

## **The Relation between Social Skills of Caregivers and Psycho-Social Problems among Orphans**

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**Abstract: Background:** Orphans in Egypt suffer psychologically when they are mistreated, given inadequate care, or placed in the care of unskilled caregivers. This influence, raising the possibility that orphans will develop psychopathology that persists into adulthood. **Purpose:** Assess the relation between social skills of caregivers and psycho-social problems among orphans at orphanages. **Design:** A descriptive correlational design was utilized. Setting: The study was conducted at five Orphans care centers in Shebin El-kom, Menoufia governorate, Egypt. **Sampling:** A consecutive sample of 85 orphans, 36 caregivers and 21 orphans' teachers were included. **Instruments:** Three instruments were used: 1) A structural interview questionnaire to assess socio-demographic characteristics of children, their teachers and caregivers. 2) Strengths and difficulties questionnaire teacher -version 3) Social skills inventory. **Results:** The highest percentage of the studied caregivers had moderate level of social skills (88.9%). Nearly two thirds of the studied orphans (60%) had abnormal level of conduct problems, about one quarter (23.5%) of the studied orphans had abnormal level of peer problems and 25.9% of studied orphans had abnormal level of prosocial problems. **Conclusion:** There was a statistically significant negative relation between total social skills of caregivers and total psychosocial problems of orphan children. Future research was recommended to assess other caregiver qualifications and psychological problems that impair provide proper care to orphans and contributing them to psychosocial problems.

**Keywords:** *Caregivers, Orphans, Psychosocial problems, Social skills.*

### **Introduction**

Being an orphan is not a choice; rather, it is a normal part of life. A child who has lost one or both parents by death, abandonment, or other circumstance

is referred to as an "orphan". An estimated 153 million children worldwide are orphans and 10,000 children become orphans every day. In

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Egypt, the number of orphans is around 1, 700, 000 orphan and most of them live in 30,000 orphanages (UNICIF, 2020). The rate of orphaned children in Egypt was increased due to poverty, inadequate resources, and wedlock births (Hoffman, 2019).

In the early stages of development, the child requires love, care, and protection of their parents because it is critical in determining how that child develops (Abdel Hakeem et al., 2018). Orphans require living environments that make them secure and promote their psychological well-being (Aaqib et al., 2024). Psychosocial wellbeing affects children's ability, intellectuality, productivity and social functionality. Post parental loss children experience sorrow, anxiety, depression, feelings of hopelessness, suicidal thoughts, lack of support and care. The trauma of losing parents can have adverse psychosocial effects on children like feelings of mistrust, inferiority, shame, guilt, insecurity, as well as inappropriate behavior e.g improper conduct. Children indulge in risky behavior like substance abuse, violent and delinquent behavior as coping mechanism for their psychosocial distress (Abdel-Rahma et al., 2022).

Orphan children typically raised in institutional homes established by private or the government agencies. Most orphans may be troubled by their new condition in the institution. Orphan children in Egypt face maltreatment and inadequate caregiving, and caregivers are unprepared and lack training for their role (Kalid et al, 2023). Orphans are

more vulnerable to psychopathology and social deficiencies that persist into adulthood as a result of this impact, which has both immediate and long-term effects (Aaqib et al., 2024).

Some children's personal characteristics have changed in the post-orphanage period. Some of them tend towards extreme isolation or extreme introversion. Some of them become very aggressive with a clear tendency to use force as the best way to solve problems or even reach an understanding in life. In addition, they are more vulnerable to experience behavioral and emotional problems such as conduct problems, peer relationship problems, hyperactivity and low prosocial behavior because they are exposed to abuse, exploitation, neglect, lack of love, lack of proper care by caregivers ( Anbar et al., 2023).

Caregivers are the most beneficial people in the lives of orphans, acting as mothers to them. Usually, they give health concerns more attention than interpersonal relationships. They spend most of their time feeding, changing, bathing, cleaning children, and preparing food rather than interacting with the children (Kaur et al., 2018). When caregivers carry out their caregiving duties, they probably do it in a cold, impersonal manner that shows little affection or attention to the unique emotional needs or exploring initiative of each kid. Therefore, experiences of negative caregiver-child interaction and lack of their training often resorts to coercive strategies which make them reliant on ineffective methods as a way to

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discipline or control children which causes delays in their physical, cognitive developmental, attachment and emotional maturity, as well as behavioral issues ( Abdel-Rahma et al., 2022).

