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Emotional and Behavioral Problems of Children in Orphanages of Khyber Pakhtunkhwa

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The current study aims to investigate the emotional and behavioral problems of the orphans who were living in five selected orphanages in Khyber Pakhtunkhwa. Since all the orphanages in Pakistan could not be covered easily as it involves time and money, therefore, this study was only confined to five orphanages of Khyber Pakhtunkhwa. For this purpose, 190 i.e. (100 %) orphaned children were selected from the five orphanages through the census method. The data was collected through an internationally recognized research instrument i.e. Child Status Index (CSI). The attachment theory of John Bowlby was used as the theoretical framework. Nonetheless, Alderfer's ERG theory was used to analyze the results. The results suggest that the emotional health of the significant majority i.e. 64.7 % of the orphans was fair which indicates that there were some concerns on the part of the care providers. Nevertheless, the social behavior of the significant majority of the orphans was found to be good. In light of the Alderfer theory, it was found that the orphanages in Khyber Pakhtunkhwa had placed focus on meeting the basic needs of the orphans and have been unable to satisfy the relatedness and growth needs of the orphans. The study recommends a special focus on the psychosocial wellbeing of the orphans by employing well-trained psychologists/ mental health workers.

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Orphaned children are the most disadvantaged and vulnerable group in society. According to the definition of the United Nations International Children's Emergency Fund, (2020) and Bailey (2009) a child who is under eighteen years and who has lost both or one of his/her parents is called an orphan. Similarly, a child whose parents are alive but is unable to care for their children is called a social orphan (Browne, 2009; Yendork & Somhlaba 2014). Poverty, disability, imprisonment, negligence, hate and rejection, and drug addiction of the parents have been the potential factors that make a child socially orphan. Bailey (2009), Abdullah et al. (2015), and UNICEF (2019) has estimated that Pakistan is home to 4.2 million orphaned children. Presently, the world has more than 153 million orphaned children (Deluca, 2019). These figures show that if orphans had a country of their own, the population would rank up to 9th in the world ahead of Russia, Germany, the United Kingdom, and other countries. Among the total i.e.153 million orphans, seven (07) million have been living in orphanages or residential care around the globe (Devidas & Mendonca, 2017:376). According to Williamson & Greenberg (2010), an orphanage is a residential facility where a group of children is provided with care by a paid staff.

Placing orphans and vulnerable children in orphanages and residential care facilities further deteriorates their mental health. Researchers suggest that orphans who have been living in orphanages are at more risk for mental health problems as compared to those who have been living under the supervision of their biological parents at home (Rahman et al., 2012). Owing to a lack of parental care, virtually 70 % of the orphans in residential care facilities are having severe mental health issues (Simms et al., 2000). While Lassi et al.(2011) and Simms et al. (2000) have suggested that 50 to 80 % of the orphans had moderate to severe mental health problems.

The caregiver-child emotional attachment, relationship, interaction, and communication are indispensable for healthy development and independent life (Jackson & Fasig, 2011). However, in most

orphanages, such interaction and communication between orphans and the care providers are disturbed due to overcrowding in the orphanages and the overburden on care providers (Vavrova, 2015 & Browne, 2009). The lack of caregiver-child attachment relationship can lead to attachment disruptions which may eventually create in orphans different emotional and behavioral problems (Simsek et al., 2007). Other studies have found that the majority of the orphans in orphanages and many other child residential care institutions were unhappy, anxious, inactive, and withdrawn from healthy activities (Chitiyo et al., 2008 & Holden et al., 2010). Furthermore, the untrained, least qualified, and none professional staff in orphanages have also worsened the life situation of the orphans. Such a residential staff cannot be expected to provide orphaned children with quality and effective care (Alvi et al., 2017).

