

LEVELS OF MALADAPTIVE BEHAVIOURS EXHIBITED BY CHILDREN LIVING IN NIGERIAN ORPHANAGES

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Abstract

This study investigated the differing expressions of behaviours demonstrated by children living in Nigerian orphanages based on age and gender using the Child Behaviour Checklist (CBCL) and archival records. It further investigated the pattern of exhibition or expression of the behavioural difficulties. One hundred and nine (109) children (53 girls and 56 boys), aged 6 to 18 years who live in five orphanages in the south-south geopolitical zone of Nigeria were engaged for this study. The study indicated that the behavioural difficulties exhibited by children in Nigerian orphanages are not clinically significant as determined by the CBCL. It further indicated that existing differences in the level of maladaptive behaviours between genders are not significant. However, the findings suggest significant differences in the learned patterns of behaviours based on gender. In specific terms, the study confirmed that girls are more likely to demonstrate internalizing behaviours than boys while boys are more likely to exhibit externalizing behaviours than their female counterparts in the orphanages. In addition, greater chronological age of the orphaned child at the time of assessment was found to positively correlate with higher levels of behavioural difficulties within specific domains.

Keywords: African orphanages, behavioural difficulties, institutionalized orphans, orphans and vulnerable children, resiliency

INTRODUCTION

With the increasing number of children in various parts of the world who are victims of war, natural disasters, epidemics of human immune virus (HIV) and other medical diseases, as well as victims of social and political unrest, the need for children centres remains pertinent in our societies. Consequently, the establishment and administration of institutional facilities capable of ensuring the healthy development of dependent children need to constitute the fundamental foci of a sensitive government.

In Nigeria, despite classifications of children centres for approval by the Federal and state government ministries (Federal Ministry of Women Affairs and Social Development, 2010), orphanages tend to assume combined roles of foster care centres, residential facilities, and group homes (as internationally

conceptualized) in order to meet the required needs of orphans and vulnerable children in the society. Structurally, orphanages in Nigeria perform dual functions. They act as care centres for destitute and/or abandoned children and for children who are mentally, emotionally, and/or developmentally challenged (prior to placement); be they orphans or not. The centres are also “safe havens” for unplaced adult orphanage-raised children who remained in the orphanage due to reasons such as developmental disability or other neuro-developmental challenges and related problems.

According to the United Nations Children’s Fund (UNICEF) 2004 report on the “Children on the Brink,” 43 million orphans live in sub-Saharan Africa, 7 million of who reside in Nigeria (2004). UNICEF predicted that due to parental deaths by AIDS/HIV, the number of orphans in Nigeria would increase to 8.2 million in 2010 (UNICEF, 2004). In 2008, the number of orphans in Nigeria was estimated at 9.7 million (UNICEF 2008). UNICEF reported 10 million Nigerian orphans in 2013, (UNICEF 2013). In addition, the Federal Ministry of Women Affairs and Social Development estimated 17.5 million orphans and vulnerable children nationwide in 2013. For a country with a population of approximately 174.7 million in 2013 (United Nations, 2013), the above statistics of orphans appear to be high. Currently, there has been increase in the number of orphans in Nigeria due to Boko-Haram insurgency (Ali, et al., 2018). Nonetheless, neither the UNICEF (2004) report nor others did specify whether these orphans were in orphanages or generally living within the communities.

With the influx of other categories of children (i.e., indigent and mentally challenged children whose parents are still alive) into orphanages, the population continues to be on the increase. In recent past, incidences of child kidnapping leading to institutionalization of children when retrieved from the clutches of “kidnappers” or abductors pending their return to parents and relatives abound. On the other hand, based on the following; government policies, increased adoption rates, impact of culture (collectivist approach and recent reorientation), and lack of major catastrophes and /or epidemics (UNICEF, 2004) especially within the south-south geopolitical zones of Nigeria, increased number of orphans are being adopted into regular homes. In addition, more governmental policies have made the process of adoption more legalized. Therefore, orphanages, orphans, and adoption services remain important phenomena in our societies. Overall, number of children who pass through the revolving doors of orphanages will continue to rise. Consequently, the appropriate development of children who are raised within these institutions requires significant systemic investment including financial dedication and adequate monitoring.