The caregiver's social skills play a crucial role in providing effective care for orphans, as they contribute to improving the psychosocial well-being of these children. These skills encompass emotional and social expressivity, which are necessary to motivate and inspire the orphans. Furthermore, caregivers must possess emotional and social sensitivity skills to establish close interpersonal relationships and enhance the bond between them and orphans. Additionally, caregivers need to have control over their emotions, as they often have to regulate their expression, especially when dealing with negative emotions such as anger, anxiety, or fear. It is essential for caregivers to maintain a calm and composed demeanor during crises to handle stressful situations efficiently (Bornstein et al.,2022).

### **Significance of the study**

Every 22 seconds, a child is orphaned (UNICAIF,2020). Orphaned children face numerous challenges, including poverty, poor physical health, attachment disorders, neglect, abuse, and maltreatment, which make them more susceptible to psychosocial problems (Hidayah, 2023).As many as 45% of orphan children experience psychosocial problems (Isnaeni et al., 2021). The majority of orphans had abnormal conduct problems scores

(85%), followed by abnormal peer problems scores (65%), abnormal hyperactive scores (57%), abnormal emotional problems scores (25%) and abnormal prosocial scores (47.5%) (Ali & Rahman, 2023).

Psychosocial problems among orphan children influence their overall development, specifically academic and social outcome as adults. These problems, if undetected and identified factors contributing to and treating it, pose a threat to society as develop deviant person which result in the spread of many crimes ( Anbar et al., 2023).

Healthy management of psychosocial problems of orphan children is suggested through training caregivers in positive caregiving strategies that help in promoting positive caregiver–child relationships. Enhance caregivers' self-confidence help in handling challenging caregiving situations (Khalid et al., 2023). Therefore, social skills of caregivers are linked to orphan psychosocial problems and, this study was designed to examine the relation between social skills of caregivers and psycho-social problems among orphans at orphanages. This study is considered the newest one to link social skills of caregivers with psychosocial problems among orphans.

### **Purpose of the study**

Examine To assess the relation between social skills of caregivers and psycho-social problems among orphans at orphanages.

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**Research Questions:**

- 1) What are the social skills of caregivers?
- 2) What are the psycho-social problems among orphans?
- 3) What is the relationship between social skills of caregivers and psycho-social problems among orphans?

**Research design:**

A descriptive correlational design was employed in this study.

**Research setting:**

A random selection of one district out of ten districts in Menoufia Governorate was done. The researcher wrote the names of each district on separate pieces of paper, which were then placed in a bowl. One paper was selected through a random sampling process. The chosen district was Shebin ElKom District, which include five orphans care centers. It was included in this study: The first two of them were affiliated with the Red Crescent, namely Girls Education Foundation, Boys Education Foundation at Ezbet El-Malgaa. The other three institutions were affiliated to Women's Association for Health Improvement namely AL-Anwar AL-Mohamediaya, Education Foundation for boys and Dar AL-Hasan W AL-Hussin.

**Sampling: -**

A consecutive sample of caregivers (85), orphans (36) orphan teachers (21) who had the following inclusion

criteria; agree to participate in the study, provide care for orphans or deal with orphans (aged 6-18 year) for at least 6 months. They were distributed as the following: the Red Crescent Girls Education Foundation, (20 orphans, and 10 caregivers), the Red Crescent Boys Education Foundation, (22 orphans, and 5 caregivers). Boys education foundation (14 orphans, and 8 caregivers) , Dar Al-Hasan and Al-Hussin for boys education foundation (17 orphans, and 8 caregivers), Al-Anwar Al-Mohamediaya for boys (12 orphans, and 6 caregivers) which affiliated to the Women's Association for Health Improvement.

**Instruments of data collection:**

Three instruments were used for data collection:

**Instrument one Social characteristics Structural interview questionnaire**

It was developed by the researcher after reviewing the related literature (Elattar et al., 2019) . It consists of four parts:

- Part (1): Orphaned children socio-demographic data: It was designed to obtain demographic data of the studied orphans including age, gender, educational level, and name of school.
- Part (2): Child's history in institution: It was designed to obtain data about child age at time of admission, duration of stay and causes of admission.

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- Part (3): Orphans' teachers socio-demographic data: It was designed to obtain demographic data of the studied teachers such as age, gender, income, marital status,, educational qualification, occupational level, number of experience year and name of school work place .
- Part (4): Caregiver socio-demographic data: It was designed to obtain demographic data of the studied caregivers such as age, gender, income, marital status, educational level, educational qualification, and number of experience year.

