

## Psychological challenges among Adolescents at Orphanages

Hala Osamy Zaid Anbar, Sahar Mahmoud Elewa, Amal Elias Abdel-Aziz

B.Sc. of Nursing, Professor of Psychiatric- Mental Health Nursing, Assistant professor of Psychiatric-Mental Health Nursing, Ain Shams University, Faculty of Nursing.

### Abstract

**Background:** Orphaned adolescents at orphanages refer to the adolescents who lose one or both parents and live in orphanages. They face many psychological challenges including anxiety, stress, self-esteem, self-efficacy and depression. **Aim:** This study was aimed to assess the psychological challenges among Adolescents at orphanages. **Design:** A descriptive design was used in this study. **Setting:** The study was conducted at four orphanages in Cairo governorate. **Sample:** A convenient sample of 93 orphaned adolescents were participated from the above mentioned settings. **Data collection tools:** Tools used for data collection were 1): Socio-demographic data tool, 2): Orphans, Vulnerable-Adolescents Challenges scale. **Results:** the result of this study revealed that more than half of the orphaned adolescents had moderate anxiety, near half of them had moderate level of depression, more than two fifth of them had low stress and more than two fifth had moderate stress, more than half of them had moderate self-esteem and about two fifth of them had low self-esteem and more than two third of them had low self-efficacy. **Conclusion:** The most of psychological challenges among orphaned adolescents are achievement, success and the need for social appreciation. highest proportion of orphaned adolescent had moderate level of anxiety, depression, stress, and self-esteem and highest proportion of orphaned adolescent had low level of self-efficacy **Recommendations:** Psychosocial counseling program should be designed and implemented to orphan adolescents to improve their psychological status and adaptation.

**Keywords:** Adolescents, psychological challenges, orphanages

### Introduction:

Adolescence is a stage of development in which there are physical, cognitive, psychological and sociocultural changes (Kurniawan et al., 2018). In particular, adolescents who are deprived of the parental care and a secure family environment often become vulnerable to the most of psychological challenges and psychiatric disorders. These adolescents are usually nurtured in orphanages set up by the government or private agencies (Christopher & Mosha, 2021).

Orphaned resident usually face many challenges and difficulties compared to their peers who are living with their parents as; overcrowding, physical punishment, poor physical health, inadequate personal attention, attachment disorders, inadequate social skills

and stigma (Kaur et al., 2018). additionally, they are also suffering from lack of affection, frequent moves, and discrimination at school and discrimination in the work place in their future and when finding a marriage partner make them more vulnerable to psychological health problems and the effect may not manifest until years afterwards (Hassanin, 2019).

Consequently, lack of psychological support among orphaned children and adolescents would likely lead to development of emotional and behavioral problems such as; anxiety, stress, low self-esteem, low self-efficacy and depression. As the caregivers are usually focus on provision of material support like; food, shelter, clothes and health services with little efforts to psychological support (Huynh et al., 2019).

The Orphanage and psychiatric mental health nursing is responsible for managing, planning, implementing and evaluating comprehensive health programs for both children in orphanages, caregivers, and the community members. This position involves extensive record keeping, good organization, and situational problem solving and time management. It also involves communicating with adolescent to assess their symptoms and gather information about their general health. The nurses will also educate Orphanage Directors, and caregivers about their children's therapeutic needs (Elattar et al., 2019).

### Significance of the study:

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).

Orphans whose living at the orphanages are seen to face that environment to continue their daily lives without enough attention from their guardians. Therefore, they are more likely to have various of emotional and behavioral problems such as depression, anxiety and stress which are totally different compared to non-orphan (Mohammadzadeh et al., 2019). So, this study aimed at assessing the psychological challenges among Adolescents at orphanages.

### Aim of the study:

This study aimed to assess the psychological challenges among Adolescents at orphanages. This aim achieved through; assessing depression, anxiety, stress, self-esteem and self-efficacy among orphaned adolescents.

### Research Question:

1. What are the most common psychological challenges of orphaned adolescents?
2. What are the level of each items (depression, stress, anxiety, self-esteem and self-efficacy)?

### Subjects and Methods

The subject and methods for this study were consisted of the following four main designs as the following:

- I. Technical design
- II. Operational design
- III. Administrative design
- IV. Statistical design

#### I. Technical design:

##### A) Research design:

A descriptive study design was used in this study to assess the psychological challenges among adolescents at orphanages.

