

UNIVERSITY OF GHANA, LEGON

DEPARTMENT OF PSYCHOLOGY

**A COMPARATIVE STUDY OF BEHAVIOURAL AND
EMOTIONAL PROBLEMS AMONG CHILDREN LIVING IN
ORPHANAGES IN GHANA: A MIXED METHOD APPROACH.**

BY

SELINA OWUSU BOADU

(10198953)

**A THESIS SUBMITTED TO UNIVERSITY OF GHANA, IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF PHILOSOPHY (MPHIL) DEGREE IN CLINICAL
PSYCHOLOGY.**

JULY, 2015

DECLARATION

I, Selina Owusu Boadu, hereby, declare that this study was conducted by me under the able supervision of Dr. Annabella Opere-Henaku and Dr. Joseph Osafo. All references cited in this study have been appropriately acknowledged. I declare that this Dissertation is the result of my independent investigation, except where I have indicated my indebtedness to other sources.

I certify that, this Dissertation has not already been accepted in substance for any other degree, nor is it being submitted concurrently for any other degree. I therefore take full responsibility for any limitations associated with this study.

.....
SELINA OWUSU BOADU
(STUDENT)

.....
DATE

This work has been submitted for examination with our approval as supervisors.

.....
DR. ANNABELLA OPARE-HENAKU
(PRINCIPAL SUPERVISOR)

.....
DATE

.....
DR. JOSEPH OSAFO
(CO-SUPERVISOR)

.....
DATE

Behavioural and Emotional Problems of Children in Orphanages.

DEDICATION

I dedicate this work to my parents, Mr. & Mrs. Boadu and secondly to my brothers, Silas Boadu and Steven Boadu who have inspired me greatly.



ACKNOWLEDGEMENT

The Almighty God who has been known since time immemorial has done it for me again. Through all my endeavours, He kept me and has brought me this far. I am forever grateful for the divine protection and guidance from the Most High. You deserve all the glory.

Numerous people have shown tremendous support, given advice, expertise during this research process. I cannot make mention of all. Specifically, I would like to thank my parents who have been helpful throughout my academic journey. Your inspiration has brought me this far in academia. Dad and Mum, wherever I find myself today, I just want to say Thank You.

To my supervisors, Dr. Annabella Opare-Henaku and Dr. Joseph Osafo. I really appreciate your excellent guidance, support and directions. I owe you a lot for your relentless effort to bring me this far. Your criticisms and corrections have proved worthy. You are indeed great supervisors and may God richly bless you in all your endeavours.

Appreciation again goes to all the wonderful orphanages I worked with, for their willingness and openness. Management of Social Welfare Department, Osu Children's Home, S.O.S villages and Lighthouse Christian Children's Home, I say I am really grateful. Additionally, I want to thank all the children of the orphanages for their time, willingness to participate, and their trust. Each of you is truly special and the time spent together will always be remembered!

I cannot end my appreciation without mention of my great brothers, especially Silas Boadu and Steven Boadu who have really been financially supportive. Words alone cannot express my profound gratitude. Your names would never be forgotten. A big thank you!

ABSTRACT

This comparative study investigated behavioural and emotional problems among children living in selected private, public and religiously owned orphanages in Ghana. A mixed method approach was employed to achieve research objectives. Quantitative method was used to collect information with the use of questionnaires and a qualitative method was used to explore other facets of the study objectives through individual interviews. The study was carried out at three selected orphanages: SOS villages (private); Osu Children's Home (public); and Lighthouse children's home (religious). A total of 150 participants within the age range of 11 to 18 years were sampled for quantitative data of which, 15 children between age 15 and 18 were sampled to obtain qualitative data. The 150 participants were conveniently sampled and administered with Strengths and Difficulties Questionnaire (Goodman, 1997) whilst the 15 participants in the interview were selected using systematic random sampling technique.

Quantitative data were analyzed using MANOVA, Pearson correlation and Independent t-test in relation to stated hypotheses. Qualitative data were analyzed using Interpretative Phenomenological Analysis (IPA) in relation to the research questions. Results from the quantitative data revealed that significant differences existed in terms of behavioural and emotional problems among children in orphanages. There was also a significant negative relationship between length of stay and behavioural and emotional problems. However, no difference was found between males and females in terms of emotional problems. Qualitative results revealed the emotional and behavioral problems as well as the coping strategies of children living in orphanages. Implications of the results are discussed in relation to other studies.

TABLE OF CONTENTS

| Content | Page |
|--|-------------|
| DECLARATION | i |
| DEDICATION | ii |
| ACKNOWLEDGEMENT | iii |
| ABSTRACT..... | iv |
| TABLE OF CONTENTS..... | v |
| LIST OF TABLES | ix |
| | |
| CHAPTER ONE | 1 |
| INTRODUCTION..... | 1 |
| 1.0 Background..... | 1 |
| 1.1 Global Perspective | 1 |
| 1.2 Children in Ghana..... | 2 |
| 1.3 Orphanages or Children’s Homes in Ghana..... | 3 |
| 1.3.1 Save Our Soul (SOS) Village..... | 4 |
| 1.3.2 Osu Children’s Home..... | 5 |
| 1.3.3 Lighthouse Christian Children’s Home | 6 |
| 1.4 Mental State of Children in Orphanages | 6 |
| 1.5 Behavioral problems..... | 7 |
| 1.5.1 Conduct Disorder/Problem..... | 7 |
| 1.6 Emotional problems..... | 8 |
| 1.6.1 Depression..... | 8 |
| 1.6.2 Anxiety | 9 |
| 1.7 Problem Statements | 10 |
| 1.8 Aim of Study | 13 |
| 1.8.1 Specific objectives..... | 13 |
| 1.9 Justification/Relevance | 13 |

| | |
|--|-----------|
| CHAPTER TWO | 15 |
| LITERATURE REVIEW | 15 |
| 2.0 Introduction | 15 |
| 2.1 Theoretical Framework..... | 15 |
| 2.1.1 Attachment Theory ((Bowlby, 1969, 1988) | 16 |
| 2.1.2 Social Learning Theory (Bandura, 1965, 1977, 2005, 2006)..... | 19 |
| 2.2 Caregiving in the Ghanaian context | 21 |
| 2.3 Reviews of Related studies..... | 22 |
| 2.3.1 Behavioural problems of children | 22 |
| 2.3.2 Emotional problems of children living in orphanages | 25 |
| 2.3.3 Experiences of children in orphanages..... | 27 |
| 2.4 Demographic Variables and Behavioural and Emotional Problems of Children | 30 |
| 2.4.1 Gender, Age, and length of stay..... | 30 |
| 2.5 Rationale of the study | 33 |
| 2.6 Statement of Hypotheses | 35 |
| 2.7 Operational Definitions | 37 |
| CHAPTER THREE | 38 |
| METHODOLOGY | 38 |
| 3.0 Introduction | 38 |
| 3.1 Study Sites and Population..... | 38 |
| 3.2 Sample Size | 38 |
| 3.3 Sampling Technique | 39 |
| 3.4 Inclusion and exclusion criteria..... | 40 |
| 3.5 Research Design | 40 |
| 3.6 Mixed method..... | 40 |
| 3.7 Study 1 | 41 |
| 3.7.1 Instruments/Measures | 41 |
| 3.7.2 The Strengths and Difficulties Questionnaire (SDQ) | 42 |
| 3.8 Pilot Testing..... | 42 |
| 3.9 Study 2..... | 43 |

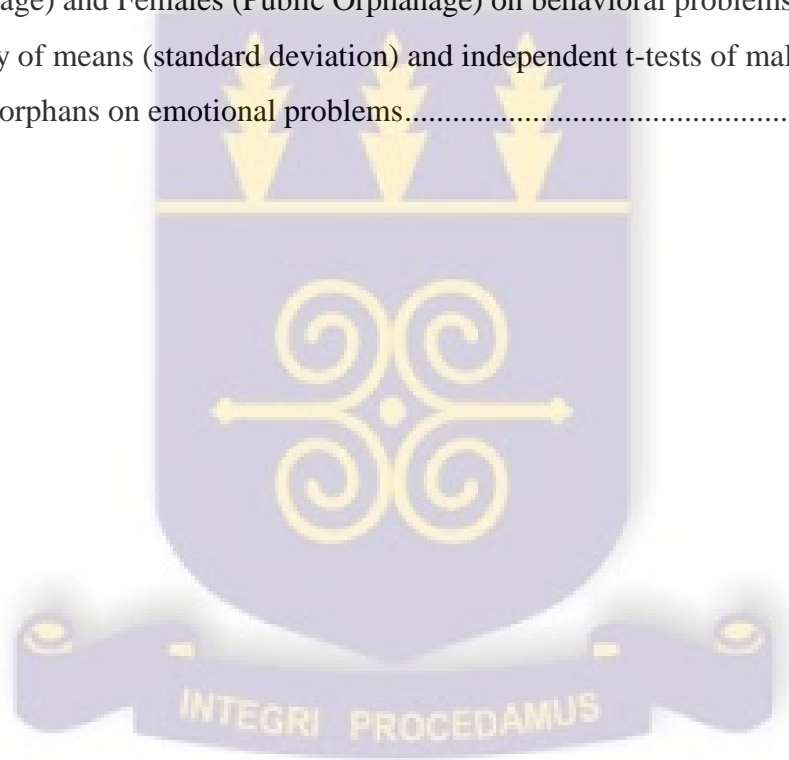
| | |
|---|-----------|
| 3.9.1 Interview Guide..... | 43 |
| 3.10 Procedure..... | 43 |
| 3.11 Ethical Considerations..... | 45 |
| CHAPTER FOUR..... | 46 |
| DATA ANALYSIS AND RESULTS..... | 46 |
| 4.0 Introduction..... | 46 |
| 4.1 Quantitative Data..... | 47 |
| 4.1.1 Background Information of Study Participants..... | 47 |
| 4.2 Test of Hypotheses..... | 49 |
| 4.3 Hypothesis One..... | 50 |
| 4.4 Hypothesis Two..... | 53 |
| 4.5 Hypothesis Three..... | 54 |
| 4.7 Summary of Findings on Quantitative Data..... | 55 |
| 4.8 Qualitative Data..... | 56 |
| 4.8.1 Participants..... | 57 |
| 4.9 Analysis..... | 57 |
| 4.10 Validity and Reliability..... | 58 |
| 4.11 Results..... | 60 |
| 4.12 Emotional Problems..... | 60 |
| 4.12.1 Loneliness..... | 60 |
| 4.12.2 Entrapment..... | 62 |
| 4.12.3 Discrimination..... | 63 |
| 4.12.4 Loss of parent / Isolation..... | 64 |
| 4.12.5 Boredom / Idleness..... | 65 |
| 4.12.6 Deprivation..... | 66 |
| 4.12.7 <i>Rejection</i> | 68 |
| 4.12.8 Helplessness..... | 68 |
| 4.13 Behavioural problems..... | 69 |
| 4.13.1 ‘Survivalism’..... | 69 |
| 4.13.2 Adventure..... | 71 |

Behavioural and Emotional Problems of Children in Orphanages.

| | |
|--|------------|
| 4.13.3 Defensiveness..... | 72 |
| 4.13.4 Superiority..... | 72 |
| 4.14 Coping strategies/mechanisms | 73 |
| 4.14.1 Attending church and praying..... | 73 |
| 4.14.2 Opportunity to be in an orphanage..... | 74 |
| 4.14.3 Focusing on education..... | 76 |
| 4.14.4 Hope for the future | 77 |
| 4.15 Summary of qualitative findings | 78 |
| CHAPTER FIVE | 80 |
| DISCUSSION..... | 80 |
| 5.0 Introduction | 80 |
| 5.1 Quantitative Findings | 80 |
| 5.1.1 Demographic variables and behavioural and emotional problems | 80 |
| 5.2 Discussion on hypotheses..... | 81 |
| 5.3 Discussion on qualitative findings..... | 83 |
| 5.4 Children and caregiver relationship..... | 86 |
| 5.5 The Role of Culture | 88 |
| 5.6 Implications of findings..... | 91 |
| 5.7 Limitations..... | 93 |
| 5.8 Recommendations | 96 |
| 5.9 Conclusion | 97 |
| REFERENCES..... | 100 |
| APPENDICES | 120 |

+LIST OF TABLES

| | |
|---|----|
| Table 1: Demographic characteristics of the participants..... | 48 |
| Table 2: Summary of MANOVA Results..... | 50 |
| Table 3: Summary of Between Subjects Effects..... | 51 |
| Table 4: Multiple Comparisons | 52 |
| Table 5: Summary of Results for Hypotheses Two | 53 |
| Table 6: Summary of Means (Standard deviation) and Independent t-test of Females (Private Orphanage) and Females (Public Orphanage) on behavioral problems..... | 54 |
| Table 7: Summary of means (standard deviation) and independent t-tests of male orphans and female orphans on emotional problems..... | 55 |



CHAPTER ONE

INTRODUCTION

1.0 Background

An orphanage, also termed as ‘children’s home’, is a private, public or religious institution for the care of children (George, 2011). Children living in orphanages include orphans and vulnerable children. An orphan is defined as a child who has lost either one or both parents (Skinner et al. 2006, p. 624). A vulnerable child is seen as someone who has little or no access to basic needs or rights (p. 623). Orphans and vulnerable children are a growing population and it is urgent that their short and long term psychological needs are cared for (Abehe, 2005).

1.1 Global Perspective

Globally, one in every five children suffers from a mental disorder, and two out of five who require mental health services do not receive them. It is estimated that, at least 2.2 million children in the world live in orphanages. Orphanages in this case include all types of residential care, from small (15 or fewer children) to large-scale institutions (UNICEF 2004).

It is of great interest to undertake a Ghanaian study due to the fact that, in line with globalization, Ghana is the only country in sub-Saharan Africa that has indeed benefitted continuously from the implementation of the International Monetary Fund (IMF) and World Bank (WB) sponsored Structured Adjustment Programs (SAPs). This program, since 1983 was aimed at making provision for improving the wellbeing and quality of life of its citizens. Ghana is one of the few countries in sub-Saharan Africa pursuing UNICEF sponsored ‘Child Reform Program’ that intends to produce a ‘Child Welfare Policy fit for Ghana’ to assist delivery of care services for

Ghanaian children in institutional care (UNICEF, 2013). In this regard, it becomes expedient to assess Ghanaian children living in institutional care or orphanages.

1.2 Children in Ghana

According to the Ghana Statistical Service Survey supported by UNICEF (2004), 57% of children aged 0-17 years in Ghana live with parents, about 17% are not living with a biological parent. Eight percent of children in Ghana are orphans of one or both parents, and about 1% of the children aged 0-17 years are double orphans. Ghana is a highly indebted low-income country with a population estimate of 25.82 million (Ghana Statistical Service, 2012). Ghana has over 1 million orphans and the numbers continue to grow. About 4,500 of these children are in orphanages. Children continue to display their biological and psychological immaturity and the general society still perceive children as helpless beings (UNICEF, 2010).

The dynamics of childhood in Ghana are shaped by economics. Children from wealthier families may have the luxuries of protected childhood compared to children from poorer families. The context within which children are born determines the extent of community involvement in their upbringing. In cities or urban areas, raising children is the primary responsibility of the individual household, which consists primarily of a wife and a husband. The community, which rears the child in an urban context, will be the biological parents, and social institution like schools, churches, and the media. This is very different from the context in the villages or rural communities, where the child may still exist within the boundaries of the extended family system (Boakye-Boaten, 2010).

According to Abebe and Asbjorn (2007), the extended family system culturally performs the responsibility of taking care of children in need. The booming number of children placed in

Behavioural and Emotional Problems of Children in Orphanages.

orphanages in Ghana is the result of failure on the part of the extended family to care and protect orphans and vulnerable children (Ansah-Koi, 2006; Salifu & Somhlaba, 2014). A salient aspect of Ghanaian culture is the child-rearing practices that are implemented through the traditional inheritance process. This practice is very important as it paves way for extended families and communities to care for orphans and vulnerable children. With the traditional inheritance system in Ghana, a member of the extended family who is capable of taking care of orphaned children is chosen to assume the responsibility of a biological parent (Ansah-Koi, 2006). This practice is a great opportunity for orphans and vulnerable children as they receive the needed care and protection. The case of children living in orphanages is however different. This is because, children are sent to the orphanages in the total care of the orphanages with no family bond, and some of them may not even receive continued care as expected in the extended families.

1.3 Orphanages or Children's Homes in Ghana

Children's Homes or orphanages in Ghana were first established by the European Missionaries as a way of caring for children who were abandoned, orphaned and where cultural constraints did not allow certain categories of children to be cared for within the traditional family system. In 1949, Osu Children's Home was established as the first officially recognized Children's Home in Ghana. After the 1950's, the number of children without family care has grown tremendously due to rural-urban migration, the HIV/AIDS epidemic and the disintegration of the traditional family ties.

Ghana has responded to the staggering numbers of orphans by a sudden boom of orphanages or children's homes all over the country as a result of the extended family systems' failure to absorb the orphans (Ministry of Manpower, Youth and Employment and Department of Social

Welfare, 2008).

A report by UNICEF (2010) indicates that in Ghana, there are about 1,100,000 orphans. Out of that number, 160,000 are children that have been orphaned by HIV/AIDS. Although Ghana has a relatively low number of people with AIDS, compared to other Sub-Saharan African countries, the percentage is still rising. Among the interventions by the Ghanaian community to this increasing number of orphans was the establishment of institutions. Consequently, there have been numerous institutions established to help with the caring of such children. In other words, increasing number of orphans has given way to a growing number of orphanage homes in Ghana. This entails that, the number of orphans in Ghana keeps increasing each year. Compared to the growing number of orphans in Ghana, the available number of orphanages clearly is unable to provide accommodation for all orphaned children (UNICEF, 2010).

Present orphanages in Ghana can be categorized as privately, publicly or religiously owned. It must be noted in this study that, orphanages, children's home, residential, or institutional care will be used interchangeably to mean the same thing. The orphanages to be considered in this Behavioural and Emotional Problems of Children in Orphanages.

Study, includes SOS children villages international, Osu Children's home and Lighthouse Christian Children's home respectively.

1.3.1 Save Our Soul (SOS) Village

SOS is an international organization founded by Hermann Gmeiner in 1949 in Austria. In Ghana, this facility is located in Tema, Asiakwa, Kumasi and Tamale. The selected area for this study is the SOS village in Tema. It was established in 1974 to provide care for orphans, abandoned and destitute children. The SOS Children's villages operate various facilities, such as kindergartens,

Behavioural and Emotional Problems of Children in Orphanages.

schools, and vocational training centers, social and medical facilities. The facility is partitioned into kindergarten, the children's village and the school. The village is the orphanage. These are also open to neighborhood families, which help integrate SOS Children's Villages into the local community. In this institution, every child belongs to a family and grows with love and security. Families live together, forming a supportive village environment where children enjoy a happy childhood. The SOS family is a part of the community. The families share experiences, offer one another a helping hand and live as contributing members of the local community. The SOS village is the bridge integrating the children into society (SOS children's village, webpage).

1.3.2 Osu Children's Home

This is the largest Children's Home in Ghana and was started in 1949 by a Non-governmental organization called the "Child Care Society" and as stated on their homepage it is "a community for orphaned, abandoned and needy children from ages zero to eighteen". In 1960, the Social Welfare Department of Ghana, took over the home and moved it from the suburb Kaneshie to Osu. It is located on the Labone junction near the Seventh Day Adventist school complex in the Southern part of Accra. The home comprises of four separate units. One is a nursery unit which houses, babies from zero to age two. Three other units house children three years and above. The home has an early childhood development center that caters for those at preschool age and prepares them for basic school (Orphanage International, 2008).

1.3.3 Lighthouse Christian Children's Home

This was built and established by the Lighthouse Chapel International in the year 2006. It is situated in Aburi in the Eastern Region of Ghana and has the license to operate as a Residential Children's Home by the Department of Social Welfare. The Home currently runs a dormitory style system with respect to housing. There are dormitories for boys, another for the girls and a nursery for babies. Children in the houses range from two (2) to eighteen (18) years. The children here attend the Lighthouse Christian Mission School, founded by the same religious body (Ghana Christian Web, 2011).

1.4 Mental State of Children in Orphanages

Parental deaths and illnesses are childhood traumatic events that are associated with several negative physical and psychosocial health problems (Guterman, Cameron & Hahon, 2003). Describing the situation of orphans and vulnerable children, UNICEF (2004b) recounted that they are struggling to cope with significant loss, poverty, hardship, poor psychological functioning, stigma and discrimination, violence, economic exploitation and are at heightened risk for their own mortality.

Moreover, orphan and vulnerable children often show hopelessness for the future and have low self-esteem (Kedija, 2006). The losses of the parents continue to affect the children's developmental stages as depicted in a study conducted in Zambia by Family Health International (2003) on seven hundred and eighty eight (788) orphans concerning their emotional well-being. The study revealed that orphans often had scary dreams or nightmares while others were sometimes unhappy. In addition, the study found out that some of the children frequently fought

with other children and desired to be defensive.

Data on behavioral problems are mixed, with higher conduct problems among orphans in studies in Uganda and Ghana (Atwine, Bajunirwe & Cantor-Graae, 2005; Doku, 2009). Most studies revealed that orphans suffer higher level of psychosocial problems than their non-orphan peers. In particular, maternal and double orphans were more likely to experience behavioural and emotional difficulties, suffer abuse and low rate of trusting relationships (Baaroy & Webb, 2008). Again, Cluver and Gardner, (2006) were of the view that orphans are more likely to suffer behavioural or conduct problems and report suicidal thoughts than non-orphans. Hence, there is the need to investigate more into these conduct problems of children. The behavioural problem to be considered in this study is conduct disorder or conduct problem.