**Instrument two Strengths and Difficulties Questionnaire (SDQ) teacher version**

This instrument was developed by Goodman (1997). It was utilized to assess emotional and behavioral problems. It was translated into Arabic and validated by the researcher. The SDQ version has been shown to have satisfactory psychometric properties to identify children with emotional and behavioral difficulties. It has a 25-items screening questionnaire. The items were divided into five subscales of five items they generate scores for emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviors. Each item was scored on a three-point scale (0-2) range from Not true (0), to certainly true (2) for all items except the questions of prosocial were reversal score.

**Scoring system:**

The total score was graded as the follows: Emotional symptoms score: normal (0-4), borderline (5) and abnormal (6-10). Conduct problems score; normal (0-2), borderline (3) and abnormal (4-10). Hyperactivity score: normal (0-5), borderline (6) and abnormal (7-10). Peer problems score: normal(0-3),borderline (4)and abnormal(5-10). Pro-social behavior score: normal(6-10),borderline(5)and abnormal(0-4),Total difficulties score :normal(0-11), borderline(12-15)and abnormal(16-40).

The reliability of the questionnaire was done using Cronbach Alpha reliability test and proved to be strongly reliable at 0.83 for the questionnaire and from 0.79 to 0.84 for each subscale.

**Instrument three: Social Skills Inventory**

The social skills inventory (SSI) was developed by Riggio, (1989). It assesses basic social skills that underline social competence. The Arabic tool instrument was developed by Samadoni, (1991). It included 90 items that assesses skills in emotional expression, emotional sensitivity, emotional control, social expressivity, social sensitivity, and social control dimension .Each dimension has 15 items answered on five- point scale from 1-5 with score of response (not at all like me (1),a little like me (2), like-me (3),very much like me (4),exactly like me (5) .

**Scoring system:**

The total score of social skills is collective,

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The degree of each dimension was ranged from 15 to 75, Mild level ranged from 90 -<210, moderate level from 210 -< 330, high level from 330 - 450 and the total score was 450 which measure skill proficiency. The reliability of the instrument was done using Cronbach alpha reliability test and proved to be strongly reliable at 0.85. It was 0.81 for emotional expressivity, 0.84 for emotional sensitivity, 0.86 for emotional control, 0.80 for social expressivity, 0.83 for social sensitivity, and 0.82 for social control which indicated that the instrument was reliable to detect the objectives of the study.

**Validity:**

Prior to implementation, a panel of five psychiatric nursing professionals evaluated the content validity of the data collecting instruments to ensure that the questions were relevant, well-covered, and easy to understand. The necessary adjustment was made as a result.

**Reliability:**

Reliability was estimated among 10 participants by using test- retest method with two weeks apart between them. Then Cronbach alpha reliability test was done through SPSS computer package. It was 0.83 for instrument two (strengths and difficulties questionnaire (SDQ) teacher version). Also, Cronbach alpha reliability test for social skills inventory was 0.85, which indicated that the two instruments were reliable to detect the objectives of the study.

**Ethical Consideration**

Firstly, acceptance was obtained from the scientific research ethics committee in the faculty of nursing Menoufia University (Approved number was 909 ) .Secondly, an official letter was addressed about the purpose of the study from the faculty of nursing, Menoufia University to the each administrator of the selected orphanages, seeking his cooperation and permission to perform the study. Thirdly, in writing consent was assumed from each participant in the study after justification of the purpose and significance of the study. Caregivers and orphan's teachers who met the inclusion criteria and consented to participate in the study were assured of confidentiality and anonymity. They were aware of their right to withdraw from the study freely at any time without any reason.

**Pilot study:**

A pilot study was done on 9 orphans and 4 caregivers (10% of the subject) to measure the applicability, feasibility, and clearness of instruments. Also, it was done to calculate the approximate time needed for interviewing orphans' teachers and caregivers. The subjects who participated in the pilot study were excluded from the actual study.

**Procedure**

Before starting any step in the study, an official letter was submitted from the dean of the faculty of nursing, Menoufia University to the directors of the social affairs directory after explaining the purpose of the study and

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methods of data collection to obtain their permission for data collection from the previously mentioned settings. Once the official permissions were obtained from the principal person and the other authorized personnel from the various settings the researcher started the data collection. All of the authorized personnel provided by the needed information about the study from the researcher. All caregivers and teachers who teach orphan in schools or in orphanages were asked to fill the questionnaires. Data collection was done through interviews with caregivers in orphanage and teachers in schools or orphanage. The researcher started to collect the data from caregivers two days/ per week and collected data from teachers in schools where orphans learn two days /per week. While orphan who not in schools or not attended in school, the researcher taken their data from the director of orphanage who deal with them as teacher or as adviser in life issues. Each interview lasted about one hour; the process of data collection took 5 months from the beginning of February to the end of June, 2023.

