

Assessment of Psychological Status of Orphans in Orphanages in Baghdad City

تقييم الحالة النفسية للأيتام في دور الرعاية في مدينة بغداد

Ali A. Kazim, MSCN / Academic Nurse Specialist, Ministry of Health /Marjan Teaching Hospital.

Saja H. Mohamed, PhD/ Prof. psychiatric and mental health nursing department, College of Nursing /University of Babylon.

E- mail:alikholio711@gmail.com

الخلاصة

الهدف: تقييم الحالة النفسية للأيتام في دور الرعاية في مدينة بغداد.
المنهجية: دراسة وصفية تحليلية ترابطية شملت العينة العمدية الغير احتمالية التي تتألف من (50) يتيم لهذه الدراسة جمعت العينة من 9 كانون الثاني ولغاية شباط 2015. تم جمع العينة باستعمال الاستبانة وبطريقة المقابلة الشخصية للأطفال الأيتام. تم تحليل البيانات من خلال تطبيق التحليل الإحصائي الوصفي (النسب المئوية، التكرارات، ومقياس متوسط القيم المعيارية واختبارات مربع كاي مع برنامج التحليل الإحصائي، الإصدار 20).
النتائج: تشير نتائج الدراسة إلى أن أكثر العينات (34%) لكلا القلق الشديد والمتوسط و (32%) من العينات لديها مستوى قلق خفيف. هناك علاقة ذات دلالة عالية في مستوى القلق مع المعلومات الشخصية (العمر، والدعم المالي). نتائج الدراسة تشير إلى أن أكثر العينات (48%) يعانون من الاكتئاب الخفيف، (30%) من العينات لها مستوى شديد للاكتئاب و (22%) لديهم مستوى من الاكتئاب المتوسط. هناك علاقة ذات دلالة عالية في مستوى القلق مع المعلومات الشخصية (العمر، وفقدان الوالدين)، هناك علاقة ذات دلالة في مستوى القلق مع المعلومات الشخصية (المستوى التعليمي).
الاستنتاج: جميع الأيتام كانوا متأثرين بالمشاكل النفسية لمختلف المستويات، توجد علاقة ضعيفة بين متغير الجنس والمشاكل النفسية.
التوصيات: في ضوء هذه النتائج أوصى الباحث إلى اعطاء برنامج تعليمي على مشرفين دور الأيتام لزيادة معرفتهم تجاه المشاكل النفسية مثل (القلق والاكتئاب)، ارشاد نحو التعليم الديني والأخلاق للحد من الصراخ بين الأيتام وتطور المشاكل النفسية.
الكلمات المفتاحية: اليتيم، القلق، الاكتئاب.

Abstract:

Objectives: To assess of psychological status of orphans in orphanages in Baghdad city.

Methodology: A descriptive correlation analytical study included purposive (non-probability) sample of (50) orphan was selected for the present study. The data had been collection from 9th January 2015 to 20th February 2015. Data were collected through the use of the constructed questionnaire and the process of interviewing to orphans children. Data were analyzed through the application of descriptive statistical analysis (percentage, frequency, mean of score and S.D) and inferential data analysis (Chi-square) with (SPSS, Version 20).

Results: The findings of the study indicate that most of the samples (34%) have both sever, moderate anxiety level and (32%) of the samples have mild anxiety level. There is highly significant relation in anxiety level with sociodemographic data (age, education level, loss of parents), there was significant relation in anxiety level with sociodemographic data (age at admission, financial support). The findings of the study indicate that most (48%) of the samples have mild depression, (30%) of the samples have severe depression level and (22%) have moderate depression level. There is highly significant relation in depression level with sociodemographic data (age, loss of parents), there was significant relation in anxiety level with sociodemographic data (education level).

Conclusion: All orphans affected with the psychological problems in different levels and there are weak relationship between females and males in gender group with psychological problems.

Recommendation: The study recommends that give an educational program to those who were responsible about the orphanage to increase their knowledge toward the psychological problems such as (anxiety, depression). A guidance towards religious and moral education specialist to reduce the conflict between the orphans and development of psychosocial problems.