1.5 Behavioral problems

1.5.1 Conduct Disorder/Problem

Conduct disorder refers to a form of childhood psychopathology involving a repetitive and persistent pattern of behavior in which the basic rights of others (e.g., aggression to people and animals, destruction of property, theft) or major age-appropriate societal norms or rules are violated (American Psychiatric Association, 2000). Conduct disorder (CD) is the most common child psychiatric disorder and one of the most frequent reasons for referrals to specialist services in the United Kingdom (Scourfield et al., 2004). In the United States, conduct problem is considered as one of the most frequently diagnosed disorders in outpatient and inpatient treatment programs for children (Halgin & Whitebourne, 2007). In fact, 10% to 15% of children referred to psychiatric clinics are diagnosed as having a conduct disorder (Nicholi, 1999). It is linked with violence, according to Nicholi (1999), because of the fact that behaviors exhibited fall into four main grouping which are aggressive that causes or threatens physical harm to

others, non-aggressive behaviors that leads to property loss or damage: theft and severe violations of rules (APA, 1994).

There is a clear pattern of higher emotional problems such as depression, anxiety, and posttraumatic stress disorder among orphans in Sub-Saharan Africa (Cluver & Gardner, 2007).

The emotional problems to be considered in this study are depression and anxiety of children living in orphanages in Ghana.

1.6 Emotional problems

1.6.1 Depression

Depression is a common mental disorder characterized by low mood, loss of interest or pleasure, reduced energy, feelings of guilt, disturbed appetite, disturbed sleep and poor concentration. These problems may be chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. Depressive disorders often start at a young age; they reduce people's functioning and are often recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. According to WHO (2012), the demand for reducing depression and other mental health conditions is on the rise globally.

The increasing knowledge about the prevalence of depression among children and adolescents has currently shown that depression in youths is not rare. A recent meta-analysis of 26 studies that used structured diagnostic interviews to make formal diagnoses of depression showed a prevalence estimate of 2.8% in children and that of 5.9% in adolescents (Costello, Erkanli, & Angold, 2006).

1.6.2 Anxiety

According to Huberty (2004) anxiety is apprehension or excessive fear about real or imagined circumstances. Anxiety is a normal developmental pattern that is exhibited differently as children grow older. The signs of anxiety disorders are similar in children and older people, although children may demonstrate more signs of irritability and inattention. The occurrence of anxiety disorders ranges from about 2% to 15% of children and occurs somewhat more often in females (Huberty, 2004).

Studies with community samples suggest that around 8-12% of children meet diagnostic criteria for some form of anxiety disorder that is sufficiently severe to interfere in daily functioning (Anderson, Williams, McGee & Silva, 1987; Costello, 1989). Anxiety disorders in children may present in several forms including; separation anxiety, generalized anxiety, panic disorder, obsessive-compulsive disorder and social anxiety just to mention but a few. Child anxiety disorders are associated with a range of negative consequences in terms of social and personal adjustment (Messer & Beidel, 1994). Also, there is evidence to suggest that childhood anxiety disorders are not transient phenomena for many children and that, if these disorders are not properly treated, they may continue through adolescence and adulthood (Keller et al., 1992). Thus, it is important that anxious children are identified as early as possible and provided with appropriate intervention.

Since the emergence of the New Social Studies of Childhood in the 1990s, which was strongly influenced by Aries' *Centuries of Childhood* from 1965, the image of children began to shift as the focus developed on children as human beings in their own right (James & Prout, 1997). For the first time, children were framed as full social actors of the society rather than striving to

Behavioural and Emotional Problems of Children in Orphanages.

reach adulthood implying a shift in children's rights (Alanen, 2000). Instead of simply adapting to the changes happening around them passively, children are seen as active participants within their cultural and social environment and also directly involved in any process leading to change or the reproduction of society (Kesby, Gwanzura-Ottmoller, & Chizororo, 2006). As a result, a strong emphasis is put on children's actual subjective experiences, their beliefs and understandings of the society and their realities. This leads to the incorporation of the children's voices being an essential element when doing research about their lives (Holloway & Valentine, 2000).

In light of the above, a comparative study of behavioural and emotional problems in selected private, public and religious orphanage using mixed method approach is necessary to fill gaps in earlier studies as well as either confirm or refute earlier findings.

1.7 Problem Statements

At the center of the Ghanaian society is the family. The word 'family' is used to refer to both the nuclear and extended units. The nuclear family consists of the parent and their children only. The extended family includes parents, children, siblings, uncles, cousins, aunts and grandparents. The extended family is the most important unit of Ghanaian family structure (Nukunya, 2003). This family is sustained through networks of kinship and the family is highly recognized as the main backbone for its members. It is the responsibility of the family to care and protect its members. The family as a cohesive unit provides economic and psychological security to all its members. Children occupy a central place in society and are usually raised in a close family group. The story of children living in orphanages is different since they lack the kind of family upbringing as

Behavioural and Emotional Problems of Children in Orphanages.

the natural course.

The responsibility for the social development of a child is shared by members of the community.

The phrase ‘It takes a village to raise a child’ is a popular notion in African societies. Although parents have a basic responsibility for child rearing and child growth, it is often a responsibility shared among members of the family. Hence, the African child normally adopts a strong sense of social responsibility from its earliest years and learns to be responsible and become a supportive member of the extended family (Gyekye, 1996). Most children nurtured in orphanages or children’s home lack this bond between family members and children. Hence, most of them are likely to experience emotional difficulties due to the lack of bond shared between a parent and a child.

A recent discovery titled ‘The devil and the orphanage’ on February 2nd, 2015 was reported by a journalist, Anas Aremeyaw who visited an orphanage home in Ghana and revealed several maltreatment of children in one of Ghana’s biggest private run orphanages (peacefmonline.com: 2015). Following a citizen’s report from a former volunteer in the home, this reporter joined the home as a volunteer and for close to six months gathered evidence on issues such as lack of proper health care, gross physical abuse, poor feeding, sex, pregnancy and abortion just to mention but a few. A similar story was reported five years ago, which also exposed maltreatment of these children living in orphanages. Though his findings led to the setting up of an 11-member ministerial Committee of Inquiry to deliberate on how to curtail the horrid experiences of these children, it appears nothing much has improved. The question then is what happens to these children going through such experiences in these homes? What are the emotional experiences these children may go through in the light of such challenges?

Behavioural and Emotional Problems of Children in Orphanages.

In light of the above, there is the need to assess the experiences of these children living in orphanages and provide possible interventions to support these children. One good way of doing this is to talk to the children themselves about their situations. In describing children and their life conditions, the demand is to interview these children as the unit of observation and as mediators of information. Children should, therefore, be the ones to inform adults about their situations and how they feel about it. For adults to better understand children's perspectives, we must allow children to explain and interpret their childhood (Boyden & Mann, 2005).

The UN estimated the number of orphans (maternal, paternal and double orphans) in Ghana to be over 1 million in 2004. This is a relatively high number as it comprises almost 10% of all Children in Ghana (UNICEF, 2004). Children living in institutions have a disproportionately high prevalence of mental health disorders (Maclean, 2003).

Hence, it becomes necessary to find out the presence of these mental health disorders. Over the past 65 years, developmental studies have shown that children and adolescents nurtured in institutional care settings exhibit higher than expected externalizing behavioral problems such as aggression, antisocial behavior as well as internalizing emotional difficulties that include depression, anxiety, and emotional deregulation (Ellis, Fisher, & Zaharie, 2004; Roy, Rutter, & Pickles, 2000).

1.8 Aim of Study

The main aim of the study is to compare the behavioural and emotional problems of children living in private, public and religious orphanages in Ghana.

1.8.1 Specific objectives

- To explore the experiences of children living in orphanages in Ghana using a mixed-method approach.
- To determine the behavioural and emotional problems among children living in selected private, public and religious orphanages in Ghana.
- To determine whether the type of ownership (private, public or religious) has any influence on the behavioural and emotional problems among children living in selected orphanages in Ghana.
- To explore the effects of risk factors such as length of stay and gender on the behavioural and emotional difficulties among children living in orphanages in Ghana.

1.9 Justification/Relevance

First and foremost, the study sought to assess both the behavioural and emotional problems of children living in orphanages in Ghana. As a result, the concerned bodies, policy makers, schools, family, governmental and non-governmental organization would work together on orphans and vulnerable children or strengthen the existing programs in order to increase the psychological well-being of these children.

Secondly, this research is important for those involved in therapy and in counseling to identify children who are at low levels of psychological wellbeing and to develop and improve prevention and intervention methods for these children living in orphanages. The entire society would as well gain more insight to help children living in orphanages.

Behavioural and Emotional Problems of Children in Orphanages.

Thirdly, the findings of this study will provide important direction for conducting further research in the areas of psychological wellbeing and mental health of children living in orphanages. Knowledge about the behavioural and emotional problems among children living in orphanages in Ghana will provide the needed guidance for identity formation and socialization into adulthood.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents an overview of selected theories that explains the underlying behavioural and emotional problems of children living in orphanages in Ghana. Each theory has its own strengths and limitations with regard to the above subject area. It also presents a review of related studies with critiques and implications. Hypotheses, research questions, proposed conceptual model and operational definition of terms are also discussed in this chapter.

2.1 Theoretical Framework

Theories to be discussed in this chapter relating to this study include Attachment Theory (Bowlby, 1969, 1988) and Social Learning Theory (Bandura, 1977). These theories best explain the behavioural and emotional problems among children living in orphanages in Ghana. The reasons for selecting these theories include, but not limited to the following;

Attachment theory seeks to preserve some of Freud's insights (about relationships and early experiences in which infant behaviour is organized around managing ever-growing instinctual drives) by casting them in a more scientific framework. Bowlby (1969) realized that, these ideas were questionable and altered some of the ideas and structures of Freud's theory to come up with his own theory. Hence, he replaced the idea that infants are just dependent with the idea

Behavioural and Emotional Problems of Children in Orphanages.

On the other hand, social learning theory has become perhaps, the most influential theory of learning and development. According to Muro and Jeffrey (2008), social learning theory has often been called a bridge between behaviorist learning theories and cognitive learning theories due to the fact that, it encompasses attention, memory, and motivation. In this regard, Bandura (1965) believes that, direct reinforcement could not account for all types of learning and added a social factor, with the view that people can actually learn different information and behaviors by watching other people. This view of behaviour is extremely optimistic: it suggests that provided with the right environment, any behaviour can be changed. Again, it gives an accurate picture of the way behaviours are learned: clearly, children (and adults) do copy other's behaviours. A further strength is the cognitive element of Bandura's theory as it offers a way to eventually integrate the learning theory and cognitive development approaches.

2.1.1 Attachment Theory ((Bowlby, 1969, 1988)

Bowlby, 1907 - 1990 (as cited in McLeod, 2007), worked as a psychiatrist in a Child Guidance Clinic in London, where he treated children who were emotionally disturbed. His experiences led him to consider the relevance of the child's relationship with their mother in terms of their social, emotional and cognitive development. His experiences specifically, shaped his belief about the link between early infant separations with the mother and later problems leading him to his attachment theory.

According to Bowlby (1988), attachment is 'any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual, who is conceived of, as better able to cope with the world. It is most obvious, whenever the person is frightened, fatigued or sick, and is assuaged by comforting and caregiving' (p. 26-27). Primary caregivers

Behavioural and Emotional Problems of Children in Orphanages.

(generally, parents) who are available and responsive to an infant's needs permit the child to develop a sense of security that has a large impact on his or her ability to navigate the world of social relationships as an adult. Although it is usual for the mother to be the primary attachment figure, infants will form attachments to any caregiver who is sensitive and responsive in social interactions with them. Also, this theory states that, children have evolutionary tendencies to behave in ways that enhance closeness to their caregivers. Disruption in the attachment process therefore makes children suffer a number of psychological problems, including depression and anxiety (Bowlby, 1969).

Children who are secure in their relationship readily seek contact with the caregiver when stressed or worried. The caregiver reciprocally, is able to respond with comfort and nurturance appropriate to the situation, which enables the child to quickly return to play and exploration. Thus, the child and the caregiver become in tune and connected with one another (Bowlby, 1988). On the contrary, children who are insecure, lack confidence and trust that their caregivers can support them emotionally. When this happens, children cannot rely on their caregivers to respond to distress, they may intensify their display of emotion by being very fussy or demanding to ensure they are not ignored. Since these children are often angry that they cannot trust and depend on the primary caregiver, they may also reject the caregiver's attempt to provide comfort and care. This can be very confusing and frustrating to the caregiver, who may find it hard distinguishing between the child experiencing true distress and the child just needing to be held and comforted. This confusion adds to the disharmony and dissatisfaction in the relationship. Thus, attachment theory in particular emphasizes the important role of early caregiver-child socially-emotional experience and predicts delayed development of social-emotional behaviour in children lacking such experiences (Bowlby, 1988).

Behavioural and Emotional Problems of Children in Orphanages.

According to Schaffer and Emerson (1964), attachment develops through a series of stages. These researchers studied sixty (60) babies at monthly intervals during the first eighteen (18) months. The babies were visited monthly in their homes for approximately one (1) year. During the period, the babies' interactions with their caregivers were observed, and the caregivers were interviewed. Reports for the development of an attachment were that, the baby showed separation anxiety after a caregiver's absence. The researchers discovered that, children's attachments developed in the following sequence:

Up to three (3) months of age, the newborn is predisposed to attach to any human and most babies respond equally to any caregiver during this period. After four (4) months, infants learn to distinguish primary and secondary caregivers, but accept care from any available person. Seven (7) months later, the baby looks to particular people for security, comfort and protection. They exhibit fear of strangers (stranger fear) and unhappiness when separated from a special person. Some babies display fear of the stranger and separation anxiety much more frequently and severely than others, nonetheless they are seen as revelations that the baby has formed an attachment. After nine (9) months, the baby becomes increasingly independent and forms several attachments.

Further results of the study indicate that, attachments were most likely to be formed with those who responded accurately to the prompts of the baby, not the person they spent more time with. By the tenth (10th) month, three quarters (3/4) of the babies had several attachments including attachments to parents, grandparents and siblings. The main bond or attachment was the mother for about half of the children at eighteen (18) months old. McLeod (2009) asserts that, the most salient fact, in forming attachments is not who feeds and changes the child but who plays and

communicates with him or her.

Whilst Attachment Theory is a well-respected perspective in psychology and medical disciplines, it is not without criticism. It places too much emphasis on the mother and child relationship, creating the assumption that, separation from the mother can lead to damaging consequences for the child. However, taking care of a child is not the sole responsibility of the mother. Other relatives, such as aunties, uncles, grandparents can as well provide a secure base for the child. Nevertheless, the theory of attachment between child and parent (caregiver) highlights several benefits. These include, but not limited to providing and seeking comfort for distress, providing and experiencing warmth, empathy and nurturance, providing emotional availability and regulating emotions, providing and seeking physical and psychological protection (Zeanah & Smyke, 2008).

2.1.2 Social Learning Theory (Bandura, 1965, 1977, 2005, 2006)

Social Learning Theory by Bandura (1977) emphasizes that, behaviour is learned from the environment through the process of observational learning. Bandura (1977) believes humans are active information processors who think about the relationship between their behaviour and its consequences, adding that, observational learning could not occur unless cognitive processes were at work. This theory appreciates the significance of the fact that, children can learn aggressiveness from parents and caregivers who are aggressive. Children pay attention to some of these people (models) and encode their behaviours accordingly. At a later time, they are likely to imitate the behaviour they have observed. Children may do this regardless of whether the behaviour is ‘gender appropriate’ or not, but there are a number of processes that make it more likely that a child will reproduce the behavior that its society deems appropriate for its sex. The

Behavioural and Emotional Problems of Children in Orphanages.

child is more likely to attend to and imitate those people it perceives as similar to itself. Consequently, it is more likely to imitate behaviours modeled by people of the same sex (Bandura, 1977).

Social Learning Theory posits that, people learn from one another via observation, imitation and modeling. Because people can learn via observation alone, their learning may not necessarily be shown in their performance. Additionally, Bandura (2006b) asserts that, learning may or may not result in a behaviour change. He further described his theory of social learning as being developed in a context in which, “the prevailing analysis of learning focused almost entirely on learning through the effects of one’s actions [with] the explanatory mechanisms [cast] in terms of peripheral association of environmental stimuli to responses” (Bandura, 2006a, p. 55). He viewed this type of behaviorism theorizing as “discordant with the obvious social reality that much of what we learn is through the power of social modeling” (Bandura, 2005, p. 10; Bandura,

2006a, p. 55) noting the absurdity of a culture in which language, customs, practices, occupational competencies, educational practices, religious practices, etc., would be “gradually shaped in each member by rewarding or punishing consequences of their trial-and-error performances” (Bandura, 2005, p. 10; Bandura, 2006a, p. 55).

Nonetheless, social learning theory just like any other theory has its own shortcomings. Firstly, the theory places much emphasis on what happens to the child rather than what the child does with the information he or she has. That is, how the child’s thinking is organized and how these thoughts change during development. It also fails to take into account the actual developmental changes (physical and mental) that occur as the child matures or grows, how modeling or

imitation change during different ages of the individual. Nonetheless, Bandura demonstrated that cognition plays a role in learning and over the last thirty (30) years, social learning theory has become increasingly cognitively in its interpretation of human learning (Newman & Newman, 2007). The Social Learning Theory to a greater extent shows how the environment influences our behaviours in our daily lives. This is the main reason why the theory is being used for this study despite its shortcoming. Children in particular are easily influenced by what they observe and tend to imitate as well as model what they observe. It is very obvious for children to imitate particular behaviours before they realize its effects on them. The social learning theory, therefore best fits the situation of children living in orphanages.

2.2 Caregiving in the Ghanaian context

The existence of few institutional care homes in Ghana has been attributed to the nation's culture of traditional forms of childcare. When a child loses either one or both of his/ her parents, he/she is usually catered for and raised by the extended family. According to Colburn (2010), kinship fostering is more common in the Ghanaian society as compared to institutional care in which care is provided by a much smaller number of paid adult care givers (Browne, 2009). In the Ghanaian context, caregivers are often referred to as mothers or aunts and in limited cases fathers or uncles at the homes. Women are the primary caregivers in both developed and developing countries (Barratt, 2007). According to Colburn (2010), with institutional care, most young children are not able to bond and form long lasting relationships with adult caregivers as the relationship that exists between the two parties is more of a professional relationship. In the same vein, contributing factors such as a high ratio of children to staff, the high frequency of staff turnover and the nature of shift work may not enable adult care givers to form meaningful

Behavioural and Emotional Problems of Children in Orphanages.

relationships with the children. This tends to negatively affect their physical and mental development (Colburn, 2010). These children need more than physical care, they need the love, attention and an attachment figure from which they develop a secure base on which all other relationships are built (Williamson & Greenberg, 2010).

Del Valle and Fuertes (2000) describe a caregiver as the principal figure of reference for the child, for the family and for everyone else involved. The work of caregivers is salient, in that, they centralize the information of each case and assume direct responsibility for the child's upbringing, taking on the role of surrogate parent (Whittaker & Maluccio, 2002). Caregivers are given the sole responsibility of raising children in a family setting. However, some of these caregivers may have very little experience dealing with children and often become overwhelmed when faced with children with emotional and behavioural problems.

2.3 Reviews of Related studies

This section comprises of four (4) sub-headings. These include behavioural problems of children in orphanages, emotional problems of children living in orphanages, the experiences of children in orphanages, demographic factors and behavioural and emotional problems of children in orphanages.

2.3.1 Behavioural problems of children

A comparative study on behavioral problems of children in SOS village and conventional orphanages was conducted in Pakistan by Zohra, Mahmud, Syed & Janjua (2011). In this study, one hundred and twenty six (126) children from the SOS village (private) and two hundred and four (204) children from conventional (public) orphanages were involved. Their behavioural

Behavioural and Emotional Problems of Children in Orphanages.

problems were assessed using strengths and difficulties questionnaire (SDQ) by Goodman (1997). Behavioural problems on SDQ subscales, rated by foster mothers, were compared between children in the two groups. Using multivariate analysis of variance, results indicated that, the effect of facility type on the behavioural and conduct problems was different for male and female children. The overall behavioural and conduct problems of male children were similar in the two settings. However, female children in the conventional or government facility were at a much higher risk for overall behavioural and conduct problems than females at SOS or private facility.

Studies have been conducted by Maughan, Rowe, Messer, Goodman and Meltzer (2004) on the epidemiology of the 'antisocial' disorders in childhood and adolescence. Three hundred and eighty-four (384) pupils within age range from five (5) to seventeen (17) years were administered with SutterEyberg Student Behavior Inventory. Pearson coefficient of correlation and independent t-test were used to analyze the data. Precisely age trends, gender ratios and patterns of co-morbidity in DSM-IV Conduct Disorder (CD) revealed that, there were significant differences in conduct disorder among male and female pupils indicating a relationship between gender and behavioural problems. There were no significant differences between pupils of preparatory classes and pupils of elementary classes. There was no significant correlation between conduct disorder and age. Conduct disorder was significantly more common in males than females, and increased in prevalence with age. Among children who met diagnostic criteria for CD, status violations and other non-aggressive conduct problems increased with age, while aggressive symptoms became less common.

Conduct disorder has become a major health and social problem; it is the most common

Behavioural and Emotional Problems of Children in Orphanages.

psychiatric problem diagnosed among children. Around the world the prevalence of conduct disorder is 5% (Scott, 2007). A study conducted by Sujit et al. (2006) reveals 4.58% of boys and 4.51% of girls are diagnosed with conduct disorder worldwide. In their study of two hundred and forty (240) students in four (4) schools in Kanke, Nigeria, childhood conduct disorder was found among 73% of the children and in adolescent 27%. The Mild conduct disorder was found in 36%, moderate in 64% and severe conduct disorder in none. Lying, bullying and cruelty to animals were the primary symptoms.

The above studies excluded the emotional problems of these children, which is very important because there is the need to assess the emotional problems of children living in orphanages as well. Besides, the comparative study relied heavily on foster mothers ratings of the children's problems. In light of this, the present study sought to address both the behavioural and emotional problems of these children as well as focus on self-report of the children instead of reports from others.

