Research Article

Impact of Orphan Children's Emotional and Behavioral Problems and Length of Institutionalization on Their Life Satisfaction

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Abstract: **Background:** Orphans and the other vulnerable children and adolescents (OVCA) living in institutional homes are more prone to behavioral and emotional problems than others as they are deprived of a family's love and care. The emotional and behavioral problems affects on orphan's life satisfaction. **Aim of the study:** This study aimed to explore impact of orphan children's emotional and behavioral problems and length of institutionalization on their life satisfaction. **Research setting:** social home care for males and social home care for females in Benha City, Kalyubia Governorate. **Research design:** A descriptive design was utilized to conduct the current study. **Subjects**: A convenient sample of 80 orphan child (38 female and 42 male) at previously mentioned places. **Tools**: Two tools were utilized for data collection, *Tool (I). Self-interviewing Questionnaire:* it was divided into two parts, part (I) orphans' Socio-demographic characteristic questionnaire, part (II) Strength and Difficulties questionnaire (SDQ). *Tool (II). Life Satisfaction Survey (LSS).* **Results:** there was a highly statistical significant differences regarding all items of total emotional and behavioral problems among studied children (p<0.001**), while, no statistical significant differences between life satisfaction and length of stay in institution regarding to all items except diet and exercise. **Conclusion:** There was statistical significant difference between orphan children's emotional and behavioral problems and length of staying in institution regarding to conduct problems and peers problems. **Recommendation:** Providing social support to all children regarding needs regardless of their status and there was a need for Cultivating Positive Emotions to Optimize Health, Well-Being and life satisfaction.
Keywords: *Emotional and Behavioural Problems, Life Satisfaction, Orphan Child.*

INTRODUCTION:

An orphan is defined as "a child under the age of 18 whose mother, father, both parents, and a primary caregiver has died, and who is in need of care or protection". However, this definition does not apply to most Egyptian orphans, as there are many children who are considered to be orphans although they have one or both parents a live (UNESCO, 2009).

In Egypt, the main reason for being placed in orphanage is parents who die is poverty which leads to abandonment. According to the Central Agency for Public Mobilization and Statistics (CAPMAS) 27.8% of Egyptians were living below the poverty line in 2015. Poverty indicates that the family won't have the adequate resources to take care of their children, that's why they send them to an orphanage or abandon them at an orphanage (Hoffman, 2019). The second most common reason for placement in an orphanage is out of wedlock births. If a child was born outside of a marital relationship, they would most likely be abandoned, because of the social stigma associated with children born outside of a wedlock in Islamic nations (UNICEF, 2018).

According to the Egyptian law, children born outside of marriage, are not the responsibility of the biological parents (Thomason, 2008).

Although, the child's law is intended to ensure "the child's best interest", when it comes to children born out of wedlock, they technically have no legal rights until a father acknowledges that a child is his own, or a proof is provided that the child was conceived during marriage (Moussa, 2017). The death of a spouse, divorce, remarriage or a prison sentence may also lead a

family to abandon a child in an orphanage. Also, children could end up in orphanages if they were lost or if they were living on the street. In all cases the state is responsible for providing alternative care for the child who has no family to look after him/ her (The Child Law 1996, 2008, article 4).

Orphans are often viewed in the Egyptian society as if they have inadequate morals and ethics, which originated from the misconception that all orphans are non-marital children, making them morally loose like their parents Orphans are harassed at school and called a 'laqeet' 'bastard' or are bullied for example, by hitting or stealing their food. This stigma is found not only in schools, society as a whole actually views orphans as 'laqeet,'children of sin children of adultery. Orphans sadly are discriminated against just because their parents might not have been married when they were born and they don't have a family (Ethnasios, 2012; Gibbons, 2005).

