Understanding attachment patterns among orphans in residential care homes in New Delhi, India

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Abstract

When it comes to the care and wellbeing of orphaned children, attachment is an important construct to consider. Not only may it help influence how an orphan child will integrate, or fail to, within the setting of a group foster care home, attachment patterns may also have a bearing in the nature of relationships they will have as an adult, after leaving the care of the home. Attachment is doubly important in the context of orphan children due to their histories of often having experienced loss or abandonment or witnessed significant trauma, including loss of loved ones. These factors have been described as leading to orphans having attachment challenges, with many being unnaturally avoidant or overly trusting. And yet, attachment theory as we know it is deeply rooted in a Euro-American understanding of child development. Specifically, attachment in the Western context is idealised and romanticised, built upon a pair-bond between one primary caregiver and one child. This paper, using data from research conducted among orphans in New Delhi, India, explores attachment relationships among 89 children across 11 group foster care homes in collaboration with the organisation Udayan Care. The study aims to shed light on the relationships that Udayan orphans have formed with non-parental figures, and in many cases, non-adults. This study is based on two questionnaires: The Inventory of Peer and Parent Attachment-Revised (IPPA) administered for children 9 to 18 years old, and the Randolph test of attachment for children ages 4 to 8 in the sample. Our findings indicate that this sample tends to display a stronger sense of attachment to their peers than to their mentor mothers or caregivers. In addition, greater attachment is seen to mentor mothers than to caregivers. These results raise important questions, notably, what does attachment to peers rather than to caregivers mean for later functioning? And are these children more vulnerable because they are not closely attached to caregivers?

Keywords

Attachment, Udayan Care, orphans, children, group foster care.

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Introduction

Due to difficult past histories and the realities of living in an institution, orphan children are considered to be a vulnerable population. Decades of research have suggested that orphan children, due to their circumstances, are more likely to demonstrate anxious or avoidant attachment (Dwyer et al., 2010: Rubin et al., 2004; Belsey & Sherr, 2011; Zeanah et al., 2005). These attachment patterns in turn play a significant role in their development and in the formation of interpersonal relationships, and are traditionally thought to stay semi-constant throughout an individual's lifetime (Simpson, 1998).

Attachment theory concentrates on an infant's bond with their caregiver when the infant is experiencing a negative state such as when they are hurt, separated from their caregiver, or perceiving a threat, as a template for future relationships (Cassidy, 1999; Carlson et al.,1995). This template is used to understand future relationships, and while attachment style can change throughout time, it is traditionally thought to be developed and refined in early infancy and childhood. This relationship has been thought to take on two different types: secure and insecure. Insecure attachment can be broken down into three subgroups: anxious, avoidant, and disorganized-disoriented (Liotti, 2011). If attachment patterns are influenced by early childhood, it is easy to see how orphans are more likely to demonstrate anxious or avoidant attachment concerning any relationship they form thereafter being abandoned or given up in early childhood or infancy. Studies of institutionalized children beginning as early as the 1940s have drawn a link between institutionalization of children and insecure attachment (Spitz, 1945; Lipton, 1962; Wolkind, 1974; Smyke et al., 2002). One classic study done with orphans in Eastern Europe (Zeanah et al., 2005) has shown that indeed, orphans living within an orphanage care system are more likely to demonstrate aberrant behaviors that can be classified under the clinical syndrome of Reactive Attachment Disorder (RAD). Results of the study showed a statistically significant difference between the attachment scores of institutionalized and never institutionalized children. Specifically, orphans brought up in institutions were found to be emotionally withdrawn, unresponsive, and socially indiscriminate, which the study attributed to the socially deprived context of institutions in Romania and especially poor caregiver ratios.

The Udayan Ghar Programme began in 1994 to offer a group foster care home for orphaned and abandoned children in New Delhi, India. A residential care model is different from both a traditional orphanage system and a foster care system in that each home is typically smaller than the traditional orphanage (average number of children per home: twelve) with one to two caregivers at any given time, and a 'mentor mother' system. The mentor mother system was developed so that children in the Ghar programme could meet and bond with highly respected and well-off women in their local communities. These women play the role of a mentor and push their mentees towards success. These children, once officially under the care and provision of Udayan Care, are

unlikely to move homes or leave the Ghar they were originally assigned to. With this system, children in the Ghar programme are provided with a level of stability and care not usually afforded to orphans in the traditional institutionalization system. Now, with eleven homes in Delhi and two homes in Jaipur and Kurukshetra, Udayan has served over 450 children.

