

Psychological Problems among Orphan Children

Asmaa Mohamed El-Said Abd-Alla¹, Sorayia Ramadan Abd-Elfatah², Mawaheb Mahmoud Zaki³ and Hend Ahmed Mostafa Hassinine⁴

(1) Nursing Supervisor at Benha Fever, Liver and Digestive System Hospital, Egypt, (2) Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Ain Shams University, Egypt, (3) Assistant Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Benha University, Egypt and (4) Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Benha University, Egypt

Abstract

Background: Orphan hood is a time which involves many psychological problems. Lack of self-esteem and inability to take decision puts orphans at risk of anxiety and depression. **Aim of study:** Was to assess the psychological problems among orphan children. **Research design:** A descriptive design was utilized to achieve the aim of the study. **Setting:** This study was conducted at social home care for males and females in Benha City, Qalubya Governorate. **Sample:** A purposive sample of (80) orphan children (40 males & 40 females) who was selected from the above mention setting. **Tools for data collection:** Three tools were used. **I:** A structured interviewing questionnaires sheet. **II:** Child anxiety and depression scale and **III:** Rosenberg self-esteem scale. **Results:** Half of the studied orphan children had moderate level of total anxiety and depression. In addition more than half of studied orphan children had low level of self-esteem. While less than one quarter of them had moderate level of self-esteem. **Conclusion:** Emotional distress and lack of self-esteem are the major psychological problems among orphan children which necessitate great concern. **Recommendations:** Psychosocial counseling program can be designed and administered to orphan children to improve their behavioral and psychological problems.

Key words: Orphan children, Psychological problems

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. 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. Orphans are more exposed to malnutrition, poor physical and mental health; educational disadvantages stress and anxiety (Abdel Hakeem et al., 2018).

Psychological problems are more among orphans and other vulnerable children because they are exposed to abuse, exploitation, neglect, lack of love and care of parents. They

are also more likely to be emotionally needy, insecure, and poor. In addition to these factors, most of them are brought up in institutional homes where individual care is inadequate. All these factors can socially and emotionally impair these children (Elattar et al. 2019).

Depression is common psychological problems that occurs among orphan children and defined by certain emotional, behavioral, and thought patterns. Anxiety is another psychological problem among orphan children and defined as a fearful situation in which a person feels hesitant to talk or interact with the feared object, and exhibit high anxiety, phobia, emotional and behavioral problems (Shafiq et al., 2020).

Self-esteem is also psychologically affected among orphan children and it is used

to describe a person's overall subjective sense of personal worth or value. Some researchers found that orphan children show lower self-esteem than their non-orphan peers who have a much closer relationship with their parents (Johnson, 2020).

Significant of the study

Orphan children living in institutional homes are more prone to behavioral and emotional problems than others as they are deprived of a family's love and care. There is a dearth of studies focusing on the psychological health of these children in Egypt. Hence, we have conducted a cross-sectional descriptive study to assess the psychological problems in these institutionalized children (Kaur, 2018).

In Egypt, there are 250 orphanages hosting 7749 children between 6 and 18 years old, including 102 orphanages hosting 2068 children between 1 and 6 years old. Governmental Orphanage assumed to accept children from 6 to 18 years. These orphanages or shelters provide social and healthcare as well as educational, religious, and recreational activities for children deprived of family care (El-Slamoni et al., 2019).

Aim of the study

This study aimed to assess the psychological problems among orphan children.

Research Questions:

- 1) What are the symptoms of anxiety among orphan children?
- 2) What are the symptoms of depression among orphan children?
- 3) What is the level of self-esteem among orphan children?

Subject and Methods

Research design

A descriptive design was used to conduct this study.

Research setting

The study was conducted at Social Home Care for males and females in Benha City, Qalubia Governorate

Sample:

Sample Size:

The sample size in this study included 80 child who were subjected from social home care for males (40) and social home care for females (40) in Benha City. Sample size has been calculated using the following equation:

$$n = (z^2 \times p \times q) / D^2 \quad \text{at power 80\% and CI 95\%}$$

Sampling Type:

A purposive sample of children who were living in the previously mentioned setting according to the following inclusion and exclusion criteria:

Inclusion criteria:

- 1) Aged from 6 to 18 years.
- 2) Both sexes.
- 3) Willing to participate in the study.

Exclusion criteria:

- 1) Children with psychotic disorders.
- 2) Children with visual and hearing impairment.

Tools of data collection

In order to achieve the aim of the study, the following tools were used:-

Tool (I): A Structured Interviewing Questionnaire Sheet:

It was designed by the researcher after reviewing the related literature. It was written in an Arabic language for gathering data and consisting of three parts:

Part (1): Socio-demographic data for orphaned children such as age, sex, education

level, have Siblings, ranking of child in family.

