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MENTAL HEALTH AND RELIGIOUS DEVELOPMENT OF FOSTER CHILDREN: THE ROLE OF THE SOCIAL ENVIRONMENT AND ORPHANAGE FACILITIES

KESEHATAN MENTAL DAN PERKEMBANGAN KEAGAMAAN ANAK ASUH: PERAN LINGKUNGAN SOSIAL DAN FASILITAS PANTI ASUHAN

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Abstract

This study examines the role of the social environment and orphanage facilities in shaping the mental health and religious development of foster children. The research departs from attention to the psychological and religious experiences of children living in an institutional care environment, especially when the quality of social relations and the availability of facilities have not fully supported their developmental needs. The study uses a qualitative approach with in-depth interviews with 11 foster children and orphanage administrators in the North Cikarang area, Bekasi Regency. The data were analyzed thematically to identify patterns of children's experiences related to social relationships, facility conditions, mental health, and religious development. The results of the study showed that the quality of the social environment is an important element in shaping the psychological experience of foster children. Less harmonious relationships between children and caregivers as well as between children are related to the emergence of loneliness experiences, emotional discomfort, and low self-confidence. At the same time, the limitations of facilities, especially learning spaces, worship facilities, and recreational or sports areas, limit children's opportunities to obtain a comfortable environment for intellectual, social, and religious development. The findings also show that children's religious development is not only directly influenced by religious guidance, but is also shaped by the quality of social relations and the physical environment in which they live their daily lives. This study emphasizes the importance of an integrative parenting approach, which places mental health, quality of social relationships, adequacy of facilities, and religious development as interrelated dimensions in supporting the development of foster children as a whole.

Keywords : Mental Health, Religion, Foster Children, Social Environment, Orphanage Facilities.

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Abstrak

Studi ini mengkaji peran lingkungan sosial dan fasilitas panti asuhan dalam membentuk kesehatan mental serta perkembangan religius anak-anak asuh. Penelitian ini berawal dari perhatian terhadap pengalaman psikologis dan religius anak-anak yang tinggal di lingkungan pengasuhan institusional, terutama ketika kualitas hubungan sosial dan ketersediaan fasilitas belum sepenuhnya mendukung kebutuhan perkembangan mereka. Studi ini menggunakan pendekatan kualitatif melalui wawancara mendalam dengan 11 anak asuh dan pengurus panti asuhan di wilayah Cikarang Utara, Kabupaten Bekasi. Data dianalisis secara tematis untuk mengidentifikasi pola pengalaman anak terkait hubungan sosial, kondisi fasilitas, kesehatan mental, dan perkembangan religius. Hasil studi menunjukkan bahwa kualitas lingkungan sosial merupakan elemen penting dalam membentuk pengalaman psikologis anak asuh. Hubungan yang kurang harmonis, baik antara anak dengan pengasuh maupun antar sesama anak, berkaitan dengan munculnya rasa kesepian, ketidaknyamanan emosional, dan rendahnya kepercayaan diri. Di sisi lain, keterbatasan fasilitas—khususnya ruang belajar, sarana ibadah, serta area rekreasi atau olahraga—membatasi kesempatan anak untuk mendapatkan lingkungan yang nyaman bagi perkembangan intelektual, sosial, dan religius mereka. Temuan ini juga menunjukkan bahwa perkembangan religius anak tidak hanya dipengaruhi secara langsung oleh bimbingan keagamaan, tetapi juga dibentuk oleh kualitas hubungan sosial dan lingkungan fisik tempat mereka menjalani kehidupan sehari-hari. Studi ini menekankan pentingnya pendekatan pengasuhan integratif, yang menempatkan kesehatan mental, kualitas hubungan sosial, kecukupan fasilitas, dan perkembangan religius sebagai dimensi-dimensi yang saling berkaitan dalam mendukung perkembangan anak asuh secara menyeluruh.

Kata Kunci : Kesehatan Mental, Agama, Anak Asuh, Lingkungan Sosial, Fasilitas Panti Asuhan.

1. INTRODUCTION

Children are individuals who are in a developmental phase that requires a safe, supportive parenting environment, and is able to meet emotional, social, educational, and spiritual needs. Childhood and adolescence are an important period in the formation of social-emotional skills and behavioral patterns that affect well-being at the next stage of life. The World Health Organization (2025) emphasizes that the family environment, relationships with peers, schools, and communities are important parts of the environment that supports adolescent mental health. On the other hand, experiences of adversity, social exclusion, violence, discrimination, and weak social support can increase vulnerability to mental health problems. Groups of children living in certain conditions of care, including orphans, are also included in groups that require special attention in efforts to protect mental health.

