home during school holidays or emergencies. However, children did not receive sufficient psychosocial support from their families either.

They are children who need emotional support or psychological needs like care, love, affection, protection, attention, security, attachment, praise, and rewards. They do not receive the necessary support from caregivers and the community. They have stressful events or trauma in their lives like parental losses, abuse, negligence, and poverty. This makes them highly vulnerable to withdrawal from social activities. Also, spiritual support helps to find value, meaning, trust, and strength during difficult times. We collected data from two children's homes. One home is based on the faith of Buddhism and the other one is based on Christianity. Children reported that they do not have the freedom to practice their religion.

Results clearly showed that staff members lack the skills to work with these children and they are not adequately trained in child care and counseling [48]. This has resulted in the provision of poor service and making the children unhappy. In summary, most of the participants have explained that caregivers have behaved

inappropriately and unfavorably. The study found that caregiver treatment impact negatively on the psychosocial wellbeing of children at children's homes. Emotional support, social support physical health, mental health, and spiritual experiences are helpful to develop the psychosocial wellbeing of a person. But these children do not receive these properly and that they directly and negatively impact the development of their psychosocial wellbeing.

5. CONCLUSIONS

The current study aimed to explore the psychosocial wellbeing of children aged 12 to 18 years old at children's homes in Sri Lanka. Psychosocial wellbeing includes many areas of the individual's life, the psychological aspect including emotional, cognitive, mental, and spiritual factors and the social aspect including the relationship with others, the environment, and society. After analyzing and discussing the data taken from the participants we can make the following conclusions about the psychosocial wellbeing of children at children's homes.

Generally, these children have negative attitudes about their life and caregivers. Even if their physical needs are met at the children's homes the majority of children were unhappy about life at children's homes. The main reason for their unhappiness is the unsatisfactory relationships they had with their matrons. Also, the present study revealed that their psychosocial requirements remained more or less unaddressed. The age group considered for the study mainly consists of adolescences. Adolescences have unique psychosocial needs. So caregivers and society should understand it. The findings indicated that most of the children experience one or more psychosocial problems and that they reduce their psychosocial wellbeing. If such problems are not solved systematically by trained professionals it would lead to the making of many misbehaving individuals in the future.

The present study also indicated that these children have low intellectual, social, and behavioral abilities compared with those growing up in a family setting. Also, children living in children's homes have limited opportunities for varied social experiences when compared to their peers who live at home. Unless they are counseled and trained on how to make effective interactions with individuals it would result in other social problems and these problems can

affect their future negatively. They lack emotional, social, and spiritual support to promote their psychosocial wellbeing. They have negative self-perception and image and they do not receive proper guidance about their future aspirations. Early childhood experiences directly impact the overall development of a child. Therefore, providing optimal care for these children in their early years is very important.

Psychosocial wellbeing refers to the social and emotional wellbeing of an individual and the ability to fulfill his or her potential as a human being. It is possible to conclude that children in children's homes get material support from caregivers and the community. But there was a lack of emotional, social, and spiritual support to promote their psychosocial wellbeing. Adolescents not only need material support, health care, and education. They need sufficient emotionally responsive relationships for optimal development.

We believe that the following recommendations will help reduce the difficulties faced by children at children's homes and will help increase their psychosocial wellbeing. Provision of a good environment for educational activities within the children's homes will be a major priority. Current interventions need to be expanded not only to meet the basic needs but also psychosocial support and mental health services for children living in children's homes. Corporal punishments of children in care should be banned and review and revision of strict administrative rules and regulations are encouraged. Every child should be treated with dignity, respect, care, and compassion. Organizing vocational training courses and personality development programs should be organized to motivate the children at children's homes. Caregivers need to receive proper training and assistance in order to equip them to handle the psychological difficulties experienced by children. Equality among children should be maintained regardless of their gender, ethnicity, religion, values, or disabilities. School and staff members should take necessary steps to prevent bullying within the children's homes and at schools. Children should be provided with guidance and support appropriate for their age and effective steps should be taken to improve the occupational aspirations of children at children's homes.

This research used a qualitative method with a small sample size to collect data that provided limited information about the psychosocial

wellbeing of children at children's homes. It should be extended to a quantitative study by choosing a large and representative sample whose results can then be generalized. Further, because the current study found that these children have psychological and social problems and that those issues were poorly addressed within the children's homes, it is important to study the emotional and behavioral problems of children at children's homes meticulously. Future research can also explore the perceptions about the roles and responsibilities of caregivers at children's homes. Finally, a comparative study about the psychosocial wellbeing of children at children's homes and children in their own homes should be conducted to determine whether the findings of this study are purely the results of the children living at children's homes or other unrelated issues.

CONSENT

As per international standard or university standard written patient consent has been collected and preserved by the authors.

