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## Introduction

Psycho-social challenges in educational settings uniquely affect orphaned students, impacting their learning and interpersonal relationships significantly. These students often encounter intense emotional distress characterized by grief, loneliness, and anxiety due to the loss of parental care and structured home environments (Sitienei & Pillay, 2019). Current literature highlights that orphaned children struggle to form healthy relationships and secure attachments without

# Psychosocial and Behavioral Problems among Orphans Students in the School Environment

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## ABSTRACT

**Objective:** Orphan students, a vulnerable group, are grappling with significant psychological, social, and behavioral challenges in educational settings. This study, conducted within primary and secondary schools in Hilla City, underscores the urgent need to address these issues.

**Methods and Materials:** Employing a descriptive cross-sectional design, the research was conducted from October 1, 2023, to June 6, 2024. A total of 250 orphaned students were sampled using non-probability purposive sampling techniques. Data were gathered via structured interviews and analyzed using both descriptive and inferential statistical methods, including correlation and regression analyses, to explore the relationships and impacts of various factors on the well-being of the orphans.

**Findings:** Findings indicate substantial psychosocial distress among the participants, with 60% reporting moderate psychological issues, 56.4% facing significant social challenges, 60.4% experiencing suicidal ideation, and 56% displaying notable behavioral disorders. The severity of these issues was positively correlated with the duration of orphanhood and age. Significant variations were also noted across educational levels, income brackets, and family structures.

**Conclusion:** By incorporating the findings of the present study, one would understand how the issue of orphanhood has affected the mental and social well being of the students. These lessons summed up the possibility of enhancing the wellbeing status and academic performance among the orphan students if specific age differentiated intercessions are given a priority indicating the indispensability of this research.

**Keywords:** Orphaned Students, School Environment, Mental Health, Behavioral Disorders.

adequate family support, crucial for developing self-esteem and social competence (Kyaruzi, 2022).

Science shows that youths with orphaned background are more likely to suffer from depression and post-traumatic stress disorder because of the twin losses- parental loss and institutional care (Haji & Shikuro, 2019). These aspects arise as behavioral disorders in education systems, which result in poor performance and other related behaviors such as aggressive, withdrawn or even hyperactivity that also hinders

learning and interaction among peers (Clerc et al., 2023; Khalid et al., 2024; Şentürk et al., 2023).

Furthermore, this is compounded by poor parenting as many orphans face serious challenges of dropping out, poor performance and disability from health complications because they are not able to seek help and understand or cope with academic challenges. They know all this, but the educational systems are ill-prepared to deal with all these adversities; most of these systems do not have the facilities for professional counseling, mentoring, and social skills-building that would help solve these adversities if given. (Vedasto et al., 2023).

Although earlier research has described psychological and behavioural problems among orphan children, there is scarcity of information on how such children integrate and their future performance in school. Most studies have not provided adequate information of how long-term school-based interventions help to reduce the psychosocial consequences of orphanhood among students (Momo et al., 2019). Additionally, identified gaps of the literature are that studies often ignore the possession of peers and school community towards enhancing orphaned students environment (Alhatab & Mohammed, 2020; Taderera & Hall, 2017). This study aims to fill these gaps by:

1. Assessing the current extent of psychosocial and behavioral problems among orphaned students in primary and secondary schools in Babylon, Iraq.
2. Assessing the effectiveness of existing school resources and interventions in supporting orphaned students' educational and social integration.
3. Developing specific, measurable recommendations to enhance the support structures for orphaned students within the school system to improve their academic outcomes and psychological well-being.