##### B) Research setting

The study was conducted at four orphanages only from all orphanages at Cairo governorate affiliated to the Ministry of Social Affairs include;

1- Al Noor El-Mohamadi orphanage in shubra north Cairo for female orphans and it consist of two floors and contain; bed rooms, study room, clothes store, bathrooms, kitchen, administrative office, social workers', office, and the clinic.

2- El- Kalema El-Tayba orphanage in Shubra, north Cairo for female orphans and it consist of four floors and contain; bedrooms, study rooms, clothes store, restaurant, bathrooms, administrative office, social worker's office, psychologist office and accounting office.

3- Dar Elhana orphanage in Misr elkadima, middle Cairo for male orphans. The building consists of four floors and contains bedrooms, computer room, study room, gym, clothes store, office, restaurant, and administrative office, accounting office, personnel office, social workers' office, table tennis room, isolation room, psychologist's office and the clinic.

4- Awlady orphanage in El-Maadi, south Cairo for female orphans.

The orphanage consists of five building include; one for Infants orphans, one for primary orphans, one for preparatory orphans, one for secondary orphans and one for university orphans. Each building consists of 3 floors except infant building consist of 4 floors. The sample was taking from preparatory and secondary orphans. Their buildings have bed rooms, computer room, study room, clothes store, office, restaurant, administrative office, accounting office, personnel office, social workers' office, psychologist's office and the clinic.

#### **C) Subjects of the study:**

A convenient sample of 93 orphaned adolescents living in the previously mentioned setting and who were available at the time of study and who are willing to participate in the study.

#### **D) Tools of data collection:**

The tool of data collection was interviewing self-administrated questionnaire which was divided in to two parts.

**First part: demographic scale.** The demographic data was including; adolescent's age, sex, level of education, academic performance, residence, reasons of entry orphanage, type of orphanage placement, duration of stay in orphanage, age of placement in orphanages, orphan type, responsible members outside orphanage, number of relatives visits, relationship with orphanage family, their reactions when expose to problem, psychological challenges they face, Psychological needs they get from supportive organization in need and the scale was adapted by researcher.

#### **2. Second part: Orphans, Vulnerable -Adolescents Challenges scale:**

The questionnaire was originally developed by **Ketema (2007)** to assess the psychological problems of orphaned and vulnerable with 10 questions each on anxiety, stress, self-esteem, self-efficacy and

depression. The scale was adapted by researcher.

#### **❖ Scoring system:**

Each item was rated on four-point Likert scales never= 1 sometimes= 2 often= 3 always= 4. It consisted of 50 items and include 5 subscales; each sub-item will be calculated separately. The total score ranged from 10-40.

The total score for each dimension was converted into levels taking into account the following cut-off points: Low <60%, Moderate 60%-75%, High >75%.

#### **II. Operational design:**

The operational design includes: a preparatory phase, pilot study, and field work.

##### **A) The Preparatory Phase:**

It includes reviewing the related literature and theoretical knowledge of various aspects of the study using books, articles, periodicals and internet magazines.

##### **Tools validity:**

The validity of the tools was tested for content validity by four experts in the field of Psychiatric- Mental Health Nursing from Ain Shams University and one experts in the field of Pediatric- Mental Health Nursing from Ain Shams University. The necessary modifications and omission of some details were done by the researcher

##### **Tools reliability**

Testing the reliability of the proposed tools was done statistically by Cronbach Alpha test that was 0.91 for the questionnaire.

##### **B) Pilot study (Exploratory phase):**

The pilot study was conducted in the middle of October 2021. It was conducted on 10% (9 orphaned adolescents) of total study subjects (93). The pilot study was conducted to confirm clarity, feasibility, and applicability of the tool and to estimate the time required for filling the sheet. The tool was applicable and clear for the subject in the pilot study and there was no modification done. The time needed for filling the sheet was ranged

between 20 and 30 min. Those pilot subjects were included in the main study sample.

### **C) Field Work:**

#### **1- The Assessment phase:**

Before starting the data collection, the researcher met with the orphanage's manager and orphaned adolescents at the orphanages after introducing herself, she explained the nature and purpose of the study to gain their oral consent and cooperation. Data were collected daily for 4 days/week during afternoon shift for 20-30 minutes. Confidentiality of any obtained information was assured, and the subjects 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.