**Statistical Analysis:**

Data was entered and analyzed by using SPSS (Statistical Package for Social Science), version 22. Graphics were done using Excel program. Quantitative data were presented by mean (X) and standard deviation (SD). It was analyzed using student t test for comparison between two means, Qualitative data were presented in the form of frequency distribution tables,

number and percentage. It was analyzed by chi-square ( $\chi^2$ ) test (if an expected value of any cell in the table was less than 5), Fisher Exact test was used( if the table was 4 cells) , or Likelihood Ratio (LR) test (if the table was more than 4 cells). Level of significance was set as P value <0.05 for all significant tests.

**Results**

**Table 1** reflected distribution of studied caregivers according to their socio-demographic characteristics. The table showed that more than one third of studied caregivers (41.7%) aged more than fifty years, with mean age of ( $51.3 \pm 2.5$ ) years. More than half (52.8%) of them were males, all of them were married (100%), had enough income (100%), and approximately two thirds (63.9%) had experience in caring for orphans from 5 - 15 years with a mean of  $7.4 \pm 1.3$  years. Regarding their education, and educational certificate, the highest percentage had Bachelor degree (52.8%) and more than one third of them had Bachelor of Arts (38.9%).

**Table 2** revealed distribution of social skills dimension levels as perceived by studied caregivers. The highest percentages were observed in moderate level of social skills in the following dimensions (emotional expressivity, emotional sensitivity, emotional control, social expressivity, social sensitivity and social control) (100%, 91.6%, 83.3%, 77.8%, 94.4%, 83.3 %) respectively.

Figure 1 reflected the grand total score of social skills levels, the highest percentage of the studied caregivers

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had moderate level of social skills (88.9%). While only 11.1% had low level of social skills.

**Table 3** demonstrated distribution of studied orphans' according to their socio-demographic characteristics. The table indicated that more than three quarters (76.5%) of studied orphans were aged  $\geq 11$  years with mean age of ( $11.3 \pm 1.5$  years), more than two thirds were males (77.6%). Concerning educational level, the majority of the studied orphans were educated and distributed at different levels of education; primary, preparatory, and secondary education (27.1% -35.3% - 30.5%) respectively and only 7.1% were dropout of education.

**Table 4** represented distribution of studied orphans' according to their history in institution. The table indicated that more than three quarters (77.6 %) of studied orphans their aged less than five years at the time of admission and the majority of them (95.3%) were stayed in the institution for more than five years with mean duration of stay at orphan's institution was  $6.3 \pm 1.5$  years. Regarding cause of admission, the majority of them (94.1%) were anonymous.

**Table 5** described distribution of psychosocial problems levels among studied orphans from their teacher's point of view. The table revealed that 25.9% of studied orphans had abnormal level of prosocial problems and about one quarter (23.5%) of them had abnormal level of peer problems.

Also, nearly two thirds of the studied orphans (60%) had abnormal level of conduct problems. While more than two thirds of them had normal level of emotional and hyperactivity problems (78.8%-72.9%) respectively. In addition, the highest percentage of studied orphans had abnormal level of psychosocial problems ( 89.4%) .While 8.2% -2.4% had borderline and normal level of psychosocial problems respectively.

**Table 6** highlighted the relation between socio-demographic characteristics and levels of psychosocial problems among orphans. The table showed that, there was highly statistically significant differences between orphan's age, educational level and psychosocial problems levels at ( $p < 0.0001$  ,  $< 0.003$ ) respectively. While there was no significant difference regarding their gender.

**Fig. 2** demonstrated that there was a negative and significant correlation between total caregivers social skills as an independent variable and total psychosocial orphan problems as a dependent variable ( $r = - 0.20$ ,  $P < 0.04$ ). This means that when the caregivers social skills increased ,the psychosocial problem among orphans will be decreased .This result answer the third research question of current study which stated "What is the relationship between social skills of caregivers and psycho-social problems among orphans? .



