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Behavioral and Emotional Problems among Institutionalized Orphans Children

Nora Abdel Hakeem*1, Omaima Abu Bakr*2, Mona Hassan*2.

1- Psychiatric Mental Health Nursing, Sohag University, 2Psychiatric Mental Health Nursing, Ain-Shams University

Abstract

Aim; this study aimed to assess behavioral and emotional problems among institutionalized orphans' children. **Desig**n; an exploratory descriptive research design. **Subjects;** A convenient sample of sixty orphans was selected. **Setting**, this study was carried out at four Orphanages at Sohag and Assuit city .**Tools of data collection,** data were collected using: An interviewing Questionnaire to collect data about behavioral and emotional problems. Children behavioral and emotional disorders scale. Children Depression Inventory Scale. Children Aggression behavior Scale. Perceived Stress Scale. **Results**: The result of this study showed that there were a positive significant correlation between hyperactivity and school administrative, also there was positive significant correlation between behavioral and emotional disorders and school administrative. **Conclusion:** The study concluded that Orphans children had behavioral and emotional problems. **Recommendation**: The study recommended further research to develop and establish official system to address the Orphans problems in the community and enhance Social Support Services

Key words: behavioral problems- emotional problems – institutionalized- orphans.

Introduction

Losing a parent or both is a double tragedy to children. Not only do they have to deal with the experience of loss and grief associated with parental loss, but also the additional stressors that arise after the parent's death ***(Nabunya& Ssewamala, 2014).*** Compared to non-orphans, the term orphan defined as a child under age of 18 years who lost one or both parents resulted from death from any cause ***(Hermenau et al., 2015).*** Orphans are more exposed to malnutrition, poor physical and mental health; educational disadvantages and exploitation for child labour ***(Sherr et al., 2008).***

Children who are considered to be vulnerable are those outside of protective

family care, whether living on the streets or in institutions, or exploited at work (***Bader, 2012).*** Some children are pushed out of their homes or are abandoned by their parents due to poverty, abuse, or failure in education while others choose to separate from their parents specifically around the phase in which they transit to adulthood ***(Megahead & Cesario, 2008).***

In general, family- based alternative care is considered a success when it is durable and is contributing effectively on child's development ***(Allison et al., 2012).*** Orphaned, abandoned, and maltreated children pose problems for societies throughout the world. Although the actual number of children in residential institutions is impossible to gauge accurately, estimates had ranged from 2, 000, 000 to more than 8, 000, 000***(Dozier et al., 2012).***

In Egypt, the behavioral disturbances prevalence was 64.53% among those in institutional care. The orphans in orphanage institutions take more risks, have more threats, and have poorer peer influences. The orphanage homes provide shelter, nourishment, education, clothes and vocational training for living as better human being. Children are brought to the orphanage for one of three reasons: First, the parents had abandoned them ***(Khamis, 2013).*** Second, the parents have had their parental rights removed by the state because they are in prison, are drug abusers, or abused the child and thirds; the children who have died parent(s) ***(Saboula et al., 2015).***

Psychiatric mental health nurse serve as consultants in the sound prevention program development; so, she can play an important roles in the orphanage children care. The nursing aim is directed toward preventing and protecting the right of these children. They generally need more frequent visits and monitoring of signs or symptoms of physical abuse, neglect, or /and sexually transmitted diseases, in addition to prompt referrals for more complete evaluation ***(ANA, 2010)***.

Aim of the study

The aim of the study is to assess the behavioral and emotional problem among institutionalized orphan children.

Research Question:

What are the behavioral and emotional problems among institutionalized orphan children?

Subjects and Methods:

Research design:

An exploratory descriptive design was used to achieve the aim of this study and answer the research question.

Research setting:

This study was conducted at 2 Orphanages at Sohag and 2 orphanages at Assuit city, four orphanages namely Dar

Shahid, Women Association at Sohag city, Dar El Safa, Dar El Shima at Assuit city. The selection of these orphanages for the study due to these Orphanages are governmental orphanages and include orphan children who matched with the criteria of selected sample.