Impact of institutionalization on early childhood development

Early childhood developmental factors generally impact children in family-based settings and institutions. It has been reported that the first few years of a child’s life, from 1 to 8 years of age, constitute the most crucial period in the attainment of appropriate developmental milestones (World Health Organization,

2007). Experiences of the child during this phase significantly predict the trajectory of the child's development and future physical, social, and cognitive outcomes (Berk, 2006; O'Connor & Zeanah, 2003). These experiences are informed by the interplay between biological and environmental factors as they mold the overall development of the child (Berk, 2006; Frank et al., 1996; Frick et al., 2003; Johnson et al., 2003; Kim-Cohen et al., 2004; Levy, 1994, 2007). Due to this significant and complex role of early experiences, the careful study of negative impacts is imperative to the overall successful development of a child in the orphanage.

Currently, majority of available research findings have highlighted specific aspects of environmental risks (including deprivation) as inimical to appropriate development (Baer & Martinez, 2006; Beckett, et al., 2006; Bowlby, 1997; 1982; Fischer, 1997; Frank et al., 1996; Meese, 2005; O'Connor & Zeanah, 2003).

An avalanche of research findings supports the fundamental limitations of services provided by orphanages around the world (Meese, 2005, Foster, 2002; Elegbeleye, 2013). As in other countries, orphans in Africa, including Nigeria, have been found as more likely than their peers to experience deprivation (Foster, 2002). African orphans are reported as more likely to be isolated and to experience stigmatization, discrimination, crime, abuse, and neglect, as well as be involved in child labor, exploitation, and prostitution (2002). In addition, it has been reported that they experience psychological or mental health problems including depression (guilt, fear), hostility, and aggression (2002). There is no doubt that they are also more likely to experience higher levels of trauma. In most cases, the existence of psychological intervention is an illusion.

Research findings have consistently supported common possible biological and psychosocial risks to early infant and childhood development within children's institutions (Berk, 2006; Castle et al., 1999; Fischer et al., 1997; Frank et al., 1996; Muhamedrahimov et al., 2004 Pomerleau et al., 2005). According to Frank et al. (1996) in a study that analyzed a century-long research based on pediatric and child psychiatry, found that institutionalization affects five major areas of infants and children's development, including cognitive and socio-emotional domains.

Kim-Cohen and his colleagues reported that children below the age of 4 years are more likely to feel the impact of institutionalization. Unless children are placed with adoptive families before the age of 4 years, they are exposed to cognitive disadvantages when compared with children who live with their biological families and/or in the foster care system within the same social class (Frank et al., 1996). These cognitive deficits eventually lead to difficulties in behavioural abilities (Pomerleau et al., 2005).

Another study by English, et al. (2002), which focused on child victimization and violent offending suggested that there is a link between child abuse, neglect, and delinquency on one hand and adult criminality and violent behaviours on the other. They reported that abused and neglected children are 4.8

times more likely to be arrested as juveniles, two times more likely to be arrested as adults, and 3.1 times more likely to be arrested for a violent crime than a matched control group (English et al., 2002, p. 23). Therefore, where children in orphanages are exposed to victimization the result is more likely to be adverse and enduring.

In addition, Klassen and O'Connor (1998) reported that previous offending predicts future violence. This implies that children in orphanages who have experienced behavioural problems at an early age due to exposure to negative environmental conditions are more likely to continue through to adulthood (Klassen & O'Connor, 1998).

Due to lack of assessment and treatment of children in orphanages by age 4, children who have experienced undiagnosed and untreated severe attachment disorders display ongoing and consistent patterns of aggression, rage, bullying, defiance, and controlling interactions with others (Levy, 1999) which eventually lead to antisocial personality. Therefore, children in orphanages who are exposed to risk factors like deprivation, including maltreatment, malnutrition, poverty, and poor quality care-giving, are more likely to demonstrate negative behaviours such as aggression, conduct or defiant difficulties, antisocial behaviours, psychopathy, and other internalizing and/or externalizing behaviours (Levy, 1999). It is important to keep in view the report that how institutionalization (in this case, orphanage experience) affects children's outcomes depends on the country of origin (Kim-Cohen et al., 2004).

Impact of institutionalization on later development (adolescence)

Typically, childhood maladaptive traits and general criminal and aggressive or violent behaviours present similar longitudinal patterns in terms of profile and change over time (De Clercq Leevwen et al., 2009). This finding seems to support the spectrum-conceptualization theory that personality disorders begin right from young age and remains on a continuum. According to Fischer et al. (1997), behavioural problems are more likely in later years if children remain in institutional settings. In addition, Meese (2005) reported that studies of children adopted from Korea in the late 1950s and early 1960s suggested that adolescents and children who were older at the time of adoption demonstrated more deficits in both self-esteem and academic achievement than those adopted during their early childhood (Meese, 2005).