Most orphanages are gender segregated with very few exceptions. Some orphanages, have both genders, but usually transfer males to a different orphanage when they reach puberty. Some institutions have the capacity to take care of infants, so the children stay there from infancy to adolescence. Male orphans are expected to leave the orphanage when they turn 18 or when they find a stable employment option, and females are expected to leave when they get married. However, if male and female orphans leave the orphanage and they have no place to stay, or if they lost their employment, they are allowed by the administration of the orphanage to go back and live in the orphanage. For many orphans, their orphanages represent a safe haven from the outside world; a place where they can go back if they have problems or need advice (Gibbons, 2007).

Emotional and behavioral problems are more among orphans and other vulnerable children because they are exposed to abuse, exploitation/ neglect, lack of love and care of parents. They are also more likely to be emotionally needy, insecure, and poor. In addition to these factors, most of them are brought up in institutional homes where individual care is inadequate. All these factors can socially and emotionally impair these children (Childlineindia.org, 2017).

The negative effects of institutionalization are revealed by the social and behavioural abnormalities portrayed by these children, (Keenan, 2002). Cases of behavioural problems, inattention, hyperactivity, delays in social, emotional development and autism can further be witnessed in these children. Evans (2006) postulates that children living outside of family care demonstrate a significant deficiency in sensory perception including responses to and understanding facial emotions. Thus, their emotional reactivity is poor and cannot define some of the non-verbal communication signs given by

others. This then negatively impacts orphaned child's academic performance.

Life satisfaction is a bit more complex than it seems; the term is sometimes used interchangeably with happiness, but they are indeed two separate concepts. Life satisfaction is the evaluation of one's life as a whole, not simply one's current level of happiness (Ackerman, 2018). This is different than happiness, according to Daniel Gilbert, the meaning of happiness is "anything we pleased" (Gilbert, 2009). It is a more transitory construct than life satisfaction, and can be triggered by any of a huge number of events, activities, or thoughts.

According to Heady, *et al.,* (1991), who talked on theory of life satisfaction "Bottom-up theories hold that people experience satisfaction in many domains of life, like work, relationships, family and friends, personal development, and health and fitness. people satisfaction with their lives in these areas combines to create our overall life satisfaction. On the other hand, top-down theories state that people overall life satisfaction influences (or even determines) the life satisfaction in the many different domains. This debate is ongoing, but for most people it is enough to know that overall life satisfaction and satisfaction in the multiple domains of life are closely related.

The Orphanage and Program Nurse is responsible for managing, planning, implementing and evaluating comprehensive health, WASH (Water and Sanitation for Health), nutrition and environmental safety programs for both children in orphanages, caregivers, and the community members enrolled in HRI (Hunger Relief International) programs. This position involves extensive record keeping, good organization, and situational problem solving and time management. It also involves communicating with children to assess their symptoms and gather information about their general health. The nurses will also educate Orphanage Directors, caregivers and parents about their children's medical needs (Indevjobs.org, 2017).

Significant of the Study
The children are placed in an orphanage because their parents can't afford to or don't want to take care of them, and sometimes these parents even remain in contact with their children. Egypt has 1.7 million orphaned children. The number of children between the age of 0 and 17 who are currently registered in orphanages is 12,015 (UNICEF and CAPMAS, 2016). This number is clearly underrepresenting the real number, possibly due to the fact that many orphanages are not registered with the Ministry of Social Solidarity (Tawfeek, 2018). Therefore the present study was conducted to explore impact of orphan children's emotional and behavioral

problems and length of institutionalization on their life satisfaction.

The aim of the study:
This study aimed to explore impact of orphan children's emotional and behavioral problems and length of institutionalization on their life satisfaction.

Research Questions:
Q1. Is there a relationship between orphan children's emotional and behavioral problems and length of institutionalization?
Q2. Is there a relationship between orphan children's emotional and behavioral problems and their life satisfaction?
Q3. Does the orphan children's emotional and behavioral problems effects on their life satisfaction?

SUBJECT AND METHODS:
Research Design:
A descriptive research design was utilized to achieve the aim of the study.

Setting: The study was conducted at social home care for males and social home care for females in Benha City, Kalyubia Governorate.