Subjects:

The sample of this study include all institutionalized school age range (6-12 years) children who are separated from their parents and live in the previously mentioned setting were included in the study

Boys n=20 and Girls n=40.

Tools of the study:

Tool1:

An interviewing questionnaire:

The semi-structure questionnaire interview was designed and written in an Arabic language by the researcher based on related literature review. Interviewing questionnaire include three parts**;** Socio-demographic data**,** history of child in institution, information about effect of institutionalized of child in orphanage.

Tool II:

Children Behavioral and Emotional Disorder Scale:

It was adopted by***Baza,(2010)***to assess behavioral and emotional disorders among children. This scale consisted of 6 dimensions. Each one of them included three sub items. These dimensions included behavioral disorders, depression, thinking disturbance, hyperactivity, emotional withdrawal. The total score ranges from 1 to 108 for the whole scale. The scale scores: Low, 1-36, mild, 37-54, moderate, 55-72, high, 73-90, severe, 91-108.

Tool III:

Children Depression Inventory (CDI):

Is a self –rated 27 items scale assessing affective, cognitive, motivational and somatic symptoms of the symptoms of depression. Individual item score ranged from 0 to 2 with higher indicating more severe symptoms (total range 0-52). The scale scores: low 0-18, moderate 19-36 and severe high more than 36.

The depression scale addresses behavior such as sadness, pessimistic, wrong action and lack of interests.

Tool IV:

Children Aggression Behavior Scale:

It was adopted by***Baza, (2015).***To assess aggressive behavior of children. It consisted of (42) statements to measure all aspects of children aggression behavior (physical, verbal, and hostility). Individual score ranged from 1 to 4. The scale scores: mild 1-42, moderate 43-84 and severe 85-168.

Tool V:

Perceived Stress Scale (PSS):

It was originally designed by ***Cohen et al (1983),*** and translated to Arabic language by the researcher. It measure stress among children. This scale consists of ten questions, each question has four answers, the child chooses one of them, then children's responses were classified into either never (scored 0), almost never (scored 1), sometimes (scored 2), fairly often (scored 3), very often (scored 4).

The PSS included 6 positive statements and 4 negative statements. Positive statements are no: 1, 2, 3, 6, 9, 10 and negative statements are no:4, 5, 7, 8. the total score ranged from (0-40), where a high score indicates more stress.

Procedure:

The official approval was obtained from social affairs in Sohag and Assuit for acceptance to collect data from mentioned institutions. Furthermore, more formal permission obtained from the identified settings to collect the necessary data. The pilot study was carried out on 6 children fulfilling the selected criteria, they represent 10% of total sample and was excluded later from the study sample. The purpose of the pilot study was to test the clarity of the different items of the tools when obtaining the required information. Results of the pilot study helped to make such modification of the tools. The tools were revised, redesigned and rewritten with objectives of improving its accuracy and consistency and the final forms of the tools were obtained.

Data collection:

The actual fieldwork for the process of data collection lasted for about six months starting from the beginning of April 2017 until end of October 2017. Data were collected in two days per week average 2-3 orphan children a day. The researcher conducted an interview with children on Friday and on Saturday per week as this is weekend for children from school. The researcher interviewed each child individually after taking oral consent, the researcher started with ice breaking open friendly discussion to gain his/her trust. Then the researcher explained the aim of the study and asked her/his questions in a simple Arabic language. Each interview lasted for 1-1.30 hours to fill the four mentioned tools for each one. Every half an hour they took 10 minutes break. It was not easy to gain the children trust and it took time till they get used to the researcher. Then the researcher conducted an interview with caregivers or supervisors of orphanages to fill the behavioral and emotional disorders scale. The caregivers who stay and observe children for long time are suitable persons who describe behaviors and emotions of children. The researcher conducted an interview with children and supervisors in different settings according to orphanages facilities e.g.: Library, manger room and social worker room.