Keywords: anxiety, depression, Orphan.

INTRODUCTION:

Childhood is a developmental stage which is important to build an emotional relation between the child and caregivers this relation lead to healthy physical, psychological and social development⁽¹⁾.

Developing theory shows that child and teenage psychopathology is actually associated with exposure to environmental stressors which is actually reinforced by proof through community-based studies in the developed world⁽²⁾.

Psychosocial development means prepare of children for their admittance in to modern society along with his or her positive engagement with interpersonal existence along with adherence on the evaluative norms of which implement into their modern community; assistance to create independent selections and judgements, dealing with tension and taking care of their worries⁽³⁾.

Orphaned and vulnerable children are one of the most developmental challenges affecting developing countries worldwide.

The particular growth of healthful mutual relationships along with deals characterized by intimacy, connection, caring, warmness, knowing, excellent humor, pleasure, safety and full satisfaction⁽⁴⁾.

There are not many studies performed in spite of the expanding matter about the psychological well-being of orphans, other than some companies work to cope with requirements of orphans, most of the orphans continue to experience emotional as well as other psychological disorders along with small is it being accomplished with most of these parts of service⁽⁵⁾.

Grown-ups tend not to appear to appreciate of which children will also be negatively suffering from bereavement even though they could not need an adult's understanding of death. Tiny focus is actually provided to children's emotions. Children aren't presented the required service along with encouragement to state his or her emotions not are usually many people guided to deal with all of them. Emotive service should be consistently looked over along with improved upon due to the fact little ones may continue to suffer around the world. Importance appropriate of which focus is actually provided to development of noise steps on the situation along with well-being of orphans along with children⁽⁵⁾.

Objectives:

1. To assess psychological status of orphans.
2. To find out the relation between psychological and other variables (gender, age, age at admission, level of education, financial support, lost one or both parents)

METHODOLOGY:

Descriptive correlation analytic study used the assessment approach to assess psychological status of orphans in orphanages in Baghdad city. The study was carried out to assess the psychological status of orphans which are (anxiety, depression).

To achieve the purpose of the study. A questionnaire was constructed by the researcher. The questionnaire items based on:

1. Extensive review of related studies and literature.
2. Scales such as: Tylor Anxiety, Beck Depression.

The questionnaire consist of two parts

Part one: - demographic data which included: age, sex, age at admission, level of education, financial support, loss of parents.

Part two: - psychological status which contain 27 items distributed as following:-

- 13 items concerned with the anxiety disorder.
- 14 items concerned with the depression disorder.
- Statistical tables to measure services scores which are computed for the total of score by the ideal quartiles test of checklist for registration services, diagnostic and treatment services, laboratory test, tetanus vacation and health education: physical aspect, reliability, responsiveness, empathy and process. This quartiles test is divided into first and second quartile which was 25%, third quartile 50%, and fourth quartile 75%. The first and second quartile as are assigned poor, third quartile as fair and fourth quartile as good⁽⁶⁾.

- The quartiles test was calculated according to the following formula ⁽⁷⁾:
 - $Q1 = \frac{N}{4}$
 - $Q2 = \frac{2N}{4}$
 - $Q3 = \frac{3N}{4}$
 - Q= quartile
- N= sample size

In order to test the validity of the questionnaires, the instrument was presented to panel of experts in different fields to make it more valid.

The data collection started by using questionnaire format and fill out by researcher from 9th January 2015 to 20th February 2015. Data were analyzed through the application of descriptive statistical analysis (percentage, frequency, mean of score and S.D) and inferential data analysis (Chi-square) with (SPSS, Version 20).

RESULTS:

Table 1: Distribution of Socio- Demographic Characterizes of the sample.

