Araştırma Makalesi

Ege Tıp Dergisi 45 (1) : 39 - 45, 2006

SOCIO-DEMOGRAPHIC FEATURES AND EMOTIONAL-BEHAVIORAL PROBLEMS IN A GIRL'S ORPHANAGE IN TURKEY

BİR KIZ YETİŞTİRME YURDUNDA SOSYODEMOGRAFİK ÖZELLİKLER VE DUYGUSAL-DAVRANIŞSAL SORUNLAR

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Anahtar sözcükler : Ergen, yetiştirme yurdu, duygusal sorunlar, davranış sorunları

Key Words : Adolescent, orphanage, emotional problems, behavioral problems.

ÖZET

Giriş: Kurum bakımında kalan çocuk ve gençlerde, kurum öncesi yaşamlarından, kuruma geliş yaşlarından ve kalış sürelerinden kaynaklanabilecek pek çok duygusal ve davranışsal sorun olabilir. Bu çalışmadaki amacımız risk altındaki bu gençlerin ruhsal belirti dağılımını araştırmak ve bunların sosyodemografik verilerle ilişkilerini saptamaktır.

Yöntem: Çalışmamız Sosyal Hizmetler Çocuk Esirgeme Kurumu İzmir Buca Kız Yetiştirme Yurdunda kalan 67 genç üzerinde gerçekleştirilmiştir. Yurtta çalışan grup sorumlusu görevlilerden gençlerin sosyodemografik veri formu ve 4-18 Yaş Çocuk ve Gençler için Davranış Değerlendirme Ölçeğini doldurmaları istenmiştir. Veriler SPSS 10.0 paket programı ve Piarson korelasyon, ANNOVA ve T testi ile değerlendirilmiştir.

Sonuçlar: Yaş ile anksiyete-depresyon, agresyon ve toplam dışa yönelim ve toplam sorun puanı arasında negatif korelasyon saptanmıştır. Yaş ilerledikçe anksiyete depresyon (p=0,02), agresyon (p=0,01), içe yönelim (p=0,02), dışa yönelim (p=0,01), ve toplam sorun (p=0,015), puanları azalmaktadır. Eğitim düzeyi yüksek olanlarda anksiyete-depresyon puanları anlamlı derecede düşük bulunmuştur (p=0,032). Eğitim sürecinde başarılı olanların dikkat sorunları (p=0,036) ve suça yatkınlık (p=0,012) puanları anlamlı derecede düşük bulunmuştur. Birinci derece yakını ilgilenmeyenlerde ve kurumda yaşayan başka kardeşi bulunanlarda içe kapanma daha yüksek oranda (p=0,05, p=0,014) görülmektedir. Mental retardasyonu olanlarda agresyon ve suça yatkınlık puanları azalmaktadır (p=0,048).

Tartışma: Kurum bakımı bu grupta, çocuk ve gençler için ruhsal belirti ortaya çıkış riski yaratmaktadır. Bu bulgular literatürle uyumludur. Eğitimli olmak ve eğitimdeki başarı bu gençler üzerinde koruyucu etki yaratmaktadır. Ayrıca yakınlarının desteğinin olması belirtileri azaltmaktadır.

SUMMARY

Introduction: The aim of this study is to investigate emotional and behavioral problems of the children and adolescents who live in an institutional setting and to determine the association between the emotional-behavioral problems and socio-demographic data such as their age at which they are referred to the institution and the length of the period they spend in the institution.

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Makalenin geliş tarihi : 14.01.2005 ; kabul tarihi : 20.06.2005

Materials and methods: The study was conducted on 67 teenagers (13-18 years of age) who resided at "Turkish Department of Social Affairs İzmir Buca Girl's Orphanage" in 2001. The officials responsible for the groups filled in socio-demographic data forms for these teenagers and Child Behavior Check List-CBCL for the 4-18 age group.

Results: There was a negative correlation between the age and CBCL scores. As the age increases, anxious-depressed (p=0.02), aggressive behaviors (p=0.01), internalizing behaviors (p=0.01) and externalizing behaviors (p=0.01) and total behavior problem (p=0.015) scores decrease.

Anxious-depressed behavior rate was significantly lower in those who had further education (p=0,032). Attention problems (p=0,036) and delinquent behavior (p=0,012) scores of the children who had been successful in their education were also significantly lower. Those who had no close relatives involved in their care had more withdrawal (p=0.05). The children whose siblings resided in the institution also had more withdrawal (p=0.014).