## Methods and Materials

### *Study Design and Participants*

A descriptive cross-sectional study was conducted from October 1, 2023, to June 6, 2024, in primary and secondary schools located in Hilla City. This study design was selected to provide a snapshot of the psychosocial

and behavioral conditions affecting orphaned students simultaneously, facilitating a broad understanding of the issues within this specific demographic. Participants included 250 orphaned students attending these schools during the study period. Participants eligible for this study include orphaned students aged between 6 and 18 years currently enrolled in primary or secondary schools. These students must have lost either or both parents and should agree to participate in the study, with guardian consent required for those under the legal age. The study seeks to include students from various socio-economic backgrounds and educational levels to ensure a diverse sample. Exclusion criteria include students with severe learning disabilities that could impede their understanding of survey or interview questions, students who are not currently attending school, and those who either do not consent to participate or whose guardians do not provide consent. These measures ensure the collection of comprehensive and ethically sound data while focusing on the school environment as the primary setting for the research.

The 250-person sample size was determined based on the feasibility of the study context and the need to achieve adequate power for statistical analysis. Purposive sampling was employed to select participants who met the inclusion criteria of being orphaned, aged between 6 and 18, and enrolled in school. This method ensured that the study focused on a population exposed to the phenomenon under investigation.

Data were collected through face-to-face interviews in private and secure school premises to ensure confidentiality. Each session lasted approximately 15-20 minutes. Researchers explained the study's objectives and ensured understanding before obtaining written consent from participants or their guardians. No specific interventions were applied; the study was observational and focused solely on data collection. Data Collection Tools

**Psychological Distress Scale (PDS):** This scale was Developed by Smith et al. (2015). The Psychological Distress Scale (PDS) consists of 21 items, each rated on a 5-point Likert scale from 1 (never) to 5 (always), with higher scores indicating more significant psychological distress. This scale measures various aspects of psychological distress, including anxiety, depression, and stress symptoms. The PDS has been validated in a sample of adolescents and adults, demonstrating strong

construct validity with a factor analysis confirming its three-factor structure corresponding to the subscales of anxiety, depression, and stress. The Cronbach's alpha for the overall scale is 0.87, indicating good internal consistency. Test-retest reliability over three weeks showed a stability coefficient of 0.85 (Afshar et al., 2015; Dargahi-Kafshgari et al., 2022).

#### **Social Interaction and Acceptance Scale (SIAS):**

This scale was Developed by Lee and Park (2018). The SIAS includes 30 items scored on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The scale scores are summed, with higher scores indicating more significant social problems. The scale assesses various dimensions of social interaction and acceptance, including peer relationships, social isolation, and perceived social support. The SIAS has shown excellent construct validity in various populations, including school-aged children and adolescents. The scale's reliability was assessed through Cronbach's alpha, reported at 0.79, and confirmatory factor analysis supported its multidimensional structure. The scale's predictive validity was evidenced by its strong correlations with measures of peer relationship quality and school adjustment.

#### **Behavioral and Suicidal Ideation Scale (BSIS):**

This scale was Developed by Rodriguez and Garcia (2020). The BSIS is a combined instrument with 27 items in total where 21 of the items are focusing on behavioral problems, while the other six items are the suicidal intention items. Each of the items contained in the scale were rated on a scale from 0 –Never- to 4 –Always. The instrument has been validated in clinical and non-clinical

youth populations. Cronbach's alpha coefficients were 0.89 for the behavioral problems subscale and 0.82 for the suicidal ideation subscale, indicating high internal consistency. Concurrent validity was established by correlating with clinical assessments for similar psychological traits (Roohafza et al., 2014).

#### *Data analysis*

Statistical analyses were performed using IBM SPSS 20.0. The data were first tested for normality using the Kolmogorov-Smirnov test. Descriptive statistics were computed to summarize the data, and Pearson's correlation analysis was conducted to explore relationships between age, duration of orphanhood, and psychosocial outcomes. A significance level of  $p < 0.05$  was adopted for all statistical tests.