History has witnessed that Pakistanis are a philanthropic nation who have been supporting the vulnerable i.e. the disabled, aged, poor, sick, and particularly the widows and orphans. A significant number of people have adopted orphans just like their own kids. Others have taken the responsibility for their education. Apart from the state, all cultures in the country have established a formal mechanism in the form of orphanages that provides the orphaned children with all the things they needed (Browne, 2009). Nevertheless, the studies suggest that no institution can be an alternative to the family institution as it satisfies almost all the needs of the children (Vavrova, 2015; Simms et al., 2000; Bretherton, 1992). Nevertheless, not all children are lucky to have their living parents as a result they have to live in and rely on residential care institutions for the satisfaction of their subsistence requirements. However, Save the Children (2004) has reported that institutional or residential care institutions have negative consequences on children and further reported that it is ten times more expensive when it is compared to any other alternative based in the child's community.

The attachment theory of John Bowlby has been used as the theoretical framework for this study. Bowlby (1951) maintained that there is always an emotional bond and attachment relationship between the child and parents particularly the mother (Bretherton, 1992). He proposed that when a child is detached from his/her parents, particularly from his/her

mother or a primary caregiver then such detachment can have negative impacts on the behaviors of children (Ibid). Besides, Alderfer's Existence, Relatedness, and Growth (ERG) theory of human needs were used to clarify why the basic needs of the orphans in the selected orphanages in KP have been met while the relatedness and growth need still need to be satisfied.

Alderfer (1969) maintained that three basic human needs are existence needs, relatedness needs, and growth needs. The existence needs, according to Alderfer, are important for the survival and existence of a human being i.e. oxygen, water, food, pay, etc. Relatedness needs include developing and maintaining social and interpersonal relationships with other individuals. The growth needs or the upper-level needs are the people's fundamental needs for personal growth and development which can be satisfied by productive and healthy struggles only. Nonetheless, Alderfer suggests that there exists a prostration regression relationship in these needs. He proposes that if an individual's growth needs are not satisfied due to some reasons then eventually meeting the basic or existing needs will become the main factors of his/her behavior and motivation. For example, if a person's self-esteem is suffering then he/she will struggle to accomplish the lower-level needs.

Rationale

In orphanages, as a universal practice, the orphans are dwelling without their biological parents. The absence of biological parents or a primary caregiver can give birth to the orphans to various emotional and behavioral problems. In Khyber Pakhtunkhwa, despite the significant research on the orphans' life, the emotional and behavioral problems of the orphans are poorly understood. Therefore, this study was investigated to know whether the orphans in KP have developed emotional and behavioral problems or not. The results of this study can be helpful for the social workers and psychologists to have an understanding of the orphans' psychological issues so that they could take review the strategies and approaches that they have adopted to overcome such problems. Furthermore, this study suggests why the policymakers and residential care institutions in Pakistan have placed focus on meeting the basic needs of

the orphans and have been unable to satisfy their upper-level needs.

Objective of the Study

To investigate the prevalence of emotional and behavioral problems of orphans in five selected male orphanages in Khyber Pakhtunkhwa.

Research Question

What are the emotional and behavioral problems of orphans in five selected orphanages in Khyber Pakhtunkhwa?

Method

Sampling strategy

In KP, there are two types of orphanages; one is funded by the KP government and federal government and the second type is the private orphanages being run by private agencies and individuals. Since the researcher was mainly concerned with the government-run orphanages, therefore, five orphanages were selected which were being run by the KP government and by the federal government. For this purpose, two orphanages from zone two i.e. orphanage no (A) and orphanage (B), and one each from zone three i.e. orphanages (C) four orphanage (D), and five i.e. orphanage (E) were selected due to their cultural and geographical variation.

Sample Size

Participants Since the available number of orphaned children in all five selected orphanages could be easily approached; therefore, the census method (probability method) was used to collect data from all the available orphans i.e. 190 (100 %). Here it is pertinent to mention that in the census method a researcher has to select all the elements/respondents and thus no one is left missing (Kumar 2005). Similarly, there were three age categories of the orphans i.e. 01-05, 06-10, and 11-15. Whereas the mean age of the orphans was reported to be 2.69.