ETHICAL APPROVAL

The data were analyzed using thematic analysis. Researches followed the American Psychological Association (APA) ethical guidelines for this research.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Health Organization, Regional Office for south-east Asia. Regional Workshop on Promotion of Mental Well-Being. Report of the Workshop Colombo; 2009. Available:http://origin.searo.who.int/entity/mental_health/documents/sea-ment-160.pdf
2. Annual Review of Public Health. The social ecology of child health and well-being. 2001;22:143-166 (Volume publication date May 2001) Available:<https://doi.org/10.1146/annurev.Publhealth.22.1.143>
3. Richter L, Foster G, Sherr L. Where the heart is: Meeting the psychosocial needs of young children in the context of

- HIV/AIDS. In Where the heart is: meeting the psychosocial needs of young children in the context of HIV/AIDS. Bernard van Leer Foundation; 2006.
4. Backes EP, Bonnie RJ. (Editors). The Promise of Adolescence. Realizing Opportunity for All Youth. Washington (DC): National Academies Press (US); 2019. ISBN-13: 978-0-309-49008-5 ISBN-10: 0-309-49008-1
5. Pikunas J. Human Development, an Emergent Science. McGraw-Hill; 1976. ISBN: 0070500266, 9780070500266
6. Cambridge dictionaries online; 2018. Available:<https://dictionary.cambridge.org/dictionary/English/children-s-home>
7. Roccella C. Out of sight, out of mind. Report on voluntary residential institutions for children in Sri Lanka: Statistical analysis. Ministry of child development and women's empowerment with the collaboration of UNICEF; 2007. ISBN: 978-955-1720-00-1
8. Department of probation and child care services, Ministry of women, and child affairs. Current status of child care institutions and institutionalized children in Sri Lanka. Sethsiripaya, Battaramulla; 2013.
9. Karunanayake D, Bambarawana DT, Vimukthi NDU. The relationship between childhood Experiences and Later Appearance of Drug Addiction. International Journal of Indian Psychology. 2020.8(4):50-55. DIP:18.01.030/20200804, DOI:10.25215/0804.030
10. Wells NM, Evans GW. Nearby nature: A Buffer of Life Stress among Rural Children. Environment and Behavior. 2003;35(3):311-330. Available:<https://doi.org/10.1177/0013916503035003001>
11. Santrock JW. Child development. McGraw-Hill; 2004. ISBN- 0072820381, 9780072820386
12. Moyo S, Susa R, Guadiana E. Impact of Institutionalization of Orphaned Children on Their Wellbeing. IOSR Journal of Humanities and social science. 2015;20(6):63-69. DOI:10.9790/8-20636369
13. Health-Related Quality of Life. (2007). Wellbeing Concepts; 2007. Available:<https://www.cdc.gov/hr201/8wellbeing.ht8m>
14. Cambridge dictionaries online. The definition of wellbeing; 2018.

- Available:<https://dictionary/english/wellbeing>
15. Thomas PA, Liu H, Umberson D. Family Relationships and Well-Being. *Innovation in aging*. 2017;1(3):igx025. Available:<https://doi.org/10.1093/geroni/igx025>
 16. Burns R. Psychosocial well-being. In: Pachana N. (eds) *Encyclopedia of Geropsychology*. Springer, Singapore; 2016. Available:https://doi.org/10.1007/978-981-287-080-3_251-1
 17. Stoewen DL. Dimensions of wellness: Change your habits, change your life. *The Canadian veterinary journal = La revue veterinaire canadienne*. 2017;58(8):861–862.
 18. Gilborn L, Apicella L, Brakarsh J, Dube L, Jemison K, Kluckow M, Smith T and Snider L. Orphans and vulnerable youth in Bulawyo, Zimbabwe: an exploratory study of psychological well-being and psychological support, Horizons final report. Washington, DC: Population Council; 2006.
 19. Tadesse S, Dereje F, Belay M. Psychosocial Wellbeing of Orphan and Vulnerable Children at Orphanages in Gondar Town, North West Ethiopia. *Journal of Public Health and Epidemiology*. 2014;6(10):293- 301. DOI:10.5897/JPHE2014.0648
 20. Karunanayake D, Madushani K, Vimukthi NDU. The importance of identifying students with learning difficulty in the school context. *Asian Journal of Education and Social Studies*. 2020;12(4):8-18. Available:<https://doi.org/10.9734/ajess/2020/v12i430316>
 21. Zadra JR, Clore GL. Emotion and perception: the role of affective information. *Wiley interdisciplinary reviews. Cognitive science*. 2011;2(6):676–685. Available:<https://doi.org/10.1002/wcs.147>
 22. Meyer S. UNHCR'S Mental health and psychological support. The UN refugee agency. Retrieved from: 51bec3359.pdf (unhcr.org); 2013.
 23. Family Health International. The way we care: A Guide for Managers of Programs Serving Vulnerable Children and Youth. Retrieved from: The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth (fhi360.org); 2011.
 24. Committee of the Rights of the child. Thirty-third session. General comment No. 4. Adolescent Health and development in the context of the Convention on the Rights of the child; 2003. Available:https://www.unicef-irc.org/portfolios/general_comments/GC4_en.doc.html
 25. UNAIDS & Global Report. (2008).Report on the Global AIDS Epidemic. Available:<http://data.unaids.org/8pub/Global>
 26. Newcombe, Nora. *Child Development Change Over Time* (8th ed.).New York: Collins College Publishers; 1996.
 27. World Health Organization. (n.d.).Child and Adolescent Health and Development. Retrieved from www.searo.who.int/entity/child-adolescent/topics/adolescent-health/en/
 28. UNICEF. Progress for children: A report card on adolescents. 3 United Nations Plaza, New York, NY 10017, USA; 2012.
 29. Cambridge dictionary. Definition of Children's home. Retrieved from: CHILDREN'S HOME | definition in the Cambridge English Dictionary; 2020.
 30. Oxford dictionaries online. Definition of Children's home. Retrieved from <https://en.oxforddictionaries.com>; 2018.
 31. The report of Funding and Service Agreement. (n.d.). Available:<https://www.swd.gov.lk>
 32. The International saves the Children Alliance. Home Truths: Children's Rights in Institutional Care in Sri Lanka; 2005. Available:<http://bettercare-network.org/library/paticular-threats-to-child8erns-care-and-protection/effects-of-institutional-care/c8are-in-srilanka>
 33. National Institute of Social Development. Current Status of child care institutions and institutionalized children in Sri Lanka: A Situational Analysis; 2013. Available:<https://www.unicef.org/srilanka/current-childcare-Analysis-book-final.pdf>
 34. Tades S, Dereje F, Belay M. Psychosocial wellbeing of orphan and vulnerable children ar orphanages in Gondar town, North West Ethiopia, *Jornal of public health and Epidemiology*. 2014;6(10):293-301.
 35. Sreekanth S, Verma VB. Comparative study of psychological wellbeing and stress among orphans and normal adolescence. *International Education & Research*