Subject:
Sample Size:
The sample size in this study included 80 child who were subjected from at social home care for males (42) and social home care for females (38) in Benha City.

Sampling Type:
The study included all convenient child who were living in the previously mentioned social home for male and female at Benha City. No exclusion criteria.

Tools of the Study:
Two tools were used to collect the data for this study as the following: An interviewing questionnaire, it was constructed by the researchers after reviewing relevant literatures and translated into Arabic form. This tool was divided into:

Tool I: Self-interviewing Questionnaire: it consisted into two parts.

Part 1: Socio-demographic data:
for orphaned children such as age, sex, birth order in the family, level of education, hobbies, age at admission to the home, method of admission, and length of staying at home.

Part 2: Adapted Strength and Difficulties questionnaire (SDQ): for orphaned children such as age, sex, birth order in the family, level of education, hobbies, age at admission to the home, method of

admission, and length of staying at home. This part attached to part one.
The SDQ was developed by Petermann, et al., (2015). It was utilized to assess emotional and behavioral problems. This tool was translated into Arabic language by the researchers; It has a 25-item screening questionnaire. The SDQ version has been shown to have satisfactory psychometric properties to identify children with emotional and behavioral difficulties. The items are divided into five subscales of five items, each generating scores for Emotional symptoms (items No. 3, 8, 13, 16 & 24), Conduct problems (items No. 5, 7, 12, 18 & 22), Hyperactivity/inattention (items No. 2, 10, 15, 21 & 25), Peer relationship problems (items No. 6, 11, 14, 19 & 23) and Pro-social behaviors (items No. 1, 4, 9, 17 &20). Each item is scored on a three-point scale: not true, somewhat true; and certainly true.
Scoring system:
Each item was assigned a score of (0) given when the answer was not true, a score (1) was given when the answer was somewhat true and (2) given when the answer certainly true for all items except the questions (1, 4, 9, 17 &20) were reversal score (2) for not true, (1) for somewhat true and (0) for certainly true In addition, orphans' total emotional and behavioural problems score was converted into total percent and graded as the following table:

Items	Normal	Borderline	Abnormal
Total Difficulties Score	0 – 11	12 - 15	16 – 40
Emotional Symptoms Score	0 – 4	5	6 – 10
Conduct Problems Score	0 – 2	3	4 – 10
Hyperactivity Score	0 – 5	6	7 – 10
Peer Problems Score	0 – 3	4	5 – 10
Pro-social Behaviour Score	6 – 10	5	0 – 4

Tool II: Adapted Life Satisfaction Survey (LSS):
Life satisfaction survey was developed by (Bernstein, 2006), to assess life satisfaction. it was translated into Arabic language by the researchers. It consisted of 86-short and close-ended items questionnaire designed to measure orphans' life satisfaction and divided into (6) subscales. Positive emotional/ self-control (20 items), motivation (31 items), interpersonal confidence (11 items), good concentration & freedom from self-limiting beliefs (15 items), diet & exercise (5 items), and sleep quality (4 items).

Scoring System:
Each item was assigned a score of (0) given when the answer was un-satisfy, a score (1) was given when the answer was neutral and (2) given when the answer was satisfy. In addition, orphans' total life satisfaction score was converted into total percent and graded as the following table:

Items	Un-satisfy	Neutral	Satisfy
Total life satisfaction Score	0- 50	51-75	75-100
Positive emotional /self-control Score (20 items)	0-7	8-14	15-20
Motivation Score (31 items)	0-20	21-42	43-62
Interpersonal confidence Score (11 items)	0-6	7-13	14-22
Good concentration and freedom from self-limiting beliefs Score (15 items)	0-9	10-20	21-30
Diet and exercise Score (5 items)	0-3	4-7	8-10
Sleep quality score (4 items)	0-2	3-5	6-8

RESEARCH PROCEDURE:

Validity of Tools:

Before starting the data collection, tools were translated into English then into Arabic. Tools were tested for its content validity by five of expertise, five in the Psychiatric Field (medical & nursing) to check the relevancy, clarity, comprehensiveness, and applicability of the motivational interviewing intervention. As a result of the jury, required modifications were done and the final form was developed. The result of content validity index (CVI) delineated strongly accepting tools, it measured (0.87).