Orphanages are an alternative form of parenting for children who do not receive optimal family care. The presence of orphanages is not solely related to the fulfillment of basic needs, but also includes the provision of protection, education, social relations, character development, and child development support. Therefore, the quality of children's lives in orphanages needs to be understood through the overall experience they have in the care environment. A systematic review of children's experiences in *residential care* shows that children's well-being is related to institutional culture, the institution's ability to respond to individual needs, and the quality of relationships with peers and caregivers. These social relationships can be a source of support, but in certain conditions they can also be a source of stress for children (Cameron-Mathiassen et al., 2022).

Mental health is one of the important dimensions that need to be considered in the lives of children living in institutional care settings. Westlake et al. (2023), through a systematic review and meta-analysis of 21 studies involving 4,287 children, adolescents, and young adults in *residential care*, found that around 46% of participants showed symptoms that indicated a possible mental health disorder. The findings do not mean that all children living in orphanages have mental disorders, but they do show a relatively high mental health need in this population. The authors also emphasize that

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research on children's mental health needs and characteristics in *residential care* still needs further development, especially to understand the context and pathways related to the emergence of psychological difficulties.

This context is also seen in a number of studies in Indonesia. Paotiana et al. (2024), for example, found symptoms of anxiety and depression in some adolescents living in an orphanage in Semarang. Another study by Akbar Nur Aziz et al. (2023) shows that the mental health of orphanage adolescents is not only related to individual factors, but also related to parenting, environment, self-openness, and education. These findings show that the mental health of orphanage children needs to be understood as a phenomenon that takes place in the interaction between individual characteristics and their living environment.

The social environment is one of the important elements in this process. The relationship between children and caregivers, relationships between children, and interactions with the surrounding community can shape children's social and emotional experiences while in the orphanage. Warm, responsive, and supportive relationships can provide a sense of security and help children adapt to the foster care environment. Conversely, conflicts, lack of emotional attention, disharmonious relationships, or experiences of rejection can lead to discomfort and feelings of isolation. A systematic review of the quality of the relationship between staff and children in *residential care* shows that caregiver characteristics, professional behavior and skills, organizational context, caregiver-child ratio, and length of interaction are a number of factors related to the quality of the relationship (Pinheiro et al., 2024).

These social relationships cannot be separated from the physical environment in which children live their daily lives. The availability of learning rooms, bedrooms, places of worship, sports facilities, and recreation rooms can determine the opportunities for children to learn, interact, rest, carry out religious activities, and develop their interests and potential. A supportive physical environment allows these various developmental needs to take place more optimally. On the other hand, limited space and facilities can limit children's experiences and affect their comfort in carrying out daily activities. Therefore, discussions about children's welfare in orphanages are not enough to only look at parenting patterns and social relationships, but also need to consider the physical environment that is part of their lives.

In addition to mental health, the development of religion is a relevant dimension in the lives of children living in orphanages, especially in institutions that make religious education part of coaching. Religiosity is not only related to the formal implementation of worship, but also includes the process of appreciating religious values, forming attitudes, moral orientation, and the ability to make religious teachings as guidelines in facing life. Thus, the development of children's religiosity needs to be understood as a process that takes place in the entire parenting environment, not just as a result of religious activities that are carried out on a scheduled basis.

A number of studies show a link between social, psychological, and religious dimensions in adolescents living in orphanages. Andrianto and Rohmah (2022) found a significant relationship between caregiver social support and religiosity and *hardiness* in orphanage adolescents. The findings suggest that caregiver social support and religiosity can be part of psychological resources related to adolescents' ability to cope with stress. Another study by Aulia Muttaqin et al. (2023) also showed that parenting and religious maturity are related to the psychological condition of orphanage adolescents.

Although research on mental health, social support, parenting, and religiosity of orphanage children has developed, there is still room to understand these phenomena in a more integrative way. Some research focuses on mental health as an individual psychological problem, while other studies place religiosity or religious guidance as its own focus. Research on the quality of caregiver relationships also examines interpersonal relationships as a separate factor. In fact, children's lives in orphanages take place through the interaction of various elements simultaneously: children interact with caregivers and peers, undergo activities in certain physical spaces, participate in educational and

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religious activities, and build meaning for themselves and their environment. Thus, an approach is needed that is able to see mental health and religious development as experiences that take place in the same social and physical context.

This gap is becoming increasingly important because quantitative research can show relationships between variables, but it does not always explain how children experience and interpret the social environment and facilities of the orphanage in their daily lives. The qualitative approach provides space to understand these experiences more deeply, including how children feel the connection with caregivers and peers, how they interpret the limitations of the facility, and how the environmental conditions are present in their emotional and religious experiences. This perspective also allows the child to be positioned not only as a recipient of the orphanage, but as a subject who has experiences, perceptions, needs, and developmental processes that need to be understood contextually.