Part (2): Knowledge about Child's Life in Hostel Institutions such as child age at time of admission, duration of stay in hostel institutions, method and causes of admission, relationship with those friends and who take care for him inside the hostel institution.

Part (3): Knowledge about Child's Life in the School such as academic performance, have friends at school, how to deal with their colleagues, teachers and administrators at school.

Tool (II):- Child Anxiety and Depression Scale: It was adopted by (Chorpita et al., 2000). It was used to assess symptoms of anxiety and depression among orphan children.

Scoring system:

The scale was consisted of 47 items divided as Separation Anxiety subscale (7 items), Social Phobia subscale (9 items), Generalized Anxiety subscale (6 items), panic disorder subscale (9 items), Obsessive-Compulsive subscale (6 items) and Major Depression subscale (10 items). The total score of the scale was 141 grades. Each statement was scored 0 to 3 corresponding to never, some-times, often and always.

- **Normal** level if score < 25% (< 36 grades).
- **Mild** level if score 25-<50% (36-<71 grades).
- **Moderate** level if score from 50-<75% (71-<106 grades).
- **Severe** level if score \geq 75% (\geq 106 grades).

Tool (III):- Rosenberg Self-Esteem Scale: The scale was developed by (Rosenberg, 1965). It was used to assess self-esteem among orphan children.

Scoring system:

The scale was consisted of 10 items 5 positive and 5 negative graded statements to assess self-esteem. Statement for items from

(1-5): is answered as (3) strongly agree, (2) agree, (1) disagree or (0) strongly disagree, but for items from (6-10) reversed in valence; the scale ranges from 0-30.

The total score is 30 and the scoring system is categorized as following:

- (0-15) grades low self-esteem
- (16-21) grades moderate self-esteem
- (22-30) grades high self-esteem

Validity of the tools:

It was ascertained by (5) experts in psychiatric and mental health nursing. Their opinions elicited regarding the format, layout, consistency, accuracy and relevancy of the tools.

Reliability of the tools

Reliability analysis by measuring of internal consistency of the tool through **Cronbach's Alpha (test – retest).**

Tool	Cronbach's Alpha	Internal consistency
Child Anxiety and Depression Scale	.863	Good
Rosenberg Self-Esteem Scale	.921	Strong

Ethical considerations:

All subjects were informed that participation in the study is voluntary; no name will be included in the questionnaire sheet. Anonymity confidentiality of each participant was respected and protected, confidentiality was assured and subjects was informed that the content of the tool was used for research purpose only and they have the right of refuse to participate in the study or

withdrawal at any time without any consequences.

Pilot study

Carried out on 8 children those represent 10% of children under the study. In order to test the applicability of the constructed tools and the clarity of the included questions. The pilot has also served to estimate the time needed for each subject to fill in the questions. This sample was excluded from the actual study sample.

Field work:

After securing the official permission from the dean of Banha faculty of nursing to the directors of social home care, the researcher met the directors of social home care before applying of the study to determine the suitable time to meet the study participants and explain the aim and objectives of the study.

The actual fieldwork for the process of the data collection has consumed 2.5 months started at beginning of January 2021 and was completed by the middle of March 2021.

The researcher introduced herself to subjects then explain the aim of the study to each one of them. Oral consent was obtained from every participant who fulfills the inclusion criteria. The researcher was collecting the data from the subjects at 2 days (Sunday and Tuesday) / weeks at morning shift (10a.m-1p.m) to collect data. The researcher was meeting with a number of students ranging from 4-5 students in each meeting. The questionnaire for Child Anxiety and Depression Scale was filled by the researcher, which take 25-30 minutes. In addition, the researcher filled the Rosenberg Self-Esteem Scale in 15-20 minutes.

Statistical analysis

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and Statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 25 (SPSS Inc., Chicago, IL, USA). Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data, the arithmetic mean (\bar{X}) and standard deviation (SD) for quantitative data. Chi-square test (χ^2) was used for comparisons between qualitative variables. Spearman correlation measures the strength and direction of association between two ranked variables

Results

Table (1): Shows that, more than half (52.5%) of the studied children their age ranged between 6 -< 9 years, the Mean \pm SD of age is 8.8 ± 3.97 years. In addition, more than three quarters (77.5%) of them at primary school. Moreover, more than half (52.5%) of them do not have sibling. Also, nearly two-thirds (65%) of them are the first child.