Baaroy and Webb (2008) revealed that, orphans suffer higher level of psychosocial problems than their non-orphan peers. In particular, maternal and double orphans are more likely to experience behavioural and emotional difficulties, suffer abuse and low rate of trusting relationships. Cluver, Gardner and Operario, (2007) also reported that orphans are more likely to suffer from behavioural or conduct problems and report suicidal thoughts than non-orphans. According to Loeber and Keenan (1994) anxiety and depression are common among children with conduct disorder, with Co morbidities estimates varying from fifteen (15%) to forty-five (45%). There is some evidence that conduct- disordered boys with a co morbid anxiety disorder are less antisocial than those with conduct disorder alone (Walker, Lahey, & Russo, 1991).

2.3.2 Emotional problems of children living in orphanages

Sengendo and Nambi (1997) interviewed one hundred and sixty nine (169) orphans and a comparison group of twenty four (24) non-orphans using systematic random sampling from all eligible sponsored youth. They used a non-standardized 25-item depression scale and interviews with orphans, teachers and some guardians. Findings revealed that; orphans had significantly higher depression scores and lower optimism about the future than non-orphans (Cluver & Gardner, 2007). Again, in Uganda, Sengendo (1997) reports that, one hundred and ninety three (193) orphans aged 6-20 years had higher depression scores than non-orphans and the average score was in the depressed range. Maternal orphans and those in child-headed households were significantly more depressed than paternal orphans and children living with grandparents were less depressed than those living with other relatives.

In the same vein, Makame, Ani and McGregor (2002), interviewed forty one (41) orphans and forty one (41) non-orphaned controls in urban Tanzania, using a non-standardized internalizing problems scale based on the Rand Mental Health Inventory (Veit-Wilson, 1998) and items from the Beck Depression Inventory (Beck et al., 1961). They found that orphans had increased internalizing problems compared with non-orphans and 34% reported that they had contemplated suicide in the past year, compared to 12% of non-orphans (Cluver & Gardner, 2007). In addition, Atwine et al. (2005) reported depressed children had more physical complaints, were more likely to be overactive, involved in fights, refuse to go to school, and had lower self-esteem. Depressed children also appeared miserable, unhappy, tearful, or distressed and orphans reported feeling angry, especially when they faced problems.

Behavioural and Emotional Problems of Children in Orphanages.

Cluver and Gardner (2006) interviewed thirty (30) children orphaned by AIDS, and thirty (30) matched non-orphaned controls, in Cape Town, South Africa. Standardized questionnaires used were the Strengths and Difficulties Questionnaire (Goodman, 1997) and the Impacts of Events Scale (Dyregrov & Yule, 1995). Both groups scored highly for peer problems, emotional problems and total scores. However, orphans were more likely to view themselves as having no good friends, to have marked concentration difficulties, and to report frequent somatic symptoms.

Aside this, Wild et al., (2006) completed a study with adolescents between the ages ten (10) and nineteen (19) years old in the Eastern Cape of South Africa. They compared eighty one (81) AIDS-orphaned children, seventy eight (78) orphaned as a result of deaths not related to AIDS, and forty three (43) non-orphans. AIDS-orphaned children were recruited through Non-Governmental Organizations. The researchers used the Revised Children's Manifest Anxiety Scale (R-CMAS) by Reynolds and Richmond (1978), the 10-item Child Depression Inventory (CDI) by Kovacs (1992), items from the Child Behaviour Checklist (CBCL-YSR) by Achenbach (1991) and items from the Self-esteem Questionnaire (DuBois et al., 1996). Findings showed that, children orphaned as a result of deaths unrelated to AIDS reported more depression and anxiety than non-orphans, with AIDS orphan scores falling between the two groups and not differing significantly from either.

Atwine et al. (2005) in rural Uganda interviewed one hundred and twenty three (123) orphaned children and one hundred and ten (110) matched non-orphaned controls aged eleven (11) to fifteen (15) years using the Beck Youth Inventory (BYI) (Beck et al., 1961). Results showed that, orphans were more likely to be anxious, depressed and to display anger as well as showed

Behavioural and Emotional Problems of Children in Orphanages.

significantly higher scores for feelings of hopelessness and suicidal ideation. A range of questions were asked with regards to current and past living conditions and a multivariate analysis of variance with possible relevance for BYI outcomes found that the orphan status was the only significant predictor of outcomes. Another study in Tanzania compared forty one (41) orphans aged between ten (10) and fourteen (14) to the same number of non-orphans and findings were similar to study conducted in Uganda. The orphans scored significantly higher on the applied internalizing problem scale measuring mood, pessimism, somatic symptoms, and sense of failure, anxiety, positive effect, emotional ties and suicidal tendencies than the non-orphans (Makame, Ani, & Grantham-McGregor, 2002).

2.3.3 Experiences of children in orphanages

Children live in orphanages due to various reasons such as loss of a parent or both parents and neglect or abandonment by parents who are alive but unable to provide their basic needs. These children (orphans and vulnerable) go through several experiences as they live in orphanages without the presence of biological parents. In exploring their experiences in the orphanage, elicits the emotional and behavioural problems of these children. The experiences of these children living in orphanages are reviewed in studies below;

In Cape Town, South Africa, Cluver, Gardner and Operario (2007) interviewed 1061 children (455 orphaned by AIDS, matched controls of 278 non-orphaned children and 243 orphaned as a result of deaths from other causes, with 85 children orphaned as a result of deaths from unknown causes). Standardized psychological questionnaires included the Child Depression Inventory (Kovacs, 1992), the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978), the Child Behaviour Checklist (Achenbach, 1991) and the Children's PTSD Checklist (Amaya-

Behavioural and Emotional Problems of Children in Orphanages.

Jackson, Newman & Lipschitz, 2000). AIDS-orphaned children reported higher levels of depression, peer problems, post-traumatic stress, conduct problems and delinquency than both non-orphaned children and children orphaned as a result of deaths from other causes. Children orphaned due to other causes experienced lower levels of depression, peer problems and conduct problems.

Furthermore, in Zimbabwe, Gilborn et al. (2006) interviewed one thousand two hundred and fifty eight (1258) orphans and vulnerable children, comparing groups by exposure to various psychosocial support programmes. An unstandardized instrument was developed from formative qualitative research, and included six (6) items suggestive of depression and two items suggestive of poor psychosocial well-being. Orphans reported higher stress and more psychosocial distress (Cluver & Gardner, 2007).

Again, Pivnick and Villegas (2000) in New York, interviewed twenty five (25) children aged ten (10) to eighteen (18) years, all of whom were orphaned or had a parent who was HIV-positive. Participants were recruited from a mental health and primary healthcare programme for HIV-positive women. There was no control group. The researchers used ethnographic and clinical interviews and the Beck Depression Inventory (Beck et al., 1961). Findings included heightened anxiety and depression, as well as sleeping, eating and somatisation problems. Children also reported difficulty concentrating at school.

Another study conducted by Chan et al. (2006) on psychiatric disorders among children living in orphanages examined the problems of children in orphanages. An orphanage for young women in Srinagar was surveyed by psychiatrists using DSM-IV guidelines to evaluate children for psychopathology. Children were in the age group of five (5) to twelve (12) years. One of the

Behavioural and Emotional Problems of Children in Orphanages.

commonest diagnoses was major depressive disorder (MDD) with 25%. The report indicated that, there is a general agreement among researchers that children placed in special home settings at a young age and for longer periods of time are at an increased rate of developing serious psychopathology later in life.

Doku (2009) conducted a research in Ghana on the relationship between orphan hood, parental HIV/AIDS status and mental health. Two hundred and ninety-one (291) children between the ages of 10 and 18 years were the participants for this study. Information was obtained from both children and caregivers using the Vulnerability and Psychological Wellbeing Questionnaire (Snider & Dawes 2006). Findings showed that, conduct problems as indicated by informants' reports were generally significantly higher for orphans and vulnerable children compared to children from intact families. Additionally, orphans and vulnerable children reported significantly more depression than compared groups.

According to Clark (2005), children are viewed not as passive objects in the research process or in society in general but as social actors. The emphasis is on exploring children's lives, their interests, priorities and concerns from their own perspective (Clark, 2005).

Through interviews and observations of children in a study conducted by Clark (2005), it was clear that, these children did not consider their own lives as negative as others perceived despite their deprivations. Therefore, when interventions are being suggested for these children, their own experiences of the situation should be considered. Thus, an important concept to consider in this study is to assess children's experiences from their own point of view.

The above studies highlighted the psychological problems children face living in orphanages. On the other hand, some studies also revealed positive effects of living in an orphanage on orphans

Behavioural and Emotional Problems of Children in Orphanages.

and vulnerable children's mental health (e.g. Emond, 2009; Whetten et al., 2009; Zimmerman, 2005). The positive findings from these studies indicated the presence of favorable management in some privately-run orphanages as well as the availability of basic needs.

The positive findings again, suggest that, orphanages can ensure and promote the psychological well-being of children who live there.

In line with the previous studies outlined, the present study, therefore sought to find out if type of ownership (private, public and religious) had any effect on the behavioural and emotional problems of children. Thus, experiences of all children (orphans, abandoned and neglected) living in orphanages in Ghana were explored.

2.4 Demographic Variables and Behavioural and Emotional Problems of Children

2.4.1 Gender, Age, and length of stay

Studies (Kessler, Avenevoli & Merikangas, 2001; Bongers, Koot, Van der Ende & Verhulst, 2004) have revealed that, girls tend to suffer from more emotional difficulties, whereas boys tend to have more behavioural problems. For example, depression increases from the early teens to the mid-twenties for both girls and boys. Boys however, tend to show a greater increase in their engagement in problem behaviours than girls (Bongers, Koot, Van der Ende & Verhulst, 2004), although behavioural problems often peak in early to middle adolescence and then decline in later adolescence for both genders (Hirschi & Gottfredson, 1983). Gender differences may be due partly to the way in which boys and girls react to stressful periods and traumatic events. Boys are more likely to externalize their behaviours by acting up, whereas girls tend to internalize their problems, leading to depression, anxiety and other psychological problems (Gutman, Brown, Akerman & Obolenskaya, 2010). In general, Orphan children seem socially

Behavioural and Emotional Problems of Children in Orphanages.

deprived and they tend to encounter higher emotional distress, hopelessness, and frustration than non-orphans.

Most orphans may be distressed by their new environment that may require them to cater for themselves and or assume care-giving responsibility for their younger ones (Mbozi, Debit, & Munyati, 2006).

Evidence by Rahman et al. (2012) on a study conducted in Dhaka city, revealed a significant relationship between length of stay in the orphanage and prevalence of psychiatric disorder. Three hundred and forty two (342) participants were included in this study. Both boys and girls involved in this study were between ages six (6) and eighteen (18) years. Assessment of emotional and behavioural problems was carried out using the Development and Well-Being Assessment (DAWBA) developed by Goodman et al. (2000). Results indicated that, higher length of stay showed significant association with disorders of children. Children who stayed in the orphanage for five (5) years and over had higher behavioural and emotional problems compared to children who had stayed in the orphanage for less than five (5) years.

Duration in the orphanage sometimes relate to the frequency and severity of long term delays in physical growth, mental and academic performance, internalizing and externalizing behavior problems, social and peer relations, and inattention. The form of the relation between time in the orphanage and outcomes is not clear; once a child is exposed to a substandard orphanage for more than the first 6–12 months of life, higher rates of lower levels of mental performance, attachment problems, stereotyped behaviors, and indiscriminate friendliness will be found, and long exposure does not increase these rates. Such results may also suggest that the specific ages of approximately 6–18 months may be especially sensitive to deficiencies in orphanage

Behavioural and Emotional Problems of Children in Orphanages.

environments. These results occur within studies by (Gunnar, 2001; MacLean, 2003; Merz & McCall, 2007; Beckett et al., 2007) but not always between studies (Juffer & Van IJzendoorn, 2005).

Most of these studies reviewed above focused on orphans and non-orphans which have added much to literature available. Other studies also emphasized the problems faced by children orphaned as a result of AIDS and those orphaned due to other causes. However, comparing the behavioural and emotional problems among children living in different categories of orphanages in Ghana is very essential. Available research indicates little in the area of these children's problems with regards to the type of ownership or category of the orphanage they find themselves. This study, therefore sought to fill these existing gaps. It compared the behavioural and emotional problems among children living in private, public and religiously owned orphanages in Ghana.

Also, most studies reviewed, adopted either a quantitative approach by administering questionnaires only or a qualitative approach by only interviewing children. This study used both approaches for a better understanding and more insights with regard to the behavioural and emotional problems as well as experiences of these children.

Moreover, it is salient that in providing support for children living in difficult circumstances, we gain a clearer understanding into their well-being. Approaching issues in this manner will not portray children as simply beneficiaries of the interventions of adults, but as social actors who are competent enough. Interviewing children about their experiences in orphanages would give them the opportunity to express their feelings and views of where they are. In making of policies

Behavioural and Emotional Problems of Children in Orphanages.

that protects children, they should be allowed to participate more than they are now which they have a right to. There is the need therefore, to work alongside “with” children rather than “for” children (Boyden & Mann, 2005). Hence, the need to explore the experiences of children living in orphanages.

2.5 Rationale of the study

There have been several studies (Baaroy & Webb, 2008; Cluver, Gardner & Operario, 2007; Mikang, 2008) relating to orphans, but little, if any attention has been given to the behavioural and emotional problems among children living in private, public and religious orphanages in Ghana. Doku (2009) in Ghana examined parental AIDS status and children's psychological well being. The study concentrated on Children whose parents died of causes other than AIDS, those whose parents were infected or living with HIV or AIDS, and non-orphans whose parents were not known to be infected with HIV/AIDS on their psychological outcomes in a single design. Again, Salifu and Somhlaba (2014), conducted an exploratory study of the psychological well-being of orphans placed in orphanages. The study aimed at exploring stress and quality of life of orphaned children in comparison to non-orphans who resided with their parents. The above studies conducted in Ghana, focused on orphans as a result of AIDs and compared orphans to non-orphans who were staying with their parents. However, the present study, seeks to compare the behavioural and emotional problems of children living in different types of orphanages in Ghana. That is, private, public and religious orphanages. This comparison will contribute to the few published research on mental health of children in orphanage care in developing countries like Ghana.

Behavioural and Emotional Problems of Children in Orphanages.

The significance of this study is again illustrated by the constantly growing number of orphans and vulnerable children, especially in Sub-Saharan Africa mainly due to the HIV/AIDS epidemic. The numbers of children that are left alone without parental care are staggering and the extended family system is crumbling under the weight of the number of children that are in need of care. Only 1-3 percent of orphans in Africa are in residential care settings, but even though this number seems small, this should in no way affect the importance of these children in research. Even though they are relatively few in numbers, their problems are just as real, their lives are just as valuable and every one of them is worth our attention (MacLeod, 2001).

Almost all studies concentrated on mental health conditions of orphans who have lost parents to AIDS. This study goes beyond children who lost parents to AIDS to include children who have been abandoned by parents, relatives and have the orphanage as their last resort. This study would also assess other risk factors such as gender and length of stay that may account for any variations of emotional and behavioural problems among children living in orphanages.

Children who have lost either of their parents are often considered to be among society's most vulnerable groups and are therefore dependent on the wider society for support (Ennew, 2005.p.128. cited in: Qvortrup, 2005). The inclusion of orphans in society's vulnerable groups has called for several intervention programs. In Ghana, institutional care can be said to be one of the interventions for orphans whose surviving parent or extended family cannot take care of. Besides, some of the institutions which are not monitored have veered from charity to commercial where founders solicit for support and channel it to other things instead of the main purpose which is assisting the children (Adu, 2011).

Behavioural and Emotional Problems of Children in Orphanages.

Most studies examined the present situation in Southern African countries and so much of the available evidence on behavioural and emotional disorders of orphans emerges from Southern African countries. Of total orphans of 1,100,000 in Ghana in 2007, only 160,000 were orphaned by AIDS (UNICEF 2010). Therefore, instead of focusing only on AIDS as the cause of an increase in institutional care, it is expedient to look at the phenomenon in the light of a bigger development discourse. This study, therefore would concentrate on all children living in orphanages. These include orphans, abandoned, abused and neglected children.

The present study employs the mixed methods, design (Quantitative and Qualitative). The quantitative method involves the testing of the following hypotheses.

2.6 Statement of Hypotheses

- Children living in both public and religious orphanages will experience higher behavioural and emotional problems compared to children living in private orphanage.
- There will be a significant relationship between length of stay at the orphanage and behavioural and emotional problems.
- Female orphans in public orphanage will experience higher behavioural problems than females in private orphanage.
- Female orphans will experience higher emotional problems than male orphans.

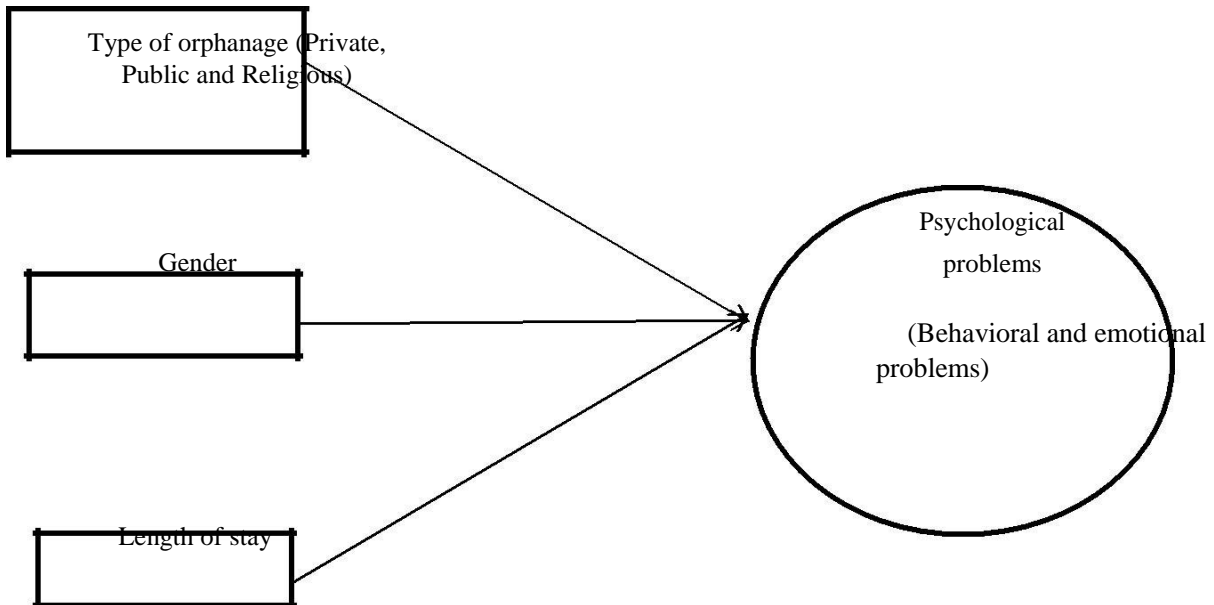
A broad qualitative research question posed and addressed was:

- What are the experiences of children living in orphanages?

The above question was narrowed to the following;

- How do the children feel about where they live presently?
- How do the children relate with or behave towards their caregivers and friends?
- How do the children cope with their present situation?

2.6 Conceptual Framework



2.7 Operational Definitions

Children: individuals who are below eighteen (18) years.

Orphanage/children's home: a place where children without appropriate parental care, protection and support are kept or live.

Orphan: The term in the present study refers to any child below 18years who has lost at least one parent to death and is living in an orphanage.

Vulnerable children: children with at least one surviving parent, but failure on the part of the parent with regards to the provision of needs for children.

Behavioural problems: problems that are readily apparent from how children's behaviour plays out in their actions and derive from the fact that the child is negative reacting to external situations. Example is conduct problem.

Emotional problems: internalizing problems such as becoming withdrawn, anxious, being inhibited, and having feelings of depression, internal reactions not played out in terms of any external manifestation of behaviours.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlines the methodological approaches used in the study. It involves a description of the study sites, population, sample size and sampling techniques employed, research design, research measures used and description of procedures followed as well as ethical considerations.

3.1 Study Sites and Population

The study was conducted in three (3) different places; Osu, Tema and Aburi in the Greater Accra and Eastern Regions of Ghana respectively. For the quantitative survey, the target population included children between the ages of eleven (11) and eighteen (18) years living in selected private, public and religious orphanages. Children whose ages ranged between fifteen (15) and eighteen (18) years were the participants for the qualitative study. This age group was selected because they are the age group capable of expressing themselves better. The selected study sites included SOS villages in Tema, Osu Children's Home in Osu and Lighthouse Christian Children's Home in Aburi. These sites were selected based on the fact that, there is large number of children accommodated and consent given.

3.2 Sample Size

Sample sizes reflect the population from which it is drawn from. According to Opoku (2002), sample size is a representative of the entire population. From the three selected areas for the study, a total number of one- hundred and fifty (150) participants were sampled for this study.

Osu Children's Home has a population of eighty (80) children between the ages of eleven (11) and eighteen (18) years, SOS villages has a population of seventy five (75) children within the

Behavioural and Emotional Problems of Children in Orphanages.

same age range and Lighthouse has a population of thirty (30) children. The participants comprised sixty (60) children from Osu children's home, sixty (60) from SOS village and thirty (30) from Lighthouse Christian children's Home. This sample size was determined based on Krejcie & Morgan (1970) sample determination formula; $S = \frac{X^2 NP (1 - P)}{d^2 (N - 1) + X^2 P (1 - P)}$.

Where; s = required sample size, X = the table value of chi-square for one degree of freedom at the desired confidence level, N = the population size, P = the population proportion (assumed to be .50 since this would, provide the maximum sample size), d = the degree of accuracy expressed as a proportion (.50).

The sample for the qualitative data constituted fifteen (15) participants. That is, five (5) participants each from the orphanages between the ages of fifteen (15) and eighteen (18) years. This age group was selected for the interview based on their ability to express themselves better.