Reliability of Tools:

It was applied by the researchers for testing the internal consistency of two tools by administration of the same tools to the same subjects under similar condition on one occasion. Answer from repeated testing were compared (test-retest reliability) the tools revealed Cronbach's alpha. It was (0.945) for strength and difficulties questionnaire (SDQ) tool, (0.879) for life satisfaction survey (LSS) tool.

Administrative Approval:

The researchers were obtained official permissions letter from the Dean of Faculty of Nursing, Benha University to the Social Affairs at Benha city, Qalubyia Governorate and Head of social homes for males and females with the aim of the study and copy from the tool to facilitate the collection of data.

Ethical consideration:

All ethical issued was considered before conducting the study, each child was assured that the data will be collected from the questionnaires was remained confidential and that no personal identification was needed by any means, through; gaining oral consent for participation in the study after explanation the purpose of the study to them. Children were informed that they could refuse to participate in this study, or withdraw from it at any time.

Pilot Study:

After the tools have been designed, they were tested through a pilot study, which was done before embarking on the field work to check the clarity and applicability of designed tools and to estimate the time needed to complete its items. It was carried out on 8 orphaned children (10% of the sample size), who were included in the main study subjects. Where no changes are were required according to the result of the pilot study.

Field Work:

The study was carried out from the beginning of September 2018 to the end of December 2018. The aim and the nature of the study were explained to children and assured that their personal data will be treated confidentiality and will be used only for research purpose, and then it was possible to carry out the study with minimum resistance. The researchers met each child individually after introducing their selves and explained to them the purpose of the study to seek participants' cooperation and emphasizing that all collected information is strictly confidential. The researchers collect data on three months two visits/week (Sundays and Mondays), from 9.00 a.m. to 2.00 p.m. carried out in the social home at Benha City, give them the times to understand any vigorous item in the tools.

Statistical Analysis:

Data analysis was performed using IBM SPSS statistical software version 22. The data were explored. Qualitative variables were compared using qui square test (X^2) as the test of significance. The p-value is the degree of significance. A significant level value was considered when p-value ≤ 0.05 and a highly significant level value was considered when p-value ≤ 0.001, while p-value > 0.05 indicates non-significant results.

Results:

Table (1) shows that, more than half of the study sample (52.5%) were males, more than half (53.8%) of children their age ranged from 6-9, more than three quarters (76.2%) of the study sample ranked below the fourth child, and less than half of children (47.5%) were at class I-III. As regards reason for being in institute less than half (47.5%) of children death of parents, and more than half (58.8%) of them were admitted by social affairs.

Table (2) illustrates that, there was highly statistical significant differences regarding all items of total emotional and behavioral problems among studied children (p<0.001**). In addition, it was statistical significant differences regarding conduct problem (p<<0.05*).

Table (3) indicates that, there was (40%) from child satisfy regarding sleep quality, Also, (40%) from

them were un-satisfied regarding positive emotional/ self-control but (42.5%) from them were unsatisfied regarding good concentration and freedom from self-limiting beliefs.

Table (4) reveals that, there was statistical significant difference between orphan children's emotional and behavioral problems and length of staying in institution regarding to conduct problems and peers problems (p<0.05*). But there was non-statistical significant differences regarding other problems (p> 0.05). In addition to (51.6%) of studied sample had emotional problems and their length of stay in institution less than one year. Also, (80.7%) of this studied sample had their problem with another peer.

Table (5) illustrates that no statistical significant differences between life satisfaction and length of stay in institution regarding to all items except diet and exercise. In addition to (88.9%) of studied sample neutral satisfaction related to diet and exercise when staying in institution more than 5 years old. But (51.6%) from studied sample un-satisfied regarding Positive emotional /self-control when staying in institution less than one year.

