

# Investigating the Psycho-Social Problems and Coping Strategies of Institutionalized Children

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## Abstract

The purpose of this study is to assess the psychosocial problems (mainly depression, self-esteem, interpersonal problem, and loneliness) of institutionalized children in Kechene children's home, Addis Ababa. In this inquiry, a survey study design of quantitative and qualitative methods were employed. Data were collected from 98 children, manager of the centre and two social workers/counselors. The data were gathered mainly by using different standardized questionnaires/scales, interviews and document analysis. The major tests employed were Depression CES-D Scale, Rosenberg Self-Esteem Scale, Interpersonal Scale and Loneliness Scale. The data collected were tabulated and analyzed using statistical tools such as t-test, mean, standard deviation, percentage and frequencies. Accordingly, considerable number of children reported that they had depression problem, low self-esteem, encountered interpersonal problems and felt loneliness. Moreover, most of children were not good in coping strategies to solve their problems. Hence, such poor coping mechanisms might have been put them in to more stress rather than solving their problems. Therefore, if such problems are not solved in a systematic manner by trained professionals and counselors, it would lead to the production of many misbehaved individuals in the future. And so, in general, institutionalized children require the attention of all the concerned parties working within the institution and its stakeholders.

**Keywords:** Psychosocial Problems Institutionalized Children Coping Strategies

## Introduction

According to Browne (2009) institutional care is defined as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult caregivers. These institutions are alternative care centers for the children and there are people hired to act as caretakers of the children in the institution. Further Browne (2009) stated that residential care implies an organized, routine and impersonal structure to the living arrangements for children and a professional relationship, rather than parental relationship, between the adults and children. For Browne a child can be considered to be under institutional care or is said to be institutionalized if he has been under institutional care for more than three months.

In many parts of the world, abandoned or orphaned children are raised in socially depriving institutions. Many children around the world grow up in institutions instead of their own families or alternative ones. In relation to this UNICEF estimates that 8 million children worldwide reside in such institutional settings. The number of children who are being placed in institutions is increasing while opportunities for international adoption are diminishing (UNICEF, 2002). However, institutional care of children is an extremely poor way of providing care.

Children in institutional care are extremely vulnerable to psychological problems, and institutionalization in long term, in early childhood increases the likelihood that they will grow into psychologically impaired (Flank D, Klass P, Earls F & Eisenberg L.1996). It has also been observed that in an orphanage setting children's emotional and behavioral status worsens and even in well run institutions children develop a range of negative behaviors, including aggression and indiscriminate affection towards adults (Tizard B & Rees J., 1975) .

Sushma, Padmaja and Agarwal (2014) have indicated in their study that the prevalence of psychological, emotional, cognitive, behavioral problems is higher in institutionalized children than those who have been living with their parents. Similarly Ford, Vostanis, Meltzer, and Goodman, 2007 found that institutionalized children have been found to have lower self confidence, attention deficit, memory difficulties, emotional problems, poor social skills, behavioral issues, inadequate coping skills, mental health problems, etc.

Among psychological problems institutionalized children are experiencing is depression is the common one. In studies comparing the level of depression between the institutionalized and non institutionalized children, it is found that differences in the level of depression with institutionalized children displaying higher levels (Wathier & Dell'aglio, 2007).

According to Palacios et al. (2013) children, are also known to have more social problems than other children according to who compared internationally adopted, institutionalized children and community based children.

It is also found that social skills and behavioral problems are among common problem area for children in institutions. Though it is widely accepted that children in institutions lack social skills, there are few studies looking into it. Children in institutions are reported to suffer from mental health problems, including anxiety

disorder, but social anxiety has not been explored much by researchers (Attar-Schwartz, 2007).

On the other hand the psychological well-being and coping strategies employed by institutionalized children in Ethiopia were not well studied. Most researches in Ethiopia mainly focus on the causes and consequences of being orphaned. However, little attention is given to the psychosocial problems and coping strategies of institutionalized children. This is probably due to the fact that in Ethiopia it is assumed that institutional care is not conducive for children's overall development and the foster home has been regarded as the best way of providing for the needs of the orphan and vulnerable children. Institutionalized care is not usually recommended with the assumption that it is the least way of caring and thereby now a days there are few institutions providing care and support for the orphaned children in institution. Moreover, studies on non-institutionalized children appear more common than studies on institutionalized children in Ethiopia. It is also not common for researching on institutionalized children to focus on psychological aspects. Instead, they mainly focus on socio-economical, physical, and material characteristics.