#### **Findings and Results**

When analyzing the data collected on the 250 orphans involved in the study, their attributes were closely examined. For the gender breakdown, 66.4% of the respondents were male, and the rest were 33.6% were female. The participants' ages were within the 10 to 18 age bracket, with a mean age of  $14.95 \pm 2.25$  years. Regarding the education level, (53.6%) were in the secondary school stage. Regarding income, (49.2%) depended on their family income. According to the table below, most of the orphans (35.6%) were expressed by both parents. They became orphans at different ages, which ranged from 1 to 13 years, with a mean score of  $5.75 \pm 2.58$  years (Table 1).

**Table 1**

#### *Socio-Demographic Characteristics*

| Socio-demographic data | Classification | No.               | %    |
|------------------------|----------------|-------------------|------|
| Sex                    | Male           | 166               | 66.4 |
|                        | Female         | 84                | 33.6 |
|                        | Total          | 250               | 100  |
| Age/years              | Min— Max       | 10—18             |      |
|                        | $M \pm SD$     | $14.95 \pm 2.253$ |      |
| Education level        | Elementary     | 49                | 19.6 |
|                        | Intermediate   | 67                | 26.8 |
|                        | Secondary      | 134               | 53.6 |
|                        | Total          | 250               | 100  |
| Income                 | Family         | 123               | 49.2 |
|                        | Working        | 111               | 44.4 |
|                        | Financial aid  | 3                 | 1.2  |
|                        | Social care    | 13                | 5.2  |
|                        | Total          | 250               | 100  |
| Type of family loss    | Father         | 73                | 29.2 |

|                       |             |            |      |
|-----------------------|-------------|------------|------|
| Duration being orphan | Mather      | 88         | 35.2 |
|                       | Both of the | 89         | 35.6 |
|                       | Total       | 250        | 100  |
|                       | Min— Max    | 1—13       |      |
|                       | M ± SD      | 5.75±2.584 |      |

The study revealed that 60% of the orphans had moderate psychological problems, with a mean score of 39.84±8.336, high social problems with an average

score of 70.04±19.098, suicidal thoughts, with a mean score of 14.26±4.538, and a high level of behavioral problems with a mean score of 50.54±14.074 (Table 2).

**Table 2**

*Distribution of Psychosocial Problems among Orphans*

| Scale                  | M± SD        | Score    | No. | %    |
|------------------------|--------------|----------|-----|------|
| Psychological Problems | 39.84±8.336  | Low      | 71  | 28.4 |
|                        |              | Moderate | 150 | 60.0 |
|                        |              | High     | 29  | 11.6 |
| Social Problems        | 70.04±19.098 | Low      | 74  | 29.6 |
|                        |              | Moderate | 35  | 14.0 |
|                        |              | High     | 141 | 56.4 |
| Suicidal Ideation      | 14.26±4.538  | Low      | 57  | 22.8 |
|                        |              | Moderate | 42  | 16.8 |
|                        |              | High     | 151 | 60.4 |
| Behavioral Problems    | 50.54±14.074 | Low      | 48  | 19.2 |
|                        |              | Moderate | 62  | 24.8 |
|                        |              | High     | 140 | 56.0 |

Person's Correlation Coefficients in Table 3 indicate there was positive correlation between orphans age and their psychological problems ( $r = 0.248$ ;  $p < .001$ ), social

problems ( $r = 0.263$ ;  $p < .001$ ), behavioral problems ( $r = 0.168$ ;  $p < .001$ ) and suicidal ideation ( $r = 0.261$ ;  $p < .001$ ).

**Table 3**

*Association between Psychosocial, Behavioral Problems, Suicidal Ideation and Orphans Age*

| Correlation Statistics    | 1      | 2      | 3      | 4      | 5 |
|---------------------------|--------|--------|--------|--------|---|
| 1. Age                    | 1      |        |        |        |   |
| 2. Psychological Problems | .248** | 1      |        |        |   |
| 3. Social Problems        | .263** | .546** | 1      |        |   |
| 4. Behavioral Problem     | .168** | .466** | .314** | 1      |   |
| 5. Suicidal Ideation      | .261** | .460** | .938** | .283** | 1 |

Person's Correlation Coefficients indicate there was a negative correlation between the duration of being an

orphan and their psychological problems ( $r = -0.170$ ;  $p < .001$ ) and social problems ( $r = -0.125$ ;  $p < .005$ ).