Table (6) portrays that, there was statistical significant differences between orphan children's total life satisfaction and their emotional and behavioral problems (p<0.05*). Moreover, (50%) of studied sample have borderline emotional and behavioral problems but unsatisfied.

Table (1) Distribution of orphan children according to their socio-demographic data (n = 80)

Items	No	%	X^2	P
Gender				
• Male	42	52.5	0.20	>0.05
• Female	38	47.5		
Age				
• 6-<9	43	53.8	0.45	>0.05
• 9 - ≥ 13	37	46.2		
Mean ± SD	9.54 ± 1.76			
Rank of the child in family				
• Below fourth	61	76.2	22.5	<0.001**
• 4+	19	23.8		
Reason for being in institution				
• Death of parents	38	47.5		
• Abandoned by family	24	30.0	30.70	<0.001**
• Run away from home	5	6.2		
• Place for study	13	16.3		
Period of staying in institution				
• <1	31	38.8		
• 1-<5	40	50.0	19.07	<0.001**
• ≥5	9	11.2		
Age at which admitted in home				
• > 5	19	23.8		
• 5-10	56	70.0	52.07	<0.001**
• >10	5	6.2		
Status of child education				
• Not registered	4	5.0		
• Class I-III	38	47.5	48.70	<0.001**
• Class IV-VI	33	41.3		
• Class VII-IX	5	6.2		
Academic performance				
• Poor	16	20.0		
• Average	46	57.5	21.00	<0.001**
• Good	18	22.5		
Repeated any class				
• Yes	24	30.0		
• No	56	70.0	12.80	<0.001**
Method of home admission				
• By the social affaires	47	58.8		
• By the police	5	6.2	33.17	<0.001**
• Through relatives	28	35.0		
The child favorite hobbies				
• Nothing	15	18.7		
• Playing dolls	36	45.0	24.30	<0.001**
• Singing	23	28.8		

• Drawing	6	7.5		

Table (2): Distribution of orphan children according total emotional and behavior problems (n = 80).

Items	Abnormal		Borderline		Normal		X^2	P-value
	No	%	No	%	No	%		
Emotional problems	43	53.7	18	22.5	19	23.8	15.02	<0.001**
Conduct problems	37	36.3	18	22.5	25	31.2	6.92	<0.05*
Hyperactivity	14	17.5	13	16.2	53	66.3	39.02	<0.001**
Peer problems	59	73.7	14	17.5	7	8.8	59.72	<0.001**
Pro- social behavior	21	26.3	17	21.2	42	52.5	13.52	<0.001**

Table (3): Distribution of orphan children according to total life satisfaction (n = 80).

Life satisfaction	Unsatisfied		Neutral		Satisfied		X^2	P-value
	No	%	No	%	No	%		
Positive emotional /self-control	32	40.0	30	37.5	18	22.5	4.30	>0.05
Motivation	27	33.8	37	46.2	16	20.0	8.27	<0.05*
Interpersonal confidence	26	32.7	35	43.8	19	23.8	4.82	>0.05
Good concentration and freedom from self-limiting beliefs	34	42.5	34	42.5	12	15.0	12.10	<0.002**
Diet and exercise	22	27.5	37	46.2	21	26.3	6.02	<0.05*
Sleep quality	23	28.8	25	31.2	32	40.0	1.67	>0.05

Table (4): Relationship between orphan children's emotional and behavioral problems and length of staying in institution (n = 80).