Confidentiality of any obtained information was assured, and orphan children were informed about their right to participate or not in the study. The participants were also assured about anonymity, and that data will only be used for the purpose of the study.

Statistical Design:

The collected data were organized, analyzed using appropriate statistical significant tests. The data were collected and coded. Using the Computer Statistical Package for Social Science (SPSS), version 21, did the statistical analysis of data. Data were presented using descriptive statistics in the form of frequencies distribution, percentages, mean, and standard deviation. Chi square test was used to compare the frequencies and relation between study variables.

Results

Table (1): revealed that, the mean age of studied Orphans children was (9.7±11.5) years. Half of studied orphans children (50%) aged 10-12 years old, more than two third of studied orphan children (66.7%) were girls, (33.3%) of them were primary five and (30.0%) of them did not know their order between sibling

Table (1): Socio-demographic Characteristics of Studied Orphans Children (n=60)

Variables	Total number=60	
	No	%
Age (in years):		
6≤8	10	16.7
8≤10	20	33.3
10-12	30	50.0
Mean ±SD	9.7±11.5 (years)	
Sex		
Boy	20	33.3
Girl	40	66.7
Educational Level:		
Primary one	2	3.3
Primary two	8	13.3
Primary three	13	21.7
Primary four	7	11.7
Primary five	20	33.3
Primary Six	10	16.7
Ranking between siblings:		
First	16	26.7
Second	13	21.7
Third	10	16.7
Fourth and more	3	5.0
Unknown	18	30.0
Having Siblings:		
Yes	29	48.3
No	31	51.7
Number of Siblings:		
1-2	15	25
3-4	9	15
5-6	3	5
More than6	2	3.3

Table (2) :revealed that, more than two third of studied Orphans children (70%) went to hostel institution by their families. Regarding causes of stay in hostel institution, slightly less than one third of them (30.0%) were illegitimate causes. In addition, half of orphans' children (50.0%) aged one to less than five years at time of admission. Concerning duration of parental deprivation, more than two third of them (68.3%) deprived from parents from six to twelve years.

Table (2): Distribution of the studied Orphans children according to their history in hostel institution (n=60).

Variables	Total number (60)	
	No	%
Child's Age at time of admission (in years):		
1≤5	37	61.7
5≤10	23	38.3
Mean ±SD	18.83±4.4	
Duration of Parental deprivation(in years):		
≤6	19	31.7
6-12	41	68.3
Mean ± SD	21.62±7.1	
Duration of stay in hostel institution (by years):		
1≤ 5	20	33.3
5≤ 10	30	50.0
≥10	10	16.7
Mean ± SD	18.98±4.16	
Type of admission:		
Family	42	70.0
Police	18	30.0
Causes of Staying in hostel institution:		
Death of Parents	14	23.3
Death of Father	13	21.7
Death of Mother	6	10.0
Broken families	9	15.0
Illegal	18	30.0

Table (3): clarified that, more than half of orphan children had low degree of behavioral disorders and all of orphan children (100.0%) had low degree of anxiety.

Table (3): Distribution of the behavioral and emotional disorders among the studied orphan children (n=60).

Behavioral and Emotional Disorders level	Low		Mild		Moderate		High		Sever	
	N	%	N	%	N	%	N	%	N	%
Behavioral disorders	36	60.0	17	28.3	4	6.7	3	5.0	0	0.0
Depression	46	76.7	12	20.0	2	3.3	0	0.0	0	0.0
Thinking disturbance	60	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Hyperactivity	49	81.7	9	15.0	2	3.3	0	0.0	0	0.0
Emotional withdrawal	45	75.0	13	21.7	2	3.3	0	0.0	0	0.0
Anxiety	60	100.0	0	0.0	0	0.0	0	0.0	0	0.0

Table (4): showed that, two third of the studied orphan children (66.7%) were having physical aggression, while less than one-sixth of the studied orphans (8.3%) were having hostility.