Based on these gaps, this study places the social environment and orphanage facilities as the context of parenting, while mental health and religious development are the focus of foster children's experiences. The research is not directed to establish a causal relationship statistically, but to understand the role and relationship between these two aspects of the environment and children's psychological and religious experiences. This focus allows the study to see how the quality of interpersonal relationships, physical environmental conditions, and coaching activities that take place in the orphanage shape children's experiences in living their daily lives.

This research was conducted on orphanages in the North Cikarang area, Bekasi Regency, by involving foster children and orphanage administrators as informants. The local context is important because the characteristics of parenting, institutional culture, quality of social relations, availability of facilities, and patterns of religious guidance can differ from one orphanage to another. Through in-depth interviews, this study seeks to gain an understanding of children's experiences and administrators' perspectives related to the social environment, orphanage facilities, mental health, and religious development of foster children.

On the basis of this description, this study aims to analyze the role of the social environment and orphanage facilities in the mental health and religious development of foster children. In particular, the study explores how the quality of social relationships and facility conditions are perceived by foster children, how these two aspects are present in their emotional and psychological experiences, and how the parenting environment relates to the process of religious development. This research is expected to make a conceptual and practical contribution to the development of a more integrative foster care pattern by bringing together psychological, social, physical, and spiritual dimensions as interrelated parts in supporting the development of children as a whole.

2. RESEARCH METHOD

This study uses a qualitative approach with an exploratory design to understand the experiences of foster children related to the social environment, orphanage facilities, mental health, and religious development. This approach is used to explore the perceptions and meanings that children build in their daily lives, not to statistically test cause-and-effect relationships. The research was carried out in an orphanage in North Cikarang, Bekasi Regency, involving 11 foster children aged 10–12 years old as the main participants and caregivers or orphanage administrators as supporting informants. The selection was carried out purposively based on the involvement of participants in daily life in the orphanage.

Data were obtained through semi-structured interviews, limited observations, and documentation. Interviews explored children's relationships with caregivers and peers, facility conditions, psychological experiences such as sense of security, loneliness, comfort, and self-confidence, as well as religious development that includes worship, Qur'an learning, memorization of short surahs, and the application of religious values. The researcher also carried out supporting activities in the form of inspirational stories, motivation, educational games, and memorization of

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short surahs to build closeness and create a comfortable research atmosphere. These activities were not used as instruments for measuring or diagnosing children's psychological conditions.

The researcher acts as the main instrument with the help of interview guidelines, field notes, recording tools, and documentation. Data is transcribed, anonymized, and then analyzed using *reflexive thematic analysis* through the stages of data familiarization, coding, theme development and review, theme definition, and analytical report preparation (Braun & Clarke, 2021). Codes such as *loneliness*, *caregiver relationships*, *peer support*, *facility comfort*, *worship*, and *religious motivation* were developed into themes that explained the pattern of children's experiences in a contextual manner (Byrne, 2022).

The credibility of the data is strengthened through triangulation of sources and techniques, *member checking* that is tailored to the child's comprehension ability, recording the analysis process, and the reflectivity of the researcher. Because the research involves children, its implementation pays attention to the consent of the authorities and *the child's consent*, confidentiality of identity, voluntary participation, and the child's right to refuse or stop the interview. The principles of best interests, protection, and respect for children's rights are the ethical basis of the entire research process (UNICEF, 2021).

3. RESULT AND DISCUSSION

This research was carried out in an orphanage, orphanage, and poor living dormitory in North Cikarang, Bekasi Regency. The results of observations and interviews showed that there were 11 boys aged 10–12 years who lived in the orphanage and received care from two caregivers, male and female. Most of the children have lived in the orphanage for approximately five years and come from various regions in West Java, such as Tasikmalaya, Subang, and Garut. The background of their existence in the orphanage also varies, ranging from the loss of parents to the family's economic limitations. These conditions place the orphanage not just as a place to live, but as a space for nurturing, education, the formation of social relations, and religious development that partially replaces some of the functions of the family environment. This characteristic is important because children living in residential care are a heterogeneous group, so their experiences cannot be explained based only on their status as orphanage children.

Garcia-Molsosa et al. (2021) show that children's educational and developmental experiences in residential care are formed through the interaction of various individual, family, parenting, school, and institutional structures. A similar perspective is put forward by Anglin and Henderson (2024), who assert that the quality of parenting is more decisive than just the location or form of residence; sensitive, responsive, and reciprocal relationships are one of the important characteristics of quality residential parenting.