**Table 4**

*Association between Psychosocial, Behavioral Problems, Suicidal Ideation, and Duration of being an Orphan*

| Correlation Statistics         | 1       | 2      | 3      | 4 | 5 |
|--------------------------------|---------|--------|--------|---|---|
| 1. Duration of being an Orphan | 1       |        |        |   |   |
| 2. Psychological Problems      | -.170** | 1      |        |   |   |
| 3. Social Problems             | -.125*  | .546** | 1      |   |   |
| 4. Behavioral Problem          | -.066-  | .466** | .314** | 1 |   |

|                      |        |        |        |        |   |
|----------------------|--------|--------|--------|--------|---|
| 5. Suicidal Ideation | -.041- | .460** | .938** | .283** | 1 |
|----------------------|--------|--------|--------|--------|---|

The findings indicate significant differences in psychological problems between orphans regarding their education level ( $p= 0.011$ ), income ( $p= 0.001$ ), and type of family ( $p=0.009$ ).

**Table 5**

*Statistical differences in Psychological Problems between groups of Characteristics*

| Variables           | Groups        | No. | Mean Rank | $\chi^2$ *, $\chi^2$ ** | Sig. |
|---------------------|---------------|-----|-----------|-------------------------|------|
| Sex                 | Male          | 166 | 126.14    | 6865*                   | .843 |
|                     | Female        | 84  | 124.23    |                         |      |
| Education level     | Elementary    | 49  | 99.05     | 8.953**                 | .011 |
|                     | Intermediate  | 67  | 125.59    |                         |      |
|                     | Secondary     | 134 | 135.13    |                         |      |
| Income              | Family        | 123 | 95.96     | 49.604**                | .001 |
|                     | Working       | 111 | 161.35    |                         |      |
|                     | Financial aid | 3   | 85.67     |                         |      |
|                     | Social care   | 13  | 108.08    |                         |      |
| Type of family loss | Father        | 73  | 146.64    | 9.420**                 | .009 |
|                     | Mather        | 88  | 120.97    |                         |      |
|                     | Both of the   | 89  | 112.65    |                         |      |

\*  $\chi^2$  = Mann-Whitney Test; \*\*  $\chi^2$  = Kruskal Wallis Test.

The findings indicate significant differences in social problems between orphans regarding their education level ( $p= 0.001$ ), income ( $p= 0.001$ ), and type of family ( $p=0.002$ ).

**Table 6**

*Statistical differences in Social Problems between groups of Characteristics*

| Variables           | Groups        | No. | Mean Rank | $\chi^2$ *, $\chi^2$ ** | Sig. |
|---------------------|---------------|-----|-----------|-------------------------|------|
| Sex                 | Male          | 166 | 128.46    | 6841*                   | .340 |
|                     | Female        | 84  | 119.65    |                         |      |
| Education level     | Elementary    | 49  | 84.96     | 21.835**                | .001 |
|                     | Intermediate  | 67  | 141.20    |                         |      |
|                     | Secondary     | 134 | 132.47    |                         |      |
| Income              | Family        | 123 | 105.33    | 24.446**                | .001 |
|                     | Working       | 111 | 149.19    |                         |      |
|                     | Financial aid | 3   | 91.67     |                         |      |
|                     | Social care   | 13  | 121.92    |                         |      |
| Type of family loss | Father        | 73  | 149.41    | 12.615**                | .002 |
|                     | Mather        | 88  | 113.39    |                         |      |
|                     | Both of the   | 89  | 117.87    |                         |      |

\*  $\chi^2$  = Mann-Whitney Test; \*\*  $\chi^2$  = Kruskal Wallis Test.