Table (4): Distribution of the studied orphan children according to their type of aggression (n=60):

Aggression Type	Total number=60	
	No	%
Verbal aggression	15	25.0
Physical aggression	40	66.7
Hostility	5	8.3

Table (5): showed that, half of studied orphan children (50.0%) were having mild depression, while less than one sixth of them were having severe depression.

Table (5): Distribution of the studied orphan children according to their depressionlevel**:**

Depression Level	Total number=60	
	No	%
Non depression	8	13.3
Mild depression	30	50.0
Moderate depression	18	30.0
Severe depression	4	6.7

Table (6): revealed that, two thirds of orphan children (66.7%) were having moderate stress. While less than one sixth of them (1.7%) were having high stress.

Table (6): Distribution of the studied orphans' children according to their stress level.

Stress Level	Total number=60	
	No	%
Low Stress	19	31.7
Moderate Stress	40	66.7
High Stress	1	1.7

Discussion

Orphan and vulnerable children are one of the most serious socio-economic and developmental challenge victims in developing countries. Orphan-hood is frequently accompanied with multidimensional problems; common reaction of children to the death of a parents include depression, hopelessness, suicidal ideation, loneliness, anger, confusion, helplessness, anxiety and fear of being alone that can further jeopardize children's prospect. ***(Assefa, 2015)***

As regards to socio-demographic characteristics of the studied orphan children. The present study revealed that, half of children were at age group ranged between 10-12 years, the mean of their age was 9.7 ±11.5. Followed, one third had age ranged between 8≤10 years. While one-sixth of them were age ranged between 6≤8 years.

This finding consistent with ***El Ebiary et al. (2010)*** who reported in their study the sample age ranged between (6-12) years and older children in institutionalization were in the age group 10-12 years.

Concerning the gender of the studied Orphan children results revealed that two third of the studied children were females. While the rest of them were boys. This result could be attributed to many factors, in our society especially in Upper Egypt there were discrimination between boys and girls where families preferred boys than girls so the girls were sent to institution and boys stayed at home. Also the female orphans represented a great burden and a lot of responsibility for their family and require a lot of care and attention so their family preferred keeping the girls in institution to stay at another relative's house after losing their parents. At same time the male orphans flee from institution due to harsh supervision and they did not obey rules of institution. These finding are consistent with ***Musisi et al. (2007)*** and ***Saboula et al. (2015)*** whose mentioned that two third of the studied children were female. This result are in disagreement with those of study performed by ***Husseinet*****al. (2015**) who reported that male orphans were more than female orphans.

Concerning the orphans' educational level, the present study revealed that one third of the orphan children were in the fifth grade. This finding is supported by ***Hussein et al., (2015)*** who revealed that the education level of the orphan children was primary education. This result is not supported by ***Saboula et al., (2015)*** who revealed that higher percent of the orphan children were in the secondary school.

The current study showed that nearly one third of orphan children did not know their rank among their siblings. This result may be due to nearly one third of them were illegitimate. This finding is incongruent with ***ELEbiary et al., (2010)*** who revealed that the main cause of institutionalization was the illegitimate children.

Based on the results on the present study; slightly less than half of orphan children did not have siblings. This result may be due to more than one third of them were illegitimate children and other orphans didn't have siblings.

Accordingly, the age of the orphan children at the time of their placement in hostel institution, it was revealed that less than two thirds of the orphan children

were aged from one to less than five years at the time of admission. This finding is the consistent with ***Hussein et al., (2015)*** who revealed that the duration of the orphan's stay in the orphanage was between 3-7 years. This result is not consistent with ***El Hamid, (2013)***who mentioned that more than half of children were aged five to less than ten years at the time of admission.