#### **2- The Working phase:**

The working phase was lasting from the end of October 2021 to the end of April 2020. The researcher explained the aim of this study and got oral approval from the orphaned adolescents to participate in this study, then the researcher clarified the tool and answered any question to avoid any misunderstanding such as defining the meaning of any item of the scales. Each orphan was given the opportunity to fill-in the tools under the guidance and supervision of the researcher. About anonymity, and that data will only be used for the purpose of the study.

### **E. Ethical Considerations:**

The study proposal was approved by the Ethical Committee of the Faculty of Nursing, Ain Shams University. The official permission to conduct the study was secured. All participants gave their informed consent to participate in the study. They informed about the study aim and about their rights to refuse or withdraw from the study and anytime. The confidentiality of the information obtained was ascertained. The study maneuvers do not entail any harmful effects on participant.

### **III. Administrative Design:**

To carry out the study, the necessary approvals were obtained. An official letter

was issued from the Dean of the Faculty of Nursing, Ain Shams University, to obtain permission from the Ministry of Social Affairs about conduction the study. The researcher met orphanages directors to explain the aim of the study and get their approval to collect data and seek their support.

### **IV. Statistical design**

#### **A) Data management & Statistical Analysis:**

The collected data were revised, coded, tabulated and introduced to a PC using statistical package for social sciences (IBM SPSS 20.0). Data were presented and suitable analysis was done according to the type of data obtained for each parameter.

#### **B) Descriptive Statistics:**

Mean, Standard deviation (+ SD), and range for parametric numerical data, while Median and Interquartile range (IQR) for non-parametric data.

#### **C) Analytical Statistics:**

**1- Chi-square test** was used to examine the relationship between two qualitative variables but when the expected count is less than 5 in more than 20% of the cells; **Fisher's Exact Test** was used.

#### **2- Pearson Correlation Coefficient**

**(r):** Correlation was used as a measure of the strength of a linear association between two quantitative variables. The Pearson correlation coefficient,  $r$ , can take a range of values from +1 to -1. A value of 0 indicates that there is no association between the two variables. A value greater than 0 indicates a positive association; that is, as the value of one variable increases, so does the value of the other variable. A value less than 0 indicates a negative association; that is, as the value of one variable increases, the value of the other variable decreases.

#### **P-value: Level of significance:**

-  $P > 0.05$ : Non-significant (NS) -  $P < 0.05$ : Significant (S) -  $P < 0.01$ : Highly significant (HS)

- P-value <0.05 was considered significant.
- P-value <0.001 was considered as highly significant.
- P-value >0.05 was considered not significant.

### Results:

**Table (1):** The table shows that, 53.8% of the orphaned adolescents were males, 60.2% were middle adolescence nearly, 65.6% were graduated from preparatory school while 38.7% have good academic performance and 96.8% were urban residents.

**Table (2):** The table shows the main reasons for admission into orphanage were unknown parents. It represents 44.1%. 95.7% were placed at the orphanage for long term duration and 88.2% stayed for >5 years. Concerning to Age of placement in orphanages 66.7% were placed in the orphanage at infancy stage. Concerning to types of orphan 47.3% were double orphan.

**Table (3):** As evident from the table 93.5% of the orphaned adolescents have no responsible family members outside the orphanage, 92.5% have no relative visits at all. Regarding to relationship with caregivers at orphanages 25.8% and 21.5% of orphaned adolescent were Obedient and follows orders

and communicates well when something is asked.

About manners of the orphaned adolescents in solving problems 61.3% file a complaint with the administrator. Regarding Psychological challenges that the orphaned adolescents faced, were achievement and success and the need for social appreciation. It represents equal percent 22.6%. The main psychological need among orphaned adolescent is tenderness and understanding 25.8%.

**Table (4):** The table indicates that the highest percent of orphaned adolescent prone to moderate levels of self-esteem, anxiety, depression and stress they represent 53.8%, 50%, 47.3% and 41.9% respectively meanwhile have low level of self-efficacy 65.6%.

**Table (5):** The table indicates that, there is a statistically significant positive correlation between anxiety scores, stress scores, self-esteem scores, and depression scores ( $P < 0.05$ ). In addition to that, there is a statistically negative correlation between depression, self-esteem and self-efficacy ( $P < 0.05$ ). However, there is a statistically insignificant correlation between anxiety & self-efficacy, stress & self-efficacy ( $P > 0.05$ ).