While traditional psychology posits that orphanage care systems foster a variety of issues in development, an Udayan Care Ghar type program has an advantage in that the children have relatively stable homes and are afforded multiple levels of care and mentoring through the dual caregiver/mentor mother relationships. Furthermore, given the relatively small number of children per home, Udayan Care children are able to grow and form close relationships with their peers as they grow up together with the same group of 'siblings'. Another mediating factor on children's attachment is India's culture. Recent literature has interested itself on the role of culture in formation of attachment patterns. While Western and European culture has been thought to value an independent conception of the self, the interdependent conception of the self is attributed to non-Western cultures including Asian, African, and Latin American cultures (Keller, 2013). Keller posits that the independent conception of the self emphasizes uniqueness of individuals, abstracted from social responsibilities. By contrast, the interdependent construction of the self places an individual within a social system with individuals' behavior being guided by social norms. In such a setting, it is not unusual for infants to be brought up by multiple individuals. This form of multiple caregiver system in turn has implications for attachment. In Indian culture, for example, it is commonplace for children to be attached to multiple non-parental figures in a way that children in Western or European cultures may not.

The current project attempts to examine the attachment outcomes of children within eleven Udayan Care Delhi homes, and sets the groundwork for understanding how their attachment changes over time. Attachment styles of children in Udayan Care were assessed through the administration of two questionnaires to a random sample of the children in each of the eleven New Delhi homes to investigate peer and caregiver attachment. This research raises crucial questions for Udayan Care, an organization that continues to expand and diversify its activities. Determining the attachment styles of Udayan children will provide important information to the institution's mental care department by providing a foundation for outlining general attachment trends in addition to identifying children who might show serious attachment disorders. This research will also contribute to a larger body of work seeking to validate government spending on the orphanage system in India.

Methods

Participants

All of the children that were interviewed lived in eleven homes in Delhi under the care of Udayan Care. Of the 143 children living in these homes, a randomized list of children was created based on a number of subject characteristics to create a sample of 89 children. First, in order to have similar numbers of children in each of the three age categories, all of the children in the youngest age group (age <9) were included in the sample. Secondly, Udayan Care as an organization has more girls than boys, but the sample recruited more

boys disproportionately to their total numbers to have a more comparable sample of boys and girls. Approximately half of the children from each home were represented in the final sample. Each participant was randomly assigned an ID code to help ensure sample confidentiality. See more about confidentiality procedures in the next section.

Table 1: Summary of children who participated in the study

	Age	Boys	Girls	Total Children
1	Under 9	5	9	14
2	9-12	18	21	39
3	Over 12	14	22	36
Total	4 to 19	37	52	89

Confidentiality

Information gathered during the interviews was recorded on paper copies of the measures, without audio or video recordings. Participants' responses to measures only contained the ID number. A separate code sheet was created that connected the participant name with the ID number created for each participant. This code sheet was stored in a password protected Excel file that was only available to the team members on encrypted personal computers. The only documents with participant identifiers were consent forms and the master code file. The participant survey responses and consent forms remained secured in a locked cabinet. The caretaker survey responses remained safe in Udayan care offices and the social workers who collaborated on data collection had been trained and instructed on the necessity for confidentiality over the full duration of the project. While data was being gathered and stored, interview sheets were kept separated from the consent forms and other identifiable information, so as to help ensure anonymity of participants. Once all data was entered, all response sheets were burned. Informed consents were brought back to Duke University in Durham, North Carolina to keep on file.