Gender Differences and Development of Antisocial or Criminal Behaviours

An increasing number of research findings have linked gender differences to different levels of development of antisocial or criminal behaviours (Taylor et al., 2000; Thompson, 2007). It has been reported that culture, peer group, and quality of care affect gender differently (Taylor et al., 2000; Thompson, 2007). Fergusson and Horwood's (2002) findings suggested in part that increasing inclination to criminality is associated with male gender.

Further findings suggest that men are more likely to demonstrate externalizing behaviours in response to distress while women are more likely to exhibit internalizing behaviours in similar circumstances (De Clercq et al., 2009). This common pattern is believed to result from long-standing socialization of men to act out violently or aggressively against others, often resulting in crime. However, specific findings regarding institutionalized children and gender associated behaviours were not available at time of this report.

In summary, a child's development is affected by the political, legal, social, economic, and cultural factors of the environment within which the child develops (Berk, 2006; Johnson et al., 2003; Meese, 2005; WHO, 2007). In addition, while orphanages and quality of care provided vary across continents (Meese, 2005), the degree of differences in socioeconomic status of orphanages compared to that of families in the society also vary (Meese, 2005). Furthermore, what constitutes an opportunity to establish a close relationship differs according to culture (Berk, 2006), and what determines adverse effects and attending severity varies from country to country (2006). Above all, a child's heritable characteristics and the familial context also play significant roles in the overall behavioural outcome (Bill et al., 1996; Kim-Cohen et al., 2004). Overall, the negative effects of institutionalized care on child development cannot be overemphasized.

Purpose of the Study

An ever-increasing body of research points to the important linkage between institutionalization and the development of behavioural problems (Baer & Martinez, 2006; Castle et al., 1999; Fischer et al., 1997; Frank et al., 1996). Available research findings established positive correlations between the physical environment of a child's early development (institutionalization and/or culture of an orphanage) and future behavioural outcomes (Clarke & Clarke, 1976; English et al., 2002; Glenn et al., 2009; Levy, 1990; Luthar, 2006; Meese, 2005; Muhamedrahimon et al., 2004; St. Petersburg – USA Orphanage Research Team, 2005; Zeana & Smyke, 2008).

This study focused on the interrelatedness between age and gender and the level of behavioural problems as assessed by the Child Behavioural Checklist. In order to determine in the long run how to ameliorate the associated deficits in functioning. Once this association is clearly established (or not), it will be possible to increase the awareness of when the impact of living in a Nigerian orphanage would affect a child most. This would help clinicians and child advocates plan the level of care needed to foster appropriate child development within such settings and prevent future negative behavioural outcomes (Clarke & Clarke 1976; English et al., 2002; Glenn et al., 2009; Muhamedrahimov et al., 2004).

The purpose of this study is to probe the levels of behavioural problems exhibited by children living in Nigerian orphanages as measured by the Child Behaviour Checklist (CBCL). In addition, the study explored the learned behavioural patterns of orphans in five orphanages based on gender differences.

The study attempted to stimulate future investigations on child behaviour in relation to prevalent cultural climate where the orphanage is located. With successful analysis and clear determination of areas of challenge, it is believed that organizations working with the population including governmental, non-governmental; whose scopes are local, national, and international, will be better equipped to establish more effective ways of meeting the needs of the target population thereby ensuring overall healthier development and enhanced behavioural outcome including where international adoption is contemplated. In summation, the study will better inform childcare researchers and encourage them to adopt a more inclusive view of behavioural patterns envisaged from orphaned children living in Nigerian (African) orphanages.

Research Questions

Consequently, the research was guided by three specific questions and four hypotheses.

1. Do school-age and adolescent Nigerian orphanage children show clinically significant behavioural problems according to norms developed for the Child Behaviour Checklist?
2. Is the nature of the behavioural problems predominantly internalizing and/or externalizing behaviours, as measured by the Child Behaviour Checklist (CBCL)?
3. Within the sample, will the gender of the child correlate with the subscales of Internalizing or Externalizing (i.e., males demonstrate externalizing behaviours while females demonstrate internalizing behaviours)?