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**Table (1): Distribution of the Studied Caregivers According to their Socio- Demographic Characteristics. (N = 36)**

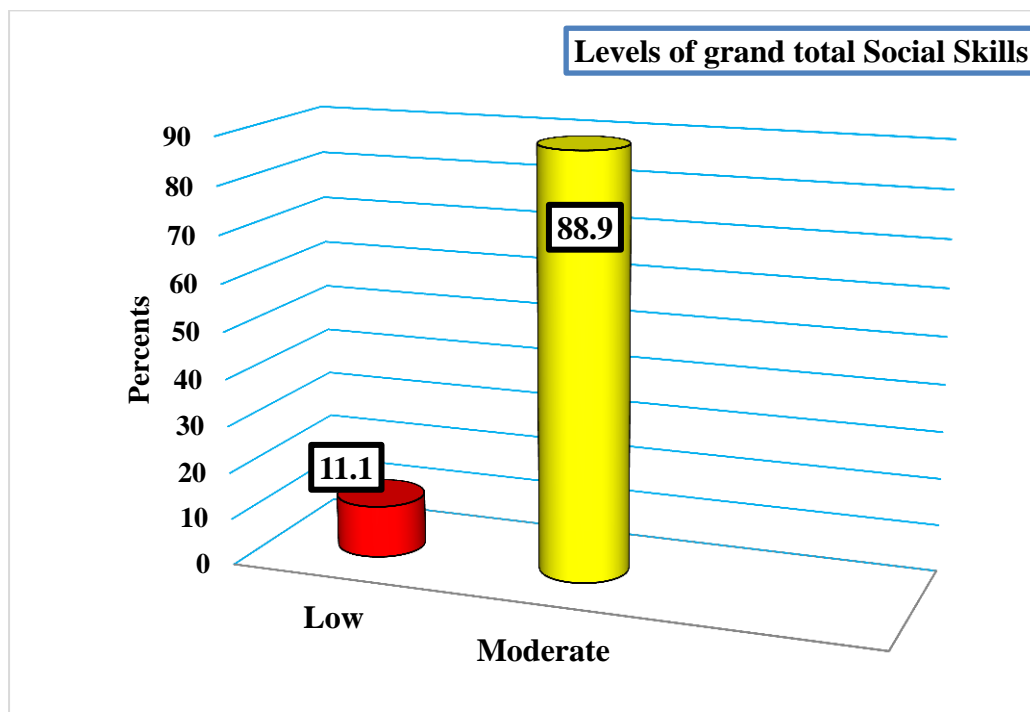
Socio -Demographic Characteristics	Frequency	
	N0.	%
<b>Age groups:</b>		
25 - < 40 years	9	25
40 – 50 years	12	33.3
> 50 years	15	41.7
Mean ± SD years	51.3 ± 2.5 years	
<b>Gender:</b>		
Male	19	52.8
Female	17	47.2
<b>Marital status:</b>		
Married	36	100
<b>Education:</b>		
Illiterate	2	5.5
Moderate education	15	41.7
High education	19	52.8
<b>Educational certificate</b>		
Not having.	2	5.6
Technical trading diploma	12	33.3
Technical industrial diploma	3	8.3
Bachelor of arts	14	38.9
Bachelor of education	5	13.9
<b>Income:</b>		
Enough	36	100
<b>Experience:</b>		
5 - 15 years	23	63.9
16 - 25 years	7	19.4
> 25 years	6	16.7
Mean ± SD years	7.4 ± 1.3 years	
<b>Total</b>	36	100

**Table (2): Distribution of Caregivers according to Their Levels of Social Skills (N=36)**

Social Skills Dimensions	Low		Moderate		High	
	N0.	%	N0.	%	N0.	%
1- Emotional expressivity	0	0	36	100	0	0
2- Emotional sensitivity	2	5.6	33	91.6	1	2.8
3- Emotional control	6	16.7	30	83.3	0	0
4- Social expressivity	8	22.2	28	77.8	0	0
5- Social sensitivity	1	2.8	34	94.4	1	2.8
6- Social control	2	5.6	30	83.3	4	11.1

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**Figures (1): The caregivers' levels of Grand Total Social Skills (N=36)**



**Table (3): Distribution of Studied Orphans' According to their Socio-Demographic Characteristics (N= 85).**

Socio-Demographic Characteristics	Frequency	
	N0.	%
Age groups:		
≤ 10 years	20	23.5
≥ 11 years	65	76.5
Mean ± SD      years	11.3 ± 1.5    Years	
Gender :		
Male	66	77.6
Female	19	22.4
Education:		
Drop out of education	6	7.1
Primary education	23	27.1
Preparatory education	30	35.3
Secondary education	26	30.5
Total	85	100