Measures

The Inventory of Peer and Parent Attachment-Revised (IPPA) was used to assess attachment for children aged 10 years and above in the sample. The children themselves were asked to answer questions regarding their relationships with their peers and caregivers. A total score for each of the IPPA Parent and Peer Attachment scales was calculated by obtaining a sum of the Trust and Communication subscales and then subtracting the Alienation subscale score. The IPPA scores may range from 25 to 125 with 25 questions ranging on a scale from one to five. Higher attachment scores are an indication of better perceived attachment. It should be noted that the children were invited to choose a figure to represent the 'parent,' be it their caretaker or mentor

mother. Being a group foster care home setting, Udayan Care hires caretakers that live in the homes with the children, taking care of household chores and keeping the daily routine and peace in the homes. The mentor mothers are more affluent role models chosen from the community to mentor Udayan Care orphans. More than one child usually shares a mentor mother, whom they see on a weekly basis, and who sometimes takes them out of the home to community activities. The aim of these mentor-mentee relationships is to inspire Udayan Care children to see the opportunities that lay outside their home; in other words to give them a glimpse of how successful they could be one day.

In addition, the Randolph test of attachment disorder was used to assess disordered attachment in children ages four to nine in the sample. The IPPA had not been validated for young children, so the Randolph was used instead where the caregiver answered questions regarding each specific child. The scores of the Randolph could range from zero to 120. In contrast to the IPPA, a higher Randolph score indicates a more abnormal attachment pattern, and a lower score shows a more normal attachment pattern. This difference between the scoring of the measures made it unfeasible to compare their results directly.

Results & Analysis

Overview

The main focus of the analysis was with the IPPA, since this allowed for comparison between two influential groups of people involved in the children's lives. However, as mentioned above, this analysis does not include children aged younger than nine years of age. Instead, the Randolph Attachment Disorder Questionnaire (RAD-Q) was used for the youngest age group to measure abnormal attachment behaviors as perceived by the primary guardian. The mean for RAD-Q was 32 with a standard deviation of 17, which can be seen below in Table 2. Four children demonstrated normal attachment patterns with scores less than 65, four children indicated mild attachment deficiency with scores between 65 and 75, and two children demonstrated moderate attachment deficiency with scores between 76 and 89. No children demonstrated severe attachment deficiency, which is indicated by having a score higher than 90. These results are summarized in Table 3.

Table 2: Summary Statistics of Randolph

Sample Size	11
Average	32
Minimum	11
Maximum	59
Standard Deviation	17

Table 3: Attachment Patterns in the Youngest Age Group based on Randolph Scores

Type of Attachment Pattern	Number of Children
Normal (<65)	5
Mild Attachment Deficiency (65-75)	4
Moderate Attachment Deficiency (76-89)	2
Severe Attachment Deficiency (>90)	0

The IPPA, unlike the RAD-Q, measures the normal attachment between each child and their primary guardian and friends. This is an important distinction, because it allows for comparison across different groups to be made. However, there is no set 'normal', so it is only possible to do within group comparisons. In Table 5, there are three groups summarized, two for caretakers and one for peers. The mentor mothers and caregivers are both considered primary caretakers in Udayan Care, so it was possible for the children to choose which one they wanted to think about when responding. In the following analyses, StatKey was used to perform the two-tailed hypothesis tests for difference in means between two of the given groups at a time. A p-value of 0.05 was chosen, with anything lower than that indicating that the scores from the two groups are not statistically similar.

Table 4: Summary Statistics of IPPA

	Mentor Mother	Caregiver	Peer
Sample Size	40	35	74
Average	65.2	59.7	71.6

Mentor Mothers vs. Caregivers

The first comparison that was made was between the two groups of primary guardians, mentor mothers and caregivers, in Udayan Care. Children initially chose who they perceived as their 'primary caretaker' and thought of that individual while answering questions for the entire questionnaire. Even though they were given the choice, the number who chose each were about equal with 40 answering about their mentor mother and 35 answering about their caregiver. The difference in means of scores for the two groups was 5.5, which a two-tailed hypothesis test for difference in means proved to be significantly different (p value < 0.05).

Table 5: Comparison of IPPA Scores of Mentor Mothers and Caregivers

	Mentor Mother	Caregiver	Difference	P-value
Sample Size (n)	40	35		
Average	65.2	59.7	5.5	0.022

Adults vs. Peers

The next comparison was between caretakers in general and the children's peer group. The scores for the caregivers and mentor mothers, used in the above analysis, were compiled into one dataset to directly compare peers to caretakers in general. The peer and adult group presented a greater difference in scores than when comparing the two types of caretakers separately. There was a difference in means of 8.9, which a hypothesis test for difference in means proved to be significantly different (p value < 0.05).