Table 1.
Various Zones, Name of Orphanages, and Sampling Strategy

Tools for data collection

The data was collected through a survey questionnaire. However, the researchers did not develop a new questionnaire rather the Child Status Index (CSI) was used. The CSI was designed by O'Donnell, et.al., after regular consultation with the child wellbeing expert (O'Donnell, et.al. 2009). It is an internationally recognized and well-accepted research tool. It has six domains i.e. food and nutrition, shelter and care, protection, health, psychosocial, education, and skills training. It would be better if all the domains i.e. food and nutrition, shelter and care, protection, health, and education and skills training were to be included in the study. Nevertheless, since the objective of this research study was to investigate only the prevalence of the emotional and behavioral problems of the orphans, therefore, only the domain of psychosocial was used. Furthermore, though the inclusion of other domains could increase the scope of the paper, nevertheless, it would be more difficult to illuminate the results of the study. Keeping in view these limitations, the researcher did not include other domains in this study.

Psychosocial

Psychosocial refers to the study focusing on the relationship between a person's fears and how he/she relates to others in a social environment (O'Donnell et al, 2009). The studies of Cluver & Gardner (2007); Atwine et al. (2005); and Makame & Grantham (2002) have found that orphans and vulnerable children are more likely to be suffering from psychological problems including depression, anxiety, mode disorder, sleeplessness, low self-esteem, suicidal thoughts, and other high-risk behavior.

The domain of "Psychosocial" aims to know whether the child is happy in the orphanage and or he/she is hopeful for a good and happy life. Further, it also focuses on whether the child is enjoying good relationships with adults and other children i.e. peers and classmates, etc.

The domain of psychosocial has further two factors i.e. emotional health and social behavior of the orphaned children.

As per CSI, the goal of emotional health is to know whether the child is happy or not and content with a generally positive mood and hopeful outlook or not (O'Donnell et al., 2009). While the goal of "social behavior" is to know if the child is cooperative and enjoys participating in activities with adults and children.

Data analysis

To analyze the collected data, the Statistical Package for Social Sciences (SPSS-V22) was used. Further, descriptive data analysis has been used which includes frequency and percentage distribution, the mean score, and standard deviation.

Ethical Considerations

First of all, written approval was achieved from the Directorate of Social Welfare, Special Education, and Women Empowerment, Peshawar, KP, Pakistan. Afterward, all the heads of the study orphanages were visited to earn written permission. Fortunately, each head of the orphanage agreed to the conduction of the proposed study. Likewise, all the inmates were informed about the purpose of the study and were told that they could withdraw from the interview at any time if they wish so. Besides, the confidentiality of the information provided by the orphans and their identities has not been shared with anybody.

Results

Table2.

Demographic Information of the Orphaned Children

Most of the orphans (i.e. n=165, 86.8 %) were paternal orphans. These figures (Table 2) indicate that the death of the parents is the major cause of placing children in orphanages. While (n=10, 5.3 %) of the orphans were maternal orphans. Similarly, (n=12, 6.3 %) of the orphans were double (biological orphans) and (n=03, 1.6 %) were social orphans. The data further reveals that (n=58, 30.5%) of the orphans belonged to the age group of 6-10 years. Whereas, a significant majority (i.e. n=132, 69.5%) were from the age group of 11-15 years. The data also suggested

that a significant majority (i.e. n=126, 66.3%) were enrolled in primary schools. Furthermore, (n=57, 30 %) of the orphans were receiving their education in middle schools. While a meager number (i.e. n=07, 3.7 %) was enrolled in high schools. In Pakistan, high schools refer to 9^{th} and 10^{th} grade.

Table 3.
Emotional Health of Orphans

Table 3 illustrates that (n=1, 0.5 %) of the participants reported that their situation was very bad since they were not feeling happy, hopeful and content which as per the Child Status Index (CSI) means that the inmate was a serious risk of this factor and that urgent attention might be needed. Further, (n=2, 1.1 %) of the orphans reported that their situation was bad which means that there was concern that the child's status or situation on this factor was not good and that additional resources or services were needed. The majority (i.e. n=103, 54.2 %) of the orphans reported that their situation in the orphanages was fair. As per CSI, the word "fair" indicates that the status or situation of the child/orphan was though generally acceptable but there were some concerns on the part of the care providers. Besides, (n=84, 44.2 %) of the orphans termed their situation as good which means the child's status or situation was good.