**Table (1):** Demographic Characteristics of the orphaned adolescents.

	Variables	No.	%
Sex	Male	50	<b>53.8%</b>
	Female	43	46.2%
Age	Early adolescence 10->14	37	39.8%
	Middle adolescence 14->17	56	<b>60.2%</b>
	Late adolescence 17-18	0	0.0%
Level of education	Illiterate	0	0.0%
	Primary	7	7.5%
	Preparatory	61	<b>65.6%</b>
	Secondary	25	26.9%
Academic Performance	Poor	10	10.8%
	Average	34	36.6%
	Good	36	<b>38.7%</b>
Residence	Excellent	13	14.0%
	Rural	3	3.2%
	Urban	90	<b>96.8%</b>

**Table (2):** Demographic Characteristics of the orphaned adolescents.

	Variables	No.	%
Reasons of admission into an orphanage	Death of parent	33	<b>35.5%</b>
	Broken family	6	6.5%
	Unknown parents ( laqet )	41	<b>44.1%</b>
	Low socioeconomic status	5	5.4%
Type of orphanage Placement	Prisoner's son	8	8.6%
	Long term	89	<b>95.7%</b>
Duration of stay in the orphanage	Short term	4	4.3%
	6m-<1year	1	1.1%
	1 year-<3 years	2	2.2%
	3 years-<5 years	8	8.6%
Age of placement in orphanages	>5 years	82	<b>88.2%</b>
	Infancy	62	<b>66.7%</b>
	Early childhood	19	20.4%
	Middle childhood	10	10.8%
Orphan Type	Adolescence	2	2.2%
	Double Orphan	44	<b>47.3%</b>
	Father Orphan	4	4.3%
	Mother Orphan	4	4.3%
	Unknown parents ( laqet )	41	<b>44.1%</b>

**Table (3):** Social and Psychological context of the orphaned adolescents.

Variables	No.	%
Responsible Members	Uncle	6.5%
	outside the orphanage	93.5%
Number of relatives visits	No one	1.1%
	Monthly	6.5%
	Once per year	92.5%
	No visits	20.4%
Relationship with caregivers at orphanages	Avoids the relationship	25.8%
	Obedient and follows orders	18.3%
	Stubborn	8.6%
	Rebellious	21.5%
	Communicates well when something is asked	5.4%
	Causes problems between caregivers	61.3%
Manners of the orphaned adolescents in solving problems	I file a complaint with the administrator	15.1%
	Tell my friends	23.7%
	Solve the problem with myself	8.6%
	Please adults	9.7%
	Adapt to my peers	22.6%
	Achievement and success	17.2%
What psychological challenges?	Prestige and self-esteem	8.6%
	Accept authority	5.4%
	Learn behavioral norms	5.4%
	Freedom and independence	22.6%
	The need for social appreciation	20.4%
	Counseling	25.8%
What psychological needs do you get from your supportive organization in need?	Tenderness and understanding	24.7%
	Play	3.2%
	Recreation and visit	24.7%
	Education with colleagues	1.1%
	Talking to a doctor outside the home	

**Table (4):** Total levels of psychological challenges (anxiety, stress, Self-Esteem, Self-Efficacy, and Depression) among adolescents at orphanages.

Variables	Low		Moderate		High	
	No.	%	No.	%	No.	%
Anxiety Level	33	35.5%	47	50.5%	13	14.0%
Stress Level	40	43.0%	39	41.9%	14	15.1%
Self Esteem Level	37	39.8%	50	53.8%	6	6.5%
Self-Efficacy Level	61	65.6%	29	31.2%	3	3.2%
Depression Level	21	22.6%	44	47.3%	28	30.1%

**Table (5):** Correlation between Anxiety, Stress, Depression, Self-Efficacy and Self Esteem.

		Anxiety	Stress	Self Esteem	Self-Efficacy	Depression
Anxiety	r	1	.544	.386	-.045	.366
	P-value		.000**	.000**	.666	.000**
Stress	r	.544**	1	.370	-.091	.321
	P-value	.000		.000**	.387	.002**
Self Esteem	r	.386**	.370**	1	.340**	-.360**
	P-value	.000	.000		.001	.000
Self-Efficacy	r	-.045	-.091	.340**	1	-.232*
	P-value	.666	.387	.001		.025
Depression	r	.366**	.321**	-.360**	-.232*	1
	P-value	.000	.002	.000	.025	

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

## Discussion

Losing a parent or both is a double tragedy to orphan. 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. Orphans are more exposed to poor physical and mental health; educational disadvantages stress and anxiety (**Hakeem et al., 2018**).