Table (2): Reveals that, nearly two-thirds (65%) of the studied children their age at time of admission ranged from 6 years to less than 12 years and half (50%) of the studied children stay in hostel institutions from a year to less than 5 years. Moreover, the majority (90%) of the studied children join the institution by their families and less than two thirds (60%) of the studied children stay in a hostel institution due to the death of parents. Moreover, three quarters (75%) of the studied children deal aggressive with who take care for them in the orphanage and the vast majority (95%) of them have friends at the orphanage, more than half (57.9%) of the studied children deal aggressive with their friends.

Table (3): Reveals that, nearly half (47.5%) of the studied children have acceptable level at school and the majority (87.5%) of them had friends at school. Moreover, nearly three quarters and more than half of the studied children deal aggressively with their friends and teachers at school (71.4% and 56.2%, respectively). Also, nearly two thirds and all of the studied children, their friends and teachers know that they are resident of an orphanage (60% and 100%, respectively).

Figure (1): Shows that, half (50%) of the studied children had moderate level of total anxiety and depression and less than one quarter (22.5%) of them had mild level. In addition, the minority (12.5%) of them had

severe level. While, 15% of the studied children had normal level of total anxiety and depression.

Figure (2): Shows that, more than half (60%) of the studied children had low level of self-esteem. While, less than one quarter (22.5%) of them had moderate level of self-esteem and the minority (17.5%) of them had high level of self-esteem.

Table (4): Indicates that, there is a highly statistically significant negative correlation between total child anxiety and depression scale and total self-esteem scale among the studied children at ($P = < 0.001$).

Table (1): Percentage distribution of the studied children according to their socio-demographic data (n=80).

Socio-demographic data	Studied sample (n = 80)	
	N	%
1) Age (year)		
6 < 9 Years	42	52.5
9 < 12 Years	21	26.3
12 < 15 Years	10	12.5
15 ≤ 18 Years	7	8.7
Mean ±SD	8.8 ± 3.97	
2) Sex		
Male	40	50
Female	40	50
3) Education Level		
Primary	62	77.5
Preparatory	12	15
Secondary	6	7.5
4) Have Siblings		
No	42	52.5
1	32	40
2	4	5
3 or more	2	2.5
5) Ranking		
First	52	65
Second	22	27.5
Third	4	5
Fourth and more	2	2.5
Do not know	0	0.0

Table (2): Percentage distribution of the studied children according to their knowledge about hostel institutions life (n=80).

Items	Studied sample (n = 80)	
	N	%
1) Child age at time of admission		
From 6 years to less than 10 years	24	30
From 10 years to less than 14 years	52	65
From 14 years to 18 years	4	5
Mean SD 6.8 ± 3.99		
2) Duration of stay in hostel institutions		
From a year to less than 5 years	40	50
From 5 to less than 10 years	22	27.5
From 10 years and more	18	22.5
Mean SD 6.2 ± 2.74		
3) How did you join the institution?		
By family	72	90
By police	8	10
4) Causes of staying in hostel institution		
Death of Parents	48	60
Death of father	12	15
Death of mother	6	7.5
Broken Families	5	6.2
Illegal	9	11.3
Others	0	0.0
5) The relationship with those who take care for you in the orphanage		
Friendly	15	18.8
Aggressive	60	75
Do not care	5	6.2
6) Do you have friends at the Orphanage?		
Yes	76	95
No	4	5
7) The relationship with your friends at the orphanage (n=76).		
Friendly	18	23.7
Aggressive	44	57.9
Do not care	14	18.4

Table (3): Percentage distribution of the studied children according to their knowledge about school life (n=80).

Items	Studied sample (n = 80)	
	N	%
1) Academic performance		
Weak	10	12.5
Acceptable	38	47.5
Good	14	17.5
Very good	10	12.5
Excellent	8	10
2) Do you have Friends at school?		
Yes	70	87.5
No	10	12.5
How do you deal with your friends at school? (n=70)		
Friendly	10	14.3
Aggressive	50	71.4
Do not care	10	14.3
3) How do you deal with your teachers?		
Friendly	25	31.3
Aggressive	45	56.2
Do not care	10	12.5
4) Do your friends know that you are resident of an orphanage?		
Yes	48	60
No	32	40
5) Do the teachers know that you are living in an orphanage?		
Yes	80	100
No	0	0.0