Variable		F.	%
Gender	Male	26	52.0
	Female	24	48.0
	Total	50	100.0
Age (year)	10-12	16	32.0
	13-15	17	34.0
	16-18	17	34.0
	Total	50	100.0
Age At admission	6-11 years	32	64.0
	12-18 years	18	36.0
	Total	50	100.0
Level of education	Reads and writes	28	56.0
	primary graduate	16	32.0
	Secondary school	4	8.0
	Preparatory school	2	4.0
	Total	50	100.0
Financial support	Parents	13	26.0
	Brother	4	8.0
	Relatives	7	14.0
	No one	26	52.0
	Total	50	100.0
Loss of parents	Father	14	28.0
	Mother	11	22.0
	Both	25	50.0
	Total	50	100.0

Table 1 shows that most of the study sample (52%) were male and (48%) were female, 34% of the sample within both age groups (13-15),(16-18)yrs. And 32% within age range (10-12)yrs.As regards to their age at admission to orphanages (64%) their age (6-11) years and (36%) their age (12-18) yrs. regarding their levels of education of sample (56%) was read and write , while 32% of the sample was primary graduate,in thistable shows financial support (26%) from parents , (14%) from relatives and(8%) from brother while (52%) They do not have one, concerning the loss of parents (50%) of the sample loss both parents, (28%) loss father and (22%) loss mother.

Table (2): Distribution of psychological problems according to the severity levels.

Psychological Status LEVELS	Anxiety		Depression	
	F	%	F	%
Mild	16	32	24	48
Moderate	17	34	11	22
Sever	17	34	15	30
Total	50	100	50	100

Table 2 show that the most of the samples(34%)have both Severe , moderate anxiety level and (32%) of the samples have mild anxiety level. also the table show that the most (48%) of the samples have milddepression , (30%) of the samples have sever depression level and (22%) have moderate depression level.

Anxiety		level			Chi-Square tests		
Variable		Mild	Moderate	Sever	Value	Df	Sig.
Gender	male	9	8	9	.288	2	.866 N.S
	female	7	9	8			
Age	10-12	16	0	0	100.000	4	.000 H.S
	13-15	0	17	0			
	16-18	0	0	17			
Age At Admission	6-11 years	15	8	9	9.166	2	.010S
	12-18 years	1	9	8			
Education Level	Reads and writes	16	9	3	29.202	6	.000H.S
	Elementary graduate	0	8	8			
	Secondary school	0	0	4			
	Preparatory school	0	0	2			
Financial support	Parents	5	7	1	14.569	6	.024 S
	Brothers	0	3	1			
	Relatives	3	3	1			
	No one	8	4	14			
Loss of parents	Father	7	6	1	20.497	4	.000 H.S
	Mother	5	6	0			
	Both	4	5	16			

Table 3 shows that there was highly significant relation in anxiety level with sociodemographic data (age, education level, loss of parents) at $p \leq 0.01$, also this table shows that there was significant relation in anxiety level with sociodemographic data (age at admission, financial support) at $p \leq 0.05$, also this table shows that there was non-significant relation in anxiety level with sociodemographic data (gender) at $p > 0.05$.

Table (4): Association between depression levels and socio demographic data.

Depression		Levels			Chi-Square tests		
Variable		Mild	Moderate	Sever	Value	Df	Sig.
Gender	male	13	4	9	1.507	2	.471 N.S
	female	11	7	6			
Age	10-12	12	4	0	42.814	4	.000 H.S
	13-15	12	5	0			
	16-18	0	2	15			
Age at admission	6-11 years	19	5	8	4.779	2	.092 N.S
	12-18 years	5	6	7			
Education Level	Reads and writes	18	7	3	19.866	6	.003 S
	Elementary graduate	6	4	6			
	Secondary school	0	0	4			
	Preparatory school	0	0	2			
Financial support	Parents	9	3	1	11.997	6	.062 N.S
	Brothers	2	1	1			
	Relatives	4	3	0			
	No one	9	4	13			
Loss of parents	Father	9	4	1	18.159	4	.001 H.S
	Mother	9	2	0			
	Both	6	5	14			

Table 4 shows that there was highly significant relation in depression level with sociodemographic data (age, loss of parents) at $p \leq 0.01$, also this table shows that there was significant relation in depression level with sociodemographic data (education level) at $p \leq 0.05$, also this table shows that there was non-significant relation in depression level with sociodemographic data (gender, age at admission, financial support) at $p > 0.05$.