There is a general agreement that parental deprivation has a traumatic experience on all stages in orphan's life, from newborn to adolescence. As well as those orphans have a high incidence of developmental delay and growth problems, behavioral, psychological, emotional and cognitive problems (**Mohammed et al., 2018**).

### Socio-demographic characteristics of orphaned adolescents:

Regarding academic performance of the orphaned adolescents, the result of present

study showed that about one third of orphaned adolescent have average and good academic performance this may be due to different reasons include; suffering from social discrimination at school, having a rigid routine at orphanages which do not allow to take extra time for studying alone, caregivers at orphanages are not able to discover and enhance creativity among orphans, additionally some orphanages not allow for orphans to take a private lessons.

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.

The current study result revealed that two fifths of the orphaned adolescents entered into the orphanage due to unknown parents 'laqet' This may be due to the expense of marriage, the shortage affordable housing, decrease chance of work to youth and decrease income that help parents to marry and more than one third entered into the orphanage due to death of a parent. Similar findings were done by **Elnaser, (2013)** revealed that most orphan children entered orphanages due to unknown parents.

Most of them were placed at the orphanage for long term duration this may be due to the system of orphanages which states the boy's exit from the orphanage at the age of 18 and the girls when get married.

Most of them stayed for 5 years or more because most of them placed in the orphanages at infancy, while nearly two thirds were placed in the orphanage while they were infants. The study findings are agreeing with **Bhatt et al., (2020)** who founded that, Half of participants stay in childcare homes from 5 to 10 years.

Concerning to the orphan type, less than half of them lost both their parents and two fifths of them were admitted to the orphanage due to other causes as foundling or prisoner's sons. Similar findings were done by **Elnaser, (2013)** revealed that the majority of orphan children entered orphanages due to unknown parents.

This finding contradict with **Bhatt et al., (2020)** who found that, less than half of the participants were orphans due to parents had died, one third of them due to father had died, and less than one fifth due to the mother died. Also, **Shafiq et al., (2020)** who conducted study entitled "Anxiety, depression, stress, and decision-making among orphans and non-orphans in Pakistan: and reported that, minority of the orphaned adolescents admitted to the orphanage due to maternal lost, more than one third of them due to paternal lost while more than one tenth of them due to double lost.

**Regarding Social and Psychological context** of the orphaned adolescents the present study result showed that, most of the orphaned adolescents have no responsible family members outside the orphanage. Most of them have no relative visits at all. This may be due to about two fifths of the orphaned adolescents entered into the orphanages due to unknown parents.

**Concerning to psychological challenges among orphaned adolescent** the finding in current study revealed that about one quarter and fifth of orphaned adolescents were Obedient and follows orders and communicates well when something is asked

this may be related to, the orphaned adolescent try to avoid conflict with caregivers and accommodate with circumstance. The current study's result is agreement with **Hassanin, (2019)** who applied study entitled " Assessing the resilience of adolescents who were raised in orphanages in Cairo, Egypt" and mentioned that most of the orphaned adolescents felt that the people who were important to them were their orphanages caregivers and their orphanages' managers.

The result of present study denotes that the highest percent of orphaned adolescent when expose to problems, they file a complaint with the administrator, this may be because they have unsuccessful coping method to deal with problems, they always search for affectionate support from other and the caregivers at orphanages are not permit to the orphans to take independent actions.

Regarding Psychological challenges that the orphaned adolescents faced, were achievement and success and the need for social appreciation .it represent equal percent less than one quarter for each one this may be related this struggle to attain prestigious social position. The current study's result is agreeing with **Saraswat, & Unisa, (2017)** who found that the majority of orphans need to make extra efforts to prove their worth to gain recognition and approval from society because people usually made speculations about them and questioned their existence.

**About the psychological needs among orphaned adolescent** the result reflect that the orphaned adolescent has been deprived from basic psychological needs, tenderness and understanding, it represents equal percent one quarter for each this may be due to different factors includes; caregivers at orphanages follow strict discipline, increase numbers of orphans admitted to orphanages and most of orphanages locate in low socioeconomic place, most of caregivers are not share in training workshops about

communication with orphans additionally all orphans are suffering from stigma. The current study agreeing with previous study of **Kholifah et al., (2019)** which revealed that most of the orphaned adolescents on the needs of achievement, affiliation, autonomy, self-defense, respect and understanding. The need to improve the situation and order mostly well.

#### **Level of anxiety, depression, and stress among the orphaned adolescents**

The current study finding illustrated that more than half of the orphaned adolescents have moderate anxiety and more than third of them have low anxiety this may be due to The separation from one or both parents and their family, the psychological trauma related to the environmental status of orphanages, the feeling of mistrust, insecurity and might be exposed to neglecting, abuse.