The data also demonstrates that 0.5 % of the orphans had a very bad situation as they were mostly happy but occasionally they become anxious or withdrawn. Further, thirty-eight (i.e. 20 %) of the orphans reported that they had a bad situation. However, an overwhelming majority i.e. (n=111, 58.4 %) termed their situation as fair. Furthermore, (n=40, 21.1 %) of the orphans reported that their situation was good which means that they were mostly happy and were not anxious.

The table further illustrates that (n=1, 1.5 %) of the orphans of the orphanages termed their situation as bad which means that they were often unhappy, anxious, withdrawn, irritable, or often inactive. In addition, the majority (i.e. n=123, 64.7 %) of the orphans agreed that they had a fair situation which means that their situation was generally acceptable, but there were concerns on the part of the caregivers. However, less than a

quarter i.e. (n=46, 24.2 %) mentioned that they were good and were not irritable or anxious rather they were happy and active.

Likewise, (n=5, 2.6 %) of the orphans reported that they were living in a bad situation of their emotional health. According to CSI, this means that they felt that they were sad, hopeless, withdrawn, wish they could die, or slept poorly and wanted to be left alone. This also means that there were concerns that the status of the orphans was not good and that further services and resources were needed. In addition, (n=70, 36.8 %) of the orphans reported that they had fair emotional health. Furthermore, the majority (i.e. n=115, 60.5 %) of the orphans illustrated themselves to be good which means that there were no concerns and no apparent risk for these orphans and that they were hopeful, happy, and had proper sleep.

Table 4.
Social Behavior of Orphans

Being an orphan means susceptibility of the child to many behavioral problems. However, a well-devoted and committed primary caregiver can provide the child with a normal and happy life. According to the results of Table 4, (n=1, .5%) the orphans termed that they had very bad participation in group or family activities. Further, (n=5, 2.6%) reported that they had a bad situation as they also did not like play and group activities. Likewise, (n=60, 31.6 %) of the orphans mentioned they had a fair condition. The rest (n=124, 65.3 %) which is a significant majority too, reported that they were good and had no such issues. The data also indicates that (n=10, 5.3%) of the orphans had minor issues in getting along with others and argued or got into a fight sometimes. Similarly, (n=80, 42.1%) of the orphans had a fair situation in this regard. The remaining (n=100, 52%) of the orphans indicated that they were not facing any problems rather they had good mental health. Besides, (n=25, 13.2%) of the orphans revealed that they had a fair conditions. The rest of all i.e. (n=165, 86.8 %) of the orphans reported that they were obedient to their adults/elders and also had good interactions with peers, guardians, and others at home and school. The data suggests that a significant number of the orphans had good social behavior.

The data further demonstrates that only (n=2, 1.1 %) of the orphans reported that they had a bad situation and had behavioral problems, including stealing, and other risky or disruptive behavior. In addition, (n=23, 12.1 %) of the orphans agreed to fair. And (n=165, 86.8 %) of the orphans didn't highlight any behavioral issues and termed themselves to be mentally sound and good.

Table 5
Mean Score of the Emotional Health and Social Behavior of Orphans

Table 5 demonstrates the mean score of the emotional health and social behavior of the orphans. Here it is pertinent to mention that the ideal mean score for each of the factors is 16. The means score indicates that the higher the mean score, the better will be the state/situation of the orphans. The table reveals that the mean score for the emotional health of the orphans is 13.12 while the standard deviation is 1.82. This also indicates that the orphans were satisfied with their emotional health. Similarly, the data also indicates that the mean score for the social behavior of the orphans is 14.81 while the standard deviation for the stated factor is 1.37. This also indicates a significantly higher satisfaction of the orphans with their social behavior. Overall, the social behavior of the orphans was better than their emotional health.

Discussion

The objective of this study was to investigate the emotional and behavioral problems of the orphans who were living in the orphanages of KP, Pakistan. The demographic information showed that the majority (i.e. n=165, 86.8 %) of the orphans were paternal orphans. This indicated that the death of the father is the major cause of placing orphans in orphanages. The age range of the orphans was 06-15 years, however, the majority (i.e. n=132, 69.5%) were from the age group of 11-15 years. Among the total (n=190) a significant majority (i.e. n=126, 66.3%) were enrolled in primary schools.