Children's life in an orphanage shows ambivalent conditions. On the one hand, the existence of an orphanage provides access to education, the fulfillment of basic needs, the regularity of activities, and the opportunity to live together and learn to socialize. Children get the opportunity to go to school and their daily needs are met through the support of foundations and donors. On the other hand, living in a collective environment causes individual needs to not always be met optimally. Children must share space, caregivers' attention, facilities, and various resources with other children. This condition is important because the well-being of children in residential care is not only determined by the fulfillment of material needs, but also by the extent to which children feel safe, heard, understood, and have the opportunity to develop as individuals.

These findings are in line with Cameron-Mathiassen et al. (2022), which show that children's experiences in residential care are strongly influenced by relationships, support, a sense of security, control, and the opportunity for children to have agency. Roche et al. (2021), through qualitative research on children living in residential care in the Philippines, also showed that children's lives in residential care are highly relational; relationships with caregivers, peers, family, and spiritual

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dimensions are an important part of their experiences. Thus, orphanages can be understood as living ecosystems that provide protection while presenting social adaptation demands for children.

Social Environment as a Space for the Formation of Psychological Experience

The findings of the study show that the quality of the social environment is one of the important aspects of children's daily experiences. The relationship between children and caregivers takes place in situations that require caregivers to handle the needs of several children at once. The differences in character, age, emotional needs, and background of each child make giving individual attention a challenge in itself. This condition is even more complex when there is a change of caregiver. The child must again adapt to the new figure, while the caregiver also needs time to recognize the character, habits, and needs of each child. This situation shows that parenting is not just an administrative job to ensure that the child's activities run, but a relational job that requires continuity, sensitivity, and the ability to read individual needs. Roche et al. (Roche et al., 2021) show that a close and stable relationship with caregivers can be an important part of a child's experience in residential care, while Riemersma et al. (2023) show that organizational factors and professional turnover are one of the aspects related to parenting instability.

The findings show that the child's need for a caregiver does not stop at meeting physical needs. The child also needs a figure who is relatively stable, trustworthy, and able to provide consistent emotional responses. When individual attention is limited, the child's experience can shift from simply "living with others" to the experience of feeling less cared for. This situation is important because the caregiver–child relationship is a central part of the quality of residential care. Pinheiro et al. (Pinheiro et al., 2024), through a systematic review, found that the quality of the relationship between staff and children is influenced by the child's characteristics, professional behavior and skills, organizational factors, as well as relational factors such as the intensity and length of time spent together. These findings are strengthened by a quantitative study of 249 adolescents in residential care which shows a relationship between the quality of affective relationships with caregivers, self-efficacy, and expectations for the future. Thus, the caregiver figure not only has a supervisory function, but can also be a source of relational experience that supports the development of self-confidence and children's future orientation.

These findings also strengthen Bronfenbrenner's developmental ecological theory. Children do not develop in a psychological space separate from their environment, but through continuous interaction with the immediate environment. Caregivers and peers are part of the microenvironment that is directly present in children's daily lives. Therefore, the quality of social relationships can be understood as part of the developmental process, not just the background of research. This ecological perspective is supported by Garcia-Molsosa et al. (2021), who found that the development of children's education in residential care involves factors at several levels, ranging from the characteristics of the child, family, parenting, school, to social structure. This means that children's experiences are not properly understood only through personal character, because the environment in which children live their daily lives also shapes opportunities and obstacles to their development.

An ecological perspective also helps explain why caregiver turnover is a more complex issue than just a caregiver change. Each change means a change in one of the elements of the child's microenvironment. Children need to rerecognize the caregiver's character, understand new communication patterns, adjust to rules, and rebuild trust. If these changes occur repeatedly, the process of building stable relationships can become more difficult. Riemersma et al. (2023), through a scoping review of 15 studies, found that dynamic factors such as staff competence and professional turnover are organizational factors related to placement instability. These findings do not mean that any change of caregiver will result in negative psychological impacts, but they do show the importance of continuity and stability in the parenting system.

At the same time, relationships between children show an ambivalent character. Living together allows children to learn to share, cooperate, communicate, and build friendships. However, limited resources can also lead to conflicts. One example found relates to the distribution of food, when a

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child feels that he does not get a share and then cries. Although the conflict does not develop into violence, the event shows that collective life can present small competitions that affect children's emotional experiences. These findings should not be read as evidence that relationships between children are negative, but as an illustration that peer interaction is a social learning space that contains both opportunities and challenges.

These findings are in line with Cameron-Mathiassen et al. (2022), who found that peer relationships in residential care have two sides: they can be a source of friendship and support, but they can also be a source of stress when peer groups develop negative interaction patterns. Roche et al. (2021) even showed that children in residential care can form very close relationships with peers and make the orphanage community part of their social network. Therefore, the presence of many peers does not automatically mean that the child's social environment is healthy. What is more important is how those relationships are managed so that individual differences, conflicts, and needs can be resolved through communication and social learning.