These result was agreed with the study of **Mohamed et al., (2022)** who conducted study entitled "Psychological Problems among Orphan " and mentioned that there is half of the studied children had moderate level of total anxiety and depression and less than one quarter of them had mild level. In the same field, these results also agreed with **Shiferaw et al., (2018)** who stated that the prevalence of anxiety and depressive disorders is higher among three quarters of his studied sample.

The current study contrast with **Viashnav and Kumar, (2021)** who conducted study entitled "anxiety and depression among orphans residing in orphanage at Jaipur, Rajasthan" and mentioned that the anxiety data shows that majority of respondents had mild anxiety.

The present result shows that near half of orphaned adolescent had moderate level of depression this may be due to they have been suffer from neglection, deprived from social support, preoccupied by what will happen for

them in the future and also they are preoccupied to stale life circumstance outside orphanages.

The results agree with **Bhatt et al., (2020)** who found that the overall presence of depressive symptoms among OVAs aged 13–17 years living in CCHs in Nepal having moderate-to-severe depression.

This result contradicting with the study of **Ramagopal et al., (2016)** which assess the prevalence and severity of depression among children living in orphanage. The result revealed that most of orphaned childs had mild depression.

The present study clarified that high percent of orphaned adolescent had moderate level of anxiety and depression, this result reflect that the orphaned adolescent has been try to accommodate with their livening circumstance. This result is contradicting with the study of **Kazim & Mohamed, (2016)** which indicate that high proration of the samples have both sever, moderate anxiety level and mild depression.

Regarding the level of stress among orphaned adolescents the current study showed that more than two fifth of orphaned adolescents had low stress and more than two fifth had moderate stress this may be due to sudden, traumatic, and violent events resulting in the parents 'death. This had negative impact on the orphans. Because they didn't have the emotional and physical maturity to address the emotional stress and psychological trauma associated with parental loss. This results are consistent with the study performed by **Hakeem et al (2018)** who revealed that two thirds of the studied orphan children were having moderate stress and slightly less than one third of them had low stress. In the same line these results are consistent with the study performed by **Sameena et al., (2016)** who revealed that one third of the orphans faced emotional stress during the conflict.

Regarding the level of self-esteem among orphaned adolescents the current study revealed that more than half of orphaned adolescents have moderate self-esteem and about two fifth of them have low self-esteem this may be due to separation from their families, feeling of social inadequacy at orphanage, inability to express their negative emotions openly, conflict between psychological needs and psychological support.

These results were supported with the study of **Mohamed et al., (2022)** who 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.

Also, the results agree with **Asif, (2017)** who mentioned that non orphan children are better in their level of self-esteem than their counter parts of orphan institutionalized children.

The results disagree with the study of **Sethi, & Asghar, (2015)** entitled "Study of self-esteem of orphans and non-orphans" which revealed that orphan children have higher level of self-esteem as compared to non-orphans.

The results also Contrast with the study conducted by **Angelin Lavanya, (2012)**: reported that during pretest all of orphans had low self-esteem where as in the posttest two third had normal level of self-esteem.

Regarding the level of self-efficacy among orphaned adolescents the current study revealed that more than two third of orphans have low self-efficacy and more than third of them have moderate self-efficacy this may be due to poor academic achievements, low socioeconomic status and neglect from others.

These findings are similar with previous study reported by **Atieka, (2015)**

who found that self-efficacy on most of orphanage youth is low.

This finding disagree with **Oyuga et al., (2019)** who found that majority of orphaned students in secondary schools have very high self-efficacy beliefs and skills that contribute towards their performances.

**Concerning correlation between anxiety, stress, depression, self-efficacy and self-esteem** the present study result indicated that, there is a statistically significant positive correlation between anxiety scores, stress scores, self-esteem scores, and depression scores ( $P < 0.05$ ). In addition to that, there is a statistically negative correlation between depression, self-esteem and self-efficacy ( $P < 0.05$ ). However, there is a statistically insignificant correlation between anxiety & self-efficacy, stress & self-efficacy ( $P > 0.05$ ).

Based on my point of view, the four variables in this study (depression, anxiety, stress and self-esteem) had a significant influence on each other among adolescents living in the orphanages. For example, adolescents who experienced more stressful life situation had a higher tendency to be depressed. The significant negative relationship between self-esteem and emotional problems (depression, anxiety and stress) indicated that adolescents with higher self-esteem were less depressed, stressful and anxious.