Findings indicate significant differences in suicidal ideation between orphans concerning their education level ( $p= 0.001$ ) and income ( $p= 0.001$ ).

**Table 7**

*Statistical differences in Suicidal Ideation between groups of Characteristics*

| Variables       | Groups       | No. | Mean Rank | $\chi^2$ *, $\chi^2$ ** | Sig. |
|-----------------|--------------|-----|-----------|-------------------------|------|
| Sex             | Male         | 166 | 128.90    | 6407*                   | .261 |
|                 | Female       | 84  | 118.77    |                         |      |
| Education level | Elementary   | 49  | 87.49     | 20.892**                | .001 |
|                 | Intermediate | 67  | 142.81    |                         |      |
|                 | Secondary    | 134 | 130.75    |                         |      |

|                     |               |     |        |          |      |
|---------------------|---------------|-----|--------|----------|------|
| Income              | Family        | 123 | 104.40 | 26.846** | .001 |
|                     | Working       | 111 | 149.47 |          |      |
|                     | Financial aid | 3   | 94.33  |          |      |
|                     | Social care   | 13  | 127.65 |          |      |
| Type of family loss | Father        | 73  | 108.99 | 3.383**  | .091 |
|                     | Mather        | 88  | 111.24 |          |      |
|                     | Both of the   | 89  | 120.33 |          |      |

\* c= Mann-Whitney Test; \*\* b= Kruskal Wallis Test.

The findings indicate significant differences in behavioral problems between orphans based on their education level ( $p= 0.023$ ) and income ( $p= 0.001$ ).

**Table 8**

*Statistical differences in Behavioral Problems between groups of Characteristics*

| Variables           | Groups        | No. | Mean Rank | $\chi^2$ * | Sig. |
|---------------------|---------------|-----|-----------|------------|------|
| Sex                 | Male          | 166 | 123.06    | 6567*      | .426 |
|                     | Female        | 84  | 130.32    |            |      |
| Education level     | Elementary    | 49  | 102.59    | 7.507*     | .023 |
|                     | Intermediate  | 67  | 136.37    |            |      |
|                     | Secondary     | 134 | 128.44    |            |      |
| Income              | Family        | 123 | 107.25    | 19.226*    | .001 |
|                     | Working       | 111 | 151.54    |            |      |
|                     | Financial aid | 3   | 93.00     |            |      |
|                     | Social care   | 13  | 143.55    |            |      |
| Type of family loss | Father        | 73  | 138.71    | 4.420*     | .110 |
|                     | Mather        | 88  | 123.82    |            |      |
|                     | Both of the   | 89  | 116.33    |            |      |

\* c= Mann-Whitney Test; \*\* b= Kruskal Wallis Test.

## Discussion and Conclusion

In light of the findings of this study, further research on many aspects of the psychological and social health of the children under consideration can be raised: First, it was observed 60% of the participants presented moderate psychological problem in their lives; this research confirms earlier findings about the mental health concern among orphans. The prior research suggests that approximately comparable to community orphans are more likely to experience psychological distress, such as anxiety, depression, and trauma, because of the absence of parents and related lesser stability (Haji & Shikuro, 2019). The current study have revealed that  $39.84 \pm 8.336$  as the average psychological distress scores implying that much attention should be paid to such vulnerable groups of women in order to enhance on their psychological health. These results also support those studies that argue that there is a variety of psychological problems that orphans experience and that can not be identified by basic psychological tests (Taderera & Hall, 2017; Vedasto et al., 2023).

As for social issues, 56% of the orphans displayed high levels of social impairment with the mean score of  $70.04 \pm 19.098$ . This is in concordance with earlier studies that indicated that orphans have an uncomplicated time in establishing and sustaining interpersonal relationships (Momo et al., 2019). Lack of stable parental care, results to loneliness and this exacerbates the effects resulted from social exclusion on the extent of formed social capital (Vedasto et al., 2023). It will become clear from the study how crucial it is to create social ties and ensure that orphan children are supported in areas that will deter the adverse impacts of their social immunities.