Children's Sense of Security, Hearing, and Confidence

One of the experiences seen during the interview process is that most children show shyness and reluctance to speak up. These findings are not enough to state that the child has a confidence disorder or a specific mental health problem. Qualitative research has no basis for providing a clinical diagnosis based solely on behavior during the interview. However, shame and limitations in revealing experiences can be read as important findings about children's need for safe and non-judgmental communication spaces. This approach is in line with the principle of child participation which places children's voices as an important part of understanding their own lives.

This condition becomes increasingly relevant when associated with the concept *of self-disclosure*. Children need social relationships that allow them to convey their experiences, needs, and feelings without fear of rejection. Akbar Nur Aziz et al. (2023) study of adolescents in orphanages in Yogyakarta shows that *self-disclosure* is related to mental health, although the study also shows that other factors such as parenting, environment, *self-compassion*, and education play a role. The findings reinforce the interpretation that opportunities to speak up and feel heard are an important part of the parenting environment.

The perspective of child participation provides additional depth to these findings. McPherson et al. (2021), through a systematic scoping review, show that children's participation in residential care does not simply provide an opportunity to "speak", but requires a safe space, adequate information, an opportunity to express their views, and an adult response that shows that the child's voice is truly considered. McCafferty and Mercado García (2024) through an umbrella review also found that children's voices are often not taken seriously, while the quality of relationships and the context of participation are important factors in determining whether participation can take place meaningfully. Therefore, the hesitation that arises in interviews can be seen as a reminder that the communication environment needs to be built gradually, not as an individual weakness of the child.

Therefore, the condition of children who appear quiet should not be immediately understood as a personal weakness. These behaviors can be influenced by the context of interaction. Children who are not used to talking to adults who are not their caregivers, for example, need time to build trust. This experience also shows that the quality of the interview process is greatly influenced by the relationship between researchers and participants. In the context of children's research, a safe atmosphere and age-appropriate communication are important so that children's voices are not closed by the position of adults. This principle is also consistent with research on children's participation in the welfare system which shows that interpersonal relationships and the context of participation determine the extent to which children can meaningfully express their views (McCafferty & Mercado Garcia, 2024).

Facilities of Orphanages and Child Development Rooms

The findings of the study further show that there is an imbalance between the basic facilities available and the facilities that support children's development. The orphanage has provided

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bedrooms, television rooms, and children's educational needs. However, limited land has led to the lack of adequate libraries, prayer rooms, play areas, and sports facilities. Bedrooms are also shared by about three to five children. These conditions show that the physical environment of the orphanage has a broader function than just providing a place to live. The physical space determines what activities can be done, how children interact, and how wide their opportunities are for learning and recreation.

These conditions need to be understood more broadly than just the issue of the completeness of facilities. Physical space is part of the environment where children live most of their lives. Children study in a certain space, rest in a certain room, interact with friends in a certain room, and carry out religious activities by utilizing the available space. Therefore, the quality of space indirectly determines the type of experience that children can have. The study by Anglin and Henderson (2024) reminds that the quality of residential care is not solely determined by the form of the institution, but by the quality of the experience provided to children. Facilities are one part of these qualities because the available environment needs to allow children to gain experiences that suit their developmental needs.

The World Health Organization (2022) places environmental conditions as part of the context that needs to be considered in efforts to improve mental health. Mental health approaches are not sufficiently individual-oriented, but they also need to pay attention to the environment that shapes daily life. This perspective is relevant to the condition of the orphanage because the classroom, bedroom, playground, sanitation facilities, and social environment are all part of a child's life experience. The WHO (2022) explicitly emphasizes the need to form an environment that supports mental health, rather than just responding when problems have arisen.

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Religious Facilities and Religious Formation

The absence of a special prayer room is also an important finding because this study not only discusses mental health, but also the development of religion. In the context of Islamic education, the physical environment has a pedagogical function. The worship room is not only a place to carry out prayers, but can also be a space for habituation, example, interaction, and internalization of values. A

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consistent religious environment can provide a structure for children to connect religious knowledge with daily life practices.

However, it is incorrect to conclude that the absence of prayer rooms directly causes low religious diversity of children. Research data do not show such causal relationships. A stronger finding is that the limitations of facilities create less than optimal conditions for the formation of an environment-based religious routine. This means that children's religious development depends not only on the child's ability to understand religious teachings, but also on the opportunities available to them to practice these values consistently.