In terms of hypotheses for the study, the following were put forward:

1. There will be no significant difference in the extent of behavioral difficulties between girls and boys across ages as measured by the CBCL.
2. Externalizing versus internalizing behaviours will differ significantly within the sample according to gender.
3. Greater chronological age of the orphaned child at time of assessment will positively correlate with higher levels of behaviour difficulties (CBCL).
4. Levels of maladaptive behaviours exhibited by orphaned children will be higher than norms given in the Child Behavior Checklist.

METHODS

Participants

The participants for this study were selected from five orphanages located in south-south geopolitical zone of Nigeria (in West Africa). Since the study did not involve direct interaction, testing, or experimental manipulation of any child resident in the orphanages, the research ethics committee at XX found it to be exempted from review. The psychological instruments were filled out by the childcare staff. The orphans were between the age range of 6 and 18 years. All

subjects were children who have lost one or both parents or who are indigents living in these orphanages.

The sample for the study consisted of 53 girls and 56 boys. The children ($n = 109$) were current residents of the participating orphanages and had been there for at least one year in order to allow for adjustment problems. The childcare staff who filled out the Child Behavioural Checklist was also individuals who have been employed by the orphanages and had worked closely with the children for at least six months prior to the assessment. The data collected are test results on the Child Behavioural Checklist (CBCL) and demographic records on the participating children.

Measures

The measures utilized in this study included the Child Behavioural Checklist 6-18 (CBCL 6-18) and demographic information as well as archival records from the participating orphanages where available. On one hand, CBCL was used to assess the levels of maladaptive behaviours exhibited by the orphaned children and to determine if the levels were higher than those of children who are their peers and who are not living in institutions. The CBCL (Achenbach & Rescorla, 2001; <https://aseba.org>>2019) has been described as a viable empirically-based tool used in assessing children's behaviours and updated to be consistent with the Diagnostic and Statistical Manual Fifth Edition (DSM-5) diagnostic categories (Retrieved on November 20, 2017 from <http://www.aseba.org>). The measure is devised for use by parents, parent-figures, or caregivers who know the child well enough to rate behavioural problems and competencies. It is a well-known and widely used instrument. Achenbach and Rescorla (2001) reported that it has been normed for use with diverse cultural or ethnical and racial populations including Chinese, Irish, Korean, Romanian, Russian, African American, and Caucasian.

Similarly, the criterion-related and construct validity of the scales have been found to offer results that provide guidelines in terms of clinical cutoffs for various purposes. Interestingly, it has significant associations with analogous scales of other instruments and with DSM criteria, including cross-cultural reproduction and the prediction on long-term basis of the overall outcome (Achenbach & Rescorla, 2001).

The CBCL consists of 140 ratings that address factors empirically associated with children's behavioural problems (<http://www.asena.org/2017>). A score of 59 or below indicates non-clinical symptom, score that falls between the range of 60 and 64 indicates at risk behavioural problem and score that falls within 65 and above suggests clinical problem in behaviour. For interpretative purposes, scores below 93rd percentile are considered normal; those within the range of 93rd and 97th percentile are borderline, while those above the 97th percentile are in the clinical range. The measure requires only a fifth-grade reading ability and can be utilized by a third party. The childcare staff filling out the checklist were expected to indicate whether an item is "0" (*not true of their*

ward), “1” (*somewhat or sometimes true of their ward*), or “2” (*very true or often true of their ward*). In addition, although it can be administered orally by an interviewer who is expected to record the caregivers’ answers, in this study the caregivers recorded the answers themselves. The measure includes eight constructs: Anxious-Depressed, Withdrawn-Depressed, Somatic Complaints, Thought Problems, Attention Problems, Rule-Breaking Behaviour, Aggressive Behaviour, and Other Problems (2017). These behaviours were further clustered under two major groupings: “Externalizing,” which combines Rule-Breaking Behaviour scales and Aggressive Behaviour scales, and “Internalizing,” which combines Anxious-Depressed scales, Withdrawn-Depressed scales, and Somatic Complaints scales (<https://www.aseba.org/2022>).

The Externalizing domain describes Rule-Breaking Behaviours and Aggressive Behaviours as acting-out behaviours such as “sets fire, lies, cheats, vandalism, or breaks rules” and “destroys own things, gets in fights, attacks people,” respectively. On the other hand, the Internalizing domain measures covert behaviours like where an individual refuses to speak or such individual indicates symptoms of sadness or unhappiness.

