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Investigation of Emotional and Behavioral Issues in Institutionalized Children

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Abstract: *Children in all socioeconomic backgrounds often struggle with behavior and emotional issues. For the simple reason that kids lack one or both of their major caretakers, orphans are a vulnerable population. However, the degree of poverty individuals experience greatly raises the amount of vulnerability they suffer. to evaluate youngsters in institutions for emotional and behavioral issues. Given the nature of the current investigation, a descriptive research approach was used. This research was carried out at the Tanta and El-Mansoura City schools for both boys and girls. All institutionalized school-age children living in the aforementioned settings and separated from their parents were included in the study's sample. There are 30 girls and 84 boys. In this research, two instruments were used, specifically: According to this research, most participants were protective, did not form connections with many kids, sometimes told falsehoods, felt depressed, cried, yelled, screamed, stole, and occasionally bit or pinched others and threw objects at them. The research also shows how school-age children who are institutionalized are distributed in terms of their ratings for disobedience, aggression, withdrawal, and hyperactivity*

Keywords: Institutionalized Children, Social Adjustment, Emotional Regulation

I. INTRODUCTION

Poverty, poor physical health, attachment problem, a lack of social skills, and mental health issues are just a few of the challenges faced by children in institutional care. Children who are institutionalized are more likely to have behavioral and emotional issues. Children who were institutionalized had emotional and behavioral issues for a variety of reasons. Children are at danger for physical and psychological harm when their parents pass away. An institutional upbringing has been linked to higher rates of emotional disturbance in childhood, according to earlier research. Over the last ten years, the number of orphans in Egypt has increased [2,3]. A large number of youngsters in institutions have unstable attachment styles. Compared to their non-institutionalized counterparts, institutionalized youngsters are more aggressive, lack empathy, seek behavior in bad ways, have low self-esteem, and show discriminating attachment for adults [4]. When neglected and physically abused, children in institutional care have a variety of internalizing (such as anxiety and sadness) and externalizing (such as aggressiveness and impulsivity) behavioral issues [5]. Aggression is an example of a learnt behavior, according to Debord. Aggression is defined as any deliberate action that causes someone to suffer bodily or psychological harm. Children's aggression is a severe issue. Childhood aggression has a variety of causes [6]. When children are unable to communicate their dissatisfaction, they will act out. Stressors in life, such divorce or the death of a parent, may cause anger. To acquire what they desire, some kids learn to act aggressively and physically.

Fights with others, disobedience, disruptive behavior, verbal hostility, and bullying of other kids are signs of childhood aggressiveness. Children who exhibit extreme aggression as children may be more vulnerable to serious problems as adults, such as criminal activity, drug and alcohol misuse, and mental illness [7]. Aggression may be caused by a variety of environmental causes. Aggression has been attributed to a number of factors, including poverty, a dangerous circumstance, and crowded places like institutions, homes, and schools. Children in institutions who have experienced harsh, inconsistent, and careless treatment may have developed anger due to a lack of affection and care. Children who

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are institutionalized also develop aggression because they sometimes lack the social skills necessary to control their actions.

When youngsters aren't encouraged to express themselves, they become upset [8]. Despite the fact that depression is an internalizing activity and aggressiveness is an externalizing tendency, several writers have found a connection between the two. Children who are depressed often struggle to build relationships with others, which may lead to rejection from classmates and friends. Similarly, children who are violent often struggle to build relationships with others due to their aggressive tendencies [9].

Jewelt described many methods for lessening hostility. The first strategy is to encourage kids to use spoken language to communicate their emotions. Other strategies include teaching kids how to resolve conflicts by using problem-solving approaches, asking for and receiving help when needed, and recognizing the negative effects of their violent behavior on their victims [10]. Jewett (2000) also suggested talking about the reasons behind and effects of violent conduct. In addition to use positive reinforcement to curb bad conduct, this conversation will be advantageous to the kids and their caretakers [11].

Institutionalized school-age children are becoming much more inattentive and hyperactive; signs of attention deficit hyperactivity disorder include inability to focus on a task, struggling to keep sitting, acting without thinking, and seldom completing anything. Anxiety and depression are two conditions that often co-occur with some of the symptoms of attention deficit hyperactivity [12]. It's generally reasonable to assume that all children have some level of dread. While some are common childhood concerns, others are not. Reassuring a scared child is the parent's responsibility. A youngster who is able to accomplish this effectively may feel comfortable and secure both now and, in the future, [4]. Fears in children are often normal and occur throughout certain developmental stages. The behavioral learning hypothesis states that classical conditioning is the source of anxieties. When an item, person, or circumstance is associated with something that is naturally terrifying (such a loud noise), it becomes frightening. Although stressful events, such as a dog attack, might cause children to acquire anxieties, other children do not [13]. Just seeing another youngster behave afraid might make some kids nervous.