3.3 Sampling Technique

The technique employed for collecting quantitative data was the convenient sampling technique to obtain available and willing children (Onwuegbuzie & Leech, 2007). Thus, children who were available at the time of the research were sampled and the data were collected at the same point of time. The technique for the qualitative data was a systematic random sampling. With this technique, children between ages fifteen (15) and eighteen (18) were first given numbers; one (1), two (2) and three (3). Following this, the first five (5) children with the numbers two (2) were selected for the interview.

3.4 Inclusion and exclusion criteria

The study included children whose age ranged between eleven (11) and eighteen (18) years old. Children who had lived in the orphanage for at least one (1) year, children who had the ability to read and write English and children who gave their consent. Exclusion criteria involved children below age eleven (11) and above eighteen (18) years. Children who could neither read nor write as well as children who had stayed in the orphanage less than a year.

3.5 Research Design

The explanatory sequential mixed method research design was adapted in this study. This design was selected due to the fact that, quantitative, and then qualitative data were collected in two consecutive phases within one study. This design was used to collect both quantitative and qualitative data in response to hypotheses and research questions stated earlier. While questionnaires can provide evidence of patterns amongst large populations, qualitative interview data often provides more in-depth insights on participant attitudes, thoughts, and actions (Kendall, 2008).

3.6 Mixed method

In this study, quantitative data were first collected and qualitative data added new inputs (Creswell, 2003). Thus, the qualitative data were used to assist in explaining and interpreting findings of the quantitative study. The aim of the quantitative approach was to assess the behavioural and emotional problems among children living in orphanages in Ghana. It also sought to establish the relationship between demographic variables and behavioural and emotional problems of orphanage children. To attain this aim, a structured questionnaire was

Behavioural and Emotional Problems of Children in Orphanages.

therefore employed. On the other hand, the qualitative approach aimed to explore the experiences regarding behavioural and emotional of children living in orphanages in Ghana. During an interview, the researcher, in an attempt to better understand the lives of people, asks questions and participants share their experiences. In social research, interviews are popular methods of collecting qualitative data. Qualitative interview focuses on understanding participants in research from their own point of view and permits participants to raise issues not thought of by the researcher (Kvale & Brinkmann, 2009). Feminist scholars are of the view that, since interviews enable people to narrate their experiences and share stories in their own words, it is a good way of studying groups like women and children (De Vault, 1999 cited in; Esterberg, 2002).

3.7 Study 1

3.7.1 Instruments/Measures

A Demographic Form designed by the researcher was used to collect information related to socio-demographic data of the children. The questionnaire used in this study consisted of three main sections. The first section included the demographics of the respondents; the second comprised the behavioural problems and the third measured emotional problems of the children. Demographic variables included gender of child, age, length of stay, educational level and religion which were obtained from the children and caregivers.

3.7.2 The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is the most widely used children's mental health assessment tool that was developed by Goodman (1997). The SDQ is a brief questionnaire that can be administered to the parents and teachers of 4- to 16-year-olds and to 11- to 17-year-olds themselves (Goodman, 1997; Goodman et al., 1998). The SDQ has 25 items rated on a three-point Likert scale (Not True, Somewhat True, and Certainly True) divided on five subscales: emotional problems, conduct problems, hyperactivity, peer relationship problems and prosocial behaviors with a reliability coefficient of .73 (Goodman et al., 1998). In a British survey, multi-informant SDQ identified 5- to 15-year-old children having a psychiatric diagnosis with a specificity of 94.6% and a sensitivity of 63.3%, and identified over 70% of children with conduct, hyperactivity, depressive and some anxiety disorders (Goodman et al., 2000).

Each subscale of the SDQ has five items. Items on this scale have Not True, Somewhat True and Certainly True responses. Not True is scored as (0), Somewhat True (1) and Certainly True as (2). The study made use of the self-completion version of conduct problems and emotional symptoms scales only. The emotional scale was measured in terms of depression and anxiety.

Sample items include 'I take things that are not mine' and 'I worry a lot'. For each of the 5 sections the scores range from 0 to 10.

3.8 Pilot Testing

The aim of pilot testing is to solve ambiguity and to check the validity, reliability and feasibility of the instruments or measures adapted (Creswell, 2003). This is done prior to the actual collection of data. In the present study, the instrument was administered to thirty five (35) children who were readily available from Osu Children's Home and these participants were not

included in the actual study. Internal consistency reliability of the instrument was determined for the total and for the subscales using Cronbach's alpha. The computed Cronbach's alpha coefficients were 0.82 for conduct problems and 0.85 for emotional problems accordingly.

3.9 Study 2

3.9.1 Interview Guide

A short interview guide was designed to ask the children living in the selected orphanages almost the same questions. The semi structured interview-guide was used and the reason for using structured interviews is to ensure that each interview is presented with exactly the same fixed questions in the same order. The semi structured interview made it possible to probe further questions that arose and the interview followed the informant's concerns. Use of interviews lead to more comprehensive research (Rosengren, & Arvidson, 2002). This was very brief with few sample questions such as; 'What makes you happy or sad?', 'How do you react to others when they offend you?' and 'Tell me how you feel about where you live presently.'

3.10 Procedure

Ethical consideration was first sought from the ethics committee for the humanities, University of Ghana. An Official letter of introduction was then obtained from the Psychology Department of University of Ghana by the researchers after clearance has been given. This letter together with the clearance letter was sent to the Social Welfare Department of Ghana. List of all orphanages in Ghana was obtained from the Social Welfare Department. After receiving this list, three (3) orphanages or children's homes were selected from the list. These included, SOS Children's Village, Osu Children's Home and Lighthouse Christian Children's Home respectively. These orphanages were chosen based on large numbers of children accommodated,

Behavioural and Emotional Problems of Children in Orphanages.

proximity and their warm reception. Copies of the clearance letter with introductory letters from the Department of Psychology stating the purpose of the research were then sent to the appropriate authorities of the selected orphanages. Permission to proceed with this study was first obtained from the authorities of the selected orphanages.

After the appropriate authorities have given their consent, two (2) weeks were scheduled for data collection. In the first place, the nature and purpose of the study was explained to both potential children and caregivers. After their consent had been given, the study began. The approach or method for the collection of data involved two strategies. Firstly, socio-demographic data of the children, behavioural and emotional problems of children in the orphanages were obtained through the administration of questionnaires to all selected participants to complete, with the guidance of the researcher and some research assistants.

Completion of questionnaires lasted for about 15mins to 30mins. Secondly, data obtained from the survey of the one-hundred and fifty (150) children were complemented with additional information gathered through face to face interviews with children between fifteen (15) to eighteen (18) years of age. This age category was selected because these are the age groups who are more advanced and capable of expressing their emotions better.

The interview guide was used as a tool to structure the interviews to allow for comparison later in the analysis. Interview questions were asked in both English and Akan since almost all the children were fluent in these languages and they could understand easily. Some of the questions asked included; 'Tell me how you feel about where you live presently', 'How do you react to others when they offend you?', 'what makes you happy or sad?'. Permission was again sought from these participants so their interviews are recorded and notes taken with the assurance of

confidentiality. Each child was moved to a quiet place to ensure confidentiality and privacy of data collection process. Each interview session took approximately 45mins to 60mins. The researcher made sure that the recorded interviews were audible at the end of each interview session. Interviews were audio taped to be transcribed.

All the interviews took the normal flow of an ordinary conversation and thus, made the participants, especially the younger children, more comfortable with the situation. The interviews with the oldest children became more advanced as they could reflect deeper on their life situations and had a more sophisticated way of expressing themselves. After this, participants were appreciated for their participation.

3.11 Ethical Considerations

Ethical principles governing the use of human subjects were considered in this study. The researcher and all research participants adhered to the codes of ethics. Research ethics is 'concerned with the extent to which the researcher is ethically and morally responsible to his/her participants, the research sponsor, the general public and his/her own beliefs (Kitchin & Tate, 2000, p.35). The key ethical issues here include anonymity, confidentiality and informed consent. In research that involves children, ethics and morality are relevant aspects to be considered (Christensen & James, 2000). Children are a group that is more vulnerable and in more need of protection than adults. Thus, names of participants were not requested, informed consent was obtained from the management of the orphanages as well as participants after they have been briefed prior to the commencement of the study. Confidentiality of information was greatly assured and neither children nor workers of the orphanage were paid to participate in the study, participation was completely voluntary.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter presents the results of the study in line with stated hypotheses and research questions. Denzin and Lincoln (2004) suggested that, research requiring the use of children poses methodological difficulties. This necessitated the adaption of a mixed method approach to involve participants in the gathering of data. According to Bryman (2001), for practical purposes, all research is enriched by the inclusion of other diverse techniques. In this sense, the use of both quantitative and qualitative methods becomes expedient. The Statistical Package for Social Sciences (SPSS) version 16 was used to analyze the quantitative data and Alpha level of .05 was adopted as an indicator of levels of significance. The main statistical tests that were used to test each hypothesis are discussed accordingly. On the other hand, qualitative data was analyzed using Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009). IPA was chosen because it is aimed at exploring how people make meaning of their experiences in interaction with the environment they find themselves (Smith, Jarman & Osborn, 1999). Results are shown or presented in different sections below for quantitative data and qualitative data respectively.

4.1 Quantitative Data

4.1.1 Background Information of Study Participants

In this section, the socio-demographic characteristics of the participants are presented. The socio-demographic characteristics analyzed included gender, age, length of stay and educational level. Two hundred (200) children met criteria for eligibility to participate. Hence, two hundred (200) questionnaires were distributed to participants to be completed. Out of the 200 questionnaires distributed, one hundred and fifty participants (150) representing seventy five (75%) out of the two hundred, returned questionnaires for analysis. The age range of the participants was between eleven (11) and eighteen (18) years, with educational background ranging from primary to senior high school. Table 1 shows summary of participants' demographic characteristics.

Table 1: Demographic characteristics of the participants

| Variables | Frequency (F) | Percentage (%) |
|--------------------------|----------------------|-----------------------|
| Orphanage | | |
| Public | 60 | 40.0 |
| Private | 60 | 40.0 |
| Religious | 30 | 20.0 |
| Gender | | |
| Male | 90 | 60 |
| Female | 60 | 40 |
| Age (mean, SD) | 13.98(2.289) | |
| Length of Stay | | |
| 1year | 17 | 11.3 |
| 2-3years | 21 | 14.0 |
| 3-4years | 30 | 20.0 |
| 5years and above | 82 | 54.7 |
| Educational level | | |
| Primary | 65 | 43.3 |
| JHS | 69 | 46.0 |
| SHS | 16 | 10.7 |

Behavioural and Emotional Problems of Children in Orphanages.

From the above table, it can be deduced that, more males than females were involved in the study (60% and 40%) respectively. The mean age of participants involved in the study was 13.98 (2.289). Majority (54.7%) of the participants had stayed in the orphanage for five years and over and most (46.0%) of them were in their Junior High Level of Education.

4.2 Test of Hypotheses

The study set out to compare the behavioural and emotional problems among children living in private (SOS), public (OSU) and religious (Lighthouse) orphanages. In view of this, four (4) hypotheses were stated to be tested in this study. The first hypothesis stated that, children living in public and religious orphanages will experience higher behavioural and emotional problems than children living in private orphanage. In view of this hypothesis, there was the need to measure more than two dependent variables; behavioural problem (conduct problem) and emotional problems (depression and anxiety) on the independent variable (type of orphanage). Hence, the Multivariate Analysis of Variance (MANOVA) was used. Secondly, to determine the relationship between length of stay and behavioural and emotional problems among children living in orphanages, the Pearson Product Moment Correlation Coefficient was an important statistical test for the second hypothesis to establish the relationship. Lastly, the need to compare two independent samples (in terms of gender) on dependent variables (behavioural and emotional problems) necessitated the use of independent t-test to analyze hypothesis 3 and 4.

4.3 Hypothesis One

Hypothesis one of this study states that, children living in both public and religious orphanages will experience higher behavioural and emotional problems compared to children living in private orphanage. The Multivariate Analysis of Variance was used to test this hypothesis and the result is presented in Table 2 below:

Table 2: Summary of MANOVA Results

| | Wilks' L η^2 | F | df | p | Partial |
|-----------|----------------------|-------|----------|------|---------|
| orphanage | .890 | 4.359 | (4, 292) | .002 | .056 |

A One-Way Multivariate Analysis of Variance (One Way MANOVA) was performed to investigate the differences that exist between types of orphanage and behavioural and emotional problems among children living in orphanages. The result showed a significant difference existed between types of orphanage and behavioural and emotional problems. Thus, Wilks' L=

.890, $F(4, 292) = 4.359$, $p = .002$, $p < .05$, partial eta squared = .056. Therefore, the hypothesis that stated public and religious orphanages will experience higher behavioural and emotional problems than private orphanage is supported. Given the significance of the overall tests, the univariate main effects were examined and displayed below:

Table 3: Summary of Between Subjects Effects

| Source | Dependent variable | Sum of squares | Mean square | df | F | p | Partial η^2 | Observed Power |
|-----------|--------------------|----------------|-------------|----|-------|------|------------------|----------------|
| Total | behavioural | 59.040 | 29.520 | 2 | 8.877 | .000 | .108 | .970 |
| Orphanage | Total emotional | 13.023 | 6.512 | 2 | 1.484 | .230 | .020 | .313 |

As shown in table 3, it can be deduced that, significant univariate main effect for orphanage was obtained for total behavioural, $F(2, 147) = 8.877$, $p < .05$, partial eta square = .108, power = .970. There was, however, no significant effect for total emotional $F(2, 147) = 1.484$, $p = .230$, partial eta square = .020, and power = .313.

A multiple comparison analyses were therefore employed to find out which means differed from each other. Below is a summary of the multiple comparisons:

Table 4: Multiple Comparisons
Tukey HSD

| Dependent Variable | (I) orphanage | Mean | (J) orphanage | Mean Difference (I-J) | Sig. |
|--------------------|---------------|-------|---------------|-----------------------|------|
| Total behavioral | Public | 3.967 | Public | .0667 | .978 |
| | | | religious | -1.5333* | .001 |
| | Private | 3.900 | Public | -.0667 | .978 |
| | | | religious | -1.6000* | .000 |
| | Religious | 5.500 | Public | 1.5333* | .001 |
| | | | Private | 1.6000* | .000 |
| Total emotional | Public | 4.567 | Private | .1167 | .950 |
| | | | religious | -.6667 | .332 |
| | Private | 4.450 | Public | -.1167 | .950 |
| | | | religious | -.7833 | .219 |
| | Religious | 5.233 | Public | .6667 | .332 |
| | | | Private | .7833 | .219 |

*. *The mean difference is significant at the .05 level.*

It can be observed from the table that, public orphanage (mean = 3.967) and religious orphanage (mean = 5.500) showed higher behavioural problems than private orphanage (mean = 3.900). Again, public and religious orphanages (mean = 4.567, mean = 5.233) indicated higher emotional problems than private orphanage (mean = 4.450).

Significant orphanage pair-wise differences were obtained in total behavioural between the religious and both public and private orphanages. The difference between public and religious was significant (Mean difference = 1.533), $p < .05$, as well as between private and religious

(mean difference = 1.60), $p < 0.05$.

4.4 Hypothesis Two

The second hypothesis posited that, there will be a significant relationship between length of stay and behavioural and emotional problems. This was analyzed using the Pearson Product Moment Correlation Coefficient. The result is presented below in table 5.

Table 5: Summary of Results for Hypotheses Two

| | Length of stay | Behavioural(Conduct) | Emotional |
|----------------|----------------|----------------------|-----------|
| Length of stay | | | |
| Behavioural | -.11 | | |
| Emotional | -.012 | .316 | |

The results presented in Table 5 above revealed that, there was a significant negative relationship between length of stay and behavioural problem ($r = -.11$, $p < .05$). This relationship implies that, as length of stay increases, behavioural problems decreases and vice versa. Again, it is observed that a negative relationship exists between length of stay and emotional problems ($r = -.012$, $p <$

$.05$). This shows that, the shorter the length of stay of children living in orphanages, the higher their emotional problems. For this reason, it can be concluded the hypothesis that stated there will be a significant relationship between length of stay and behavioural and emotional problems of children living in orphanages is supported.

4.5 Hypothesis Three

This hypothesis anticipated that, female orphans in public orphanage will experience higher behavioural problems than females in private orphanage. The independent t-test was adapted to test this hypothesis to find out the differences in the means of children who experienced behavioural problems.

Table 6: Summary of Means (Standard deviation) and Independent t-test of Females (Private Orphanage) and Females (Public Orphanage) on behavioral problems

| Variable | Private(22) | Public (23) | | | |
|----------------------|--------------------|--------------------|--------------|----------|----------|
| | Mean(SD) | Mean(SD) | df=43 | t | P |
| Behavioural(conduct) | 3.57(1.83) | 4.50(1.85) | | 1.71 | 0.05* |

* *significant at .05*

The results obtained from the above table on independent t-test shows a significant difference between females in public orphanages (Mean = 4.50, SD =1.85) and females in private orphanage (Mean = 3.57, SD=1.83) with regards to behavioural problems at the .05 alpha level, [$t_{(43)} = 1.71, p = .05$]. Thus, females in private orphanage experience less behavioural problems compared to their counterparts in public orphanage. In this regard, the hypothesis that female orphans in public orphanage will experience higher behavioural problems than females in private orphanage is supported accordingly.

4.6 Hypothesis Four

Hypothesis 4 anticipated that, Female orphans will experience higher emotional problems than Male orphans. This hypothesis was tested using independent t-test since the aim was to determine if differences existed between the two independent groups (males and females).

Findings of hypotheses four is shown in the table below;

Table 7: Summary of means (standard deviation) and independent t-tests of male orphans and female orphans on emotional problems

| Variables | Male (90) | Female (60) | | | |
|------------------|------------------|--------------------|--------|------|-----|
| | Mean (SD) | Mean (SD) | df=148 | t | p |
| Emotional | 4.59(2.18) | 4.75(1.99) | | -.46 | n.s |

It can be deduced from the above table that, there is no significant difference between females (Mean = 4.75, SD=1.99) and males (Mean = 4.59, SD=2.18) on emotional problems [$t_{(148)} = .46, p = .32$]. This indicates that, males do not experience emotional problems in any different form from that of females. Therefore, the hypothesis that, female ‘orphans will experience higher emotional problems than male orphans’ is not supported.

4.7 Summary of Findings on Quantitative Data

Analysis of the quantitative data yielded the following;

1. Type of ownership (private, public and religious) predicted significant differences in terms of behavioural and emotional problems among children living in orphanages in Ghana. Further analyses to compare which means differed indicated that, public and

Behavioural and Emotional Problems of Children in Orphanages.

religious orphanages differed in terms of conduct problems, private and religious also differed in terms of conduct problems.

2. There was a significant relationship between length of stay in the orphanages and behavioural and emotional problems of children living in orphanages. This was a negative significant relationship implying that, as length of stay increases, behavioral and emotional problems decreases and as length of stay decreases, behavioral and emotional problems increases. Thus, duration or how long children stay in the orphanages predicts differences in behavioural and emotional problems.
3. Female orphans in private orphanage and female orphans in public orphanage showed significant difference in their behavioural and emotional problems.
4. There was no significant difference in emotional problems between female orphans and male orphans.

From the above, it can be concluded that, the data analysis confirmed hypothesis 1, 2 and 3, whereas hypothesis 4 was not supported.

4.8 Qualitative Data

Rosengren and Arvidson (2005) shared the view that, to gain a comprehensive understanding about children living in orphanages, a qualitative research was useful in exploring deeper knowledge about their emotional and behavioral problems. A qualitative method will also allow the researcher a glimpse of the children's world, as seen through the eyes of the children themselves. Qualitative methods are considered “more effective in enabling children to communicate in their own terms” (Barker, 2003, p. 50) and more suitable when conducting research with children (Giese, Meintjies, Croke, & Chamberlain, 2003).

4.8.1 Participants

The total number of participants selected for the interview was fifteen (15). Out of the 15, nine (9) were males and six (6) were females; three (3) males and two (2) females each from the three (3) Orphanages (private, public and religious). The age range was between 15 and 18 years. With regards to their educational background, 3 were attending Senior High School and the remaining 12 were in Junior High School. The length or period of stay at the orphanage for the 15 participants ranged from a minimum of three (3) years to a maximum of eighteen (18) years and this number of years could be useful in obtaining relevant information about their experiences.

4.9 Analysis

Interpretative Phenomenological Analysis (IPA) was adopted to analyze and discuss qualitative information. IPA is an appropriate approach that is adopted to seek how individuals perceive a particular situation they may encounter and how they make meaning out of their personal and social world (Smith, 2006). With IPA, assessment of key emergent themes for the whole group is vital hence, the need to record and transcribe words of informants (Smith et al., 2009). Notes of any thoughts and reflections that may include recurring phrases and the researcher's questions were made while reading transcripts.

Transcriptions of data were done with the help of two (2) research assistants, who had research background in qualitative studies. After the transcription, transcripts were read several times by the researcher and a senior researcher well vested in qualitative studies. This helped both the researcher and the senior researcher to take note of relevant phrases. While reading the transcripts, both the researcher and the senior researcher restrained presuppositions and judgments in order to focus on what was actually presented in the data gathered. This process is

involved in the practice of ‘bracketing’ (Husserl, 1999: p 63 - 65). With this practice, there is a suspense of critical judgment and engagement which is likely to bring in the researcher’s own assumptions (Spinelli, 2002).

Brocki and Wearden (2006) noted that, to ensure validity and reliability of qualitative research, analyses should be checked and interpreted by other professionals who may either be involved in the study or completely independent of it. Hence, both researcher and senior researcher re-read the transcripts and noted down salient phrases. Frequently occurring views or ideas were identified by both the researcher and the senior researcher. This was followed by grouping and categorizing the common ideas identified under main themes with examples of quotes from participant’s experiences. The experiences reported were then linked with other recurrent themes and these quotes were selected to represent them as emergent themes. These themes were subsequently summarized and connections across them were established. Finally, emerging themes are discussed in line with study aim and objectives to answer research questions. Quotations are provided verbatim without any alterations or corrections.