DISCUSSION

The results of the present study indicated that the majority of orphan sample (52%) were male, (48%) were female. This results was supported by (Asfawesen, 2013) who found that 52.6% were male and 47.4% were female⁽⁵⁾ and also the result of (Naqshbandi and Sehgal 2012) who found that 60% were male and 40% were female⁽⁸⁾ and also this result agree with the findings of (Koumi, 2012) who found that 71.7% were male% and 28.3% were female⁽¹⁾, also goes with the findings of (Fouad, 2010) who found that 77% were male, 23% were female⁽⁹⁾, while this result disagree with the findings of (Getachew, 2011) who found that 39.3% were male and 60.7% were female⁽¹⁰⁾.

The result of the study indicated that the majority of orphan 34% of the sample within both age groups (13-15), (16-18) yrs. And 32% within age range (10-12) yrs. This may be because of laws and regulations in orphanages reception children at these ages. This result agree with the findings of (Koumi, 2012) who found that (40.75%, 26.41%, 32.82%) with in the age groups (6-7, 8-9, 10-12 years respectively)⁽¹⁾ and (Naqshbandi and Sehgal 2012) in his result he found that (26%, 26%, 36%, 12%) with in the age groups (8-10, 11-13, 14-16, 16 besides above years respectively)⁽⁸⁾ and also these result agree with the findings of (Berhe, 2013) who found that (38.6%, 61.4%) with in the age groups (10-15, 16-19 years respectively)⁽¹¹⁾.

According to age at admission to orphanage the result shows that the majority of orphan children (64%) were their age (6-11) years. This may be because of the orphanages where we collect our sample from it their laws and regulations in reception children were at these ages.

This result disagree with the findings of (Naqshbandi and Sehgal 2012) who found that (81%) their age above 3 years, (Koumi, 2012) in his result he found that (71.7) their age at admission to orphanages were less or equal to 2 years and (28.3) more than 2 years⁽¹⁾.

According to levels of education the result shows that the majority of orphan children (56%)were read and write,(32%) were primary school graduate, (8%) were secondary school graduate,and (4%) were preparatory school. This result agree with the findings of (Fouad, 2010) who found that 75%were read and write⁽⁹⁾,whilethese result disagree with the findings of (Asfawesen, 2013) who found that (39.9) were elementary school ,(52.6) were high school and (7.5) were college graduate⁽⁵⁾, also the result agree with the findings of (Jamaan, 2012) who found that(84%) delayed education level, the reasons may be due to neglect and lack of attention to the orphans by people around them in the orphanage which lead lose their motivation to study⁽¹²⁾.

The result shows that the majority of orphan children (52%) no one supported them financially. This result disagree with the findings of (Koumi, 2012) who found that (25.3%) of his sample their fathers supported them financially and (74.7) their mothers supported them⁽¹⁾.

According to the loss of parentsthe result shows that the majority of orphan sample (50%)loss both parents, (28%)loss father, (22%)loss mother. This may be because when the child loss both parents need to be in orphanage more than the child loss one of parent. This result agree with the findings of (Fouad, 2010) who found that loss both parent 83.5% and 16.5% loss one parent⁽⁹⁾, alsothese result agree with the findings of (Getachew, 2011) who found that (59.7%) loss both parents, (30.1%) loss father, (10.2%) loss mother⁽¹⁰⁾, alsothese result agree with the findings of (Berhe, 2013) who found that loss both parent (65.5%) , (22.9%) loss paternal and (11.6%) loss maternal⁽¹¹⁾.

Thisresult shows that the majority of the sample (34%)have both severe, moderate anxiety level and (32%)of them have mild anxiety level.