While some youngsters report being terrified of the dark, others may refuse to sleep alone because they are afraid of animals in their closet. Avoidance, anguish, and physical symptoms like shaking, sweaty hands, stomach pain, or a fast heartbeat are often linked to children's concerns. According to research, all children experience certain concerns at particular ages, and as they become older, these worries usually go away on their own. Phobias are defined as children's worries that continue beyond the age at which they are acceptable and start to interfere with their day-to-day functioning [2,13].

AIM OF THE STUDY:

This research set out to evaluate emotional and behavioral issues in school-age children who were institutionalized.

MATERIAL AND METHODS

1. Research design:

Given the nature of the current investigation, a descriptive research approach was used.

2. Research setting:

Four schools for boys and girls in the cities of Tanta (two institutions) and El-Mansoura (two institutions) participated in this research.

Subjects: All school-age children who are institutionalized, separated from their parents, and reside in the aforementioned settings were included in the study's sample. There are 30 girls and 84 boys.

3. Tools of the study:

Children's sex, age, birth order, and educational attainment were among the demographic data collected from the participants.

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Tool I:

The following topics were addressed by the "observation checklist" to evaluate behavioral issues [14]: not sharing during play, throwing objects at others, and ignoring schoolwork. The three-point Likert scale used to build each item ranged from seldom, sometimes, and always (0 to 2).

Tool II:

A self-rated 27-item measure measuring emotional, cognitive, motivational, and physical symptoms of depression is the Children's Depression Inventory (CDI) [5]. Higher ratings indicated more severe symptoms (total range: 0-52). Individual item scores varied from 0 to 2. Low scores range from 0 to 18, moderate scores range from 19 to 36, and high scores exceed 36. Behaviors like melancholy, pessimism, inappropriate actions, and lack of interests are all addressed by the depression scale.

4. Procedure:

The Mansoura and Tanta social affairs departments formally approved the collection of data from the educational institutions for girls and boys. Additionally, permission to gather the required data was acquired from the designated settings. Ten youngsters who met the chosen criteria participated in the pilot research before being subsequently removed from the study sample. The pilot study's objective was to evaluate how well the various tool components conveyed the necessary information. The pilot study's findings aided in this change.

5. Statistical analysis:

Following collection, the data was coded and moved into specifically created forms for computer feeding. All input data were checked for mistakes using the statistical package of social science (SPSS) version 14.0 for data analysis and tabulation. The threshold for statistical significance was set at the (p-values of 0.01 and 0.05) levels. This research included correlation analysis, mean, standard deviation, percentage, and frequency distribution.

RESULTS

The children's sociodemographic characteristics are shown in Table 1; 84 males, or 73.7% of the sample, were boys, while 30 girls, or 26.3%, were girls. In terms of age, it was found that the majority of institutionalized children were between the ages of 10 and 12 (84.3%), while the youngest children were under the age of 9 (15.7%). 10.5% of the children were from broken homes and had deceased parents, while the bulk (89.5%) were illegitimate. There were nine youngsters (15.8%) in the first preparatory year. In terms of academic performance, it was found that over half (57.9%) of the kids were in the low group.

Table 1: Demographic data of institutionalized school age children

Character	No.	%
Age in years:		
8-9	18	15.7
10-12	96	84.3
Gender:		
Boys	84	73.7
Girls	30	26.3
Duration of stay:		
<5	6	5.3
5-10	28	24.5
10+	80	70.2
Reason of admission:		
Illegitimate	102	89.5
Broken families and death	12	10.5
Scholastic achievement:		
Poor	66	57.9

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Satisfactory	38	33.3
Good	8	7.0
Very good	2	1.8

of the instruments. The final versions of the tools were then acquired after they had been rebuilt, redesigned, and reviewed with the aim of demonstrating their correctness and consistency.

DATA COLLECTION:

Each child's observation was used to gather data for the research, which took place between January 10, 2007, and January 5, 2008. An effort was made to create a calm and casual environment during the first introduction time in order to let the youngster and the researchers communicate and help him relax. For three days in a row, three kids were watched every day from 9 a.m. to 1 p.m. This research set out to observe how children behaved. In order to assist youngsters with reading and answering the sheets, the researchers sat down next to three kids in the library and read the sheets to them. Using the depression scale and behavioral observations, the researchers conducted interviews with children over the course of three days. The remainder of the students at the Institution of Education for Boys and the Institution of Education for Girls experienced the same thing.