Thus, the relevance of conducting a study on this issue was unquestionable. Unless the psycho-social problems of children living in institutional care could be identified and possible solutions should be given, it will aggravate or continue at the same pace and may result more complicated problems on children. In this line of reasoning, the justification for this study rest on the following reasons:

1. Even though, the institutional care system provides treatment for orphan and vulnerable children, preliminary observation show that a considerable number of these children show different psychosocial problems.
2. Body of research in the area of psychosocial problems and coping strategies of children living in institutions care is scarce and this study is expected to contribute to the body of knowledge in this area.

## **Methods**

In this inquiry, survey study design of quantitative and qualitative methods was employed. Quantitative research method was aimed to measure the psychosocial variables (depression, self-esteem, interpersonal problems and loneliness) using standardized scales. The study was conducted on children living in Kechene Children's Home, Addis Ababa Ethiopia. The study population included all children living in Kechene Childre's Home, social workers/counselors, and manager of the centre. In the process of sampling the children, first the list of children of the care center was taken. Then, from the total 218 female children those included in the pilot test, 10% (22), children aged less than 12 years old and those who were not willing to participate in the investigation were excluded. The remaining 98 children were selected through systematic random sampling. Beside, social workers/counselors and the manager of the center were selected using purposive sampling method.

The study has mainly employed five standardized questionnaires or scales to collect data from the sample children. These are Depression Scale, Rosenberg Self-Esteem Scale, Interpersonal problem Inventory, Loneliness Scale and Coping Inventory. These instruments were used to assess the general profile, psychosocial problems and coping strategies of children living in institutional care. The psychosocial variables investigated in this study were depression, self-esteem, interpersonal problems and loneliness.

Moreover, a questionnaire was developed and employed to collect data about demographic characteristics of the respondents. In addition, document analysis and interviews were also employed to substantiate the data obtained through standardized tests.

Pilot test was conducted with objective to assess the relevance of the tools used in collecting the data for the investigation. Its aim was to find out ambiguities, omissions, and misunderstanding of each item before they are administered to the main study. Therefore, in order to collect more accurate data, the reliability and validity (consistency and appropriateness) of the questionnaire should be ascertained. Accordingly, before using the scales for the main study, a pre-test was conducted in the same institution. A pilot test conducted on 22 children drawn randomly and the reliability of the scales on average was found to be 0.79.

The validity of instruments was also checked by several experts. The scales used and formulated demographic instruments were judged by professionals from measurement and evaluation and language department on their fitness to our contexts. Based on the pilot study/ pre- test results and the professionals' feedback, the content validity of the instruments was checked thoroughly. Accordingly, omissions were checked, vague items and terminologies were improved, and whether items measure what they are intended to measure was also checked. After the necessary improvements were made the questionnaires/scales were administered to the actual sample respondents. Finally, the collected data was analyzed and interpreted using t-test, percentage/frequency averages and standard deviations. Before proceeding to the actual statistical analysis, assumptions associated with the use of each of the analysis were checked.

## **Result and Discussion**

### **Demographic Characteristics of Respondents**

The data for the study was obtained from 98 children at Kechene Children's home. The general demographic

characteristics of the respondents are presented in the following table.

**Table 1: Demographic characteristics of respondents**

Characteristics		Number	Percent
<b>Age</b>	<i>12-18</i>	49	50
	<i>19-25</i>	39	39.80
	<i>26&amp;above</i>	10	10.20
<b>Grade Level</b>	<i>Primary</i>	42	42.85
	<i>Secondary</i>	48	48.98
	<i>College/ University</i>	8	8.17
<b>Length of stay in the institution</b>	<i>1 – 4 years</i>	32	32.65
	<i>5 – 8 Years</i>	56	57.14
	<i>9 and above years</i>	10	10.20
<b>Reason for living in the institution;8</b>	<i>Parent(s) died</i>	80	81.63
	<i>Parent(s) sick</i>	8	8.17
	<i>Parents divorced</i>	7	7.14
	<i>Being from poor family</i>	3	3.06
<b>Do you like living in the institution</b>	<i>Yes</i>	13	13.26
	<i>No</i>	85	86.73

As it is indicated in the table above, about half of the participants 49 (50%) were at the age interval of 12.18, about 39(39.80%) of them were in age interval of 19-26 and only 10(10.20%) were 26 years old and above. These numbers clearly justifies that majority of the participants were children. In relation to grade/education level about 42(42.85%) of the respondents were primary education students, about 49% of them were secondary school students and the rest 8.17% were college/university students. Most (57.14%) of the respondents stayed in the institutional care for 5-8 years and 32.65% of them stayed for 1 to 4 years. The rest 10.2% stayed for more than eight years. Similarly, majority of respondents (81.63%) children have joined the institutional care due to death of their parents. And 8.17% were forced to participate in the institutional care program because their parent(s) were sick. In addition, about 7.14% of them have started to live in the institution due to their parents were divorced and the rest 3.06% were due to being from poor family. Moreover, children were asked whether they like being served within the institution or not. Accordingly, majority of them (86.73%) of them were not happy to be institutionalized.