4.10 Validity and Reliability

In conducting qualitative research, Patton (2001) asserts that, validity and reliability are two main factors which should be taken into consideration while designing the study, analyzing results and judging the quality of the study. Smith and Dunworth (2003) have also suggested that, it is imperative to review the validity and reliability of qualitative research by precise criteria which suit it. Validity in qualitative research refers to the integrity and application of the methods undertaken as well as how findings precisely and accurately reflect the data. Reliability, on the other hand, describes consistency within the employed analytical procedures (Long & Johnson, 2000).

According to Lincoln and Guba (1985) reliability and validity of qualitative research relates to the credibility of the research. Interpretative Phenomenological Analysis (IPA) which was used for analyzing the qualitative data recognizes the interactive and dynamic role of the researcher.

In this regard, the purpose of validity checks is not to produce a ‘singular true’ account of data but to ensure the credibility of themes produced (Brocki & Wearden, 2006). Therefore, to ensure Credibility of qualitative research, two major aspects must be addressed: truth value and consistency. The present study used the following strategies to ensure the truth value of the data. To ensure truth value, the researcher and research assistants outlined personal experiences and viewpoints with regards to the research topic that may possibly result in any form of bias (Morse et al., 2002). The researcher admits any bias she renders to the study because of her background in clinical psychology. This is likely to lead the researcher to apply a clinical view to the narratives whereas someone with different background might see something different. The researcher’s knowledge of literature around the mental health in general might bias the coding as well. Consistency on the other hand, relates to trustworthiness which involves transparency and clear description of research process from initial outline, through the development of the methods and reporting findings (Long & Johnson, 2000). A brief discussion was scheduled between researcher and research assistants to help unravel biases or assumptions that may have been taken for granted or ignored prior to transcription of data. The coding of the data was however done with the help of a senior researcher only, since the research assistants were not expertise in qualitative research.

During the coding process, the researcher informed the senior researcher of her knowledge with regards to research questions and her initial experiences with the transcripts. For example, the researcher had found some relevant concepts or ideas before meeting the senior researcher and therefore allowed the senior researcher to first suggest any idea. The researcher and the senior

Behavioural and Emotional Problems of Children in Orphanages.

researcher thoroughly examined themes that emerged, dissected the quotes that could represent them and discussed till a consensus was achieved. Recording of the interviews paved way for revisiting of the data to check emerging themes and maintain or remain true to participants accounts of their experiences in the orphanages. In view of this, participants' perspectives were clearly and accurately presented.

4.11 Results

Three main themes were derived; emotional problems, behavioural problems and coping strategies. The sub-themes under emotional problems included: *loneliness, entrapment, discrimination, parental loss or isolation, boredom or idleness, deprivation, rejection and helplessness*. The behavioral problems involved the following sub-themes; *'survivalism', adventure, defensiveness and superiority*. Coping strategies included *attending church and praying, focusing on education, opportunity to be in the orphanage and hope for the future*.

There were some differences among these themes across gender, length of stay and location. For the sake of anonymity, only gender, age and location are reported with the specific quotes.

4.12 Emotional Problems

4.12.1 Loneliness

This theme examined feelings of loneliness expressed by children in all the three selected orphanages (private, public and religious). The idea of feeling lonely and the absence of biological parents and relatives probably may contribute to emotional problems as sadness or not being happy as recounted by a 15 year old who has been staying at the orphanage for three years:

'I try to be happy all the time, though I often miss my mother who has passed on. I keep asking myself if my mother was alive I would not be staying here. Staying here makes me

Behavioural and Emotional Problems of Children in Orphanages.

feel sad because, I use to visit my cousins, nieces and nephews when my biological

Mother was alive and everything was well. But now, I hardly see them and I really miss them. ' (Female 15, Private)

From the quote above, 'I use to visit my cousins, nieces and nephews when my biological mother was alive', indicates the impact of the absence of a biological mother. The child now finds herself in an orphanage where she is not able to enjoy visits to other family members. This elicits feelings of loneliness and clearly the child's presence in the home or orphanage is tantamount to familial abandonment.

Other children shared their experiences of loneliness during their stay in the orphanage with the view that living in an orphanage may not be safe in times of natural disaster. An informant expressed his fears as: '*Whenever it rains or about to rain heavily in the night and lightening is reflected in the room, I really feel scared thinking I am alone and something bad might happen to me.*' (Male 17, Private).

A sixteen year old male reported feelings of loneliness due to apprehension and also limited number of caregivers to provide them the maximum care as he expressed: '*When I am alone, I usually feel something bad might happen to me so I always avoid being alone.*'

From statements above, it can be said that, children who have lost one or both parents due to any cause and have to live in an orphanage experience the psychological impact on their wellbeing. Such children tend to suffer from loneliness, depression and anxiety (Gilborn et al., 2001).

4.12.2 Entrapment

Some of the children expressed emotional problem as evident in their stay at the orphanage. Their stay was seen as long overdue and they felt the need to be out of the place due to the normal daily routine experienced. Expression of how anxious they are to leave the orphanage to the outside world is illuminated by a 14 year old:

'I will feel sad staying here for long and would be happy if someone comes to take me from here because I will not be a prisoner again. I feel I am indoors sometimes especially when we return from school. Some of our friends have their parents come to pick them home, but we return to our houses and we don't often see what happens outside.'

(Female 14, Private)

From the first quote 'I will not be a prisoner again' depicts the eagerness to leave the orphanage as they feel imprisoned in the midst of other children or within the walls or confines of the orphanage. The feeling of being 'indoors when we return from school' is an indication of how a temporary place like orphanage is run. According to the child above, the orphanage is seen as an enclosed place and she gains some kind of freedom when she goes to school. Returning from school back to the home is therefore seen as a form of entrapment. It is also evident that children living in orphanages have realized the absence of their biological parents or relatives who provide guidance as revealed in statement like 'some of our friends have their parents come to pick them home.'

As indicated in the narrative above, 'I feel sad staying here for long' depicts how duration or length of stay can influence the emotions of children living in orphanages (Rahman et al., 2012).

4.12.3 Discrimination

Emotional problems like sadness or depression was expressed by some of the children who felt abandoned or discriminated against due to their status as orphans coupled with mistreatment from friends. A 15 year old who has been staying in the orphanage his entire life lamented:

'What makes me feel bad is when people discriminate against me, especially when we go to school. You know we are not the only people (children from orphanage) in the school. Others come from outside so sometimes some of them who know we are orphans tend to discriminate against us and that makes me feel bad living here. Also, when I tell my friends I want to be a pastor, they laugh at me saying I often tell lies and steal so I cannot be a pastor. This makes me feel sad because the people around me are not encouraging me.' (Male 15, Private)

Closely observing from the quote above, is an indication that some sources of the emotional problems children go through at the orphanage stem from their mingling with non-orphans. Much as such, mingling might help the orphans to relate with others and discover some sense of support and encouragement; it appears that it is a source of discrimination and discouragement.

The idea that orphanages are meant for children is depicted in the quote: *'some of the children who know we are orphans tend to discriminate against us and that makes me feel bad living here'*. This child attests to the fact that, he is an orphan and it is his status as an orphan that had called for discrimination from others. This is in congruence with observations by Richter, Manegold and Pather (2005) that orphans and vulnerable children suffer from peer relationship and social interactions as their peers discriminate against them.

Behavioural and Emotional Problems of Children in Orphanages.

Emotional problems were further expressed by some of the children who were seen by others as of no value due to their status as orphans and their current location (orphanage). An eighteen year old orphan lamented:

'I become sad at school when people talk about us in school because we stay at the children's home. The idea is that this place is for orphans so the last thing you do some of the students want to refer you and that makes me sad. They make you feel as though you are not a human being and treat you badly.' **(Female 18, Public)**

There are indications in the above quote that show the self-esteem of orphanage children can be gravely hampered. From the quote, *'They make you feel as though you are not a human being and treat you badly'* reveals that, clearly the children's sense of self is often discussed in the light of how others make them feel. As children live in the orphanage, they see the place as a surrounding that has become part of them. The social surroundings or the environment is a vital area that has a profound impact on the creation of the self (Harter, 2012). Children are affected by what their peers say about them and they see the self as a true reflection of both the inner and outer world (Pervin & Cervone, 2010).

4.12.4 Loss of parent / Isolation

The children reported the absence of their biological parents as a harsh blow to their happiness as they are constantly reminded as orphans by their friends. A 15 year old girl showed her emotional pain as: *'Well, I sometimes feel happy, but mostly sad, especially when we go to school. Anytime we go to school, people talk about their parents and that makes me sad because I will be thinking of what to say since I live in a children's home without my biological parents.'*

(Female 15, Private)

Peer interaction is clearly a source of emotional problems for orphan children. It appears from

Behavioural and Emotional Problems of Children in Orphanages.

the quote that the reference to ‘‘people talk about their parents’’ connotes the kind of support and perhaps emotional help they receive from their parents. Children may be projecting ideal and better parents, which they are proud about and makes them feel good about themselves. Such discussions, however, provoke the reality of a sense of loss and isolation in these orphans; as indicated by this orphan, she feels she doesn’t belong to the group of children with parents.

Additionally, statements like *‘I live in a children’s home without my biological parents’* is an indication of how a child’s first emotional attachment (often a mother figure) plays a key role.

The attachment figure provides the child with love and care. The child usually finds herself or himself at a disadvantage with a possibility of depression, anxiety and antisocial behaviour (Anderson, 2005).

4.12.5 Boredom / Idleness

The desire to find a good job and leave the orphanage was expressed by some of the children. To them, staying in the orphanage for so long a time with the normal daily routine affected their emotions one way or the other. An eighteen year old who has been living in the orphanage for twelve years narrated:

‘I would be very happy to leave because I have been here for the past 12 years and you keep going through the same process every day. I only wish I complete school, become

Behavioural and Emotional Problems of Children in Orphanages.

independent and cater for myself. I would be happy to leave here as soon as possible. I have been here for 12 years and I feel the need to change my environment. I only want to have something doing like a good job to fend for myself so I can leave for others to also come.’ (Male 18, Public)

Behavioural and Emotional Problems of Children in Orphanages.

Urgency to leave the orphanage was depicted in a narration by an eighteen year old male who has stayed in the orphanage most of his whole life. The sense of adulthood coupled with lack of resources to provide skill for older orphans is clearly indicated here; *'I only wish I complete school, become independent and cater for myself. I would be happy to leave here as soon as possible'*. Besides, these orphans who are seeking responsible freedom from these orphanage environments are males who might be caught up by gender role expectations of providing for themselves and creating a family. The search for autonomy during adolescence is a developmental milestone and these older males view this need as a path towards identity and responsibility as expressed by another male below:

'I want to leave here as soon as I get a good job. At my age now, I feel the need to work and provide for myself. The Home has done a lot for me they cannot do everything for me. I need to take care of myself. This place has become very boring and that makes me feel sad' (**Male 18, Public**).

A perceived temporary nature of the orphanage is attested to in the above quote. It is viewed as a transition and as this 18 year old describes his need and the resources at the orphanage are far apart now. He seeks independence from the very place that provided for his needs when he was young. He admits the positive impact the orphanage has made on him, but in terms of fending for himself henceforth, he desires to become a personal responsibility and not an institutional one as offered by the orphanage. As this desire lingers, coupled with the apparent lack of stimulating age-relevant engagements, he feels bored and this creates some emotional challenges for him.

4.12.6 Deprivation

Some of the children reported that they have suffered from depression and anxiety which

Behavioural and Emotional Problems of Children in Orphanages.

resulted from lack of parental love from biological parents. An eighteen year old who remembers he was brought to the orphanage when he was a child and does not recall the exact age explained:

'I feel scared because I never enjoyed the parental love I was to enjoy. I never had the chance to enjoy life with my biological parents. Though the mothers here have been good to me, I can never love them as a parent no matter what. I was very young when I came here, I cannot recall when and I feel scared I might never love my biological parents even if they are alive and if I happen to meet them. I feel scared I might not show my children the kind of parental love they may need because of what my parents did to me. I just hope I would really give my children the best parental care no matter the circumstance.' (Male 18, Public)

The above statement depicts the extent to which lack of parental love and care could induce fear in children. Any separation from the biological mother, any experience of orphanage resulted in emotional deprivation and sometimes, all children undergoing such experiences would develop into children with no affection (Rutter & The ERA study team, 1998). From the quote: *'Though the mothers here have been good to me, I can never love them as a parent no matter what.'* This boy could not feel as attached to the orphanage mothers as his own. According to Bowlby (1969), losing that attachment is painful and he is anxious he might mirror that distorted attachment with his children. The impact of the sense of deprivation is felt in the fear expressed in the potential generational transfer. He is dreading he might have suffered the loss of certain psychological properties or traits which might not allow him to equally show affection to his children but is optimistic he wouldn't be that badly affected. Deprivation may lead children to have attachment disturbance (O'Connor et al., 2003).

4.12.7 Rejection

Some of the children reported emotional feelings of rejection which makes them depressed. They feel the need to avoid loneliness and always want to be accepted by people around them. A fifteen year old expressed this feeling as:

'At this place, if someone reports you to a caregiver, then you are in trouble because everyone would get to know and friends would keep their distance from you. I feel rejected by everyone when my friends distant themselves from me and I do not want to be alone. I can sometimes cry when this happens.' (**Male 15, Religious**)

The quote above, 'I feel rejected by everyone when my friends distant themselves' reveals that, children see the orphanage as a common place for people in their situation to live. Hence, they feel the need to be part of a group that has some similarities together. They experience rejection when their expectations of their surroundings are not met such as when people they share same environment with separate from them (Ebersohn & Eloff, 2002).

Another male reported his feelings of rejection as: *'sometimes the caregivers are busy taking care of other children because of our number so they do not give the needed attention.'* (**Male 16, Religious**).

With close observation from the narration above, it can be said that, having a caregiver to provide consistent and responsive care helps children to recognize the nature of their emotions and to help regulate their own behaviour and emotional states. The experience of responsive and consistent care helps the child to develop a sense of being cared for and being loved (Bowlby, 1969).

4.12.8 Helplessness

Feelings of helplessness were expressed by the children. This feeling was as a result of living in

Behavioural and Emotional Problems of Children in Orphanages.

the orphanage for so long a time and associated uncertainties about the future. This fear was expressed by an eighteen year old: *'I feel scared of what I will do in the future and what others might think of me, because I have been staying here for a long time. I also feel I do not have that kind of exposure to meet what is outside for me.'* (**Male 18, Public**)

From the above quote, deep feelings of helplessness were exhibited by the children stemmed from the fear of future survival as they saw long stay at the orphanage as a disadvantage and uncertain as to what the future holds. *'I feel scared of what others might think of me, because I have been staying here for a long time'*, indicates children living in orphanages have come to accept the orphanage as part of them, a place where they see themselves as a family that share a common environment. Hence, separating or moving from this environment comes with so many uncertainties about the future.

Orphans and vulnerable children often have psychological needs due to the loss of parents and presence in orphanages. For instance, they lack parental affection, physical and social security which are helpful for their psychological wellbeing. The children later tend to engage in indiscriminate behaviours that could result in behavioral problems (Louw, Edwards & Orr, 2001).

4.13 Behavioural problems

4.13.1 'Survivalism'

A function of behavioural problem was for survival. Some of the children reported that the conduct problem in terms of their behaviour was a means of survival. The orphanage is a place for children from different backgrounds and with different problems. Hence, the possibility of different behaviours to be portrayed as a means of surviving the complex range of behaviors

Behavioural and Emotional Problems of Children in Orphanages.

becomes important. According to a sixteen year old: *'When people offend me, I really get upset and most of the times I shout at them, slapping, throwing things, beating and fighting them. I feel that would deter them from offending me because some people can be so irritating.'* (**Male 16,**

Religious)

As indicated in the quote above, actions like slapping, throwing things and fighting are demonstrated by this boy in response to offenses from others. Depending on the kind of offence from others, he feels the need to revenge for survival. This boy uses deterrence as the survival tool. As a means of survival, he feels engaging in all kinds of potential injurious actions is meant to keep others away from bullying him. The offence from others might be seen as a form of bullying, on the part of the child who also retaliates, therefore demonstrating this same act of bullying. Bullying often has a negative impact on the behaviours of children as they may have difficulty maintaining good relationships with others (Pineiro, 2006).

Some other children also narrated:

'I remember some time ago, I was supposed to go to school, but I did not go and decided to wash. A caregiver was washing the children's clothes as well and she came for my soap without asking me so I got annoyed and exchanged words with her. She acted like that because I did not go to school, but I also did not understand why she should do that.'

(Female 18, Public)

Deducing from the above narration, *'I got annoyed and exchanged words with her. She acted like that because I did not go to school, but I also did not understand why she should do that'*.

Children have their rights to be heard from their own point of view. This girl sees herself as one who needs to be talked to or listen to, rather than having to be blamed or punished for an act. She

felt putting up an attitude of exchanging words was a means of survival.

Another child expressed his means of survival as: *'I know I offend people sometimes, but others can be so irritating I feel angry when particular people keep offending me and sometimes I am tempted to hit or beat the person if no one sees me.'* **(Male 17, Religious)**

This boy sees being offended by others as a threat to his survival at the orphanage. Hence, he engages in unacceptable way of dealing with such offenders as he portrays in his behavior. He is aware of his behaviour, not accepted so he intends to engage in such behaviours when not seen.

4.13.2 Adventure

There was an indication that, the children see the orphanage as an enclosed place away from the outside world and therefore the need to explore. Thus, they would disregard any rule to fulfill their desire of what happens outside. A fifteen year old orphan who has stayed in the orphanage for his entire life narrated:

'I wanted to join a fun trip I was asked not to but I escaped to join them so my mother got angry at me when I came back. I know I disobeyed her, but I could not just miss that trip. I had really meant it and when the time came, I was told it was for only older people. My mother used to give me her laptop to use when I need it, but for that, about two weeks she did not give it to me.' **(Male 15, Private).**

With close observation from the narration above, 'I wanted to join a fun trip'. This boy seems to have realized the need to explore the outside world and shows misconduct by disregarding the rules governing when to go out and when not to. With his adventurous desire, he demonstrated behavior that was a total disregard for rules and regulations. Children engage in behavioural or

conduct problems in response to the lack of ‘everyday’ experiences and trips outside the institution or orphanage (Mulheir & Browne, 2007).

4.13.3 Defensiveness

In a bid to defend themselves as children, especially when they feel they share something in common (orphanage), some of the children reported:

‘Sometimes, I would keep quiet and other times I will say things that are not good like insult them or use filthy words. When the younger ones are fighting, I usually try to stop them, but if they should continue, I leave them and if anyone of them insults me for stopping them, I might lose my temper and beat that person.’ (Male 18, Public).

Children living in orphanages come from diverse background with a variety of mixed behaviours. As indicated in the quote above, ‘*I usually try to stop them, but if they should continue, I leave them and if anyone of them insults me for stopping them I might lose my temper and beat that person.*’ This boy feels the need to defend himself in as much as he tries to resolve conflicts and he portrays his anger by being aggressive towards his friends.

4.13.4 Superiority

There was an indication that, orphanage as a place to provide care and support for children admitted children of different ages. Some of the children felt they were older and need not to be in the midst of the younger ones. This is displayed in the behaviour of an older person. A fifteen year old reported:

‘I remember I was punished to scrub alone. We normally scrub together, but sometimes they leave it for me to do. One day, I also decided not to scrub so they do it all by

Behavioural and Emotional Problems of Children in Orphanages.

themselves. Because I am older than them, they rather felt I was cheating them by not scrubbing with them so they reported I don't help them scrub and I was asked to do it all alone that day. I became very angry at them and slapped the one who reported me.'

(Male 15, Religious).

Deducing from the quotes above, children tend to show their superiority as they grow and feel the need for younger ones to take charge of what they (older) use to do.

4.14 Coping strategies/mechanisms

The children suggested several coping strategies they used to deal with their experiences living in the orphanage in response to questions asked. The strategies or mechanisms are reported as follows;

4.14.1 Attending church and praying

The participants admitted attending church and praying to God kept them moving on amidst any problems they may be facing. This is depicted in a narration of a participant as:

'I am given the opportunity to pray at the home and when we go to church and sometimes we are asked to learn memory verses and recite them during our prayer meetings. I think this very aspect of our stay here, makes me feel good so I do not really feel sad staying here. I would pray things remain as they are because, I am happy living here and I would not wish things change.' **(Male 15, Religious).**

Another child expressed how she coped at the orphanage as:

'I am very happy whenever we attend church service. I love to be in the house of God because I find happiness there. I believe no matter how I am treated at this place, God

Behavioural and Emotional Problems of Children in Orphanages.

knows best and He won't let me down. I pray to God to grant me the grace to be a good person so I do not lose any chance I get here.' **(Female 16, Private)**

Others reported staying in the orphanage was a temporary transition and prayed for the time of independence and future directions. A 15year old male who had stayed in the orphanage for 8 years said:

'I give glory to God for all He has done for me and I continue to pray that He makes way for me. I know I am an orphan with no one to have mercy on me except God. The time for me to leave this place would soon come and I would not experience any difficulty, staying here might bring any longer.' **(Male 15, Private)**

From the quotes above, it can be deduced that, the children realized the need to rely on God through prayer. It is evident that, one's faith in God impacts how one copes with life in general. (USAIDS, 2003).

4.14.2 Opportunity to be in an orphanage

The majority of the children reported their stay at the orphanage was a great opportunity for them. There was a general view that, the only place to be was an orphanage when you are an orphan or from a poor home with no one to take care of you. A way of coping with the orphanage amidst emotional problems was a great opportunity and privilege to be provided for as expressed:

'Orphanage is a place for you to get opportunity that you may not get especially when you have no parent or relative to provide your needs. It is not a permanent home for the person.' **(Male, 18 Public)**

Behavioural and Emotional Problems of Children in Orphanages.