Conclusion: Age, higher education level, school achievement, familial support and siblings resided in the institution cause emotional-behavioral problems to appear less in our population.

INTRODUCTION

Children and adolescents who live in an institutional setting may display several emotional and behavioral problems stemming from a number of factors including experiences before their admission to the institution, their age at which they were referred to the institution, and the length of the period they have spent in the institution. Risk for the infection, impaired nutrition and growth, cognitive impairment, socio-affective disturbances, and physical and sexual abuse were customary events in 19th-century institutions, and unfortunately, most of them still exist today in spite of all attempts to improve the conditions (1). Scientific data show that institutionalization poses an increased risk of severe infection and of delayed language development for infants or young children in the short term. This, in the long term, could lead them to become emotionally dysfunctional, and economically unproductive adults (2).

Studies are mostly carried out on the observation of individuals who were institutionalized during early childhood and the results emerging during adolescence or adulthood. Hodges & Tizard (1989a) conducted a research on the social, behavioral, and emotional developments of a group of approximately 40 children from the preschool period to adolescence and found that these children were overly friendly to adults; quarrelsome and unpopular with peers; anxious, fearful and aggressive before adolescence. They followed this group until 16 years of age, and found that they had such characteristics as being more adult oriented than peer oriented, having difficulty with peers, not having close friends, being unlikely to turn to peers for emotional support, and being indiscriminate in choosing friends. Ex-institutional children were found to be 10 times more likely to have several of these features than control children did. The authors concluded that long-term effects persist in all of the individuals of ex-institutional group although they are more subtle among the children adopted into privileged homes than in groups returning to their impoverished biologic families or remaining in institutions (3).

Rutter & Quinton partially replicated these findings in a follow-up study, and observed the adaptive and maladaptive outcomes among a group of young women who had been in care before five years of age. They also concluded that successful adaptation during adolescence begins with positive experiences in school, which helps develop self-confidence and results in choosing non-pathologic partner. However, when compared with those who had never been institutionalized, these women chose dysfunctional partners and had poor social adaptation, a far higher rate of personality disorders and marital disruption (4).

The adolescents who live in institutional setting as a result of their family problems or life events problems may have increased emotional and behavioral problems caused by their age at which they are referred to the institution and the length of the period they spend in the institution.

Positive features such as being successful in school life and having family support systems can be protective for the young people who live in institutional setting.

The aim of this study is to investigate emotional and behavioral problems of these young people and to determine the association between the features mentioned above and the relationship of emotional and behavioral problems.

METHODS

The study was conducted on 67 teenagers (13-18 years of age) who resided at "Turkish Department of Social Affairs İzmir Buca Girl's Orphanage" by School of Medicine Dokuz Eylül University Child and Adolescent Psychiatry Department. Between 2000 and 2001, a one-year training program was planned for a team of a psychologist, two

social workers, three managers, six teachers, a general practitioner, a nurse at an orphanage.

In the program, it was planned to teach the psychological characteristics of children's and adolescents, their problems, mental disorders seen during childhood and adolescence.

It was also planned to train them on communication skills (listening, verbal-nonverbal communication, empathy, assertivity), and on how to create empathy on patients by using psycho-drama techniques. At the beginning of the training, the officials responsible for the groups filled in socio-demographic data forms for the girls and Child Behavior Check List-CBCL for the 4-18 age groups in order to screen their emotional and behavioral problems. This study is a definitive study. It is initial part of the further study. That study was conducted on the training the staff of the orphanage and treatment of the problems defined and on the planning of preventive mental health care.

Child Behavior Check List-CBCL for the 4-18 age group was developed by Achenbach & Edelbroch (1983) in order to evaluate strengths and behavioral problems of this age group (5). The study for the adaptation and the standardization of the Child Behavior Check List in Turkish was carried out by Erol et al. (1995)(6). The study protocol had been approved by the local ethical committee.

The one-way analyses of variance (ANOVA), Pearson correlation and t test were assessed with SPSS 10.0 package program.