### The Psychosocial Problems of institutionalized Children

Under this section data collected in relation to psychological problems (depression and self-esteem) and social problems (interpersonal problems and loneliness) from the sample respondents are presented.

#### a. Psychological problems

In this sub-part data collected from respondents in relation to psychological problems (depression and self-esteem) are presented and analyzed.

**Table 2: Depression level of respondent children under foster care as measured by CES-D Scale**

Level of depression	Scores	No. of respondents	Total Percent	Df	t-cri	t cal.
		N=98				
Normal	0-5	7	7.14			0.66
Mild	6-10	21	24.43			
Moderate	11-15	26	26.53			
Major	16-20	41	41.83			
Sever major	21-30	3	3.06			
Total	-	98	100.00	95	1.96	

*N.B. Scores of 0-5 are considered normal, depending on age, education, and complaints; 6-10 indicate mild depression; 11-15 indicate moderate depression; 16-20 indicate major depression; and 21-30 indicate severe depression.*

Table 2 depicts that almost 7% of the respondents' depression level is normal and about 24.43% of them were at a mild level of depression. Similarly, 26.53 % of respondents' depression level is at moderate style. However, a significant number of respondents (41.83%) were fallen on the depression level of major type. But, unfortunately, only 3% of respondents' depression level is at sever major level. In general, more than 93% of the respondents reported that their depression level ranges from mild to severe major level. In order to identify the differences in depression score between primary and secondary school children, a t-test was calculated. The result of the test indicates that for 95 degree of freedom (at 0.05 levels of significance and for non-directional two tailed test), the critical value of t-test (1.96) was much greater than the calculated value of t-test (0.66). Thus,

conclusion would be drawn that there was no reliable evidence showing the existence of statistically significant difference between primary and school children within the institution with regard to their depression level. Therefore, based on the results of the statistical test, it sounds logical to infer that there is no statistically significant difference in depression problem among the children due to their grade level differences.

Similar studies on institutionalized children have revealed the negative effect of institutional care on the physiological and social health of the children (Nelson, Zeanah, Fox, Marshall, Smyke and Guthrie, 2007). According to Erol, Simsek, and Mu'nir, (2010), the prevalence of psychological, emotional, cognitive, behavioural problems is higher in institutionalized children than those who have been living with their parents. Moreover, study by Dell'aglio and Hutz (2004) on comparing the institutionalized and non institutionalized children found differences in the level of depression with institutionalized children displaying higher levels.

**Table 3: Self-esteem of the respondents as measured by Rosenberg Self-Esteem Scale**

Level of self-esteem	Scores	No. of respondents		DF	t-crit	T-Cal
Low	0-16	47	47.96			
Average	17-25	38	38.77			
High	26-40	13	13.26			
<b>Total</b>		<b>98</b>	<b>100</b>	<b>95</b>	<b>1.96</b>	<b>1.06</b>

As shown in table 3 above, 47.96 % of the respondents have reported that their self-esteem level, as measured by Rosenberg's self-esteem scale, was at low level. On the other hand, 38(38.77%) of them revealed that they have average level of self-esteem. The rest 13(13.26%) have indicated that they were with high level of self-esteem. In general, majority of the respondents reported that they are with low or average level of self-esteem.

A t-test was calculated to see whether or not significant difference exists across age. Accordingly, the means and standard deviations were calculated for the two groups separately (for 12-18 and 19-26). The mean of the responses of children between the age intervals of 12-18 was found to be 13.07 with standard deviation 8.62 and the mean of the responses of respondents between 19-26 years of age respondents were found to be 11.23 with standard deviation 5.69. Based on this, the result of the t-test indicated that at 95 degrees of freedom (at 0.05 levels of significance and for non-directional two tailed test), the critical value of t-test (1.96) was greater than the calculated value of t-test (2.06). This shows that there is statistically significant difference between children under the age interval of 12 to 18 and children between 19 to 26 years of age. Hence, it is concluded that there is statistically significant difference between these two age groups in relation to self-esteem.

**b. Social Problems of Children in the Institution**

Under this sub-section data obtained from the sample children their social problem (interpersonal problems and loneliness) are presented and analyzed.