This may be because the orphans have generated stress to remind them that they do not have parents which related to increase level of anxiety. This result was supported by (Fouad, 2010) who found that (45 %)of the sample have anxiety⁽⁹⁾, also (Musisi and Kinyanda, 2008) who found that (58.5 %) have anxiety⁽¹³⁾, alsothe result was agree with (Berhe, 2013) who found that (31.7 %)have anxiety⁽¹¹⁾, while the result was disagree with (Asfawesen, 2013)who found that the low percent of his sample (17.7 %)have anxiety⁽⁵⁾.

Theresult shows that the majority of orphan children (48%)have mild level of depression, (30%)of the sample have severe depression level and (22%)have moderate depression level .This result may be explained by various variables including all the children had lost one of their parent at early years of age and they think about their parent and how to loss them and they are not with their family and no one responsible for them and they fell alone which may lead to development of depression. These result agree with the findings of (Fouad, 2010) who found that (21%)have depression⁽⁹⁾, also these result agree with the findings of (Berhe, 2013) who found that (40.3%)have depression⁽¹¹⁾, also these result agree with the findings of (Asfawesen, 2013) who found that (25.3 %) have depression⁽⁵⁾, also by (Musisi and Kinyanda, 2008) who found that (41.5%) have depression⁽¹³⁾.

The result shows that no significant relation between anxiety and gender at p value (.866). The reason for that difference may related to the differences in circumstances of countries. That mean anxiety are the same level for male and female. These results were in contrast with the study of (Fouad, 2010) who found high significant relationship between anxiety and gender⁽⁹⁾.

The result also shows that there is high significant relationship between anxiety and ageat p value (.000). This may be because the orphans when become older he/she will be able to understand the situation and he can coping with the anxiety. These result supported by (Koumi, 2012) who found that high significant relationship between anxiety and age⁽¹⁾.

Concerning the age at admission the result shows that there is significant relationship between anxiety and age at admission at p value (.010). This may be because we select this age to be able to fill the questionnaire.

About education level the result shows that there is high significant relationship between anxiety and education level at p value (.000). This may be because no one encouraged orphans to study more than parents and more orphans leave school after they lost their parents. These results disagree with the findings of (Fouad, 2010) who found that no significant relationship between anxiety and education level⁽⁹⁾.

The result also shows there is significant relationship between anxiety and financial support at p value (.024). Jamaan, 2012 mention that neglect of relatives for orphans and no one support them financially which may make them feel anxious⁽¹²⁾. These results disagree with the findings of (Koumi, 2012) who found that no significant relationship between anxiety and financial support⁽¹⁾.

There is high significant relationship between anxiety and loss of parents at p value (.000), these results supported by (Fouad, 2010) who found that high significant relationship between anxiety and loss of parents⁽⁹⁾. This may be explained by loss of mother or father make the child feel insecure and fear of unsaved environment, while the child in this age need their supported guide.

The result shows that no significant relation between depression and gender at p value (.471), these results disagree with the findings of (Fouad, 2010) who found that high significant relationship between depression and gender. He mention that perhaps girls, due to their nature, provide more care, support and communication to each other than boys and receive more help from others⁽⁹⁾.

Also there is high significant relationship between depression and age at p value (.000). This may be because the orphans when become older he will be able to understand the situation and coping with the problems. These results disagree with the findings of (Koumi, 2012) who found that no significant relationship between depression and age⁽¹⁾.

Also there is no significant relationship between depression and age at admission at p value (.092). The result also shows a significant relationship between depression and education level at p value (.003), these results agree with the findings of (Fouad, 2010) who found significant relationship between depression and education level⁽⁹⁾. (Jamaan, 2012) mention that reasons for the low levels of education may be due to poor follow by director orphanage, which lead lack of motivation and there is no one cares and follows the children more than parents⁽¹²⁾.

The result also shows that no significant relationship between depression and financial support at p value (.062), this results was supported by (Koumi, 2012) who found that no significant relationship between depression and financial support, he mention that socioeconomic status and stressful life events associated with financial support for orphans⁽¹⁾.