Items	length of staying in institution						X^2	P-value
	<1 (n=31)		1-5 (n=40)		>5 (n=9)			
	No	%	No	%	No	%		
Emotional problems								
• **Abnormal**	16	51.6	23	57.5	4	44.4	4.21	>0.05
• **Borderline**	8	25.8	6	15.0	4	44.4		
• **Normal**	7	22.6	11	27.5	1	11.2		
Conduct problems								
• **Abnormal**	12	38.7	20	50.0	5	55.6	9.20	<0.05*
• **Borderline**	7	22.6	9	22.5	2	22.2		
• **Normal**	12	38.7	11	27.5	2	22.2		
Hyperactivity								
• **Abnormal**	5	16.1	7	17.5	2	22.2	2.85	>0.05
• **Borderline**	5	16.1	5	12.5	3	33.4		
• **Normal**	21	67.8	28	70.0	4	44.4		
Peer problems							7.93	<0.05*
• **Abnormal**	25	80.7	26	65.0	8	88.8		
• **Borderline**	5	16.1	8	20.0	1	11.2		
• **Normal**	1	3.2	6	15.0	0	0.0		
Pro- social behavior								
• **Abnormal**	9	29.0	10	25.0	2	22.2	2.92	>0.05
• **Borderline**	9	29.0	7	17.5	1	11.2		
• **Normal**	13	42.0	23	57.5	6	66.6		

Table (5): Relationship between orphan children's life satisfaction and length of staying in institution (n = 80).

Items	length of staying in institution						X^2	P-value
	<1 (n=31)		1-5 (n=40)		>5 (n=9)			
	No	%	No	%	No	%		
Positive emotional /self-control								
• **Unsatisfied**	16	51.6	12	30.0	4	44.4	4.50	>0.05
• **Neutral**	11	35.4	16	40.0	3	33.3		
• **Satisfied**	4	13.0	12	30.0	2	22.3		
Motivation								
• **Unsatisfied**	11	35.4	13	32. 5	3	33.3	0.72	>0.05
• **Neutral**	14	45.1	18	45.0	5	55.4		
• **Satisfied**	6	19.5	9		1	11.2		
Interpersonal confidence								

	No	%	No	%	No	%	X^2	P-value
• Unsatisfied	7	22.6	17	42.5	2	22.3	6.12	>0.05
• Neutral	15	48.4	17	42.5	3	33.3		
• Satisfied	9	29.0	6	15.0	4	44.4		
Good concentration and freedom from self-limiting beliefs							1.41	>0.05
• Unsatisfied	14	45.1	16	40.0	4			
• Neutral	14	45.1	17	42.5	3	44.4		
• Satisfied	3	9.8	7	17.5	2	33.3		
						22.3		
Diet and exercise	8	25.8	13	32.5			10.79	<0.05*
• Unsatisfied	15	48.4	14	35.0	1	11.1		
• Neutral	8	25.8	13	32.5	8	88.9		
• Satisfied					0	0.0		
Sleep quality	8	25.8	11	27.5			3.72	>0.05
• Unsatisfied	10	32.2	11	27.5	4	44.4		
• Neutral	13	42.0	18	45.0	4	44.4		
• Satisfied					1	11.2		

Table (6): Relationship between orphan children's total life satisfaction and emotional and behavior problems (n = 80).

Life satisfaction	Emotion and behavior problems						X^2	P-value
	Abnormal (n=43)		Borderline (n=18)		Normal (n=19)			
	No	%	No	%	No	%		
• Unsatisfied	18	41.9	9	50.0	5	26.4		
• Neutral	19	44.1	3	16.6	8	42.0	10.73	<0.05*
• Satisfied	6	14.0	6	33.4	6	31.6		

DISCUSSION:

Based on these important issues the current study was aimed to explore impact of orphan children's emotional and behavioral problems and length of institutionalization on their life satisfaction. This aim was significantly achieved through the present study findings within the frame of previously mentioned research questions.

The current study revealed that more than half of the study sample were males, and their age ranged from 6-9, As regards reason for being in institute less than half (47.5%) of children death of parents. These finding were consistent with Fawzy and Fouad, (2010) who stated that, 77% of studied sample were male, mean age of them were 8.7, Age at orphanage admission were 1.8., while years of orphanage residence were 6.6. About 83.5% of them loss their both parents.