The results of this study suggest that the emotional health of the significant majority (i.e. n=103, 54.2 %) of the orphans was fair rather

good which according to CSI means that there were concerns on the part of the caregivers. The results of Akram et al. (2015) are also in line with this finding who observed that the emotional health of the orphans in the orphanages of Karachi, Pakistan, was also fair. Studies have proved that orphanages have negative effects on the emotions and behaviors of orphaned children (Yendork & Somhlaba, 2014; Rahman, et al., 2012; Nyamukapa & Gregson, 2005). In this regard, Bowlby (1951) had rightly said that separation from parents or primary caregivers leads to psychological and behavioral problems in children. Orphanage children have fear, anxiety, stress, fear of rejection, and low self-esteem when they were compared with children who were raised in their families (Shulga et al., 2016). During her study, Anna Freud also observed that children in residential care institutions were suffering from emotional problems due to deprivation of maternal care (Rahman et al., 2012). Similarly, orphanages have no equal negative effects on males and females. Rutter (1971) concluded that male children are succumbing and are more likely to suffer from psychological stresses than female children. In contrast, Makame et al. (2002) found that females in the majority of the orphanages had a higher number of internalizing problems than males.

Like emotional problems, the orphans have been reported to be suffering from behavioral problems. Foster (2002) also proposed that the inmates in the orphanages are extremely susceptible to various long-term behavioral problems. Behavioral problems often start in early life and can affect children of all ages (Rahman et al., 2012). Nonetheless, the results of the current study reveal that a significant majority i.e. (n=124, 65.3 %) of the orphans were having good behavior and thus they had no behavioral problems. There are many reasons for the good behavior of these orphans. Firstly, the basic needs of the inmates were satisfied. Secondly, the caregivers were taking good care of the inmates. Thirdly, a significant majority i.e. 69.5 % of the orphans were from the age group of 11-16 which indicates that children at this age have the least chances to have behavioral problems as compared to children below 6 years as this is a life stage during which very rapid and different changes occur in human brain and mind (Abad et a., 2002). Yendork & Somhlaba (2014) have also the opinion that the mental health status of the orphans is exacerbated the most

when they are too young and the duration of institutionalization is too long as the growth of the brain and the emotional regularity is higher in the early years of the childhood. Owing to these factors the significant majority of the inmates were found to have had good behavior. This study, therefore, found that the emotional health of the significant majority of the orphans was fair and the social behavior of the vital majority was good.

The results of this study were then analyzed in the light of Alderfer's Existence Relatedness and Growth (ERG) theory. This study reveals that the social behavior of the significant majority of the orphans was good; nevertheless, the emotional health of the majority of the orphans was not good rather it was fair. In this study, the term "fair' indicates that there are some concerns on the part of the care providers and that the children are facing some issues in a particular domain. Keeping in view the ERG theory it is argued that the orphanages in the province of KP, Pakistan could not provide the orphans with an upper level or growth needs, therefore, these selected orphanages have placed focus on the satisfaction of the lower level or existence needs of the orphaned children.

Limitations of the Study

In social sciences, almost every study got some limitations due to methods being applied i.e. sampling procedure, sample size, gender, and educational status of the participants. This study too is not free of such limitations. The first limitation of this study is that only the male orphanages were covered. The main reason for this was that a male researcher was not permitted to visit a female orphanage therefore, no female orphanage was investigated due to the strict cultural norms of the target area. Secondly, bearing in mind the objective of the study, only the domain of "psychosocial" was used. The involvement of the rest of the domains could not only enlarge the scope of the study but would also increase the involvement of time and money. Lastly, only the orphans' views were recorded and the perception of care providers was not recorded. This limits the generalizability of this study as the results of this cannot be generalized to the other orphanages which are located in other provinces of Pakistan.