The demographic information on the children included age, gender, and variables such as lone admission or with siblings and categories of orphan hood. Single or double orphans implied orphans with either one or both parents deceased (UNICEF, 2004). The Archival records where available included data on the children since admission.

Procedures

The investigator reached out by phone to different orphanages in the south-south geopolitical zone of Nigeria in order to obtain permission to conduct the study. During the initial phone conversation, the investigator ascertained from the management or Chief Operating Officer (COO) their willingness to participate. Thereafter, the investigator explained in detail the purpose and procedure of the study. The investigator then obtained permission to use their orphanage and data archive for the study. In addition, prior to the commencement of data collection, the investigator also discussed the purpose and content of a consent form over the phone.

The investigator spent a 3-hour period, three days a week, for two weeks in each orphanage or as needed while studying available archival records and collecting data. During these periods, the investigator was assigned a private room or location in each orphanage, with secured cabinets for the records. While absent from the room, on break or outside the orphanage, the documents were kept in locked cabinets. These cabinets were exclusively within the reach of the investigator.

At the outset of the study, all available records (files, binders, dossiers) of participating orphaned children based on the inclusion criteria specified in the preceding paragraphs were collected by the designated management staff and taken to the private room provided for the investigator. Codes were randomly

assigned to these files by the investigator. The codes consisted of numbers and letters between 1 and 109 and A to Z (several times), as previously designed by the investigator in form of “Post-It” labels which can be easily removed at completion of the study. In addition, the investigator prepared a grid for recording demographic-related information retrieved from the records including age, gender, ethnicity, and religion.

Regarding the actual filling out of the CBCL forms, each participating childcare staff member was assigned a quiet room throughout the time he or she was filling out the forms. It takes an average of 16 to 20 minutes for each childcare staff member to perform this task. No management staff members were expected to be in the vicinity of the room. An envelope containing the CBCL checklist with codes corresponding to the appropriate archival records and names already written in pencil was placed on a table in the room. Each participating childcare staff member was expected to take and fill out the measures in the assessment of one or more orphans. Although it is not prohibited to have a childcare staff member fill out the checklist for more than five children in an orphanage, it was discouraged in this study.

At the end of the assessment, the childcare staff member returns the checklist to the envelope and leaves the room. Once filled out, the checklists were handed over to the investigator for coding. The investigator had no direct contact with the children or childcare staff but collected the completed copies of the CBCL for data analysis.

Identical codes assigned to the children’s demographic records and the completed CBCL were then verified. After coding had been successfully verified and names, as well as other identifying information on the checklists erased, the investigator integrated the information from both sources-Checklists and demographic (Grid) records.

The above procedure was replicated for other participating orphanages. The first set of fairly accurately completed forms from each orphanage was selected for the final data analysis. When records from all orphanages were collected, the data were matched based first on age, then on gender, and then on other variables. The data were further utilized in assessing dynamics of the presenting behaviours in relation to goals of the study (i.e., how variables correlate with demonstrated behavioural problems). At the end of the study, the investigator gave a presentation on the effects of deprivation on early childhood development. Snacks and other items were distributed for refreshment during the presentation.

RESULTS

To test the hypothesis that said there will be no significant difference in the extent of behavioural difficulties between girls and boys across ages as measured by the CBCL, a two way analysis of variance (2x2 ANOVA) for tests of between-subject effects was carried out at 0.05 level of significance. The results are presented in Table 1 and 2.

Table 1: Means, Standard Deviations, and *n* for Total CBCL Scores as a Function of Gender and Age

Age	Male			Female			Total	
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
6 – 11 Years	32	21.84	18.73	27	19.04	13.53	20.56	16.48
12 – 18 Years	24	28.13	21.12	26	28.27	17.06	28.20	18.92
Total	56	24.54	19.85	53	23.57	15.91	24.06	17.96

Table 2: Analysis of Variance Test of Between-Subjects for Total CBCL Score

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1695.628 ^a	3	565.209	1.789	.154	.049
Intercept	63756.451	1	63756.451	201.804	.000	.658
Gender	47.763	1	47.763	.151	.698	.001
Age	1621.578	1	1621.578	5.133	.026	.047
Gender * Age	58.674	1	58.674	.186	.667	.002
Error	33172.922	105	315.933			
Total	97989.000	109				
Corrected Total	34868.550	108				

a. R Squared = .049 (Adjusted R Squared = .021)

The result in Table 1 showed the means and standard deviations for total problem scores on CBCL for the two gender and age groups. Table 2 showed that there was not a significant interaction between gender and age on total problem scores on CBCL ($p = 0.667$). There was, however, a significant main effect of age on total problem scores on CBCL [$F(1,105) = 5.133$, $p < 0.05$]. Eta for age was about 0.21, which according to Cohen (1988), is a small effect. Subsequently, gender was investigated in relation to subscales of the CBCL (i.e., Internalizing and Externalizing).