It was also established that the tested group experience a high level of disturbing thoughts about suicide, as more than 60% of the participants recognized the feeling in themselves. These are in concordance with prior research that shows a high willingness among orphans to consider violence, including suicide, because of such reasons as abuse, poverty, and treatment from health services (Rodriguez & Garcia, 2020). Thus, the findings imply that no parental love and care, together with invalidation, force the individual into a condition of



despair, which is evident in the suicidal behavior (Alhatab & Mohammed, 2020; Clerc et al., 2023). This indicates the necessity for efforts to be made especially in getting the right mental health service for orphans in order to save them from possibly committing suicide.

Moreover, concerning the specifics of participants, there were complaints regarding behavioral problems among the orphans as 56% of them had such problems with high severity being recorded. Thus, this finding is in agreement with other research suggesting that children without one or both parents are prone to behavioral disorders, specifically aggressiveness, withdrawal, and hyperactivity (Clerc et al., 2023). All of the above factors such as loss of parents or other care givers, mobility, and lack of proper care may lead to the development of these behaviors. These outcomes make it possible to suggest that the educational process for orphaned children needs behavioral interventions and support services.

The relevance of the conclusions is considerable for teachers, heads of science, health policy makers, and clinicians. It is suggested that schools and educational institutions should design and incorporate integral mental and social support services which involve the psychological and behavioral state of the children who lost their parents. Also, one can identify the necessity of the elaboration of the policies promoting the better future of the orphans, their placement in stable families, and necessary psychological help or medical treatment and further education. Counselors and therapists should develop intervention strategies for children and youths that help them gain outlets of processing their emotional pain and engaging suicidal thoughts, yet these strategies also should promote the children and youths' social adjustment and appropriate behaviors.

However, there are some limitations which should be acknowledged in this study, albeit the results are still significant. Therefore, a cross-sectional design restricts the chances of inferring causality between the variables. Finally, highly qualified hypotheses about how psychological, social, and behavioral problems and their changes would be observed among orphans in the course of longitudinal research. On the same note, the use of the non-probability sampling method is a limitation in this study since it limits the ability to generalize the results. Nevertheless, the convenient sampling technique may cause more bias in the study since the sampled subjects may not be a true reflection of the general orphaned

children's population. Future studies should employ probability sampling methods in order to increase the external validity of the sample. Lastly, using self report may likely attract respondent biases in that the participants may fail to accurately indicate their psychological or behavioral challenges.

Further research should be conducted in order to bring more developments of orphans' psychological, social and behavior profile through assessment that covers a longer period of time. Further research should be conducted in order to establish the impact of certain preventable attempts targeted at the psychological and social needs of the orphans.

There is also a need for research to establish the status of resilience factors within the orphans to explore the means of enhancing the factors in question to improve the quality of life of orphans. However, the increased sample size and the use of participants of different cultural and socioeconomic backgrounds or status are recommended for future research to replicate the findings.

This study found that nearly half the orphan interviewed experience moderate psycho-social related problems, exhibit high social and/or/behavioral concerns and has an elevated measure risk of suicide plans. These problems were indeed observed to increase with the age of the children while the effect of the duration of the period that the children had been in the orphanages was observed to have a negative impact. The study also revealed these issues in relation to the subjects' education levels, their income, and the nature of the families they have lost. The findings also indicate that there is need to improve on the efforts acknowledge by addressing the needs of the orphaned children. It is recommended that mental health programs should fit the age and educational level of the targets whereas support programs should target on enhancing social and behavioural results among the orphans. In this respect, it is important for policy makers to devise policies that seek to improve social and economic status of the orphans in a bid to reduce their psychological, social and behavioral challenges.

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### Declaration of Interest

The authors of this article declared no conflict of interest.

### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

### Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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### Authors' Contributions

All authors equally contributed to this study.

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