Table 1. Socio-demographic features of orphans

		n	%
Educational status	Literate	17	25.4
	Primary school	30	44.8
	Secondary school	19	28.4
School achivement	Missing data	13	19.4
	Failing	16	23.9
	Pasing	38	56.7
Number of siblings	Missing data	4	6
	No sibling	4	6
	1 sibling	8	11.9
	2-5 siblings	51	76.1
Siblings resided in orphanage	Missing data	18	26.9
	No	34	50.7
	Yes	15	22.4

RESULTS

Of the children and adolescences residing in the orphanage, 54 (80.6%) are normal, while the 13 (19.4%) are mentally retarded by medical reports. Their mean age is 16.12 SD: 1.88. Table 1 shows the socio-demographic data and Table 2 shows the characteristics of the parents and the features of the institution.

When the socio-demographic data and Child Behavior Check List-CBCL results for the 4-18 age group were analyzed; there was a negative correlation between age and anxious-depressed, aggressive, total externalizing behaviors and total behavior problem scores. As the age increases, anxious-depressed (p=0.02), aggressive behaviors (p=0.01), internalizing behaviors (p=0.01) and externalizing behaviors (p=0.01) and total behavior problems (p=0.015) scores decrease. Anxious-depressed behaviors rate was significantly lower in those who had further education. (p=0.032). Attention problems (p=0,036) and delinquent behavior (p=0,012) scores of the children who had been successful in their education were also significantly lower. Those who had no close relatives involved in their care had more withdrawal (p=0.05). On the other hand, the children whose siblings resided in the institution also had more withdrawal (p=0.014). Mentally retarded ones had lower aggressive and delinquent behavior points (p=0.048) (Table 4, Table 5).

Table 2. Features of the institutionalization

		n	%
The reasons for which the children were admitted to the orphanage	Parents' death	18	26.9
	Divorced parents	20	29.9
	Financial difficulties	6	9
	Having parents with psycho-logical disorders	5	7.5
	Abuse	8	11.9
	Parents in earcerated	4	6
	Others	6	9
Placement before orphanage	Missing data	12	17.9
	Biological family	45	67.1
	Grand parents	2	3
	Second degree relatives	1	1.5
	Adopted family	2	3
	Others	5	7.5
Referring entity	Missing data	2	3
	Another orphanage	51	76.1
	Biofamily	14	20.9
Duration of resided in orphanage	Less than a year	18	26.9
	1 –5 years	26	38.8
	More than 5 years	21	31.3
Family support	Missing data	5	7.5
	No relatives	8	11.9
	Relatives involved in care	54	80.6

Table 4. Socio-demografic data and Child Behavior Check List scores (ANOVA)

Child Behavior Check List	Educational status		Length of institutional care		Family support	
	f	p	f	p	f	p
Withdrawal	0,999	0,463	1,594	0,122	2,759	0,050
Somatic problems	0,707	0,666	1,098	0,376	0,704	0,553
Anxious-depressed	2,193	0,032	1,450	0,184	1,771	0,200
Social problems	1,601	0,153	0,538	0,802	0,592	0,163
Thought problems	0,934	0,478	0,869	0,523	0,765	0,250
Attention problems	0,611	0,843	1,100	0,381	1,403	0,306
Delinquent behaviors	0,977	0,483	1,454	0,172	1,231	0,278
Aggressive behaviors	1,730	0,070	1,164	0,328	1,314	0,223
Total internalizing behaviors	0,834	0,693	0,843	0,683	0,503	0,694
Total externalizing behaviors	1,097	0,386	1,770	0,054	1,484	0,262
Total behavior problems	1,606	0,088	1,018	0,472	1,364	0,470

Table 5. Socio-demografic data and Child Behavior Check List scores (t test)

Child Behavior Check List	School achivement		Sibling resided in orphanage		Mental retardation	
	t	p	t	p	t	p
Withdrawal	0,758	0,452	2,554	0,014	0,574	0,568
Somatic problems	-0,638	0,527	0,460	0,583	-1,112	0,270
Anxious-depressed	0,342	0,734	-0,478	0,635	0,591	0,556
Social problems	0,545	0,588	-0,636	0,528	-1,387	0,170
Thought problems	0,727	0,470	0,548	0,586	0,090	0,928
Attention problems	2,152	0,036	-0,782	0,438	0,188	0,852
Delinquent behaviors	2,607	0,012	-1,330	0,190	1,653	0,043
Aggressive behaviors	1,097	0,278	-0,256	0,799	1,822	0,033
Total internalizing behaviors	1,804	0,777	-0,516	0,608	0,592	0,556
Total externalizing behaviors	0,514	0,610	-0,903	0,371	0,159	0,874
Total behavior problems	1,989	0,052	-0,676	0,503	1,598	0,115