Table 3: Analysis of Variance Test of Gender Effect on Internalizing Subscale of the CBCL Scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	203.708 ^a	1	203.708	6.563	.012	.058
Intercept	4873.286	1	4873.286	157.011	.000	.595
Gender	203.708	1	203.708	6.563	.012	.058
Error	3321.044	107	31.038			
Total	8347.000	109				
Corrected Total	3524.752	108				

a. R Squared = .058 (Adjusted R Squared = .049)

The result in Table 3 indicated that there is a significant main effect of gender on internalizing subscale [$F(1,107) = 6.563$, $p < 0.05$]. Eta for age was about 0.24, a medium effect.

Table 4: Analysis of Variance Test of Gender Effect on Externalizing subscale of the CBCL Scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	304.427 ^a	1	304.427	4.385	.039	.039
Intercept	7425.308	1	7425.308	106.953	.000	.500
Gender	304.427	1	304.427	4.385	.039	.039
Error	7428.582	107	69.426			
Total	15247.000	109				
Corrected Total	7733.009	108				

a. R Squared = .039 (Adjusted R Squared = .030)

As shown in Table 4, there was a significant main effect of gender on externalizing subscale [$F(1,107) = 4.385, p < 0.05$]. Eta for gender was about 0.20, a small effect.

Using a 2-sample-independent *t*-test, findings indicated that there were significant differences in both internalization and externalization pattern of behaviours between males and females, with females appearing to have a higher level of internalization as indicated in Table 5 while males exhibit an increased tendency for externalizing behaviours as indicated in Table 6.

Table 5: A *t*-test Comparison of Internalizing Scores between Male and Female

Group	N	Mean	St Dev	df	T statistic	P value
Male	56	47.63	9.91	107	-2.54	0.013
Female	53	52.42	9.77			

Table 6: A *t*-test Comparison of Externalizing Scores between Male and Female

Group	N	Mean	St Dev	df	T statistic	P value
Male	56	51.93	11.66	107	2.08	0.040
Female	53	48.0	7.65			

The study further investigated the hypothesis that the chronological age of orphan children at time of assessment will positively correlate with increase in level of behavioural problems; the data for the study was tested for normality. The null hypothesis that the data for the level of behavioural problems would be normal was rejected at $p = 0.05$. Hence a non-parametric spearman rho correlation was used to test the hypothesis. Result obtained is presented in Table 7.

Table 7: *A correlation of Scales of the Child Behavioural Checklist and Chronological Age*

<i>Scale</i>	<i>p-value</i>
Anxious depressed	0.003
Withdrawn depressed	0.047
Somatic complaints	0.001
Social Problems	0.107
Thought problems	0.012
Attention problems	0.153
Rule breaking behaviour	0.022
Aggression behaviour	0.003
Other problems	0.116
Internalizing	0.000
Externalizing	0.007

N = 109

The results in Table 7 reveal that apart from social problems, attention problems and other problems the chronological age of orphanage children significantly correlate with increase in the level of behavioural problems.

DISCUSSION

This study was intended to contribute to the limited body of research regarding behavioural patterns of children living in Nigerian orphanages. The primary purpose of this study was to investigate nature or pattern of behavioural difficulties exhibited by children living in certain Nigerian orphanages as assessed by the Child Behaviour Checklist. To accomplish this, the effects of variables such as age and gender of the orphaned children, on their behavioural patterns were investigated.

Results of this study regarding clinical levels of behavioural problems did not confirm higher maladaptive behaviours with institutionalized orphans. However, similar to the bulk of existing literature (Ahmed et al., (2004); De Clercq et al., 2009), this study confirmed that males are more likely to demonstrate externalizing behaviours while females are more likely to exhibit internalizing behaviours.