Findings on spirituality in the lives of orphanage children also show that the religious dimension can be related to meaningful experiences. Islamia (2023), through a study of 75 adolescents in orphanages, found a positive relationship between spirituality and the meaning of life. The findings provide a perspective that religion or spirituality can be one of the sources of meaning for children who live life in an alternative parenting environment. Roche et al. (2021) also found that spirituality is one of the sources of support mentioned by children in their experiences in residential care.

This is in line with the theory of fitrah which is one of the cornerstones of research. Fitrah can be understood as a basic human potential that requires maintenance and direction through education and the environment. In the context of orphanage children, religious development is not enough to be carried out through the transfer of religious knowledge. Religious nature needs to be maintained through the example of caregivers, worship habits, good social relations, and an environment that provides a positive experience with religion. Therefore, religious facilities need to be placed as one of the supporting components, not as a single factor that determines the development of religion.

Recent research on religiosity in orphanage adolescents also shows that religiosity can be related to other developmental dimensions. Putri et al. (2025), for example, examined religiosity and academic persistence in adolescents in orphanages and placed religiosity as one of the relevant aspects in dealing with academic challenges. The findings broaden the understanding that fostering religiosity should not be separated from children's education, motivation, and future orientation.

From Religious Activities to Internalization of Values

The results of the interviews also show that there are deeper problems than just the regularity of participating in religious activities. Some children still violate rules such as not carrying out picketing according to schedule. Their response to sanctions also shows that material consequences, such as losing pocket money, are easier to understand and fear than sanctions oriented towards religious learning such as writing or memorizing the Qur'an.

These findings show that there is a possible distance between religious activities and the internalization of religious values. Children can memorize surahs, participate in recitation activities, and know religious rules, but this knowledge is not necessarily automatically the basis for consideration when they make daily decisions. The development of religion therefore needs to be seen as an internalization process that requires habituation, dialogue, example, moral experience, and environmental consistency.

From the perspective of Islamic education, this situation shows that the success of religious training is not sufficiently judged by the child's ability to memorize religious materials. A more substantive question is whether these values are beginning to be reflected in the way children treat friends, carry out responsibilities, adhere to agreements, and understand the moral consequences of their actions. Rochanah et al. (2022), in a study on the formation of religious character in orphanage children, show the importance of religious activities and habits in building character. The findings support the idea that religious education requires an iterative and contextual process.

The findings of the research of Muttaqin et al. (2023) also provide support for the importance of the dimensions of parenting and religious maturity in the lives of orphanage adolescents. The study of adolescents from several orphanages shows the relevance of parenting patterns and religious maturity in understanding psychosocial development. Although the study uses different quantitative

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and population approaches, the findings are relevant as a comparison that parenting patterns and religious development are two aspects that deserve attention at the same time.

This tendency can also be read through the findings of Islamia (2023) regarding the relationship between spirituality and the meaning of life. Meaningful religiosity is not only a matter of the frequency of religious activities, but also how religion becomes a source of orientation and meaning of life. Therefore, fostering religiosity in the orphanage needs to provide opportunities for children to understand *why* a value is done, not just *what* should be done. This approach can strengthen the shift from external obedience to more internal moral awareness.

Mental Health: Not Just Existing or No Disorder

Findings regarding mental health need to be placed carefully. Children show shyness, hesitation, discomfort in certain conditions, and there are behaviors that easily follow negative habits from the outside environment. However, these data cannot be used to state that children have certain mental disorders. This study did not use clinical diagnosis instruments and was not designed to make a diagnosis.

A more appropriate approach is to see mental health as an experience of well-being formed through children's interactions with the environment. WHO (2022) emphasizes that mental health is broader than the absence of disorders and is related to well-being, functional ability, and environmental conditions that shape a person's life. With this perspective, a sense of security, comfort, opportunities to speak, social connections, meaningful activities, and opportunities to develop potential are part of the discussion of mental health.

The context of children in residential care also needs special attention. Westlake et al. (2023), through a systematic review and meta-analysis of 21 studies with a total of 4,287 children, adolescents, and young adults, found high levels of symptoms or indications of mental health problems in the population of children in residential care. The study reported an estimated 46% of children showing symptoms that indicate a possible mental health problem, despite the large heterogeneity between studies. These figures are findings of different study populations and cannot be used to generalize the conditions of the ten children in this study.

Research in Indonesia also shows that the mental health of orphanage children is an issue that needs attention. Paotiana et al. (2024), for example, conducted a preliminary study on children living in an orphanage in Semarang and found symptoms of anxiety and depression in some participants. Hidayat et al. (2024) also reported variations in the level of psychological well-being in adolescents living in orphanages in Garut. The two studies cannot be used as a basis for diagnosing the participants in this study, but provide context that children's psychological experiences in residential care are areas that deserve scientific attention.