DISCUSSION

Those who are given institutional care are children or adolescents referred to the orphanage for younger age or older age as a result of problems in the family dynamics or of several abusive occasions. Therefore, they have endured more difficulties in the early years of their lives compared to their peers. They grow up under the irreparable strain of being deprived of a mother. It is an expected condition that these children and adolescents have emotional and behavioral problems. Furthermore, the physical conditions of the institution and the qualifications of the staff aggravate the problems rather than compensate them. Therefore, the factors determined as a result of this study which are supposed to be protective but aggravate the problems may be helpful to mental health providers in such areas as the rearrangement of the institutional care, training of the institution staff, protecting the mental health of the young people, and may contribute to science. The reasons for which the children were admitted to the orphanage (parents' death, divorced parents, having parents with either physical or psychological disorders, family problems, financial difficulties) in this study are similar to the findings of limited number of studies (7).

That the anxiety and depression scores are significantly lower in those who have further education correlates with the studies showing that successful adaptation during adolescence begins with positive experiences in school (4).

Attention problems and delinquent behavior scores of the children who had been successful in their education were also significantly lower. Success in education has a protective effect on self-confidence and personality development. Laukkanen et al. Showed that failing in school and the absence of future educational plans were associated with both externalizing and internalizing problems. Externalizing problems were associated with self destructive behaviour and with bullying others. Internalizing problems were associated with mental symptoms, and with problems in social relationships (8) .

The lower aggression and delinquent behavior problem scores in the mentally retarded in this study contradict the publication. Active physical violence was more common among the patients with developmental disorders (9). Children with intellectual disability are at heightened risk for behavior problems and diagnosed mental disorder.

Children with developmental delays were rated higher on behavior problems than non-delayed peers (10). 19.4 % of the youngsters in this study are mentally retarded. However 76.1 % of these youngsters have been transferred from an orphanage for younger children and have suffered from malnutrition, abandonment, early social and/or emotional deprivation either in the orphanage or in the family. The conditions they were exposed to may have caused neurodevelopment delay. The consensus was reached that the developmental impairments in institutionalized infants result from a lack of sensory and social stimulation, with long hours spent supine in cribs without toys or interpersonal contact (11, 12, 13, 14). Moreover, the lack of stimulation compounds the developmental deficits consequent to under nutrition and recurrent infections (11, 15). The higher the age, the less anxious-depressed, aggressive behaviors, internalizing behaviors and externalizing behaviors and total behavior problems scores are. However the amount of time spent in the institution had no significant relation with the CBCL scores. This also contradicts with other research results. The decrease in the scores by ageing may show that the young person's adaptation and challenge strength increases as they get more mature. However, it was observed that youngsters (mostly girls) who have been institutionalized since the very early age are more prone to depression, suicidal behavior, several somatic complaints, drug addiction, and prostitution (1, 16, 17, and 18). In one of their studies, Rutter & Quinton (1984) reported that young women who had started institutional care before 5 years of age had poorer social adaptation, and far higher rate of personality disorders (4).

Withdrawal scores are higher in youngsters who had no close relatives involved in their care. Although institutionalized children come from dysfunctional families, the presence of familial-emotional support systems has a protective impact on the development of psychiatric problems, especially on depression. This finding correlates with the study in which Hodges & Tizard (1989b) suggested that being deprived of familial-emotional support would increase psychiatric problems in these children (19).

If a child resides in an orphanage with his/her siblings, this may be another factor that increases withdrawal. Our finding is closely associated with the seriousness of conditions such as parents' death, separation of parents that play a role for their being admitted to institutions or orphanages, and this may have increased the severity of the psychological problems of the young person. That those who stay in the institution for more than a year (70.1%) or those who are transferred from an orphanage for younger children to an orphanage for older children (76.1%) make up the majority proves the fact that child adoption or fostering family concepts are not well developed in Turkey. The limitations of this study are that it includes only girls and lacks a control group.

Institutional care will inevitably pose a risk on the emotional development and social competence in the long term.

Age, higher education level, school achievement, familial support and siblings resided in the institution cause emotional-behavioral problems to appear less in our population.

Conducting more cooperative studies on the diagnosis and the causes of psychological problems in order to determine them in the early stage is essential for a healthy society. This study may lead to further studies, which would conduct, on the planning of preventive mental health. Therefore, the factors determined as a result of this study may be helpful to mental health providers in such areas as the rearrangement of the institutional care, training of the institution staff, protecting the mental health of the young people.

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