According to the research, 73.7%, 52.6%, and 45.6% of institutionalized school-age children were defensive, did not form many friendships, and neglected their schoolwork, respectively. These behavioral issues are shown in Table (2). The behavioral issues among school-age children in institutions are shown in Table (2). According to the study, 45.6% of children consistently neglect their schoolwork, 71.9% occasionally put off completing their assignments, 68.4% occasionally lack focus and attention, and more than half (50.9%) of school-age children in institutions infrequently require assistance with eating, bathing, dressing, and sleeping.

Table 2: Behavioral problems among institutionalized school-age children as regard hyperactive

Behavioral Problems	**Rarely No.**	**%**	**Sometimes No.**	**%**	**Always No.**	**%**
Neglecting school homework	22	19.3	40	35.1	52	45.6
Having little concentration and attention	26	22.8	70	68.4	18	15.8
Delay in doing his duties	20	17.5	82	71.9	12	10.5
Unreliable	36	31.6	68	59.6	10	8.8
Always needing help	58	50.9	50	43.8	6	5.3
Rushing in any activities without prior thinking	52	45.6	58	49.1	6	5.3
Forgetting easily simple things	44	38.6	66	57.9	4	3.5
Total score	**8**	**7.0**	**76**	**66.7**	**30**	**26.3**

Table 3 shows the behavioral issues among school-age children who are institutionalized. In terms of withdrawing, the results showed that 52.6% of the children did not form friendships with many other children, and that 82.5%, 70.2%, and 80.7% of the children were weeping, feeling depressed, and feeling alone.

Table 3: Behavioral problems among institutionalized school-age children as regard withdrawal

Behavioral Problems	**Rarely No.**	**%**	**Sometimes No.**	**%**	**Always No.**	**%**
Not sharing in playing	38	33.3	70	61.4	6	5.3
Not making friendships with many children	14	12.3	40	35.1	60	52.6
Feeling sad	8	7.0	94	82.5	12	10.5
Isolation from others	34	29.8	80	70.2	0	0.0
Crying	4	3.5	92	80.7	18	15.8

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Feeling nobody loves him	12	10.5	58	50.9	44	38.6
Total score	**0**	**0.0**	**98**	**86.0**	**16**	**14.0**

The research indicated that 73.7% of school-age children in institutions were engaging in aggressive behaviors, such as lying, yelling, screaming, and stealing, as shown in Table 4. Over half of school-age children in institutions (59.7%) sometimes bit or pinched other people, and 59.6% threw objects at other people. A comparable proportion of school-age youngsters sometimes used foul language or made threats or insults (66.7%). However, 52.6% of children in institutions did not form friendships with many other children, and 82.5%, 70.2%, and 80.7% of the children were depressed, lonely, and crying, respectively. These behavioral issues were present in roughly two-thirds (63.2%) of the children in institutions. Table 5 demonstrates the behavioral issues among school-age children who are institutionalized and exhibit disobedience. Approximately two-thirds of the children (64.9%) sometimes showed little interest in what was stated to them, while over half of the research sample (56.1%) occasionally exhibited stubbornness and disobeyed instructions.

Table 4: Behavioral problems among institutionalized school-age children (Aggression-related)

Behavioral Problems	Rarely No.	%	Sometimes No.	%	Always No.	%
Escaping from school	72	63.2	34	29.8	8	7.0
Destroying his and others' things	30	26.3	72	63.2	12	10.5
Fighting with other children	10	8.8	84	73.7	20	17.5
Telling lies	10	8.8	96	86.0	6	5.3
Opposing other children	16	14.0	84	73.7	12	10.5
Defensive	6	5.3	24	21.1	84	73.7
Shouting and screaming	18	15.8	90	78.9	6	5.3
Throwing himself to the ground	0	0.0	80	70.2	34	29.8
Threatening and insulting	36	31.5	76	66.7	2	1.8
Cursing with bad words	28	24.5	76	66.7	10	8.8
Blaming others	16	14.0	72	63.2	26	18.8
Not caring for others' feelings	34	29.8	68	59.6	12	10.5
Biting or pinching others	34	29.8	62	54.4	18	15.8
Stealing	24	21.1	84	73.6	6	5.3
Throwing things at others	44	38.6	68	59.6	2	1.8
Spitting on other people	20	17.5	78	68.5	16	14.0
Teasing others	-	-	-	-	-	-
Total score	**0**	**0.0**	**84**	**73.7**	**30**	**26.3**

Table 5 demonstrates the behavioral issues among school-age children who are institutionalized. Approximately two-thirds of the children (64.9%) sometimes showed little interest in what was stated to them, while over half of the research sample (56.1%) occasionally resisted instructions and did the opposite. According to the results, 86.0%, 73.7%, 66.7%, and 64.9% of school-age children who were institutionalized had withdrawal, aggression, hyperactivity, and disobedience on occasion.