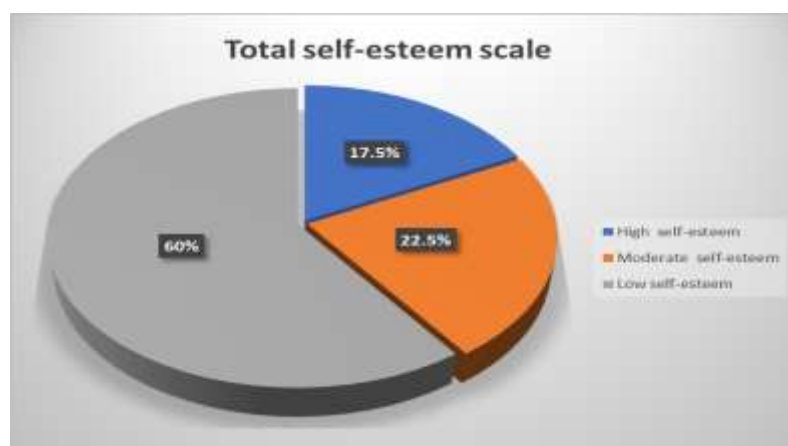


Figure (1): Percentage distribution of the studied children according to their total child anxiety and depression scale.

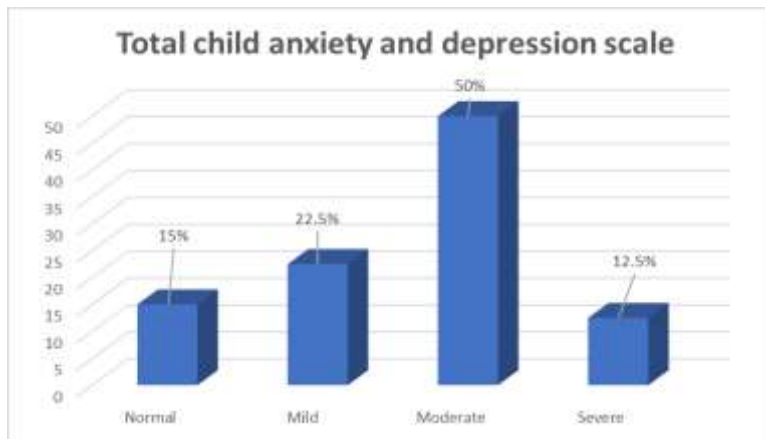


Figure (2): Percentage distribution of the studied children according to their total self-esteem scale

Table (4): Correlation between total child anxiety and depression scale and total self-esteem scale among the studied children

Items	Total self-esteem scale	
Total child anxiety and depression scale	R	p-value**
	-.405	< 0.001**

****highly significant at $p < 0.001$.**

Discussion

Regarding to the socio-demographic data of the studied orphan children, the findings of the current study revealed that, more than half of the studied orphan children their age ranged between 6 -< 9 years, the Mean \pm SD of age is 8.8 ± 3.97 years. These results could be due to the age of admission to orphanage starts from 6 years and the orphanage don't receive any child below 6 years. These results were similar with the study of **Kovalenko (2018)** who revealed that the Mean SD of children's' age was $M = 8.04$, $SD = 3.98$ years.

In addition, the current study results revealed that, more than three quarters of the studied children at primary school. These results might be due to more than half of the studied sample were aged from 6 -< 12 years and this the age of primary school stage. These results approved with the study performed by **Dhaka & Mukwilongo (2020)** who stated that more than half of his study participants were in primary school, followed by the participants at the secondary level.

The present study findings reported that, more than half of the studied orphan children do not have sibling and were the first child. These results could be due to orphan

children were placed in the orphanage at very young age because of their parents' death. These results were similar with the study of **El-Slamoni & Hussien (2019)** who revealed that more than three quarters of the studied children do not have sibling and were the first child. On other hand, this result was contradicted with the study of **Saboula et al., (2017)** who revealed that the higher percent of his studied orphan children having siblings and was ranked the fourth order in their families.

According to knowledge about child's life in hostel institutions, the results of the current study reflect that, nearly two-thirds of the studied children their age at time of admission ranged from 6 years to less than 10 years and half of the studied children stay in hostel institutions from a year to less than 5 years. These results might be due to the orphanage don't accept any child less than 6 years. These current results were supported with the study done by **Elattar et al. (2019)** who stated that less than three quarters of the orphan children were aged six to less than ten years at the time of admission. Also, the duration of the orphans' stay in the orphanage was between 1-<5 years.

The present study findings reported that, the majority of the studied children join the institution by their families These results could be due to children are placed in an orphanage because of their parents' death and their families can't afford to or don't want to take care of them so, they placed these children inside orphanages. These results were consistent with the study done by **Hakeem et al., (2018)** who mentioned that more than two thirds of orphan children admitted the hostel institution by their families. As well as, the common causes of placement in the hostel institutions. As stated by slightly less than half of the orphan children were death of parents.