Table 6: Comparison of IPPA scores of Adults and Peers

	CG & MM	Peer	Difference	P-value
Sample Size (n)	75	74		
Average	62.7	71.6	8.9	0.0000

Mentor Mothers vs. Peers

The final comparison was between the mentor mothers and peers. This was chosen as the final comparison to see if the caretaker group that had higher scores would be significantly similar to the peer group by itself. The scores based on the mentor mothers were already shown to be significantly higher than that of the caregivers in the first analysis, which is summarized in Table 5. The difference in means of scores for mentor mothers and peers was 6.4, which a hypothesis test for difference in means proved to be significantly different (p value < 0.05).

Table 7: Comparison of IPPA scores of Mentor Mothers and Peers

	Mentor Mother	Peer	Difference	P-value
Sample Size	40	74		
Average	65.2	71.6	6.4	0.0006

Conclusion

The overall results of analyses of data on this sample of children from Udayan Care reveal two main findings. The first indication is that the children tend to display a higher sense of attachment with their peers as compared to their mentor mothers and caregivers separately and combined. Secondly, the children self-nominating mentor mothers vs. caregivers as primary guardian display a greater attachment to the mentor mothers than those who nominated caregivers as their primary guardian.

The communal structure of institutions and many group foster care homes provides potential clues as to why the children demonstrate a higher sense of attachment with their peers. In this model, caretakers and mentor mothers do not have the time to give each child one-on-one attention on a daily basis, as would happen in a household. These children may then tend to be closer to peers with whom they spend more time, and may feel connected to on a more intimate and personal level. The question remains, whether low adult attachment or higher peer vs. adult attachment has negative repercussions over time and into adulthood. Some studies have posited that early exposure to trauma such as being abandoned or abused may lead individuals to have a harder time reconnecting and reforming attachment bonds with adults, thus creating this imbalance between peers and caretakers (Cassidy et al., 2001).

However, the traditional, predominant Western view of attachment as a pair-bond between one caregiver and one child may not fit the number of living situations modern orphaned and abandoned children experience. Children may be able to find necessary support and care from someone other than a parent/guardian. To understand why this support exists, and the quality of peer support, it would be important to examine the nature of the relationships between the children and their peers and between children and caregivers or mentor mothers. Is there a reciprocal give and take amongst the

children that allows them to be more at ease? Are they being listened to and understood better by their peers than by their mentor mothers and caregivers? If so, what creates that difference?

Addressing the second set of results, many of these children hold a stronger attachment to their mentor mother despite spending much more time with their caregiver. This sense of attachment could come from the mentor mother's mentorship role as opposed to the caregiver's. Caregivers at Udayan Care address day-to-day cooking and cleaning needs of the home and much less mentorship. Does the attachment level depend on the perceived status in society? Many of the caregivers come from backgrounds that are similar to the children's, while the mentor mothers are much more affluent in the society creating an imbalance in social status, financial decision making, and overall respect. This difference in status and wealth may be contributing to the children's sense of who will be a more stable figure in their life or whom they should love and look up to.

Understanding the nature of these attachment styles is crucial for orphaned and vulnerable children as childhood attachment is thought to play a formative role in OVC interpersonal relationships throughout their lifetime. Furthermore, contrary to the Western conception of attachment, this sample has demonstrated stronger attachment to non-adult, non-parental figures. A number of important questions arise not just from the results of this one project, but from living conditions that the millions of orphaned and vulnerable children globally experience. Do untraditional living structures and their resultant attachment patterns simply indicate another pathway by which children adapt to find critical social support? Does it predispose residential care children to greater vulnerability in their relationship development, or in contrast, could it provide them with advantages and resilience in face of the societal structure they will enter into as adults? These questions should be addressed in light of the fact that attachment theory as we know it is based on a Western middle-class conception of child development that has a focus on the individual. Yet, cultural contexts differ widely in their understandings of the self and in caregiving strategies where non-Western cultures are seen to have more interdependent social contexts. These are crucial questions to address, especially given the disproportionate availability of foster care homes compared with the number of orphaned street children in low and middle-income countries. Group foster care models such as Udayan Care thus provide an important research opportunity for investigating non-traditional upbringing of orphans and vulnerable children.

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