- Journal. 2016;2(5):114. Retrieved from [ierj.in /journal/index.php/ierj/article/view/298](http://ierj.in/journal/index.php/ierj/article/view/298)
36. Abhishek S, Sayeed U. A qualitative study examining psychosocial distress and coping mechanisms among the orphan and vulnerable children living in institutional care in New Delhi, India. *Journal of Health and Social Sciences*. 2017;2:195. 10.19204/2017/qttt6.
37. Padmaja G, Sushma B, Agarwal S. Psychosocial Problems and Wellbeing in Institutionalized and Non-Institutionalized Children. *IOSR Journal of humanities and social science*. 2014;19(10):59-64.
38. Bettmann JE, Mortensen JM, Akuoko KO. Orphanage caregivers' perceptions of children's emotional needs. *Children and Youth Service Review*. 2015;49:71-79. Available:<http://dx.doi.org/10.1016/j.childyouth.2015.01.003>
39. Fawzy N, Fouad A. Psychosocial and developmental status of orphanages children: Epidemiological study. *Current Psychiatry*. 2010;17(2):41-48. Available:<http://www.researchgate.net>
40. Padmaja G, Sushma B, Agarwal S. Wellbeing, psychosocial problems, and social interaction anxiety in children. *The international journal of Indian psychology*. 2016;3(4):59. DOI:18.01.060/20160304
41. Priyanka, Parasar A, Dewangan Lal R. A comparative study of self esteem and the level of depression in adolescents living in orphanage home and those living with parents. *International Journal of Humanities and social science Research*. 2018;4(2):51-53. Available:<https://bettercarenetwork.org/sites/default/files/4-2-24-195-pdf>
42. Khan TF, Jahan M. Psychological wellbeing and achievement motivation among Orphan and non-orphan adolescents of Kashmir. *Indian Journal of Health and Wellbeing*. 2015;6(8):769-773. Available:<https://www.researchgate.net/publication/320620281>
43. IGI Global, (n.d). What is education? Available:<https://www.igi-global.com/dictionary/psychosocial-impact-ict-efficiency-speech/9100>
44. Karunanayake Danesh, Dilrukshi MC, Vimukthi NDU. How teaching styles affect to enhance students' mathematical education, *International Journal of Scientific Research in Science and Technology (IJSRST)*, Online ISSN : 2395-602X, Print ISSN : 2395-6011. 2020;7(6):160-170. DOI: <https://doi.org/10.32628/IJSRST207616>. Available:<http://ijsrst.com/IJSRST207616>
45. Beckett, Celia & Maughan, Barbara & Rutter, Michael & Castle, Jenny & Colvert, Emma & Groothues, Christine & Kreppner, Jana & Stevens, Suzanne & O'Connor, Thomas & Sonuga-Barke, Edmund. Do the Effects of Early Severe Deprivation on Cognition Persist Into Early Adolescence? Findings from the English and Romanian Adoptees Study. *Child development*. 2006;77:696-711. 10.1111/j.1467-8624.2006.00898.x.
46. Karunanayake D. A comparison of role model influence between Caucasian and Minority College students in making academic and career decisions. Unpublished Masters thesis, Illinois State University, Normal, IL, USA; 2000.
47. Kintrea, Keith & St. Clair, Ralf & Houston, Muir. The influence of parents, places, and poverty on educational attitudes and aspirations; 2011.
48. Karunanayake D, Chandrapala KMNS, Vimukthi NDU. Students' attitudes about school counseling. *Asian Research Journal of Arts & Social Sciences*. 2020;12(2):21-31. Available:<https://doi.org/10.9734/arjass/2020/v12i230186>

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