'It is a temporary place where most orphans, pass through for training and preparation towards the future. The Orphanage is a place to take opportunities and count yourself lucky if you had nowhere to go.' (Male 15, Religious)

'People who live in places like this must be more grateful because not everyone who lives with a biological parent has such an opportunity. Some of us may not know where we would have been if not here.' (Male 17 Religious)

Some participants reported opportunities available at the orphanage makes them feel good staying there and regardless of any problem they may be facing, they are fortunate to be a part of a group that are offered care and protection. An eighteen year old who has been staying in the orphanage for twelve years expressed how he copes at the orphanage as:

'I feel good because of the opportunities available here. You are able to meet people you will not be privileged to meet with your biological parents. Also, the orphanage helps with your schooling and people sponsor to take care of you. Many are the orphans, who are suffering on the street to make ends meet, but my situation is different, God has been good to me and I would always appreciate that.' (Male 18, Public)

From the quotes above, it can be deduced that, children living in orphanages see their place of abode as a great opportunity; *'I feel good because of the opportunities available here'*. Relating to this is a signal of relief in the absence of biological parents *'You are able to meet people you will not be privileged to meet when with your biological parents'*.

Some other children expressed their means of coping as;

Behavioural and Emotional Problems of Children in Orphanages.

'I feel comfortable here because I cannot find my parents and it is better for me to stay here than stay by the roadside. I get good training, education and I am also provided with whatever I am in need of. I feel great to be part of this family here and I owe them many thanks.' **(Female 16, Public)**

The absence of biological parents and subsequent placement in orphanages raises questions about the wellbeing of children and how they cope in the environment they find themselves. A seventeen year old expressed how he copes: *'At times I feel so fortunate because I do not know my parents, I could not grow to see them and people in such situations are supposed to be cared for by relatives. Unfortunately, no relative could care for me and that is why I was brought here'* **(Female 17, Private).**

Majority of the children realized their stay at the orphanage was a great opportunity and privilege to be provided with care and protection. They also recognized the opportunity as a way of coping in the orphanage no matter the problems faced.

4.14.3 Focusing on education

Almost all the children valued education as a great opportunity at the orphanage and believed focusing on their education and succeeding could really change their future. This strategy enabled them to overcome any emotional pain they may be going through while staying at the orphanage. Thus, it is possible that their resolve to focus on their education provided a route for distraction from painful emotions as explained by a boy:

'You have a good education and you are properly trained to become a great person in future. An orphanage is not a permanent place; you are only passing through this place so you can be properly brought up and become a responsible person in future. You only

have to respect your authorities so they continue to provide the needed support.'

(Male 15, Religious)

Regardless of any emotional problems the children might be experiencing, they still believe their stay at the orphanage is a worthy cause. A fifteen year old narrated: *'The fact that I have good training and education here makes me feel good about this place. Ones I have been given this opportunity to educate myself, I feel honoured and would continue learning to succeed in life.'*

(Female 15, Religious)

Education and training provided to children in the orphanage was a strong factor of how they coped in the orphanage. Numerous children realized the essence of education and training that would help them to be more productive in future. This is observed in the statements above.

4.14.4 Hope for the future

Most of the children were hopeful they had a bright future as the orphanage has helped them laid the foundation for their future careers. They also believed the orphanage was a temporary place and a preparation ground to help them succeed in life as remarked by a sixteen year old:

'I think they are training and preparing us for the future, so we must take all in good faith. They are not our real mothers, but they provide the needed care and make us feel their love for us. I would continue to study here so I become someone great in future. I don't know what is outside for me, but once I am here, I would make use of every opportunity.' **(Male 16, Religious)**

Another participant who has been at the orphanage for 6 years expressed how hopeful he was that the orphanage was not a permanent place: *'I also know that I would not be in this Home*

forever, so the time for me to continue with my life outside this Home will surely come'. (**Male 18, Public**)

From the above statements, some of the children, despite all of the problems encountered at the orphanage were hopeful their future would be bright and they would surely leave the orphanage.

This is evident in a quote that reads 'I know that I would not be in this Home forever, so the time for me to continue with my life outside this Home will surely come.

4.15 Summary of qualitative findings

At the end of the qualitative data analysis, the following were found in response to the research questions posed;

1. How do the children feel about where they live presently?

The children expressed feelings of loneliness, entrapment, discrimination, parental loss or isolation, boredom or idleness, deprivation, rejection and helplessness.

2. How do they relate with or behave towards their caregivers and friends?

The children demonstrated their behavioural problems towards their caregivers and friends as a form of survival, adventure, defensiveness and superiority.

3. How do they cope in their present situation?

How they cope in their present situation was exhibited by attending church and praying, concentration on education, opportunity to be in the orphanage and hope for the future.

In the nutshell, the use of Interpretative Phenomenological Approach (IPA) has provided richer understanding of the experiences of children living in selected orphanages in Ghana. IPA has delved into, and gained access to rich and diverse data that was necessary (Shaw, 2001).

Behavioural and Emotional Problems of Children in Orphanages.

The subsequent chapter discusses findings of both quantitative and qualitative data as well as their implications for future research and possible therapeutic interventions.

CHAPTER FIVE

DISCUSSION

5.0 Introduction

The environment in which a child is raised plays a key role in the proper upbringing of the child. Over the years, several researches have been conducted in the area of orphanages and the psychological impact orphanages have on children. Focus of previous research has however been channeled towards the comparison of children who live in orphanages and children who live outside orphanages with little, if any on how the category of the orphanage (private, public and religious) affect the behavioural and emotional lives of the children.

The main aim of this study was to compare the behavioural and emotional problems of children living in private, public or religious orphanages in Ghana using a mixed method approach. This was made possible with objectives such as exploring the experiences of these children in the orphanage. To this effect, three different orphanages were selected for the comparison; SOS Villages International (private), Osu Children's Home (public) and Lighthouse Children's Home (Religious) respectively. Discussion on quantitative and then qualitative findings follows accordingly.

5.1 Quantitative Findings

5.1.1 Demographic variables and behavioural and emotional problems

Demographic characteristics including gender, age and length of stay may depict some differences in terms of behavioural and emotional problems of children. Females have substantially higher rates of symptoms of common mental disorders such as anxiety and depression than males, but the effect of gender is much less clear when it comes to mental well-

Behavioural and Emotional Problems of Children in Orphanages.

being. Most large surveys showed little evidence of gender differences (e.g. Donovan & Halpern, 2002; Helliwell, 2003). Some studies showed higher scores for males (e.g. Stephens, Dulberg, & Joubert, 1999), while others showed higher scores for females on some sub-scales such as those assessing social functioning (e.g. Ryff & Singer, 1998). Boys are more likely to externalize their behaviors by acting up, whereas girls tend to internalize their problems, leading to depression, anxiety and other psychological problems (Gutman, Brown, Akerman & Obolenskaya, 2010).

In line with theories such as Attachment theory and Social Learning theory which explains the emotional bond between parents and children as well as how children model behaviors they observe, this study sought to assess the emotional and behavioral problems of children living in orphanages.

5.2 Discussion on hypotheses

The present study tested five (5) hypotheses in accordance with the aims and objectives stated. Hypothesis one (1) was supported that public and religious orphanage will experience higher behavioural and emotional problems compared to children in private orphanage. Result is compatible with studies by Zohra, Mahmud, Syed and Janjua (2011) who found prevalence of abnormal problems among children in orphanages using Strengths and Difficulties Questionnaire (SDQ). Result from the SDQ revealed higher problems in children living in public orphanages (36%) as compared to children (28%) in private orphanages. The mean score from SOS mothers (15.6 ± 4.1) was significantly lower than that from public orphanage (16.6 ± 3.8). Though these ratings were done by foster parents and teachers, it however, shows a significant difference with regards to type of orphanage and behavioural and emotional problems of children.

Behavioural and Emotional Problems of Children in Orphanages.

Hypotheses two (2) which posited that length of stay and behavioral and emotional problems will have a significant relationship was also confirmed. A negative significant relationship was however revealed and this indicates that, the longer children stay in the orphanages, the lesser their behavioural and emotional problems. The implication here is that, children who have stayed in the orphanages for longer periods may have accepted conditions as normal, adjusted and therefore might exhibit lower emotional and behavioral problems. On the other hand, children who have stayed in the orphanages for a shorter period, may view their sudden change of environment as demanding and may find it difficult adjusting to new environment. Hence, they may exhibit higher emotional and behavioral problems. This finding confirms earlier research in Dhaka city which revealed significant relationship between higher length of stay in the orphanage and prevalence of psychiatric disorder (Rahman et al., 2012). Contradictions however, exist in other studies which has consistently found a positive significant relationship that, the more time children spent in an orphanage the higher their rates of externalizing, internalizing, attention, social, and thought problems (Groza & Ryan, 2002; Gunnar et al., 2007; Hoksbergen et al., 2004; Kreppner et al., 2001). Again, Merz (2010) observed that children who spent longer in orphanages had higher rates of clinical scores on depression/anxiety and behavior problems. 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 and economically unproductive adult (Flank D, Klass P, Earls, F & Eisenburg L, 1996).

The third hypothesis again confirmed female orphans in public orphanage experienced higher behavioral problems than female orphans in private orphanage. This is consistent with previous studies on behavioral problems among children living in orphan facilities at Karachi, Pakistan.

Behavioural and Emotional Problems of Children in Orphanages.

Results from the study revealed that, female children living in public orphanage were at a much higher risk of behavioral problems compared with their female counterparts in private orphanage (Zohra et al., 2011). In the present study, behavioral (conduct) problem was higher among female respondents.

Hypothesis four which compared males and females in terms of emotional problems was not supported. Consistent with this finding is a study by Zhao et al. (2011) on orphans' psychological well being in China which revealed no difference among males and females on emotional problems. Also, a more recent study showed similarity in the experience of affect between males and females (Gutman et al., 2010). On the contrary, He and Ji (2007) reported observation on gender differences in psychological wellbeing and life quality of orphan children. Another contradiction to this finding was in earlier studies that showed that the total number in both males and females was 14.5% out of 20%, with males ranking at 17.6% and females 11.2% in terms of emotional and behavioral problems (Simpson, Cohen, Pastor, & Reuben, 2008).

5.3 Discussion on qualitative findings

How do the children feel about where they live presently?

Emotional growth is an aspect of human development which cannot be underestimated (Zastrow & Kirst-Ashman 2013). Essentially, emotional growth is the foundation of human relationships and the basis of humanity in the African context. As a result of inconsistent child-caregiver relationships, adverse social and emotional environment in child care facilities, children often lack emotional attachment to develop caring relationships. It is worth noting that, emotional attachment which these children are deprived of is a crucial aspect for their development, and lack of it may eventually lead to emotional problems (Puras, 2011).

Behavioural and Emotional Problems of Children in Orphanages.

Key findings of this study proved that, children living in orphanages felt lonely, entrapped, discriminated against, boredom or idleness, worthlessness, deprived and helpless. Similar observations have been made by Roy et al. (2000) reporting that institutionalized or orphanage children experience deprivation. These feelings depict the emotional problems these children may be facing. This finding is consistent with previous studies which reported that, children living in orphanages as a result of any cause, experience multiple emotional problems like depression, loneliness, worthlessness, isolation and deprivation (Gilborn et al., 2001).

Some of the children felt discriminated against when they go out of the orphanage home. Due to the fact that the orphanage is their home and meet other friends when they go to school, they feel discriminated against by some friends they meet at school. These friends do remind them of their status as orphans as a result of where they live. Studies have reported that, despite AIDS, being a main reason for stigmatization and discrimination, orphan children are being discriminated based solely on their status as orphans (Subbarao, Mattimore & Plangemann 2001). Additionally, higher levels of stigma and discrimination were recorded for orphaned children in Rwanda (Thurman et al., 2006) and in South Africa, Giese et al., (2003) found that orphans were frequently bullied, teased and denied basic services and education. Other studies by Cluver and Gardner (2007); Croke and Chamberlain (2003) further confirmed that AIDS orphans and vulnerable children experience stigma and discrimination that leads to social isolation and deprivation.

Furthermore, for children to be given names suggests that they do not 'belong' to the society they were born into. It shows that bringing them to school had been just integration not inclusion. They lack acceptance by schoolmates. One of the arguments put forth by Norwich (2003) is that

Behavioural and Emotional Problems of Children in Orphanages.

a commitment to inclusion implies a commitment to meeting the needs of a minority and therefore to arrangements which may not be required by the majority. Inclusion is based on a value system that welcomes and celebrates the diversity of all (Norwich, 2003).

According to Giddens (2003), it is essential for children to be able to rely on their family members, and to interact with them during primary socialization so as to develop trust. However, the story of children living in orphanages is the contrary. Often the children in the orphanage lack the opportunity to depend on their families in times of need. They therefore grow to lack the parental care and love to be accorded them. Eventually, being deprived of original family culture, in which children are denied proper primary socialization, behavioural and emotional problems in their current life may appear, and sometimes they do not have the same moral standards as a child who grows up with caring parents (Giddens, 2003). Children who receive adequate support from family, peers and others adapt well psychologically while those who do not become depressed, lonely and withdrawn (Lewin & Kelly, 2000).

The Findings demonstrated by this study is in congruence with previous studies which documented that, lack of parental care has a devastating effect on children's development such as feelings of isolation, abandonment and poor attachment to people around (Cremshaw & Garbarino, 2007).

Similar observations were made by Grossman and Waters (2006), who emphasized the need for an attachment figure in the lives of children living in orphanages. This attachment is seen as a working model for all later emotional attachments. As a child grows, the foundation of self-worth and love for others increases. Most children living in orphanages lack this form of attachments and thus put them at risk of possible low self-esteem, depression, anxiety and later,

social withdrawal and antisocial behaviours (Fisher et al., 1997).

Again, consistent with the findings are studies that reported, children living in institutions may suffer more from compatibility and mental health issues such as depression, anxiety, and symptoms of poor physical health than children living with their natural families (Browne, 2009; Debiasi, Reynolds, & Buckner, 2012; Delva et al., 2009; Farooqi & Intezar, 2010; Fawzy & Fouad, 2010).

5.4 Children and caregiver relationship

How do they relate with or behave towards their caregivers and friends?

The behaviour of children living in orphanages cannot go unmentioned with regards to their experiences in the orphanages. Children living in this study's orphanages reported ideas that related to Survivalism, defensiveness, adventure and superiority as the main reasons for exhibiting certain kinds of behaviour. Behavioral problems can occur in children of all ages and mostly start early in life. Children with behavioural problems can be rude, and have tantrums with difficult temperament and depression. In addition, among these children, hitting and kicking other people as a form of defense are common (Wattie, 2003). Early mother infant interaction is a very salient aspect in children's development, but orphans lack mother's proper affection. This deficit becomes apparent later by aggression or other conduct problems (Cohn & Tronick, 1989).

Again, studies have revealed similar findings that, children living in institutional care demonstrate some degree of aggression, fighting each other to show their superiority (Shakhmanavoa, 2010; Waheed, 2010; Whetten et al., 2009). These psychological and physical consequences of living in institutions, according to the researchers, may be the result of a number of factors, such as the loss of the real family environment, the social and cultural nature

Behavioural and Emotional Problems of Children in Orphanages.

of orphanages in contemporary societies, and the degree of commitment of the managers of these institutions to the methods of care that are based on acceptance, equality, kindness, and democracy.

In congruence with this finding are previous studies reported that children living in institutions display a variety of behavior problems, including aggression to defend themselves, hyperactivity to show superiority, indiscriminate friendliness, poor quality peer relationships and conduct behaviour (Tizard & Hodges, 1978; Wolkind, & Hobsbaum, 1998).

How do the children cope with their experiences in the orphanage?

According to Lazarus and Folkman (1984); Dumont and Provost (1999), coping strategies are the cognitive and behavioural efforts one makes to endure, escape or reduce the effects of stress. In this study, regardless of behavioral and emotional problems faced by the children in the orphanages, they do have their own strategies for coping. **A reflection of this is the hope for the future as a coping strategy despite their challenges at the orphanages. Though, they feel helpless in the circumstances or situations they find themselves, they are still hopeful of what the future holds for them. Thus, children living in orphanages as noticed from the findings, do not think only negative about their present situation, but are also positive about the future.**

The categories of children who are said to be living in difficult circumstances have been identified with a lot of vulnerabilities. All these vulnerabilities notwithstanding, most children are able to adapt certain strategies that help them to cope in the difficult circumstance which in turn makes them resilient. Holloway and Valentine (2000) argue that children's ability to change some of the adverse conditions for the better depicts that, children are not only passive subjects but can be said to be social actors with agencies. Children are not mere victims of circumstances

as one may think, but they are able to make good use of their agency in order to cope with a situation.

Attending church and praying as a coping strategy is in line with the survey findings, which revealed that most children derive pleasure by going to church and by praying and for some church is the sole source of their happiness. This finding is in line with the survey findings, which revealed that most children derive pleasure by going to church and by praying and for some church is the sole source of their happiness (Thwala, 2008).

One's faith in God impacts on how one copes with his/her loss and life in general. The large number of children, citing attending church and praying as a means of coping was not beyond imagination because the Ghanaian population is predominantly actively Christian and children learn Christian values early in life (USAIDS, 2003).

5.5 The Role of Culture

Culture may be seen as an essential element for the enrichment of children's identity as it serves as a store of values, connectedness, belonging and traditional practice. Cultural practices are very important to the general well-being of the child (Kayombo et al., 2005). Culture has been seen as a difficult concept to define but its relevance to identity development has been attested to by many researchers (Akhtar, 2005; Alcoff, 2003; Bhatia, 2007), working within and across cultures and groups.

Lack of the extended family support has led to the placement of children in orphanages for their needs to be cared and provided for (Ansah-Koi, 2006). From the findings, children living in orphanages expressed a loss of parents or isolation, deprivation, discrimination, rejection just to

Behavioural and Emotional Problems of Children in Orphanages.

mention but a few. These problems children face living in orphanages indicates the need for the support of the extended family system to enhance the sense of belongingness and connectedness.

The only notable traditional care for orphans and vulnerable children in Ghana today is the practice of the Queen Mothers of the Manya Krobo District. For this practice, each Queen Mother takes in orphaned children and raises them as a part of her own family (Colburn, 2010). The mothers take charge or are responsible for the total upbringing of the children. There is a conscious effort on the part of the mothers to integrate the children into the general society and avoid any emotional and behavioral problems such as discrimination, rejection and loneliness they are likely to encounter. This particular type of care for orphans by Queen Mothers is relevant because it promotes and strengthens the traditional African system of caring for children through extended family. In this regard, children have a family their whole lives, a backbone they can lean on in times of need, as opposed to being cared for in an orphanage with many other children (Mensah & Lund, 2008).

Dhlomo (2001, p. 53-54) suggests that ‘the local government and Non-Governmental Organizations (NGO’s) should lead the process of reviving extended family units. She argues that in African cultural traditions, it is seen as shameful and undignified to have children turn to strangers for help while parents’, sisters and brothers become bystanders. These children need to be embraced within a family unit.’

Orphanages or institutional care is a Western invention or idea that has been adopted to replace the traditional family care in response to care crisis in sub-Saharan Africa. This has resulted in a clash of values and understanding between good-willed Westerners and those they are seeking to assist in the developing world (Badu & Manful, 2014).

Unfortunately, more vulnerable children are likely to be in need of care and services. Obviously, there would be an increase in the numbers of orphans and vulnerable children, adding to the demand for more orphanages or institutional care as more children currently totaling about 15million orphans and children at risk will require provision of basic survival needs (Badu & Manful, 2014).

The emotional and behavioural problems experienced by the children living in orphanages are no doubt clear indications of how the children feel about where they live. Orphans and vulnerable children need the support of extended families and significant others for their psychological wellbeing (Adu, 2011).

The Findings confirm assertion by Salifu and Somhlaba (2015, p.153) that ‘Orphanhood is a life-changing experience that has negative consequences for the surviving children; placement in an orphanage is also a compounding factor.’

Many orphans and vulnerable children continue to experience emotional problems and little is being done in this area of emotional support. Sengendo and Nambia (1997) argued that, people held a cultural belief that children do not have emotional problems and that could lead to the lack of attention from adults. Children may not often feel the full impact of having lost parents or living in an orphanage probably because they may not actually understand what it means to live in an orphanage without the presence of biological parents. Children therefore are at risk of growing up with unresolved negative emotions which are often expressed with depression and anxiety (Brodzinsky et al., 1986).

5.6 Implications of findings

Results of this study points to the many hidden problems of children living in selected orphanages and perhaps other orphanages as well in Ghana. **These problems indicate signals for attention to be directed towards these vulnerable children and the urgency to emphasize on child mental health in Ghana. Hence, focusing on children from institutionalized care to non institutionalized ones.**

The Findings of this study elicit practical implications for government, orphanage, counselors, psychotherapists and policy makers. Taking into consideration the experiences of children in the orphanages, it is expedient for government to motivate community programmes that facilitate the restoration and promotion of family ties and relationships. This would ensure the effectiveness and sustainability of economic, political, cultural and spiritual transformation and development.

In addition, it would be necessary for government to encourage, intensify and support multifaceted programmes that are aimed towards assisting some orphanages with resources for the relief and enhancement of life of the children who live in orphanages.

With regards to the problems faced by children living in orphanages, Orphanages can and must create a family-like environment for orphans consistent with the kin system of traditional African culture, which assumed there were no orphans and where children without parents were cared for within extended families (Foster, 2002).

The orphanages should make efforts to put in place programmes towards the empowerment and equipment of orphans with some vocations and life skills to prepare them for future life.

Behavioural and Emotional Problems of Children in Orphanages.

Orphanages should organize programmes aimed at promoting effective and purposeful linkage between the orphans and their families so as to create smooth reunification when the orphans graduate from the orphanages.

Parents and families send their children to the orphanages for many reasons. The root causes for such actions must be identified and addressed properly. Among these causes is the known poverty as a reason for child abandonment or orphanage placement in Ghana. Policy makers should therefore put in place poverty reduction schemes to empower families to care for and protect their children.