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**Table (4): Distribution of Studied Orphans' According to their History in Institutions (N=85)**

Orphan's History	Frequency	
	N0.	%
Age on admission:		
▪ < 5 years	66	77.6
▪ 5 – 10 years	18	21.2
▪ > 10 years	1	1.2
Duration of stay:		
▪ 1 – 5 years	4	4.7
▪ > 5 years	81	95.3
Mean ± SD	6.3 ± 1.5 years	
Causes of admission:		
▪ Anonymous	80	94.1
▪ Separated family	4	4.7
▪ Parent dead	1	1.2
Total	85	100

**Table (5): Levels of Psychosocial Problems among Studied Orphans from Their Teachers' Point of View (N=85).**

Psychosocial Problems Subscale	Normal		Borderline		Abnormal	
	N0.	%	N0.	%	N0.	%
Pro-social behavior	41	48.2	22	25.9	22	25.9
Peer problems	45	53	20	23.5	20	23.5
Conduct problems	19	22.4	15	17.6	51	60
Emotional problems	67	78.8	5	5.9	13	15.3
Hyperactivity problems	62	72.9	18	21.2	5	5.9
Total problems levels	2	2.4	7	8.2	76	89.4

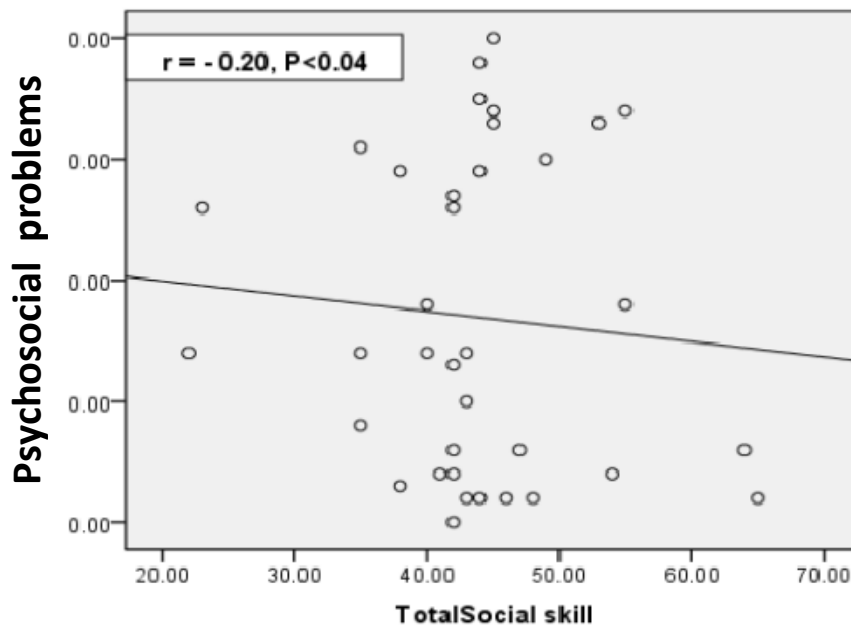
**Table (6): Relation between Socio-Demographic Characteristics and Levels of Psychosocial Problems among Orphans .(N=85)**

Orphans' Socio-Demographic Data		Psychosocial Problems Levels						LR/ X2	P Value
		Normal		Border line		Abnormal			
		N0.	%	N0	%	N0.	%		
<u>Age (years):</u>									
▪ ≤ 10 years	20	2	10	6	30	12	60	LR=20.7	<0.0001 HS
▪ ≥11 years	65	0	0	1	1.5	64	98.5		
<u>Gender:</u>								LR=4.8	=0.08 NS
▪ Male	66	2	3	7	10.6	57	86.4		
▪ Female	19	0	0	0	0	19	100		
<u>Educational Level :</u>								LR=19.5	<0.003 HS
▪ Drop out of education	6	0	0	0	0	6	100		
▪ Primary education	23	2	8.7	6	26.1	15	65.2		
▪ Preparatory education	30	0	0	1	3.3	29	96.7		
▪ Secondary education	26	0	0	0	0	26	100		
Total	85	2	2.4	7	8.2	76	89.4		

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$\chi^2$  = Chi-square test, LR= Likelihood Ratio, H S = Highly Significant at  $P < 0.01$ .