Table 5: Behavioral problems among institutionalized school-age children

Behavioral Problems	Rarely No.	%	Sometimes No.	%	Always No.	%
Escaping from school	72	63.2	34	29.8	8	7.0
Destroying his and others' things	30	26.3	72	63.2	12	10.5
Fighting with other children	10	8.8	84	73.7	20	17.5
Telling lies	10	8.8	96	86.0	6	5.3
Opposing other children	16	14.0	84	73.7	12	10.5
Defensive	6	5.3	24	21.1	84	73.7

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Shouting and screaming	18	15.8	90	78.9	6	5.3
Throwing himself to the ground	0	0.0	80	70.2	34	29.8
Threatening and insulting	36	31.5	76	66.7	2	1.8
Cursing with bad words	28	24.5	76	66.7	10	8.8
Blaming others	16	14.0	72	63.2	26	18.8
Not caring for others' feelings	34	29.8	68	59.6	12	10.5
Biting or pinching others	34	29.8	62	54.4	18	15.8
Stealing	24	21.1	84	73.6	6	5.3
Throwing things at others	44	38.6	68	59.6	2	1.8
Spitting on other people	20	17.5	78	68.5	16	14.0
Teasing others	46	40.3	62	54.4	6	5.3
Total score	**0**	**0.0**	**84**	**73.7**	**30**	**26.3**

Institutions offered care for orphans. It is the duty of social services organizations to create suitable institutions so that such youngsters are not exposed to delinquency and deviation. Issues with behavior Infrequently Occasionally, always Institutional care offers the necessary attention and superior Not following instructions He is stubborn, unresponsive to criticism, and acting contrary to what is expected of him. Overall score No. gives financial assistance and a vision for the children who are robbed of family life. Additionally, it offers medical treatment and educational opportunities to school-age children in regular government schools. The features of the institutionalized school-age children in the current research showed that almost two-thirds of them were males. However, fewer than one-third of the sample consisted of females. The percentage distribution of institutionalized school-age children by depression score is shown in Fig. (1). A moderate depression score is seen in 87.7% of school-age children who are institutionalized.

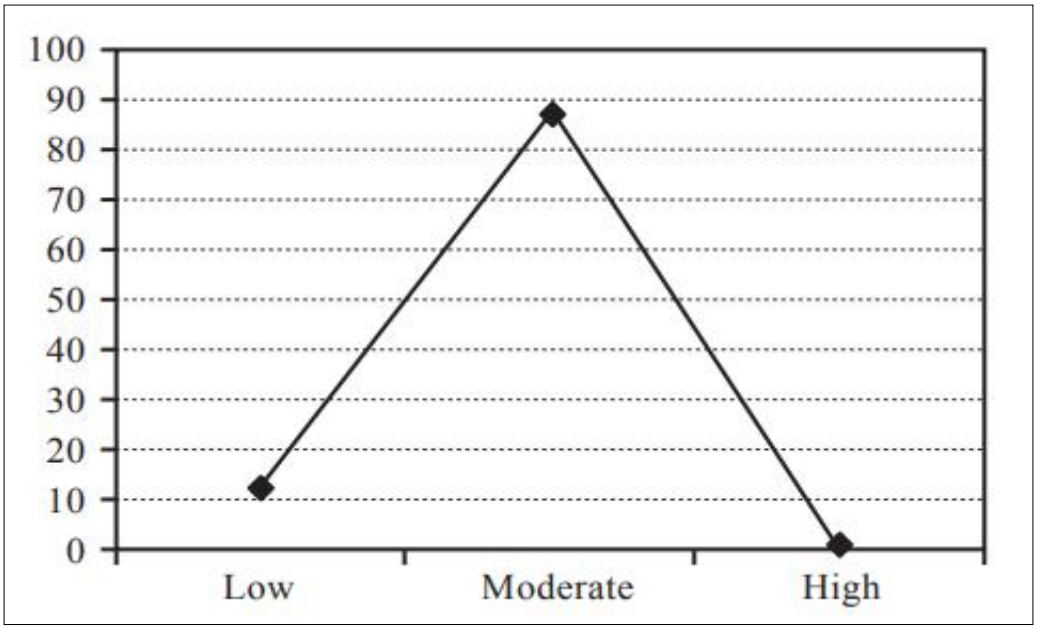

Fig. 1: Percentage distribution of institutionalized school age children in relation to depression score.