Considering the existence of emotional and behavioural problems among children living in orphanages, psychotherapy and counseling sessions should be provided to help children realize their self-worth, self-esteem, to move on and cope with or without parents. Policy makers should also advocate and insist on family integration for children, especially those who still have their parents alive. This would help children strengthen their coping skills as they realize they have parents alive and can be with them any moment. According to Rodriguez (2010), psychological processes play a significant role in the way the child perceives and organizes his or her understanding of the world. The child is not a passive observer in the face of ongoing events but an active participant in selecting and synthesizing stimuli. Hence, therapists must be involved in the health care of these children to enable them receive the needed attention.

Also, before admitting children to the orphanages, they should be properly assessed psychologically and not only medically in order to know their psychological state.

Behavioural and Emotional Problems of Children in Orphanages.

In addition, routine and periodic psychological screening of the children must be considered to avoid any further complications that may arise later in life. Similarly, the authorities should take steps, so as to be able to strengthen their initiatives to alleviate poverty, which is a social menace, encouraging the establishment of orphanages.

In future, the management of the orphanages should encourage more research to improve the conditions in the orphanage. Assistance may include therapy and counseling, psychologists may contribute by observing, interpreting, and recording the behaviour and where it stems from and

provide help Intervention and prevention programs can also help the child by preventing any further damage. This provides some kind of social support for these children and has a great impact on their relationship with others as they grow. This is not the case for orphanages in

Ghana, except SOS Villages which provides the 'family-like' structure of nurturing children. Other orphanages should see SOS as a model to be followed for the proper upbringing of the children. Most of these children see themselves as being a part of family where they call each other as a sister or a brother which creates some kind of relief for them. This is because they do not feel rejected and see themselves as part of a great family. When children reach a certain age, usually eighteen (18), they must leave the orphanage. SOS village international again has the service of providing jobs for children who turn eighteen (18) to make them independent and self-sufficient.

5.7 Limitations

Salient revelations of this study have been brought to light. However, the study is without limitations. First, selection of a single center or location for each group of population (private, public and religious) can be seen as a major limitation. In selecting the study site, one orphanage was selected to represent each category for both quantitative and qualitative data collections. As

Behavioural and Emotional Problems of Children in Orphanages.

such, vital information from other orphanages may be overlooked and that could render the study not generalizable. Hence, the three orphanages selected may not represent or denote the entire range of emotional and behavioral problems of children living in orphanages. Children may have been briefed to portray positive light about their experiences in the orphanage prior to gathering or information.

Another limitation is the unequal sample size for the entire study. With a sample size of 150 participants comprising 60 from private, 60 from public and 30 from religious, the study findings is difficult to be generalized across the entire population of children living in orphanages and all orphanages in Ghana. This limitation was due to lack of resources including time constraints.

In addition, the data collected for this study using both quantitative and qualitative methods was based on self-reported scale and expressions that was provided by children alone targeted by the study. Therefore, there is some potential reporting bias which may have occurred because of respondents' interpretation of the questions or desire to report their emotions in a certain way or simply because of inaccuracies of responses. It would have been better if both self-report and report from caregivers or teachers were obtained to give accurate information on the children.

Moreover, qualitative data collection was limited to only interviews and did not involve observations and focus group discussion for a more in-depth understanding about the experiences of the children living the orphanage. Perhaps, these approaches could have provided other significant findings.

Behavioural and Emotional Problems of Children in Orphanages.

Furthermore, with regards to the qualitative analysis, the researcher involved research assistants in the transcription of data but excluded them in the coding and actual analysis because the research assistants were not well vested in qualitative research. Hence, a senior researcher served as the only independent researcher to assist the researcher with the coding in order to ensure validity and reliability. This is a major flaw because Interpretative Phenomenological Analysis (IPA) involves subjective interpretation and therefore the need to reduce errors that might compact the trustworthiness of the interpretations. This would require the inclusion of more than one independent researcher in the analysis.

Again, in this study, the specifics for behavioural problems considered were only conduct problems and that of emotional problems were depression and anxiety. This was a limitation because other specifics such as oppositional defiance disorder (ODD) and Attention deficit hyperactivity disorder (ADHD) could have been included as part of the behavioural problems. With emotional problems stress could have been part of the specifics. These were however not considered due to time constraints.

This study did not document any strong emotional reactions of the participants who were interviewed or respondents to the questionnaire. Even though contingency plan for intervention had been put in place in the event of such an occurrence. It is possible for children to have had such reactions several days after. However, no debriefing measure had been put in place to check on children after the data collection. This is seen as a limitation of the study because some of the children might have had a recap of the interview which could spark some emotional reactions. A follow up enquiry concerning how children felt weeks after the interview would have been

appropriate.

The present findings also omitted several demographic characteristics such as socioeconomic background of children's family, number of children under each caregiver, educational background of caregivers, place of residence and prior parent-child relationships were not included.

Despite the shortcomings or limitations of the study, it nevertheless, compared the behavioral and emotional problems of children living in orphanages in Ghana using a mixed method approach.

5.8 Recommendations

Further studies could review limitations in this study and improve on it. Adequate preparations should be made before embarking on research in this area. Also, future researchers must allow ample time to select enough orphanages as representatives to obtain larger sample size in order to ensure the external validity of studies.

Furthermore, for effective comparisons of studies of this nature, future studies should have a vigorous background check to select orphanages which can provide them with equal sample size.

Future researches could also include observation and focused group discussion as part of data gathering to obtain a complete in depth understanding of the experiences of children living in orphanages. Aside this, caregivers and teachers could also be interviewed to add more value to information obtained.

It would be of great interest if future researches include oppositional defiant disorder (ODD) and attention deficit hyperactivity disorder (ADHD) as part of behavioral problems of children living

Behavioural and Emotional Problems of Children in Orphanages.

in orphanages. Also, self-esteem and stress could be included when assessing the emotional problems of children living in orphanages in Ghana. This would help to obtain a broader perspective of the behavioural and emotional problems of children living in orphanages in Ghana.

Also, future researches should include research assistants who have both quantitative and qualitative expertise in order to involve them in the coding of qualitative data so as to ensure validity and reliability of data.

Again, future studies could examine the interactive effect of demographic characteristics such as socioeconomic background of children's family, educational background of caregivers and years of experience of caregivers on the behavioural and emotional problems of children.

Lastly, it would be enlightening to study how children cope after leaving the home to see the impact of orphanages on the children. Interesting research could be conducted to compare emotional and behavioral problems of children in both rural and urban orphanages and how they cope.

5.9 Conclusion

This study has been relevant as it has made available essential baseline data with regard to behavioral and emotional problems of children; their experiences living in orphanages. The first of its kind, to compare children in selected private, public and religious orphanages in Ghana. This is important due to sparse information available on comparing behavioral and emotional problems of children living in orphanages in Ghana. Available literature focused on comparing orphans to non-orphans which produced results that were obvious. The mixed method approach

Behavioural and Emotional Problems of Children in Orphanages.

has indeed, provided broad understanding of the experiences of these children encompassing their behavioural and emotional problems.

Findings of the study revealed significant number of cases with emotional and behavioural problems among children living in orphanages in Ghana. These findings pave way for some conclusions to be made. It can be concluded that, quantitative analysis confirmed children living in public and religious orphanages experience more emotional and behavioural problems compared to their counterparts in private orphanage.

Also, quantitative analysis revealed a negative relationship between length of stay and behavioural and emotional problems. In addition, the analysis suggested females living in public orphanage exhibit behavioural problems more than their female counterparts in private orphanage. Lastly, male and females show no difference in terms of behavioural and emotional problems.

On the other hand, qualitative data which sought to add new inputs and explain quantitative result made some revelations. Conclusions drawn from this analysis indicate that, children living in private and public orphanages expressed their emotional problems more compared with children in religious orphanages. It can be deduced that, children in public orphanage are able to better express their emotions through both interviews and questionnaires, whereas children in private orphanage are able to express their emotions better through interviews than through questionnaires.

On the other hand, children in religious orphanage reported they adopted coping strategies to

Behavioural and Emotional Problems of Children in Orphanages.

help them overcome any problem they may encounter. This report may one way or the other account for why they least expressed their emotions during the interview.

Furthermore, in response to research questions, children in the orphanages expressed their feelings of emotional problems as loneliness, deprivation, worthlessness, discrimination just to mention but a few. Their behavioral problems were also exhibited as a form of survival, defense, superiority and to make them comfortable staying in the orphanage.

A follow up study may be carried out for better understanding of this issue and to find out causal associations. These children are sent to the orphanages for their care and protection. Hence, it is the duty of the orphanages to respect the rights of these children and provide them the needed care and protection. Little attention is given to children's experiences in the orphanages. Children are not given the required support and encouragement to express their experiences nor are they given the required guidance to deal with them. For example, children are not always talked to, nor listened to, and therefore their experiences are misunderstood. For instance, children are simply punished when they have no strength for house chores, or lack the strength to attend school (Segendo & Nambi, 1997). On this note, government, policy makers, the orphanages, psychologists and counselors now have to channel attention to these children to help improve their experiences in the orphanage.

To sum it up, this research, to a greater extent has demonstrated the critical needs of children in orphanages in Ghana and the importance of directing policy programmes towards assuaging their emotional and behavioural challenges.

REFERENCES

- Abebe, T., & Asbjorn, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science & Medicine* 64 (07), pp. 2058–2069.
- Abehe, T. (2005). Geographical dimensions of AIDS orphanhood in sub-Saharan Africa. *Norsk Geografisk Tidsskrift - Norwegian Journal of Geography*, 59, 37-47.
- Adu, N.A.T. (2011). *Children's assessment of well-being: a study of the experiences and subjective well-being of orphans living in institutions in Ghana*. Unpublished master's thesis, Norwegian University, NTNU Trondheim, Norway.
- Akhtar, P. (2005). Return to religion and Radical Islam. In T. Abbas (Ed.), *Muslim Britain – Communities under pressure* (pp. 164–176). London: ZED Books.
- Alanen, L. (2000): 'Visions of a Social Theory of Childhood' *Childhood* 7 (4), 493-505.
- Alcoff, L. M. (2003). Introduction: Identities: Modern and postmodern. *Identities – Race, class, gender and nationality* (pp. 1–8). Oxford, UK: Blackwell Publishing.
- Amaya-Jackson, L., Newman, E., & Lipchitz, D. (2000). The child and adolescent PTSD checklist in three clinical research populations. Paper presented at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (2000). *The diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: Author.
- Anderson, J. C., Williams, S., McGee, R., & Silva, P. A. (1987). DSM-III disorders in preadolescent children: prevalence in a large sample forms the general population. *Archives of General Psychiatry*, 44, 69-76.
- Andersson, G. (2005). Family relations, adjustment and well-being in a longitudinal study of children in care. *Child & Family Social Work*, 10: 43–56.

Behavioural and Emotional Problems of Children in Orphanages.

- Ansah-Koi, A. A. (2006). Care of orphans: Fostering interventions for children whose parents die of AIDS. *Families in Society*, 87, 555–564.
- Aremeyaw, A. (2015, February 2). The devil and the orphanage. Retrieved from <http://www.peacefmonline.com>.
- Atwine, B., Cantor-Graaea, E., & Bajunirweb, F. (2005). Psychological distress among AIDS orphans in rural Uganda. *Social Science & Medicine*, 61, 555–564.
- Baaroy, J., & Webb, D. (2008). Who are the most vulnerable? Disaggregating orphan categories and identifying child outcome status in Tanzania. *Vulnerable Children and Youth Studies*, 3(2), 92–101.
- Badu-Nyarko, S. K., & Manful, E. S. (2014). Exploring the Usefulness of Social Capital Concept for Improving Services for Vulnerable Children and Orphans in a Public Residential Care Institution in Ghana. *American International Journal of Social Science*. 3: 83-84.
- Bandura, A. (1965). Influence of models' reinforcement contingencies on the acquisition of imitative responses. *Journal of personality and social psychology*, 1(6), 589.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (2005). The evolution of social cognitive theory. In K.G. Smith & M.A. Hitt (Eds.). *Great Minds in Management*. (p.1) Oxford: Oxford University Press.
- Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents*, 5, pp. 307-337. Greenwich, CT: Information Age Publishing.
- Bandura, A. (2006b). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1(2), 164.
- Barker, J. (2003). Is it fun? Developing child centered research methods. *The International Journal of Sociology and Social Policy*, 23 (2): 33-58.
- Barratt, J. (2007). International Federation on Ageing. Major developments and trends in

creating enabling environments for older persons. New York: United Nations.

- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Beckett, C., Maughan, B., Rutter, M., Castle, J., Colvert, E., Groothues, C., Hawkins, A., Kreppner, J., O'Connor, T.G., Stevens, S., & Sonuga-Barke, E. J. S. (2007). Scholastic attainment following severe early institutional deprivation: A study of children adopted from Romania. *Journal of Abnormal Child Psychology*, 35, 1063–1073.
- Bhatia, S. (2007). Opening up cultural psychology: Analyzing race, caste, and migrant identities. *Human Development*, 50, 320–327.
- Boakye-Boaten, A. (2010). Changes in the concept of Childhood: Implications on Children in Ghana. *The Journal of International Social Research*. 3(10); 105-115.
- Bongers, I. L., Koot, H. M., Van der Ende, J., & Verhulst, F. C. (2004). Developmental trajectories of externalizing behaviors in childhood and adolescence. *Child Development*, 75(5), 1523-1537.
- Bowlby, J. (1969). *Attachment and Loss, Vol. 1, Attachment* (2nd ed.). New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Boyden, J., & Mann, G. (2005). Children's risk, resilience, and coping in extreme situations. In: Ungar, M. ed. *Handbook for Working with Children and Youth: Pathways to resilience across Cultures and Contexts*. London: Sage.
- Brocki, J., & Wearden, A. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health*, 21, (1),87-108.
- Browne, K. (2009). *The Risk of Harm to Young Children in Institutional Home*. United Kingdom.

Behavioural and Emotional Problems of Children in Orphanages.

- Bryman, A. (2001). *Social research methods*. Oxford, New York: Oxford University Press.
- Clark, V. L. (2005). Cross-disciplinary analysis of the use of mixed methods in physics education research, counseling psychology, and primary care. (Doctoral dissertation, University of Nebraska–Lincoln, 2005). *Dissertation Abstracts International*, 66, 02A.
- Chan, A. A. L ., Busam , K. J., Benvenuto-Andrade, C., Scope, A., Gill, M ., Marghoob, A.A ., & Halpern, A. C. (2006). Reflectance confocal microscopy of pigmented basal cell carcinoma. *J. Am. Acad. Dermatol.* 54(4):638-643.
- Christensen, P., & James, A. (2000). *Research with Children: Perspectives and Practices*. London: Falmer Press.
- Cluver, L., & Gardner, F. (2007). The mental health of children orphaned by AIDS: A review of international and southern Africa research. *Journal of Child and Adolescent Mental Health*, 19: 1–7.
- Cluver, L., Gardner, F., & Operario, D. (2007). Psychological distress amongst AIDS-orphaned children in urban South Africa. *Journal of Child Psychology and Psychiatry*, 48:755–763. doi:10.1111/j.1469-7610.2007.01757.x
- Cohn, J. F., & Tronick, E. Z. (1983). Three-month-old infant’s reaction to stimulated maternal depression. *Child Development*, 54: 185-193.
- Colburn, J. (2010) “Orphanages of Accra: A Comparative Case Study on Orphan Care and Social Work Practices”. *ISP Collection*. Paper 850.
- Costello, J., Erkanli, A., & Angold, A. (2006). Is there an epidemic of child or adolescent depression? *Journal of Child Psychology & Psychiatry*, 47, 1263-1271.
- Costello, R. J. (1989). Child psychiatric disorders and their correlates: a primary care pediatric sample. *Journal the American Academy of Child and Adolescent Psychiatry*, 28, 851–855.
- Crenshaw, D. A., & Hardy, K. V. (2007). The crucial role of empathy in breaking the silence of

- traumatized children in play therapy. *International Journal of Play Therapy*, 16(2), 160-175. <http://dx.doi.org/10.1037/1555-6824.16.2.160>.
- Creswell, J. (2003). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Debiasi, L. B., Reynolds, A. ., & Buckner, E. B. (2012). Assessing emotional well-being of children in a Honduran orphanage. *Pediatric Nursing*; 38: 169-176.
- Del Valle, J. F., & Casas, F. (2002). Child residential care in the Spanish social protection system. *International Journal of Child and Family Welfare*, 3, 112- 128.
- Delva, W. , Vercoutere, A., Loua, C., Lamah, J., Vansteelandt, S., De Koker, P. , Claeys, P. (2009) Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care*, 21(12):1490–1498.
- Denzin, N., & Lincoln, Y. (2005). *The SAGE handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Devault, M. L. (1999). Comfort and struggle: Emotion work in family life. *The ANNALS of the American Academy of Political and Social Science*, 561(1):52–63.
- Dhlomo, S. (2001). *HIV/AIDS orphans: Building an urban response to protect Africa's future*. Cape Town.
- Doku, P.N. (2009). Parental HIV/AIDS status and death, and children's psychological wellbeing. *International Journal of Mental Health Systems*, 3:26 doi: 10.1186/1752-4458-3-26.
- Donovan, N. & Halpern, D. (2002). Life Satisfaction: The state of knowledge and the implications for government (Prime Minister's Strategy Unit).
- Dumont, M., & Provost, M.A. (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *Journal of Youth and Adolescence* 28 (3):343-363.
- DuBois, D., Felner, R. ., Brand, S. ., Phillips, R. ., & Leas, M. (1996). Early adolescent self-

Behavioural and Emotional Problems of Children in Orphanages.

- esteem: a developmental ecological framework and assessment strategy. *Journal of Research on Adolescence*, 6, 543 – 579.
- Dyregrov, A., & Yule, W. (1995). Screening measures: The development of the UNICEF screening battery. *Paper presented at the annual meeting of the International Society for Traumatic Stress Studies*, Boston.
- Ebersohn, L., & Eloff, I. (2002). The black, white and grey of rainbow childrens' coping with HIV/AIDS. *Perspectives in Education*, 20(2):77-84.
- Ellis, B. H., Fisher, P. A., & Zaharie, S. (2004). Predictors of disruptive behavior, developmental delays, anxiety, and affective symptomatology among institutionally reared Romanian children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43 (10), 1283–1292.
- Emond, R. (2009). I am all about the future world: Cambodian children's views on their status as orphans. *Children and Society*, 23, 407–417.
- Ennew, J. (2005). „Prisoners of childhood: orphans and economic dependency“, in Qvortrup, J. (Ed.), *Studies in Modern Childhood: society, agency, culture*. Palgrave Macmillan, pp. 128-146.
- Esterberg, K. (2002). *Qualitative Methods in Social Research*. New York: McGraw-Hill.
- Family Health International. (2003). Working Group on Global HIV/AIDS Surveillance: Estimating the Size of Populations at Risk for HIV: Issues and Methods. Arlington: Family Health International (FHI). Available at: http://data.unaids.org/publications/external-documents/estimatingpopsizes_en.pdf. Accessed 2013 October 18.
- Farooqi, Y. N., & Intezar, M. (2010). Difference in self-esteem of orphan children and children living with their parents. *7th International Symposium on Psychiatric Updates & Media/Public Awareness*. Shalimar Hall, Pearl Continental Hotel, Lahore, Pakistan.

Behavioural and Emotional Problems of Children in Orphanages.

- Fawzy, N., & Fouad, A. (2010). Psychosocial and Developmental Status of Orphanage Children: Epidemiological. *Current Psychiatry*, 17 (2):61-65.
- Fisher, L., Ames, E., Chisholm, K., & Savoie, L. (1997). Problems reported by parents of Romanian orphans adapted to British Columbia. *International Journal of Behavioral Development*, 20, 67–82.
- Flank, D., Klass, P., Earls, F., & Eisenburg L. (1996). Infant and young children in orphanages. *One view from pediatrics and child psychiatry* (4): 569-578.
- Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Journal of Psychology, Health and Medicine*, 5, 55-62.
- George, A. (2011). *State of orphans in the earthly paradise*. Economic. Politics. Weekly 46(10):19.
- Ghana Christian Web. (2011). Lighthouse chapel international orphanage. Caring for the needy Retrieved from <http://ghanachristianweb.wordpress.com/.../lighthouse-chapel-international>
- Ghana Statistical Service. (2012). Ghana multiple indicator cluster survey with an enhanced malaria module and biomarker, 2012, *Final Report*. Accra, Ghana.
- Giddens, A. (2003) *Sociology*, 4th ed., Cambridge: Polity Press.
- Giese, S., Meintjies, H., Croke, R ., & Chamberlain, R. (2003). *Health and Social Services to Address the Needs of Orphans and Other Vulnerable Children in the context of HIV/AIDS in South Africa: Research Report and Recommendations*. Cape Town: Children’s Institute, University of Cape Town.
- Gilborn, L., Apicella, L., Brakarsh, J., Dube, L ., Jemison, K., Kluckow, M., & Snider, L. (2006). Orphans and vulnerable youth in Bulawayo, Zimbabwe: *An exploratory study of psychosocial well-being and psychosocial support, Horizons final report*. Washington, DC: Population Council.

Behavioural and Emotional Problems of Children in Orphanages.