**Fig. (2): Correlation Coefficient (R) and Regression Line between Total Social Skills Scores and Total Problems Score.**



r = Pearson correlation coefficient

P= probability of test of significance.

**Discussion:**

Orphaned children are one of the most vulnerable groups of children in the world. Those children suffer from shortage in meeting their basic needs which are the important aspect of care in the institutions due to the trauma among those children (Zaki et al., 2023). Caregivers at those institutions have an important role and responsibility in satisfying the physical, social & psychological needs of orphan children. The roles and responsibilities of caregivers were found to require them to be equipped with sufficient qualifications and experience in handling and raising children to be able to care for those children and themselves

Regarding orphan history, the current finding illustrated that age of more than three quarters (77.6%) of studied

orphans was less than five years at time of admission. This may be due to their being anonymous and left by their mothers upon delivery agree with a study done by Anbar et al., ( 2023) who discovered that more than two thirds (66%) of studied orphans were in the infancy period at time of admission . Also, it was found that the majority of studied orphans (95.3%) stayed in the institution for more than five years. This may be due to more than three quarters of studied orphans were less than five years at the time of admission in addition to not having any relatives to caring for them and institutional system of orphanages which states the boy can leave the orphanage at the age of 18 and the girls until get married.

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Regarding levels of psychosocial problems among studied orphans, the results of the current study revealed that nearly two thirds (60%) of the studied orphans had abnormal level of conduct problems. This may be due to their feelings of deprivation of some basic needs and not being satisfied as required due to the loss of his parents and others not meeting his needs, which lead to conduct problems like stealing. In addition, the child performs conduct behavior as a way to attract attention. This point of view was supported by Qamar et al, (2022) who indicated that conduct problems among orphans return to many factors such as dealing with loss of the parent, proper care, guidance and social discrimination.

This result was congruent with a study done by Fauzah, et al., (2023) who showed that two thirds (62%) of studied orphans had abnormal conduct problems scores. Also, Pandey & Jha, (2021) found that more than half of orphans (53.57%) had conduct problems. Furthermore, Ali & Rahman, (2023) indicated that conduct problems were reported as the most prevalent problem among orphans. Otherwise, the current finding contradicted with the study done by Nabunya et al., (2023) who revealed that 6.74% of studied orphans had conduct problems. This difference may be due to differences in assessment instruments and geographic distribution of the study sample.

According to the current study findings, less than one quarter (23.5%) of studied orphans had abnormal level of peer problems. This may be due to

two thirds of studied orphans had conduct problems that cause impairment in peer relationships and peer problems. In addition, this may be due to parent deprivation as they are considered the main role model for child's behavior and there was no one to embrace those children or guide them properly which affects their relationships with peers. This finding was similar to Qamar et al., (2022) who discovered that one quarter (24.8%) of orphans had peer problems. This result contradicted with a study done by Ali & Rahman, (2023) who revealed that about two thirds (65%) of orphans had peer problems. This difference may be due to the living circumstances of orphans as well as cultural variations.

Additionally, the current study reflected that a quarter (25.9%) of studied orphans had abnormal level of prosocial problems. This may be due to orphan children being abandoned and marginalized by the school community and others societies in any kind of activities. So they refuse to help other as a form of revenge against society, emotional and psychological problems that keep orphans feel that society rejects them accordingly. Results of the current study were consistent with a study carried out by Osman et al., (2019) who reported that 24.8% of studied orphans had abnormal level of prosocial problems. While Ali & Rahman, (2023) mentioned that less than one half (47.5%) of studied orphans had prosocial problems. The difference may be due to this study revealed that 85% of the studied orphan had conduct problem that affect

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their interaction with other and make them had negative feelings toward others.

Moreover, the current study findings reflected that the highest percentage of studied orphans had abnormal level of psychosocial problems (89.4%). This may be due to more than three quarters (76.5%) of studied orphan were more than 11years and this was a crucial period for developing psychosocial status with exposure to abuse, neglect, being bullied, inconsistent rules, harsh discipline, having friends who encourage negative behavior, stigma they faced, lack of love, lack of enough supervision or guidance, and frequent change in caregivers.