According to Table (6), which shows the link between gender and depression score levels in institutionalized school-age children, males (28–58) had a somewhat wider range of depression score levels than girls (22–50). The levels of depression scores in boys and girls differed significantly (t=4.358, p=0.001).

Table 6: Correlation between depression score levels of institutionalized school age children and gender.

Depression Score Levels	Boys (n=84)		Girls (n=30)		Total (n=114)	
	No.	%	No.	%	No.	%

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Low	6	7.1	8	26.7	14	12.3
Moderate	78	92.9	22	73.3	100	87.7
Range	**28–58**		**22–50**		**28–58**	
Mean	**49.2**		**41.1**		**27.2**	
S.D.	**2.23**		**3.14**		**3.69**	
t = 4.358			**p = 0.001 (Significant)**			

Institutions offered care for orphans. It is the duty of social services organizations to create suitable institutions so that such youngsters are not exposed to delinquency and deviation. Children who are deprived of family life may get the care and supervision they need in an institution, along with financial assistance. Additionally, it offers medical treatment and educational opportunities to school-age children in regular government schools. The features of the institutionalized school-age children under consideration in this research showed that almost two-thirds of them were males. However, fewer than one-third of the sample consisted of females.

It was noted that the younger children in the institution gallization group were under nine years old, while the older children were in the ten-to-twelve-year age range. Long-term institutional care raises the chance of persistent behavioral issues. Every study on children in institutions has shown a correlation between the length of institutional care and the institutional environment and the frequency and intensity of disruptions [15,16]. Experiences in orphanages are detrimental in any quantity. The harm rises dramatically with the amount of time spent in an institution and is most severe during the first few years of life [17].

Harden claims that a child's emotional and behavioral development is negatively impacted for a long time by the amount of time they spend in an orphanage [18]. It has been observed that children who are institutionalized may struggle to develop lasting relationships well into puberty [3]. The same results are also supported by Brand and Brinich, who found that prolonged institutionalization throughout infancy increases the likelihood of personality disorders in later life and causes ongoing issues in interpersonal interactions [14]. According to a research by Fries and Pollak, children who had been in institutional care for at least the first few years of their lives were more likely than other children to have emotional and behavioral issues as well as more life disruptions by the time they were 16 [19].

The recent research also found that illegitimate children were the primary reason for institutionalization. The cost of marriage and the lack of reasonably priced housing are potential causes of illegitimacy. At the same time, it is evident that middle-class couples have informal contracts with colleges and universities. When it comes to kids' academic performance, they show low performance. Additionally, one-third of the kids do well in class. In a similar vein, foster children get low marks and score badly on scholastic performance assessments, according to research conducted in the United States by Brand and Brinich [14]. Furthermore, foster care experiences may be the cause of institutionalized children's low academic accomplishment, according to Altshuler and Poertner [20]. Children that are unhappy, anxious, or irritated may not focus in class and do poorly as a result [21].

II. CONCLUSION

Poor accomplishment was also seen in the present research among children who were institutionalized for a variety of reasons. Orphans' dubious origins may become a problem when they attend public school. As nothing is mentioned on the birth certificate, there is no indication that the kid is a foster child at school. However, students often learn about it in school. The schoolchildren quickly learn who is parentless. Administrators of orphanages often report that local schoolchildren taunt the orphans by referring to them by disparaging names such as laqeet (child of no parent age). The second factor is that caregivers may not be guiding and supporting the youngsters. The responsibilities of satisfying daily basic needs sometimes cause a lack of attention to the child's future.

When a youngster adopts a one-day-at-a-time mindset, they may believe that they don't need to take care of their belongings, do their schoolwork, make friends, etc. Because his or her peers, caretakers, and place of residence can all be very different tomorrow. That is, nothing remains constant. Children that are institutionalized lack the drive to study. The current study's results suggest that in order to lessen the severe consequences of behavior problems, it is important to

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recognize, understand, and give the right kind of intervention for institutionalized children's behavior issues and behavior modification.

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