In summary, the hypothesis that maladaptive behaviours exhibited by orphaned children will be higher than norms given in the Child Behaviour Checklist was rejected. Greater chronological age of the orphaned child at the time of assessment correlates with the level of behavioural problems demonstrated by the orphaned children. Regarding gender, the results suggested that no significant difference exists in the extent of behavioural difficulties presented between girls

and boys across ages as measured by the CBCL. However, gender was found to be significant in terms of behavioural patterns as expressed by boys and girls in the orphanages. The result indicated that girls have the tendency to internalize (exhibit behavioural problems that involve self) while boys were more likely to externalize (exhibit behavioural problems that primarily involve conflicts with other people and with expectations for the child).

Strengths, Limitations, and Suggestions for Future Research

This study has numerous strengths. First, the sample was drawn from more than one orphanage in Nigeria. In addition, the instrument used was reliable (with high test-retest reliability) and valid. The CBCL has been norm for multicultural populations and has been used to assess children (including orphaned children) around the world. It was supported by additional data garnered from archival records. Finally, the statistical analyses used (i.e., Wilcoxon test, Anova) were appropriate in investigating the hypotheses of the study.

Limitations of this study included the reliance on childcare staff for filling out the CBCL forms. Caregivers' allegiance and loyalty to the orphanages may have played a role in the accuracy of information received. Maintenance of integrity of the orphanages and guarding against "washing dirty linens outside" may be issues considered. In addition, culturally and morally, caregivers may have felt devoted to the children in such a way that to report negatively would mean betrayal. Additionally, the caregivers may not have trusted the process and the confidential potency of the study. In some cases, the caregivers may be afraid of losing their jobs if they provided negative information about the orphaned children.

Another limitation of this study was the lack of sufficient and relevant information in the archival and demographic records of the orphanages. Due to this shortcoming, adequate demographic data could not be obtained. In addition, the orphanages had different standards of care and structural set-ups that appear to mitigate the adverse effects of environmental factors. Noteworthy is the fact that the Total Competence Score of the CBCL is regarded as the sum of the raw scale scores received by a child on Activities, Social, and School domains. According to the CBCL Manual if any of the Competence Scales score is missing the Total Competence scores cannot be computed. In this study, the Total Competence Scores were not used due to unavailability of required information necessitated by the circumstances of their birth.

Suggestions for future research include direct contact with the orphaned children especially the teenagers in order to elicit detailed information and ensure the forms are properly filled out. However, other accompanying factors may have to be contended with. Identifying particular strengths of the orphaned children through an interview process would be beneficial in increasing the quality of information obtained. Additionally, the presence of other siblings in Nigerian orphanages should be further investigated as a moderating factor in the demonstration of behavioural difficulties of orphaned children within the

orphanages. Finally, multiple sibling institutionalization syndromes if investigated may explain why levels of maladaptive behaviours exhibited by sample were not significantly higher than norms given in the Child Behaviour Checklist. Nonetheless, despite these limitations, the current study will provide a foundation for further investigations into specific variables and the behavioural patterns of children living in orphanages in Nigeria.

CONCLUSION

Institutionalized orphaned children have an increased tendency of experiencing higher levels of behavioural difficulties than norm due to adverse environmental factors within which they develop. However, despite the fact that there was no significant difference in the degrees of behavioural problems exhibited by sample, it was found that higher chronological age of the orphaned children correlates with higher level of problematic behaviours exhibited. And that gender can determine how the child expresses such behaviours. Therefore, given the current population of orphans in Nigeria, attention of governmental and non-governmental organizations should be drawn to these issues as reflected in such institutions, through effective sensitization programs and implementation of related policies. Some of the policies may review when a child should be admitted into an orphanage and specific psychological programs that should be recommended and/or required routinely and otherwise. The programs should be done in stages. First, some forms of psychological evaluations and treatment regimen should be conducted on admission. Thereafter, at different ages (as will be determined by treating psychologists), other forms of behavioural modification programs should be introduced. Such process will aid in holistic treatment in case such children are moved out of the orphanages or Nigeria by adoption. This can be achieved where their mental health or psychosocial records can be referenced for further monitoring and treatment. It is highly recommended that, advocacy efforts for economic empowerment and positive social policies in relation to childcare for institutionalized children be the overarching goals. Overall, consistent psychological testing and treatment which are almost absent in orphanages should be enshrined in our national laws to emphasize need for improved mental health development of children in Nigerian orphanages.

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