About loss of parents the result shows that there is high significant relationship between depression and loss of parents at p value (.001). This result was supported by (Fouad, 2010) who found that high significant relationship between depression and loss of parents⁽⁹⁾.

CONCLUSION:

All orphans affected with the psychological problems in different levels, the prevalence of psychological problems is found in youth age more than child ages.

RECOMMENDATION:

Based on the previously result of the study, the researcher recommended that:

1. Psychiatric nurses should take their role in orphanages by using a chart to assess the psychological and social status for orphans.
2. Educate the orphans about the psychological effects and impacts negatively on their lives to face all kinds of difficult conditions in which they live from the loss of their parents.
3. To prepare an educational program to those who were responsible about the orphanage to increase their knowledge toward the psychological problems.
4. Religious and moral education specialist to reduce the conflict between the orphans and development of psychosocial problems.
5. The orphanage administration preferably that give advice for orphan family to visit the orphans always to support them.
6. There are leisure time which recommends it to provide places to dump the energy that they have by useful things or hobbies (such as places of drawing, sports and sewing).

REFERENCES:

1. Koumi E, Mohamed A, Ali YF, El Banna EA, Youssef UM, Raya YM, et al. Psychiatric morbidity among a sample of orphanage children in Cairo. *International journal of pediatrics*. 2012; p 1-5.
2. Cluver LD, Orkin M, Boyes ME, Gardner F, Nikelo J. AIDS-orphanhood and caregiver HIV/AIDS sickness status: effects on psychological symptoms in South African youth. *Journal of pediatric psychology*. 2012; 37(8):857-67, p 858.
3. De Witt M, Lessing A. The psychosocial well-being of orphans in Southern Africa: the perception of orphans and teachers. TD: *The Journal for Transdisciplinary Research in Southern Africa*. 2010; 6(2):461-77.
4. Robson S, Sylvester KB. Orphaned and vulnerable children in Zambia: the impact of the HIV/AIDS epidemic on basic education for children at risk. *Educational Research*. 2007, p 226.
5. Asfawesen, S, Aregay A, Berhe H. Prevalence of Psychological Distress and Associated Factors among AIDS Orphan Adolescents in Mekelle City, Tigray, Northern Ethiopia: Cross Sectional Study. *Greener Journal of Medical Sciences*, September 2013, p 260-262.
6. Dane, B. Likert scales. Topic Report. Supply in March 3, 2013, CPSC681. Available at: Likert scale\lickurt\.n.
7. Musa, A. Evaluation of School Health Surveillance System Characteristics in Baghdad Governorate, *Iraqi National Journal of Nursing Specialties*, Vol. 25, No.2, 2012, P.1.
8. Naqshbandi MM, Sehgal R, ul Hassan F. Orphans in orphanages of Kashmir “and their Psychological problems”. *International NGO Journal*. 2012; 7(3):55-63, p 56, 58.
9. Fawzy N, Fouad A. Psychosocial and developmental status of orphanage children: epidemiological study. *Current Psychiatry*. 2010; 17(2):41-8, p 61-64.
10. Getachew H, Ambaw F, Abebe L, Kasahun W. Psychological distress and its predictors in AIDS orphan adolescents in Addis Ababa city: A comparative survey. *Ethiopian Journal of Health Development*. 2011; 25(2):135-42, p 137.
11. Berhe H, Aregay A, Bruh G, Asfawesen SAS. Prevalence and associated factors of anxiety Prevalence among AIDS orphan adolescent in Mekelle city, Tigray Ethiopia: A cross sectional study, May 2013, p 416.

12. الجمعان ص ع، الجمعان س ع، حمود أ ج. (مشكلات الايتام داخل دور الدولة خارجها) ، جامعة البصرة اكلية التربية / قسم الارشاد التربوي، ع 3 ، مج 37 ، 2012، ص 336 و333.

13. Musisi S, Kinyanda E, Nakasujja N, Nakigudde J. A comparison of the behavioral and emotional disorders of primary school-going orphans and non-orphans in Uganda. *African health sciences*. 2008; 7(4), p 207.