- Gilborn, L., Nyonyitono, R., Kabumbuli, R., & Jagwe-Wadda, G. (2001). Making a difference for children affected by AIDS: baseline findings from operations research in Uganda. USA: Population Council.
- Goodman, R. (1997): The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, 38:581-586.
- Goodman, R. M., Speers, M. A., McLeroy, K., Fawcett, S., Kegler, M., Parker, E., Rathgeb Smith, S., Sterling, T. D., & Wallertein, N. (1998) "Identifying and defining the dimensions of community capacity to provide the basis for measurement. *Health Education & Behavior*. 25 (3): 258-278.
- Goodman, R., Ford, T., Simmons, H., Gatward, R., & Meltzer, H. (2000) : Using the strengths and difficulties questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *Behaviour Journal Psychiatry*. 177: 534–539.
- Greig, A., Taylor, J., & MacKay, T. (2007): *Doing Research with Children*, (2nd ed.). Sage Publications, London.
- Grossman, K., Grossman, K., & Waters, E. (2006). Attachment from infancy to adulthood: The major longitudinal studies. Critical Notice. *Journal of Child Psychology and Psychiatry*, 47, 974–977.
- Groza, V., & Ryan, S. D. (2002). Pre-adoption stress and its association with child behavior in domestic special needs, and international adoptions. *Psychoneuroendocrinology*, 27(1/2), 181-198.
- Gunnar, M. (2001). Effects of early deprivation: Findings from orphanage-reared infants and children. In C. A. Nelson & M. Luciana (Eds.), *Handbook of developmental cognitive neuroscience* (pp. 617–629). Cambridge, MA: MIT Press.
- Gunnar, M. R., Van Dulmen, M. H. M., & The International Adoption Project Team. (2007). Behavior problems in postinstitutionalized internationally adopted children. *Development and Psychopathology*, 19, 129–148.

Behavioural and Emotional Problems of Children in Orphanages.

- Gutman, L. M ., Brown, J ., Akerman, R ., & Obolenskaya, P. (2010). *Change in wellbeing from childhood to a: risk and resilience*. London: Institute of Education. Available at <http://www.learningbenefits.net/Publications/ResearchReports/ResRep34.pdf>. Retrieved on 21st January 2012.
- Guterman, N. B., Cameron, M ., & Hahm, H. C. (2003). Community violence exposure and associated behavior problems among children and adolescents in residential treatment. *Journal of Aggression, Maltreatment & Trauma*, 6, 111-135.
- Gyekye, K. (1996). *African Cultural Values: An Introduction*. Sankofa Publishing Company.
- Halgin, R. P., & Whitbourne, S.K. (2007) *Abnormal psychology: Clinical perspectives on psychological disorders*. McGraw-Hill, Boston.
- Harter, S. (2012). *The construction of the self. Developmental and sociocultural foundations*. New York : Guilford Press.
- Helliwell, J. F. (2003). How's life? Combining individual and notional variables to explain subjective wellbeing. *Econ Model*. 20, 331-360.
- He, Z ., & Ji, C. (2007). Nutritional status, psychological wellbeing and the quality of life of AIDS orphans in rural Henan Province, China. *Tropical Medicine and International Health*, 12, 1180-1190. doi:10.1111/j.1365-3156.2007.01900.x.
- Hirschi, T., & Gottfredson, M. (1983). Age and the explanation of crime. *American Journal of Sociology*, 89, 552–584.
- Hoksbergen, R ., Rijk, K ., Van Dijkum, C ., & Ter Laak, J. (2004). Adoption of Romanian children in the Netherlands: Behavior problems and parenting burden of upbringing for adoptive parents. *Developmental and Behavioral Pediatrics*, 25(3), 175-180.

Behavioural and Emotional Problems of Children in Orphanages.

- Holloway, S. L., & Valentine, G. (2000): *Children's Geographies: playing, living, and learning* London: Routledge.
- Huberty, T. J. (2004). *Anxiety and Anxiety Disorders in Children: Information for Parents*. In *Helping Children at Home and School II: Handouts for Families and Educators*. S5-1-S5-4). Bethesda, MD: National Association of School Psychologists.
- Husserl, E. (1999). *Ideas I*. In *The Essential Husserl: Basic Writings in Transcendental Phenomenology*. (D. Welton Ed.). Bloomington and Indianapolis: Indiana University Press.
- James, A. ., & Prout, A. (1997): *Constructing and Reconstructing childhood: contemporary issues in the sociological study of childhood* London: Routledge Falmer.
- Juffer, F., & V, Ijzendoorna. (2007). *Adoptees do not lack self-esteem: A meta-analysis of studies on self-esteem of transracial, international, and domestic adoptees* Retrieved on from http://www.eric.ed.gov/ERICwebportal/custom/portlets/recordDetails/detailmini.jsp?_nfpb.
- Kayombo, J., Mbwambo, H., & Massila, M. (2005). Role of traditional healers in psychosocial support in caring for the orphans; A case of Dar-es Salaam City, Tanzania. *Journal of Ethnobiology and Ethnomedicine*, 1(3), 1–11.
- Kedija, A. (2006). *psychosocial problems of AIDS orphaned children. The case of six children in Harar*. MA Thesis.
- Keller, M. B., Lavoit, P., Wunder, J., Beardslee, W. R., Schwarts, C. E., & Roth, J. (1992). Chronic course of anxiety disorders in children and adolescents, *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 100-110.
- Kendall, L. (2008). The conduct of qualitative interview: Research questions, methodological issues, and researching online. In J. Coiro, M. Knobel, C. Lankshear & D. Leu (Eds.), *Handbook of research on new literacies* (pp. 133-149). New York: Lawrence Erlbaum Associates.

Behavioural and Emotional Problems of Children in Orphanages.

- Kesby, M., Gwanzura-Ottmoller, F., & Chizororo, M. (2006). Theorizing other, 'other childhoods': Issues from work on HIV in urban and rural Zimbabwe. *Children's Geographies*, 4 (2), 185-202.
- Kessler, R. C., Avenevoli, S., & Merikangas, K. R. (2001). Mood disorders in children and adolescents: An epidemiological perspective. *Biological Psychiatry*, 49, 1002–1014.
- Kitchin, R., & Tate, N. (2000): *Conducting research into human geography: theory, methodology & practice*. London: Prentice Hall.
- Kovacs, M. (1992). Children's Depression Inventory (CDI), Tonawanda, NY: Multi-Health Systems.
- Krejcie, R .V., & Morgan, D.W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30, 607-610.
- Kreppner, J. M., O'Connor, T. G ., & Rutter, M. (2001). Can inattention be an institutional deprivation syndrome? *Journal of Abnormal Child Psychology*, 29, 513-528.
- Kumar, R., (1999). *Research Methodology: A Step-By-Step Guide for Beginners*, Sage, 75,114-115,129-135,162,170-186.
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the Craft of Qualitative Research Interviewing*, Los Angeles, Calif., Sage.
- Lazarus, R. S., & Folkman, S, (1984). *Stress, Appraisal, and Coping*. New York: Springer
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Loeber, R ., & Keenan, K., (1994). The interaction between conduct disorder and its comorbid conditions: Effects of age and gender. *Clinical Psychology Review*. 14 : 497–523.
- Long, T., & Johnson, M. (2000). Reliability and validity in qualitative research. *Clinical Nursing*; 4 : 30–7.
- Louw, N ., Edwards, D., & Orr, J. (2001). *HIV/AIDS: Care and support of affected and infected*

learners: A guide for educators. Pretoria: Department of Health.

- MacLeod, H. (2001) : Residential Care in Orphans and Other Vulnerable Children: What Role for Social Protection? Editor; A. Levine. *Proceedings for World Bank/World Vision Conference*, June 6-7.
- Maclean, K. (2003). The impact of institutionalizing on child development. *Development and Psychopathology*, 15, 853–884.
- Makame, V., Ani, C., & Grantham-McGregor, S. (2002). Psychological well-being of orphans in Dar El Salaam, Tanzania. *Acta Paediatrica*, 91(4), 459-465.
- Manful, E. S (2009). *Exploring the place of State Residential Care in providing services for vulnerable children and orphans in Ghana*. A PhD Thesis (Unpublished) Submitted for the Award of Doctoral Degree in Social Work, at Queens University of Belfast, Northern Ireland.
- Maughan, B., Rowe, R., Messer, J., Goodman, R., & Meltzer, H. (2004) Conduct disorder and oppositional defiant disorder in a national sample: Developmental epidemiology. *Journal of Child Psychology and Psychiatry*, 45, 609-621.
- McLeod, S. A. (2007). Bowlby's Attachment Theory. Retrieved from <http://www.simplypsychology.org/bowlby.html>.
- Merz, E. C., & McCall, R. B. (2007). *Behavioral functioning of children adopted from socially–emotionally depriving orphanages*. Poster presented at the meetings of the Society for Research in Child Development, Boston.
- Mbozi, P.S., Debit, M.B., & Munyati, S. (Eds), 2006. *Psychosocial conditions of orphans and vulnerable children in two Zimbabwean Districts*. HSRC Press, Cape Town, South Africa.
- Mensah, S., & Lund, R. (2008). *Queens as Mothers: The Role of the Traditional Safety Net of Care and Support for HIV/AIDS Orphans and Vulnerable Children in Ghana*. Springer Science and Business Media.

Behavioural and Emotional Problems of Children in Orphanages.

- Merz, E. C. (2010). Behavior Problems in Children Adopted from Psychosocially Depriving Institutions. *Journal of abnormal child psychology*; 38(4):459-470.doi: 10.1007/s10802-009-9383-4.
- Messer, S. C., & Beidel, D. C. (1994). Psychosocial correlates of childhood anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 975-983.
- MMYE & DSW. (2008): *Standards for Operation of Residential Care Settings in Ghana. 3rd working draft*, Accra, Ghana.
- Morse, J ., Barrett, M., & Mayan, M. (2002). Verification strategies for establishing reliability validity in qualitative research. *International Journal of Qualitative Research*; 1:1–19.
- Muro, M ., & Jeffrey, P., (2008). A critical review of the theory and application of social learning in participatory natural resource management processes. *Journal of Environmental Planning and Management* 51 (3), 325–344.
- Newman, B. M., & Newman, P. R. (2007). *Theories of human development*: Lawrence Erlbaum.
- Nicholi, M. (1999) *The Harvard guide to psychiatry*. (3rd ed.). The Belknap Press of Harvard University Press, Cambridge.
- Norwich, B. (2003). *Management of inclusion* (Unpublished). University of Exeter, School of Education and Lifelong Learning.
- Nukunya, G. K. (2003). *Tradition and change in Ghana: an introduction to sociology*. Ghana Universities Press.
- O'Connor, T. G ., Marvin, R. S ., Rutter, M ., Olrick, J. T., & Britner, P. A. (2003). The English and Romanian Adoptees (ERA) study team, „Child–parent attachment following early institutional deprivation“, *Development and Psychopathology* 15: 19–38.

- Onwuegbuzie, A. J., & Leech, N. L. (2007). A call for qualitative power analyses: Considerations in qualitative research. *Quality & Quantity: International Journal of Methodology*, *41*(1): 105-121.
- Opoku, J.Y. (2002). A short guide to research writing in the social sciences. Accra: Ghana University Press.
- Orphanage International Ministry. (2008). Osu Children's Home Retrieved from orphanageint.org/osu.html.
- Patton, M. Q. (2001). *Qualitative research and evaluation methods* (2nd ed.). Thousand oaks, CA: Sage Publications.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Pervin, L. A., & Cervone, D. (2010). *Personality. Theory and research*. Hoboken, NJ: John Wiley & Sons.
- Pinheiro, P. S. (2006). *World report on violence against children*. Geneva, Switzerland: United Nations Children's Fund. (p. 177).
- Pivnick, A., & Villegas, N. (2000). Resilience and risk: Childhood and uncertainty in the AIDS epidemic. *Culture, Medicine, and Psychiatry*, *24*, 101-136.
- Puras, D. (2011). *The rights of vulnerable children under the age of three: ending their placement in institutional care*. Europe: United Nations Human Rights office of the High Commissioner.
- Qvortrup, J. (2005). The little 's' and the prospects for generational childhood studies', paper presented at the international conference, 'Childhoods 2005', Oslo, 29 June–3 July.
- Rahman, W., Mullick, M.S.I., Pathan-Siddike, M ., Chowdhury, N.F., Shahidullah, M ., Ahmed, H., Roy, S., Mazumder & Rahman, F. (2012). Prevalence of behavioral and emotional

disorders among the orphans and factors associated with these disorders. *Bangabandhu Sheikh Mujib Medical University Journal*, 5, 29-34.

Reynolds, C., & Richmond, B. (1978). What I think and feel: A revised measure of children's manifest anxiety. *Journal of Abnormal Child Psychology*, 6: 271–280.

Richter, L., Manegold, J., & Pather, R. (2005). Family and community interventions for children affected by AIDS. Cape Town: HSRC Press.

Rodriguez, C. M. (2010). Parent-child aggression: Association with child abuse potential and parenting styles. *Violence and Victims*, 25, 728–741.

Rosengren, K. E., & Arvidsson, P. (2002) *Sociologisk Metodik*. 5 Suppl.

Roy, P., Rutter, M., & Pickles, A., (2000). „Institutional care: risk from family background or pattern of rearing?“ *Journal of Child Psychology & Psychiatry & Allied Disciplines* 41:2, 139– 49.

Rutter, M., & The ERA study team. (1998). Developmental catch-up, and deficit, following adoption after severe global early privation. *Journal of Child Psychology and Psychiatry*, 39, 465–476.

Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial behaviour by young people*. New York: Cambridge University Press.

Rutter, M. (2000). Psychosocial influences: Critiques, findings, and research needs. *Development and Psychopathology*, 12, 265 – 296.

Ryff, C. D. & Singer, B. H. (1998). The contours of positive human health. *Psychological Inquiry*, 9, 1–28.

Salifu Yendork, J., & Somhlaba, N. Z. (2014). Stress, coping and quality of life: An exploratory study of the psychological well-being of Ghanaian orphans placed in orphanages. *Children and Youth Services Review*, 46, 28–37. doi:10.1016/j.childyouth.2014.07.025.

Behavioural and Emotional Problems of Children in Orphanages.

- Salifu Yendork, J., & Somhlaba, N. Z. (2015). Do social support, self-efficacy and resilience influence the experience of stress in Ghanaian orphans? An exploratory study. *Child Care in Practice, 21*, 140–159. doi: 10.1080/13575279.2014.985286.
- Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachments in infancy. *Monographs of the Society for Research in Child Development, 1-77*.
- Scott, S. (2007). *Conduct disorder in children. BMJ 2007. Retrieved July 13, 2012 from*
<http://www.bmj.com/cgi/content/full/334/7595/646>.
- Scourfield, J., Van den Bree, M. B. M., Martin, N., & McGuffin, P. (2004). Conduct problems in children and adolescents. *General Psychiatry 61*:489–496.
- Sengendo, J., & Nambi, J. (1997). The psychological effect of orphanhood: A study of orphans in Rakai District. *Health Transition Review, 7* (Suppl.), 105–124.
- Shakhmanava, A. (2010). Social and pedagogical problems of the upbringing of orphans in Russia. *Russian Education and Society, 52*(5):71-78.
- Shaw, R. (2001). Why use interpretative phenomenological analysis in health psychology? *Health Psychology Update, 10*, (4), 48-52.
- Simpson, G. A., Cohen, R. A., Pastor, P. N., Reuben, C. A. (2008). NCHS data brief, no. 8. Hyattsville, MD: National Center for Health Statistics; Use of mental health services in the past 12 months by children aged 4–17 years: United States 2005–2006.
- Skinner, D., Tshoko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., Mfecane, S. (2006), *Towards a Definition of Orphaned and Vulnerable Children, AIDS and Behaviour, 10*(6), 619–627. <http://dx.doi.org/10.1007/s10461-006-9086-6>.
- Smith, J., & Dunworth, F. (2003). Qualitative methodology. In K. Connolly and J. Valsiner (Eds.), *The Handbook of Development Psychology*. London: SAGE.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis. Theory, method and research*. London, UK: Sage.

Behavioural and Emotional Problems of Children in Orphanages.

- Snider, L., & Dawes, A. (2006). Psychosocial vulnerability and resilience measures for national-level monitoring of orphans and other vulnerable children: *Recommendations for revision of the UNICEF psychological indicator*. Cape Town: UNICEF.
- SOS Childrens' Village Webpage (n. d). Retrieved from <http://www.sosghana.org/news-and-events/villages/> on May 5, 2015.
- Spinelli, E. (2005). *The interpreted world: an introduction to phenomenological psychology*. (2nd ed.). London: Sage.
- Stephens, T., Dulberg, C., & Joubert, N. (1999). Mental health of the Canadian population: A comprehensive analysis. *Chronic Diseases in Canada*, 20(3), 118-126.
- Subbarao, K., Mattimore, A., & Plangemann, K. (2001). *Social Protection of Africa's Orphans and Other Vulnerable Children. Issues and Good Practices. Program Options. Africa Region, Human Development Working Paper Series, World Bank, Washington, DC.*
- Sujit, D., Chi, B., Kusanthan, T., Chilopa, B., Levy, J., Sikazwe, I., Mwaba, P., & Stringer, J. (2006). Mortality trends during scale-up of antiretroviral therapy in Zambia: *Bull World Health Organ* 92:734–741| doi: <http://dx.doi.org/10.2471/BLT.13.134239>.
- Thwala, S. (2008). *The effects of orphanhood on the psychosocial development of orphans and vulnerable children in Swaziland* (Unpublished doctoral dissertation). University of South Africa, Pretoria.
- Thurman, T. R., Brown, L., Richter, L., Maharaj, P., & Magnani, R. (2006). Sexual risk behaviour among South African adolescents: is orphan status a factor? *AIDS Behaviour*, 10, 627–635.
- Tizard, B., & Hodges, J. (1978). The effect of early institutional rearing on the development of eight-year-old children. *Journal of Child Psychology and Psychiatry*, 19, 99 – 118.
- UNICEF (2003). *Africa's orphaned generation*. New York: UNICEF.

Behavioural and Emotional Problems of Children in Orphanages.

- UNICEF. (2004a). *The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*. New York: UNICEF.
- United Nations Children's Fund (UNICEF). (2006b). Psychosocial vulnerability and resilience measure for national-level monitoring of orphans and other vulnerable children: Recommendations for revision of the UNICEF Psychological Indicator.
- UNICEF, Regional Office for CEE/CIS (2010). *At Home or In a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia*. Retrieved from: <http://www.bettercarenetwork.org/BCN/details.asp?id=25427&themeID=1002&topicID=1017>.
- United Nations Children's Fund (UNICEF). (2010). *Women and children in South Africa*. <http://www.unicef.org/southafrica/children.html>.
- UNICEF. (2013). *State of the World's Children*. New York. Retrieved from: <http://www.unicef.org/sowc/>
- USAID. (2003). *Findings of the orphans and vulnerable children psychosocial survey*. Lusaka: USAID.
- Veit-Wilson, J. H. (1998). *Setting Adequacy Standards: how governments define minimum incomes*. The Policy Press, Bristol.
- Van IJzendoorn, M. H., & Juffer, F. (2005). Disorganized infant attachment and preventive interventions: A review and meta-analysis. *Infant Mental Health Journal*, 26: 191–216. doi: 10.1002/imhj.20046.
- Walker, J. L., Lahey, B. B., & Russo, M. F. (1991). Anxiety, inhibition, and conduct disorder in children, I: relations to social impairment and sensation seeking. *Child, Adolescence Psychiatry*, 30:187–191.
- Wattie, B. (2003). *The importance of mental health of children*. Canadian Mental Health Ontario. Retrieved May 21, 2012, from http://www.ontario.cmha.ca/children_and_youth.asp?CID=6880.

Behavioural and Emotional Problems of Children in Orphanages.

- Whetten, K ., Ostermann, J., Whetten, R. A ., Pence, B. W., O'Donnell, K ., & Messer, L. C. (2009). The Positive Outcomes for Orphans (POFO) Research Team. A comparison of the well-being of orphans and abandoned children ages 6–12 in institutional and community-based care settings in 5 less wealthy nations. *PLOS ONE*, 4, e8169. <http://dx.doi.org/10.1371/journal.pone.0008169>.
- Whittaker, J. K ., & Maluccio A.N., (2002). Issues for program design and outcome Evaluation in Residential Group Child care. In Vecchiato, T., Maluccio, A.N. & Canali, C. (eds): *Evaluation in Child and Family Services. Comparative Client and Program Perspectives*, New York, Aldine de Gruyter.
- Wild, L, Flisher, A., Laas, S., & Robertson, B. (2006). Psychosocial adjustment of adolescents orphaned in the context of HIV/AIDS. Poster presented at the International Society for the Study of Behavioral Development Biennial Meeting, Melbourne, Australia. *Journal of Child and Adolescent Mental Health*, 17: 87–99.
- Williamson, J., & Greenberg, A. (2010). Families, Not Orphanages. Better Care Network. Retrieved from <http://www.crin.org/docs/Families%20Not%20Orphanages.pdf>.
- Wolkind, S., & Hobsbaum, A. (1998). A Comparative Study of Greek Children in Long-term Residential Group Care and in Two-parent Families: I. Social, Emotional, and Behavioural Differences. *Journal of Child Psychology and Psychiatry*, 39: 225–236. doi: 10.1111/1469-7610.00316.
- World Health Organization. (2012). World suicide prevention day. http://www.who.int/mediacentre/events/annual/world_suicide_prevention_day/en/ Accessed 16.6.2012.
- Zastrow, C. H., & Kirst-Ashman, K. K. (2013). *Understanding Human Behaviour and the Social Environment*. (9th ed.). United States: Brooks / Cole Cengage Learning.
- Zeanah, C. H., & Smyke, A. T. (2008). Attachment disorders in family and social context. *Infant Mental Health Journal*, 29: 219-233.

Behavioural and Emotional Problems of Children in Orphanages.

- Zhao, J., Li, X., Barnett, D., Lin, X., Fang, X., & Zhao, G. (2011). Parental loss, trusting relationship with current caregivers, and psychosocial adjustment among children affected by AIDS in China. *Psychology Health Med.*; 16, 437–49.
- Zimmerman, B. (2005). Orphan living situation in Malawi: A comparison of orphanages and foster home. *Review of Policy Research*, 22, 881–917. <http://dx.doi.org/10.1111/j.1541-1338.2005.00180>.
- Zohra, S. L., Mahmud, S., Syed, E., & Janjua, N. (2011). Behavioral problems among children living in orphanage facilities of Karachi, Pakistan: comparison of children in an SOS Village with those in conventional orphanages. *Social Psychiatry and Psychiatric Epidemiology*, 46(8), 787-796.

APPENDICES