The current study result in the same line with **Shafiq et al., (2020)** who mentioned that, the correlation matrix for stress, anxiety, depression. Stress has significant correlation with anxiety ( $r = 0.48^{**}$ ,  $p < 0.05$ ) and depression ( $r = 0.47^*$ ,  $p < 0.05$ ). Also matching with **Vallavanthra, (2021)** who mentioned that, there was a significant positive correlation between depression, anxiety and stress also the findings agree with **Tus, (2020)** who found the statistical analysis reveal that self-concept, self-esteem, and self-efficacy are not significant with associated probability

greater than 0.05 alpha level of significance. Therefore, the null hypothesis is accepted. But the findings disagree with **Mohammadzadeh1 et al., (2018)** who mentioned that, all the variables had a negative significant contribution to the prediction of self-esteem, depression, anxiety and stress; altogether, more than one quarter they predicted approximately of the variation in self-esteem. Depression emerged as the strongest predictor (beta = -0.24,  $p \leq 0.001$ ) of self-esteem, followed by anxiety (beta = -0.18,  $p \leq 0.001$ ) and stress (beta = -0.16,  $p \leq 0.001$ ). Also, disagrees with **Mohamed et al., (2022)** who conducted study entitled "Psychological Problems among Orphan" and mentioned that there is a highly statistically significant negative correlation between total anxiety and depression scale and total self-esteem scale. This means when the level of anxiety and depression increase the level of self-esteem decrease. Also disagree with **Asif, (2017)** who mentioned that there was negative correlation between total anxiety and depression scale and total self-esteem scale among the orphans.

### **Conclusion:**

#### **The main study findings are as following:**

-The most of psychological challenges among orphaned adolescents are achievement, success and the need for social appreciation.

-Highest proportion of orphaned adolescent had moderate level of anxiety, depression, stress, and self-esteem.

-Highest proportion of orphaned adolescent had low level of self-efficacy.

### **Recommendations:**

#### **Recommendations for orphanages:**

-Developing of Psychosocial counseling program for orphaned child and adolescent to enhance their psychological wellbeing.

- Conducting awareness programs in orphanages for adolescents on how to overcome anxiety, depression and other psychological challenges.

- Conducting awareness programs for caregivers caring for orphans about ways to confront the psychological problems of adolescents inside the orphanage and how to deal with the different patterns of adolescents.

- Development of in-services training programs for informal caregivers at orphanages for early detection and managing psychological problems among orphans.

- Screening for psychological and behavioral problems should be incorporated into routine health care provided to Orphans-Screening for depression and mental and psychological care should be integrated into routine health care provided to orphans.

### **Recommendations for scientific researches:**

-Replication of the study using larger sample in different correlational setting to generalize the results.

-Designing stimulating environment to alleviate orphaned adolescent psychological Problems.

### **References**

**Angelin Lavanya, S. (2012).** Effectiveness of Self Esteem Training to Improve the Self Esteem and Coping Strategies among Orphaned in St. Aloysious Orphanage Home, Dharapuram (Doctoral dissertation, Bishop's College of Nursing, Dharapuram).

**Asif, A. (2017).** Self-esteem and depression among orphan and non-orphan children. Med Crave Group LLC. 9(3), 246-251.

**Atieka, N. (2015).** Self-Efficacy of Orphanage Adolescent and Improved Through with Group Counseling Approach. Muhammadiyah University Metro.

**Bhatt, K.B., Apidechkul, T., Srichan, P., & Bhatt, N. (2020).** Depressive symptoms among orphans and vulnerable adolescents in childcare homes in Nepal: a cross-sectional study. BMC psychiatry, 20(1), 1-10.