**Table 4: Responses of the respondents on the Loneliness Scale**

Degree of loneliness problem	Scores	No. of respondents		DF	t-crit	t-calc
Minimal	0-15	9	9.18			
Mild	16-30	11	11.22			
Moderate	31-45	35	35.71			
Severe	46-60	43	43.87			
<b>Total</b>		<b>98</b>	<b>100</b>	<b>95</b>	<b>1.96</b>	<b>0.15</b>

As shown in the table, 9 (9.18%) of the respondents reported that their level of loneliness is minimal or normal. Majority of the respondents (43.87 %) indicated that they were with a severe level of loneliness. About 35.71 % of the respondents rate their loneliness level to be moderate. To check whether there was difference between the responses of children who liked to be in institution and who didn't, their loneliness level was significantly different. The result of t-test indicated that for 95 degrees of freedom (at 0.05 alpha levels), the critical value of t-test (1.96) was less than the calculated value of t-test (3.15). Thus, conclusion would be drawn that there is reliable evidence showing the existence of statistically significant difference between those children who are happy and not happy of living in the institution. Those who were not happy are suffering with high level of loneliness. Hence, there was statistically significant difference between them in relation to the degree of loneliness they encountered.

**Table 5: Responses of the respondents on the inventory for interpersonal problem**

Level of loneliness	Scores	No. of respondents N=98	Total Percent	t-cal
Low	0-10	11	11.22	2.24
Moderate	11-20	32	32.65	
High	21-30	55	56.12	
<b>Total</b>		<b>98</b>	<b>100.00</b>	

As shown in the above table, 11% of the total respondents rated their interpersonal problem as low, whereas 32.65% have rated their interpersonal problem level to be moderate. However, about 56 % of them have indicated that they are with a high interpersonal problem. To check whether there is difference between the responses of children who were happy in the institution and who were not, a t-test was calculated. The result of the study indicates that the critical value of t-test (1.96) was much less than the calculated value of t-test (2.24). Thus, conclusion would be drawn that there is reliable evidence showing the existence of statistically significant difference between the happy ones and not happy ones. Therefore, based on the responses of the majority, it is possible to infer that not happy children in the institution have encountered more interpersonal problems.

**c. Coping Strategies as per Brief COPE Inventory**

This part deals with the presentation and analysis of data in relation to the coping mechanisms used by children.

**Table 6: Respondents' Coping Strategies**

Coping strategies	Scores	No. of respondents N=98	Total Percent	t-cal
Low	0-28	40	40.81	
Mild	29-56	32	32.65	2.22
Moderate	57-74	28	28.57	
High	75-112	18	18.36	
<b>Total</b>		98	100.00	

As shown in the table 6, 40.8% of the total respondents rated their coping skill as low, whereas 32.65 % of them rated their coping strategy level to be mild and 28.57% of respondent's coping strategy was at moderate level. Only about 18.36% of them have indicated that they are with high coping skills. This therefore, indicates children are needed to have good way of coping with the problems that they are living with. Otherwise their problem will be even getting worsen.

**d. Analysis of Qualitative Data**

**Source of Psychosocial Problems**

Interviews conducted with key informants indicated that the major psychological problems of children were depression and low self esteem. They explained that most children encountered depression problem after they placed at institution as compared to their status before they the institution. According to them this is mainly due to the fact that most of the children face difficulty to adapt themselves to the new environment (living in the institution). In addition, most of key informants also explained interpersonal problem as the major social problem children were facing.

In relation to coping strategies of children, the key informants indicated that most children employed negative coping strategies rather than accepting problems and trying to solve by using different mechanisms. Moreover, they reported that most of the children act emotionally towards problems and this affected their relation with other individuals.

**Conclusions**

Based on the data obtained, the analysis made and the findings reached on the following conclusions are drawn.

- ψ As it is clearly shown in the findings, considerable number of children reported that they are with a depression problem. If such problems are not solved in a systematic manner by trained professionals and counselors it would lead to the production of many misbehaved individuals in the future. Hence, institutionalized children require the attention of all the concerned parties like the orphan centers, foster families and the government in general.
- ψ Majority of the children have developed average or low level of self-esteem. Children with low self-esteem developed low morale, and consider themselves as worthless and developed low confidence in their life time.
- ψ Most of the children encountered moderate or high level of interpersonal problems. Such problems affect their day to day interaction with different individuals and also affect their life in the future. Unless they are counseled and train on how to make effective interaction with individuals it would persist and would result other social problems.
- ψ Most of children in the center had been also with moderate level of loneliness problem. This problem also affects their life in the future. Therefore, if good conditions are not created for them to interact with children at their age level as well to freely communicate with others it will also goes to severe level.
- ψ Moreover, most of children were not good in coping strategies to solve their problems. However, such poor coping mechanisms might put them in to stress rather than solving their problems. Hence, training and advices shall be provided to them by the center and foster families on how to cope with problems.



### 6.3 Recommendations

Based on the above finding and conclusion the following recommendations are forwarded:

- ψ According to this finding institutionalized children have psychological problems. Therefore, in order to reduce those psychosocial problems of children appropriate measures should be taken.
- ψ Coping strategies of children were not as good as expected. This might put them in problem to encounter stressful stimuli. Therefore, it is better if the institution work on children to improve their coping strategy.

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