Concerning the duration of the parental deprivation, finding of this study showed that slightly less than two thirds of orphan children were from 6 to 12 years duration of parental deprivation. This finding consistent with ***Ali,(2011)*** who found that orphans' duration of the parental deprivation was ranged more than five years.

The present study showed that more than two thirds of orphan children admitted the hostel institution by their family. As well as, the common causes of placement in the hostel institutions. As stated by slightly less than half of the orphan children were illegitimate children. This finding is supported *by* ***El Ebiary et al., (2010)*** who revealed that the main cause of institutionalization was illegitimate children. This due to the expense of marriage, the shortage of affordable housing, loss of ethical values and destruction of family boundaries.

Regarding the behavioral and emotional disorders, more than half of the studied orphan children had behavioral and emotional disorders, more than three quarters of the studied orphan children had hyperactivity and three quarters of them had emotional withdrawal. These findings could be due to the children living in the orphanage without their parents and the loss of the family atmosphere that leads to negative effect on the emotional and behavioral development of children aged from 6-12 years.

These findings are consistent with ***Lassi et al., (2011)***who reported that slightly more than half of the orphans had behavioral problems.

Also ***El Koumi et al., (2012)*** who revealed that more than two thirds of the studied orphans had behavioral problem, and the study conducted by ***Saboula et al., (2015)*** who revealed that most of the orphans children had emotional disorders.

In relation to the types of aggression, the current study found that two thirds of studied orphan children had physical aggression. This finding could be due to that those children have feeling of loneliness, insecurity and fear, so they expressed this feeling in violence, aggression and delinquency. This finding is consistent with ***El Hamid (2013)*** who demonstrate that the majority of the studied orphans had physical aggression. Also, ***Ali (2011)***who assess psycho-social profile of institutionalized children had similar findings also reported in Canada study of ***Stein et al., (2004).***

The present study stated that half of the studied orphan children had mild depression and slightly less than one third of them had moderate depression. This finding could be due to the separation, feeling of loss and anxiety related to many factors: The separation from one or both parents and their family, the emotional pain of being rejected and the psychological trauma related to the atmosphere of orphanages. So the children felt mistrust, insecurity and might be exposed to neglecting and abuse. Also the children in the foster care used denial as a coping mechanism to handle depression. ***Ibrahim et al., (2012)***. Furthermore, children in the foster care might had other psychological problems that are manifested as depression *Allen et al., (2000).* These finding are consistent with ***Ali, (2013)***also***Miller, (2005)*** who stated that, the separation and anxiety lead to depression. These finding disagree with ***Ibrahim et al.(2012)*** who reported that one-fifth of the orphans suffered from depression. Also ***Fawzy and Fouad, (2010)*** who showed that one fifth of the children had depression.

Concerning stress level, the current study revealed that two thirds of the studied orphan children were having moderate stress and slightly less than one third of them had low stress. This result due to sudden, traumatic and violent events resulting in the parents'death. This had negative impact on the orphan. This made them very vulnerable. Because they didn't have the emotional and physical maturity to address the emotional stress and psychological trauma associated with parental loss.

This result is consistent with the study performed by ***Sameena et al.,(2016)*** who revealed that one third of the orphans faced emotional stress during the conflict.

Based on the finding of the present study, it can be concluded that orphan children had behavioral and emotional disorders. Physical and verbal aggression was the most common problems among the studied orphans. More than half of them suffered from moderate depression, while two third of them suffered from moderate stress.

It can be recommended that:

- Future research should develop and establishing official system to address the orphans Problems in the community and enhancing Social support services.

- Liaison psychiatric nurses should be available in orphanages to assess the psychological status of orphans and help them effectively.

- Psychosocial counseling program can be designed and administered to orphan children to improve their behavioral and emotional problems.

- Orphanages must be provided with the recreational and social facilities that help the children to ventilate their energy in a healthy ways as (sports, music, drawing and needle work).

- Psychiatric surveillance for the children residing in orphanages must be available and continuous for early detection and treatment of psychiatric disorders.

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