- Christopher, T., & Mosha, M.A (2021).** Psychological Challenges Facing Orphaned Children and Caregivers: A Case of Ubungu Institutionalized Centers in Dar es Salaam, Tanzania East African Journal of Education and Social Sciences (EAJESS) 2(3)116-127.
- Elattar, N., Alabd, A., & Mohammed, R. (2019).** Impact of Orphan Children's Emotional and Behavioral Problems and Length of Institutionalization on Their Life Satisfaction. EAS J Nurs Midwifery 1(3), 76- 82.
- Elnaser, A., Gamal, M., Soror, A. S., Elzeiny, H. H., & Elmasry, Y.M. (2013).** Aggression and Depression among Orphanages resident Children. Zagazig Nursing Journal, 9(1), 119-134.
- El-Slamoni, M., & Hussien, R. (2019).** Depressive symptoms and aggressive behavior among orphanage female children. Egyptian Nursing Journal, 16(1), 45).
- Hakeem, N.A., Bakr, O.A., & Hassan, M. (2018).** Behavioral and Emotional Problems among Institutionalized Orphans Children. *Egyptian Journal of Health Care*, 9(3), 246-251.
- Hassanin, N. (2019).** Assessing the resilience of adolescents who were raised in orphanages in Cairo, Egypt. [Master's Thesis, the American University in Cairo]. AUC Knowledge fountain. <https://fount.aucegypt.edu/etds/531>
- Huynh, H.V., Limber, S.P., Gray, C.L., et al. (2019).** Factors affecting the psychosocial wellbeing of orphan and separated children in five low- and middle-income countries: Which is more important, quality of care or care setting? Public Library of Science ONE, 14(6): e0218100.
- Kaur, R., & Vinnakota, A. (2018).** A study of depression, externalizing, and internalizing behaviors among adolescents living in institutional homes. International Journal of Applied and Basic Medical Research; 8(2): 89-95.
- Kazim, A.A., & Mohamed, S.H. (2016).** Assessment of psychological status of orphans in orphanages in Baghdad city. kufa Journal for Nursing sciences, 6(1).
- Kholifah, S.N., Wibrata, D.A., & Rahariyani, L.D. (2019):** Psychological Needs of Adolescents in the Orphans. Indian Journal of Forensic Medicine & Toxicology, 13(4).
- Kurniawan, B, Neviyarni, N. & Solfema, S. (2018).** The relationship between self-esteem and resilience of adolescents who living in orphanages. International Journal of Research in Counseling and Education, 1(1): 47-52.
- Mohamed, E., Ramadan, A., Mahmoud, Z. & Ahmed, M. (2022).** Psychological Problems among Orphan. Journal of Nursing Science Benha University, 3(1), 474-485.
- Mohammadzadeh, M., Awang, H., Kadir Shahar, H. & Ismail, S. (2018).** Emotional health and self-esteem among adolescents in Malaysian orphanages. Community mental health journal, 54(1), 117-125.
- Mohammed, B., Badereldin, Y., El-Nase, A. & Ezzat, A. (2018).** Psychological Aspects among Children and Adolescents of Orphanages at Assiut City. Assiut Scientific Nursing Journal, 6(14), 88-98.
- Oyuga, P.A., Raburu, P.A., & Aloka, P.J. (2019).** Relationship between Self-efficacy and Academic Performance among Orphaned Secondary School Students in Kenya.
- Ramagopal, G., Narasimhan, S., Devi, L.U. (2016).** Prevalence of depression among children living in orphanage. Int J Contemp Pediatry 2016; 3:1326-8.
- Sameena, D., Rauf, K., Tabish, S.A. and Khan, A.W. (2016).** A Study on the Mental Health Status of Children Living in

- Orphanages in Kashmir. International journal of science and research, 5 (10).
- Saraswat, A., & Unisa, S. (2017):** An in-depth study of psychosocial distress among orphan and vulnerable children living in institutional care in New Delhi, India, and their coping mechanisms.
- Sethi, M.R., & Asghar, M. (2015).** Study of self-esteem of orphans and non-orphans. *Peshawar Journal of Psychology and Behavioral Sciences (PJPBS)*, 1(2), 163-182.
- Shafiq, F., Haider, S. & Ijaz, S. (2020).** Anxiety, depression, stress, and decision-making among orphans and non-orphans in Pakistan. *Psychology research and behavior management*, 13, 313
- Shiferaw, G., Bacha, L., Tsegaye, D. (2018).** Prevalence of depression and its associated factors among orphan children in orphanages in Ilu Abba Bor Zone, South West Ethiopia. *Psychiatry J.* 2018;1-7. doi:10.1155/2018/6865085
- Vallavanthra, M. (2021).** Depression, Anxiety and Stress of the Adolescent Destitute (Orphans). *IAHRW International Journal of Social Sciences Review*, 9(3), 235-239.
- Viashnav, J. & Kumar, N. (2021).** anxiety and depression among orphans residing in orphanage at Jaipur, Rajasthan: A cross-sectional study, *World journal of advance healthcare research* Volume 5, Issue 4. 2021 | ISO 9001:2015 Certified Journal.