According to knowledge about child's life in the school, the present study results illustrated that, nearly half of the studied children have acceptable level at school and the majority of the studied children had friends at school. Moreover, nearly two thirds and more than half of the studied children deal aggressively with their friends and teachers at school, respectively. These results could be due to their childhood background and their long stay inside the orphanage which leads to negative feeling such as the feelings of mistrust, insecurity, risk of neglect, stress, and anxiety. Which may in turn leads children to deal aggressively with others and prefer to be social isolated for long period of time.

These results were approved with the study of **Elattar et al., (2019)** who revealed that more than half of the studied children have average level at school and dealing aggressively with their friends and teachers. In the same field, these results were similar with the study of **Helles (2021)** who indicated that more than half of the orphan children deal aggressively with their friends and teachers at school.

Moreover, the present study results showed that, nearly two thirds and all of the studied children, their friends and teachers know that they are resident of an orphanage, respectively. These results were in agreement with the study of **Devidas & Mendonca (2017)** who revealed that the majority of the studied sample reported that their friends and teachers knowing that they are resident inside an orphanage.

Regarding to **total** children anxiety and depression scale, the finding of the current study revealed that, half of the studied children had moderate level of total anxiety and depression and less than one quarter of them had mild level. These findings might be due to the feeling of loss, anxiety and

depression that are caused by 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.

These results were approved with the study of **Shiferaw et al., (2018)** who stated that the prevalence of anxiety and depressive disorders is slightly higher among three quarters of his studied sample. In the same field, these results were in agreement with the study of **Shafiq et al., (2020)** who revealed that higher levels of social and general anxiety and depression have been reported by the majority of his studied orphans as compared to non-orphans.

According to **total** self-esteem among the studied orphan children, the findings of the present study showed that, more than half of the studied children had low level of self-esteem. While, less than one quarter of them had moderate level of self-esteem and the minority of them had high level of self-esteem. These results could be justified by various factors such as separation from their families, feeling alone inside orphanage, inability to express their negative emotions openly, mistrust with the place, absence of psychological support. All of these factors lead to anxiety, depression and social isolation and hence low self-esteem.

These results were supported with the study of **Devidas & Mendonca (2017)** who showed that more than half of the studied sample had low self-esteem. In the same field, these results were in agreement with the study of **Femila et al., (2018)** who revealed that the mean score of total self-esteem was low among two thirds of studied sample.

According to the correlation between total child anxiety and depression scale and total

self-esteem scale among the studied children, this current study found that, there is a highly statistically significant negative correlation between total child anxiety and depression scale and total self-esteem scale among the studied children. This means when the level of anxiety and depression increase the level of self-esteem decrease. These results were supported with the study achieved by **Asif (2017)** who mentioned that there was negative correlation between total child anxiety and depression scale and total self-esteem scale among the orphaned children.

Conclusion

There is highly statistical negative correlation between self-esteem and both of depression and anxiety among the studied children

Recommendations

- Psychosocial counseling program can be designed and administered to orphan children to improve their behavioral and psychological problems.
- Liaison psychiatric nurses should be available in orphanages to assess the psychological status of orphans and help them effectively.
- Replication of the study using larger sample in different correlational setting to generalized the results.

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المشاكل النفسية بين الأطفال الأيتام

أسماء محمد السعيد عبد الله - ثريا رمضان عبد الفتاح- مواهب محمود زكي - هند أحمد مصطفى حسنين

يعتبر فقدان أحد الوالدين أو كليهما مأساة مزدوجة للأطفال. حيث لا يترتب عليها فقط الفقد والحزن المرتبطة بفقدان الوالدين ، بل أيضا الضغوط الإضافية الناشئة بعد وفاتهما. لذلك هدفت الدراسة إلى تقييم تأثير المشاكل النفسية لدى الاطفال الايتام. أجريت الدراسة في مؤسسة الرعاية الاجتماعية للايتام الذكور ومؤسسة الرعاية الاجتماعية للايتام الاناث في مدينة بنها بمحافظة القليوبية على ٨٠ طفلا يتيما ، حيث كشفت النتائج عن وجود علاقة ارتباط سلبية ذات دلالة إحصائية عالية بين مقياس القلق والكتئاب وبين مقياس روزنبرج للثقة بالنفس لدى هؤلاء الاطفال الايتام الخاضعين للدراسة. كما اوصت الدراسة بضرورة تصميم برنامج الإرشاد النفسي والاجتماعي وإدارته للأطفال الأيتام لتحسين مشاكلهم السلوكية والنفسية.