The findings should not be used to generalize that the children in this study had mental health problems. Rather, they reinforce the reasons why children's psychological experiences in residential care need to be taken seriously. This study provides a contextual picture of how the child's social and physical environment is perceived, while quantitative research and systematic reviews provide a broader picture of population conditions. The two types of evidence have different functions and should not be interchangeable.

The literature on interventions also suggests that mental health support for children in alternative parenting needs to be developed contextually. Trubey et al. (2024), through systematic review and meta-analysis, found that mental health and well-being interventions in children who have experienced alternative parenting may provide certain benefits, although the effects vary and the need for ongoing support remains. Miguel et al. (2024) also suggest that mental health interventions in residential youth care still need to develop stronger evidence. The findings reinforce the importance of preventive and supportive approaches that do not wait until severe psychological problems arise.

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These findings are also conceptually important for the theory of fitrah. Children still have the potential to develop, learn, build relationships, and develop their religious life. The environment does not create this potential out of nothing, but can provide conditions that help this potential grow or limit its opportunities for actualization. Therefore, research on orphanage children needs to avoid a deficit perspective that only looks for shortcomings and ignores children's adaptive abilities.

This condition is also related to future orientation. Affective relationships with caregivers can be related to self-efficacy and future expectations as found in adolescents in residential care. This means that when children gain supportive relational experiences, the formation of a picture of the future can also become more possible. The findings of children who are able to continue their education to college are therefore important to read as evidence that the orphanage environment can also be a space for educational mobility and aspiration development.

Supporting Activities as a Space for Positive Interaction

Additional activities carried out by researchers in the form of inspirational stories, motivation, educational games, and Qur'an verses provide an interaction experience that is different from formal interviews. These activities make the research process more fluid and provide opportunities for children to communicate through activities that are more in accordance with their characteristics.

Connecting verses, for example, can be a fun activity while showing how Qur'an learning can be packaged in a participatory manner. However, these activities should not be used as a basis for concluding improvements in memorization, religiosity, or mental health because this study did not use experimental design or before-after measurements.

The main value of these activities lies in their relational function. Inspirational stories can open conversations about expectations and life experiences; educational games can reduce the distance between researchers and children; while religious activities can become a more natural communication space. Thus, supporting activities can be understood as part of the creation of *relational safety*, not as a therapeutic intervention.

This perspective is also in line with the literature that places relationships as an important mechanism in supporting children's resilience in residential care. Parry et al. (2023) emphasize the importance of experiences of affection, trust, self-worth, expectations, and school involvement in the development of resilience. Thus, simple activities can have social meaning if they are able to create opportunities for children to interact, gain success experiences, and feel valued.

The findings also have practical implications for orphanages. Simple activities that do not require expensive facilities can be developed as part of the parenting routine, as long as they are done consistently, not forcefully, and according to the child's age. Group activities such as educational

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games, simple sports, discussions, stories, and learning the Qur'an can also be a space for social interaction and character building.

Synthesis: Parenting Ecosystem as the Key to Child Development

If all findings are read in an integrated manner, this study shows that the social environment, facilities, mental health, and religious development are interrelated dimensions in the lives of orphanage children. Limitations in facilities do not stand alone because they can affect children's opportunities to play, learn, worship, and interact. Similarly, limited individual attention is not only related to caregiver relationships, but can be related to children's experiences of their sense of security and meaning in the orphanage environment.

The developmental ecological framework helps explain these relationships. Children are in a system consisting of interpersonal relationships, institutional rules, physical facilities, educational activities, and cultural-religious values. Changes in one element can change a child's experience of another. Therefore, improving children's welfare is not enough to be done through a stand-alone program. The findings of Garcia-Molsosa et al. (2021) show that children's educational experience in residential care alone involves more than 60 factors at various levels. These findings show the complexity of the ecosystem that surrounds children.

At this point, the theory of mental health determinants and the theory of nature can be brought together. The perspective of mental health determinants emphasizes the importance of social and environmental conditions in shaping well-being, while the perspective of nature provides a normative basis that children have basic potential that needs to be maintained through the educational and nurturing environment. Both result in an understanding that children are subjects who have potential, while the environment is a context that determines the extent to which this potential has room to develop.

The findings of the study also show that the problem of orphanages is not appropriate to be solved by simply adding facilities or simply by increasing religious activities. Good facilities without warm parenting relationships may not be enough; good parenting without proper learning and play spaces also has limitations; while religious coaching without example and internalization of values risks stopping at routine. Anglin and Henderson (2024) emphasize that the quality of residential parenting mainly lies in the quality of the experience and relationships built, not only in the form of the institution.