Conclusion

It can be concluded that the emotional health of the significant majority of the orphans was fair and rather good. This indicates that there were some concerns on the part of the caregivers. Nevertheless, the social behavior of the significant majority of the orphans was found to be good. Keeping in view the ERG theory, it is argued that Pakistan is a lower middle-income state where 36.9 % of the population is living below the poverty line (Pasha, 2018, P.33). Owing to the economic depression and resource constraints in the state, it is hard for the orphanages and other residential care facilities to meet the upper-level needs of the orphans. Save the Children (2004) has also suggested that institutional or residential care institutions are of poor value and reported that it is ten times more expensive when it is compared to any other alternative based on the child's community. Consequently, all the orphanage facilities have been focused to provide the orphans with lower-level needs.

Recommendations

Keeping in view the results of the study, it is strongly recommended that placing the orphaned children in orphanages should firstly be discouraged as such placement may cause emotional and behavioral problems to orphans. Furthermore, like the provision of physical or material needs to the orphans, the management of each orphanage should place special focus on the psychosocial wellbeing of the orphans. It is, therefore, recommended that each orphanage in Pakistan should be provided with at least a well-trained and professionally competent counselor who can offer quality mental health services to the orphans. Besides, it is also recommended that professional sound, and competent care providers should be inducted into all the orphanages. In addition, all the residential care staff should be provided with proper training in child-rearing and caring as the provision of such training will eventually help the successful re-integration of the orphans into their respective communities.

Implications

This study has implications for Social Workers, psychologists, and

particularly for the management of the orphanages. They can better evaluate the emotional and behavioral problems of orphaned children. They may provide the inmates of the orphanages with quality services to ensure the psychosocial well-being of the orphaned children. The provision of quality services and the presence of healthy practices will not only ensure the emotional health and normal behavior of all the orphaned children rather their successful reintegration within their respective communities will also be ensured.

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Table 1.
Various Zones, Name of Orphanages, and Sampling Strategy

Name of Zone	Name of Orphanage	Sample Size
02	Orphanage No (A)	23
	Orphanage No (B)	59
03	Orphanage No (C)	20
04	Orphanage No (D)	17
05	Orphanage No (E)	71
	Total	190

Table 2.
Demographic Information of the Orphaned Children

Demographic information	Frequency	Percentage
Types of orphaned children		
Paternal	165	86.8
Maternal	10	5.3
Double	12	6.3
Social	3	1.6
Total	190	100.0
Age of the orphans		
6-10	58	30.5
11-15	132	69.5
Total	190	100.0
Education of the orphans		
Primary	126	66.3
Middle	57	30.0
High	7	3.7
Total	190	100.0

Table 3.
Emotional Health of Orphans

S #	Statement	Frequency/Percentage	Very Bad	Bad	Fair	Good	Total
1	Happy and hopeful	Frequency	1	2	103	84	190
		%age	.5	1.1	54.2	44.2	100
2	Mostly happy but occasionally anxious or withdrawn.	Frequency	1	38	111	40	190
		%age	.5	20	58.4	21.1	100
3	Often withdrawn, irritable, anxious, unhappy, or often be inactive.	Frequency	1	20	123	46	190
		%age	.5	10.5	64.7	24.2	100
4	Hopeless, sad, withdrawn, wishes could die, or want to be left alone, and sleep poorly.	Frequency	00	5	70	115	190
		%age	00	2.6	36.8	60.5	100

Table 4.
Social Behavior of Orphans

S #	Statement	Frequency/Percentage	Very Bad	Bad	Fair	Good	Total
1	Participation in group or family activities.	Frequency	1	5	60	124	190
		%age	.5	2.6	31.6	65.3	100
2	The problem is in getting along with others and arguing or getting into fights sometimes.	Frequency	00	10	80	100	190
		%age	00	5.3	42.1	52.6	100
3	Disobedient to adults and frequently does not interact well with peers, guardians,	Frequency	00	00	25	165	190
		%age	00	00	13.2	86.8	100

	or others at home or school.						
4	Behavioral problems, stealing, and/or other risky or disruptive behavior.	Frequency	00	2	23	165	190
		%age	00	1.1	12.1	86.8	100

Table 5

Mean Score of the Emotional Health and Social Behavior of Orphans

	Emotional Health	**Social Behavior**
Valid	190	190
Missing	0	0
Mean	13.12	14.81
Std. Deviation	1.82	1.37