Regards total emotional and behavior problems, the present study revealed that about three quarter of studied sample had peer problems, more than half of them had emotional problems, more than one third had conduct problems, and more than one quarter had pro-social behavior. While 17.5% of them had hyperactivity. This is may be due to institutionalized children are doomed to fail psychologically because of maternal deprivation so it effects on relationship with another peer. These findings were inconsistent with

Kaur *et al.,* (2018) who found that conduct problems are the most common in this group followed by peer problems and emotional problems. Hyperactivity and low prosocial behaviors were less common. the percentage of orphan children and adolescents in institutional homes having conduct problems was 34.90%, peer problems 15.80%, emotional problems 14.70%, hyperactivity 8.60%, and 3.40% had low pro-social behavior.

According to total life satisfaction, the current study pointed that about two fifth of study sample satisfied with sleep quality, while more than one quarter satisfied with diet and exercise. While two fifth of them not satisfied with positive emotional and self-control. These finding were congruent with Saraswat (2017) who sated that most children were happy to be in the orphanage because they not only got access to food, clothing, and shelter but also to the health and educational facilities. Also, children reported low levels of self-esteem and lacked purpose in life. The majority of children felt they were worthless and good for nothing. Moyo *et al.,* (2015) said that the orphans' wellbeing was satisfactory, ranging from good health status, well balanced emotional attributes, and good social welfare issues, including having good meals and adequate shelter and good education.

Also, Behrendt and Mbaye (2008) found that 34.1 never had troubles in sleeping and 25.7 often being

worried. Regarding relationship between orphan children's emotional and behavioral problem and period of staying in institution.

The present study revealed that there were statistically significant differences between length of stay in institution and conduct problem and peer problem. Also, slightly more than half of studied sample had emotional problems and their length of stay in institution less than one year, and the majority of this studied sample had their problem with another peer. this may be due to the result of these children's un-trust of others when entering orphanage and their lack of sense of safety as a result of depriving them of family tenderness and care.

These finding were in same line with Rahman *et al.,* (2012) who said that that behavioral and emotional disorders are highly prevalent among orphan children and adolescents with residential care that needs to be addressed, higher length of stay showed significant association with disorders of the children and behavioral and emotional disorders. As well, Asif (2017), stated that the orphan children reported lower self-esteem and higher in depression than the children living with their parents. The findings of this research have implications for understanding the emotional state of mind and personality development of the children living in orphanages as compared to those who are living with their parents.

Regarding the relation between life satisfaction and length of stay in institution, the present study portrayed that there was no statistical significant differences between life satisfaction and length of stay in institution regarding to all items except diet and exercise. In addition to the majority of studied sample neutral satisfaction related to diet and exercise when staying in institution more than 5 years old. But slightly more than half from studied sample un-satisfied regarding positive emotional /self-control when staying in institution less than one year. This confirms my research stated that two fifth of them not satisfied with positive emotional and self-control and slightly more than half of studied sample had emotional problems and their length of stay in institution less than one year. Moreover, the environment was strange for these children. So, there was found relation between short length of stay in institution and their psychological status, this can lead children to high risk for hopelessness.

Concerning the relation between orphans' life satisfaction and their emotional and behavioural problems. the results of the current study clarified that there was statistical significant differences between orphan children's total life satisfaction and their emotional and behavioral problems (p<0.05*). Moreover, half of studied sample have borderline emotional and behavioral problems but unsatisfied. This may be due to even if the orphan children have little emotional problem that lead to not satisfy with life.

CONCLUSION:
The study concluded that there was statistically significant difference between orphan children's emotional and behavioral problems and length of staying in institution regarding to conduct problems and peers' problems (p<0.05*). But there were non-statistically significant differences regarding other problems (p> 0.05). Moreover, there was statistically significant differences between orphan children's total life satisfaction and their emotional and behavioral problems (p<0.05*).

Recommendation:
Based on the findings of the present study the following should be recommended:
➢ Increase awareness and training care giver about psychological problems of orphan children
➢ Providing social support to all children regarding need regardless of their status.
➢ Protecting children from violence and building up their resilience.
➢ There was a need for cultivating positive emotions to optimize health, well-being and life satisfaction.
➢ Further research is required to conduct educational program that helping in increase orphan life satisfaction.

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