Therefore, a more integrative approach is needed. Strengthening the quality of parenting needs to be directed at the stability of the relationship between children and caregivers, empathetic communication, conflict resolution skills, and giving children opportunities to express their opinions. Improving facilities can be prioritized in learning rooms, sports and recreation facilities, comfortable sleeping environments, and worship rooms that support habituation. Religious development needs to move from just memorization and obedience to rules to the meaning of values, examples, reflection, and application in daily life.

These implications are reinforced by McPherson et al. (2021) and McCafferty and Mercado García (2024), who show that children's participation requires space, voice, serious listeners, and supportive relational contexts. This means that it is not enough for children to be given a program; they also need to be involved in the process of determining the activities and needs of the environment in which they live. This principle is particularly relevant to the finding that almost all children love sports but do not have adequate sports facilities. Children's aspirations can be an important source of information in determining the priorities of facility development.

Educational aspects also need to be considered in strengthening the orphanage ecosystem. Garcia-Molsosa et al. (2021) show that caregiver involvement, educational expectations, peer relationships, and adjustments to placement are related to a child's educational experience. Marion et al. (2024) also show that school change can be a disruptive experience for children in residential care, while continuity, relational support, and children's involvement in decision-making can help the

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adaptation process. Although this study did not find the issue of school mobility as the main finding, the perspective reinforces the importance of continuity between the orphanage and the school.

At the same point, the social environment needs to be seen as a resource for development, not just as a context of risk. Roche et al. (2021) show that children in residential care can build strong relationships with caregivers, peers, family, and the nursing home community. Pinheiro et al. (2022) and Parry et al. (2023) also show the importance of protective and relational factors in building resilience. Thus, orphanage policies should not only be directed at reducing problems, but also strengthening relationships that are already a source of support for children.

The WHO's mental health approach also emphasizes the importance of changing the environment that affects mental health, rather than just responding after the problem arises (WHO, 2022). The findings have direct relevance to the conditions of the orphanage. Prevention can be done through a more communicative environment, meaningful activities, developmentally supportive facilities, stable caregiver relationships, and spaces for child participation. Such strategies do not replace professional services when needed, but can be part of a promotive and preventive environment.

Thus, the main findings of this study can be formulated not as a claim that the social environment and orphanage facilities cause mental health problems or low religious diversity of children, but that both are an important part of the child's experience ecosystem. The quality of relationships with caregivers and peers, the availability of space and facilities, opportunities for activities, and the consistency of religious value development are present simultaneously in shaping children's daily experiences.

These findings also contribute to the understanding of orphanage children from a more complete perspective. Children should not be seen only as recipients of assistance or vulnerable groups, but as individuals with psychological, social, educational, physical, and spiritual needs. The ideal orphanage environment is not only an environment that is able to meet basic needs, but an environment that allows children to feel safe, have meaningful relationships, be heard, learn, play, worship, and develop hope for their future.

In the end, the mental health and religious development of orphanage children needs to be understood as a process that takes place in daily life. The relationship between parenting, facilities, education, social activities, and religious guidance is not a component that runs alone. Overall, it forms a parenting ecosystem that can open or limit the space for children's development. This perspective is an important finding of the research: children's well-being is not only built from within the child, but also through the quality of the environment in which he lives, learns, relates, and finds the meaning of life.

4. CONCLUSION

This study shows that the life of foster children in orphanages is a multidimensional experience shaped by the interaction between the social environment, facilities, mental health, and religious development. The orphanage has met basic needs, education, and religious development, but there are still limitations in individual attention, stability of caregiver relationships, sports facilities, learning rooms, play rooms, and worship rooms. These conditions do not directly indicate the existence of psychological disorders or low religious diversity, but show a context that can affect the quality of experience and opportunities for children's development.

The relationship between caregivers and peers is an important part of building a child's sense of security, comfort, and adaptability. The shyness and hesitation found during interactions are more accurately understood as a need for a safe communication space than as an indication of a lack of confidence. In the aspect of religion, children have acquired various religious activities, but these activities have not always transformed into the internalization of values in daily behavior. These findings affirm the importance of examples, habituation, value dialogue, and consistent parenting relationships.

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Conceptually, this study shows that children's mental health and religious development cannot be separated from the ecosystem in which they live. Ecological perspectives and nature theory both place the environment as an important space for the actualization of children's potential. Therefore, improving the quality of parenting needs needs to move beyond the fulfillment of basic needs towards strengthening stable relationships, responsive communication, child participation, developmental facilities, meaningful activities, and religious coaching that emphasizes the internalization of values. In the end, foster children not only need to be protected from risks, but also need to be given space to develop. A supportive orphanage environment is an environment that allows children to feel safe, heard, appreciated, learn, play, worship, build meaningful relationships, and develop hope for the future.

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