However, results of the current study were consistent with a study done by Osman et al.,(2019) who reported that less than half (44.5%) of studied orphans had abnormal level of psychosocial problems. On the otherhand, the current study was in contrast with a study done by Nabunya et al., (2023) who reported that only 8.99% of studied orphanx had abnormal level of psychosocial problems. This difference may be related to Nabunya et al., (2023) had almost half of the sample (49%) living with their biological parents, and reported moderate levels of family closeness Whereas, in the current study all studied orphans were living in institution and the majority of them were anonymous

As regards social skills dimension levels among studied orphans' caregivers, the current study reflected that the highest percentages had moderate level of social skills in the

following dimensions (emotional expressivity, emotional sensitivity, emotional control, social expressivity, social sensitivity and social control) (100%, 91.6%, 83.3%, 77.8%, 94.4%, 83.3 %) respectively. Regarding the grand total score of social skills levels, the highest percentage of the studied caregivers had moderate level of social skills (88.9%). While only 11.1% had a low level of social skills. This may be due to most orphanages were depending on donation In addition, institution do not take into consideration the criteria of caregivers because most of caregivers are hired in institutions through their relatives and friends, this work is just a donation, and there was inadequate training for raising qualifications of caregivers.

Concerning the relation between personal characteristics and levels of psychosocial problems among orphans. Results of the current study revealed that there were very highly statistically significant differences between orphan's age, and psychosocial problems levels at ( $P < 0.0001$ ). This may be due to more than three quarters (76.5%)of studied orphans were more than 11years, and this is a crucial period for developing psychosocial problems. This result was consistent with Timalina et al., (2018) and Bista et al., (2016) they mentioned that there was an association between age and psychosocial problems. This was incongruent with Vashist et al., (2022) who found that there was no statistical significant association between frequency of psychological issues and certain personal characteristics such as age. This difference may be due to

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differences in the characteristics of selected samples and settings in the studies .

Regarding educational level, the findings of this study revealed that there was a highly statistically significant difference between orphan's educational level and psychosocial problems levels at ( $p < 0.003$  ). This may be due to psychosocial problems of orphans interrupts their ability to perform satisfactorily in school and cause academic difficulties. The current result was inline with Vashist et al., (2022). They reflected that there was an association between qualification and psychosocial problems. This result was in contrast with Timalisina et al., (2018) who illustrated that there was no association between level of education and psychosocial problems. This difference may be due to the difference in the setting of respondents.

Concerning the correlation between social skills scores and psychosocial orphans' problems, the findings of the current study reported that there was a negative and significant correlation between total caregivers social skills and total psychosocial orphans' problems ( $r = -0.20, P < 0.04$ ). This may be due to the caregiver's pivotal role in prosocial development through modeling prosocial behavior and positively reinforcing the child's use of such behavior. In this way, caregivers with high social skills guide the development of prosocial behavior in their children, laying the foundation for their social interactions later in life.

Also, social skills of caregivers contribute to effective caring for

orphans in many ways, ranging from the expressive skills required to motivate and inspire orphans to emotional sensitivity to develop close interpersonal relationships, to the ability to control and regulate emotions in order to effectively play the role of caregivers. As emotional control is crucial for the effective care of orphans, as in many instances, orphan caregivers must control their expression of emotions, particularly negative ones associated with anger, anxiety, or fear. They need to be calm and cool, during a crisis to handle stressful situations efficiently.

Also, emotional sensitivity is implicated in the successful caring of an orphan child by virtue of the need for caregivers to establish strong relationships and strong emotional bonds with children. As a foundation, orphan caregivers need to be able to decode orphans' emotions in order to address their concerns, understand what orphans are feeling, and recognize and manage orphans' negative emotions. These results were congruent with Cooke, et al., (2022) who indicated that children whose caregivers were more emotionally sensitive were less likely to show internalizing problems (e.g., sadness, worry and anxiety) or externalizing problems (e.g., hyperactivity and aggression). Also, Koch & Franzsen, (2017) discovered that inadequate caregivers social contexts have been shown to contribute to devastating impairments in the social and emotional development of orphan children.

**Conclusion**

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The current study concluded that the majority of orphans examined showed abnormal levels of psychosocial problems. Additionally, most caregivers involved in the study demonstrated moderate social skills. The study also revealed a significant negative correlation between the social skills of caregivers and the psychosocial problems experienced by orphans.

**Recommendations**

This study recommended that periodically in-service training programs should be established for caregivers at each institution or orphanage home for improving their well-being, confidence, and competence. Regular screening for psychological and behavioral problems among orphan children should be incorporated into routine health care provided to orphans for early detection and early managements. Enrolling orphanage teachers and caregivers in training courses in behavior modification and social skills training. Future research is recommended to assess other caregiver qualifications and psychological problems that impair providing proper care to orphans and contribute to psychosocial problems.

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