

Methods Of Care For Children Living In Orphanages In Saudi Arabia (An Exploratory Field Study)

Latifah Ashaalan, Princess Nora Bint Abdulrahman University, Saudi Arabia
Ibtisam Al-zeiby, Princess Nora Bint Abdulrahman University, Saudi Arabia

ABSTRACT

This study aimed to identify the extent to which caregivers, social workers and psychologists working in orphanages in Saudi Arabia adopt one or more of the following five methods of care when treating children: attention vs. non-attention, equality vs. discrimination, kindness vs. cruelty, acceptance vs. rejection and democracy vs. authoritarianism.

Keywords: Methods Of Care; Children; Orphans; Orphanages; Saudi Arabia

INTRODUCTION

There are four primary care institutions in Saudi Arabia for orphans that are located in one of four major cities in the central, western and eastern part of the country. The orphaned children include those who have lost their parents and could not be taken care of by other family members and those who were born out of wedlock and have been abandoned (unknown lineage). Providing full accommodations, the institutions include residential villas, each inhabited by a family consisting of a number of children of different ages and one caregiver. The nature of the family is so close that it somewhat mimics a natural family. Furthermore, the orphanages provide health care, education and recreational activities.

In addition to the administrative and supervisory tasks, these institutions depend on caregivers who work shifts, thus ensuring that the children are never left completely alone at any time during the day. Sharing the responsibility of caring for and working with the children are the psychologists and social workers who are there six to eight hours per day during official working hours.

The methods of care and the appropriate upbringing of children living in institutions are the same as those for those living in their natural families or in foster families. However, there are differences due to the rules and regulations imposed by the institutions which, in turn, limit the operation of the institutions. The appropriate methods of care include attention vs. non-attention, equality vs. discrimination, kindness vs. cruelty, acceptance vs. rejection, and democracy vs. authoritarianism. There are many positive effects on the maintenance use of these methods with respect to the care of children. For example, the effects of interest include the child feeling loved and experiencing the value of the family. The effect of equality leads to the development of the child's personality and the child's ability to express himself in an atmosphere of acceptance and respect for individual differences. The effect of kindness promotes the psychological and physical growth of the child according to his potential, thus guiding the child into adulthood, facilitating the individual's integration into the community and promoting respect for social norms. The effects of acceptance include increased self-confidence and self-esteem and decreased feelings of anxiety and threat. Finally, democracy enhances the child's independence and flexibility as well as the child's ability to make decisions and take responsibility (Abdollahi, Abu Talib, & Motalebi, 2013; Alegre, 2011; Bibi, Ghafoor, Awan, & Tariq, 2013; Brown, 2009; Dewar, 2010; Hoeve et al., 2008; Lohaus, Vierhaus, & Ball, 2009; Maddahi, Javidi, Samadzadeh, & Amini, 2012; Newman, Harrison, Dashiff, & Davies, 2008; Nixon & Halpenny, 2010; Shahimi, Heaven, & Ciarrochi, 2013; Vereecken, Legiest, De Bourdeaudhuij, & Maes, 2009; Williams, Ciarrochi, & Heaven, 2012).

The orphan care institutions vary in the extent to which they practice any of the five methods based on several factors, such as the level of qualification and experience of the caregivers and staff, the decline in the experience of some employees (Mulheir & Browne, 2007), and the discontinuity among supervisors, specialists and resident mothers who are often less qualified despite their long treatment with children (Rosas & McCall, 2009). The training programs for resident mothers and psychologists have had positive results in improving the methods of care and their interactions with the children (Bradly & Vamdell, 2007; McCall, Groak, Fish, & the Whole Child International Team, 2008).

Compliance with previous care methods vary because of the vulgaris system in a number of these institutions, which allows for the change in caregiver per child depending on the rotation system. This practice is contrary to those intervention programs aimed to reduce the rate of changing caregivers during the child's time in the institution as it allows for the development of more intimate and interactive relationships, which reflects positively on the overall growth and development of the child (McCall et al., 2010).

Conversely, studies have found that children living in institutions may suffer more from compatibility and mental health issues, and mental disorders, such as depression, anxiety, aggression, social withdrawal, low self-esteem, and symptoms of poor physical health than children living with their natural families or with foster families (Browne, 2009; Debiasi, Reynolds, & Buckner, 2012; Delva et al., 2009; Farooqi & Intezar, 2010; Fawzy & Fouad, 2010; Shakhmanava, 2010; Waheed, 2010; Whetten et al., 2009).

The effects of these psychological and physical consequences from living in institutions, in the opinion of the researchers, may be due to interactions of a number of factors, such as the loss of the real family environment, the social and cultural nature of orphanages in contemporary societies, and the degree of commitment of the managers of these institutions to the methods of care that are based on acceptance, equality, kindness, and democracy.

Based on the preceding discussion, the present study aims to identify the extent to which the caregivers, social workers and psychologists working in orphanages in Saudi Arabia adhere to the five methods of care - attention vs. non-attention, equality vs. discrimination, kindness vs. cruelty, acceptance vs. rejection, and democracy vs. authoritarianism.

METHODS

The researchers prepared two questionnaires, both of which are focused on the five methods of caring for children. One form is designed for caregivers and the other is designed for specialists, psychologists, and social workers.

The five methods include attention vs. non-attention, equality vs. discrimination, kindness vs. cruelty, acceptance vs. rejection, and democracy vs. authoritarianism. Respondents answered each item on the questionnaire by selecting one from among four alternatives (always, sometimes, rarely, never).

By calculating the validity of each version of the questionnaire [(a) and (b)], the authors find that all correlation coefficients for the scores of each dimension of the two versions and the total score of the questionnaire are statistically significant at the 0.01 (1%) level, thus indicating validity of all the dimensions of the versions (a) and (b). The Cronbach's alpha coefficient for the stability of the overall picture (a) is very high at 0.91, while the value for version (b) is 0.97, which indicates a high stability of both versions of the questionnaire.

The sample was comprised of 102 individuals (caregivers, psychologists, and social workers) from all orphanages in Saudi Arabia. The orphanages are located in four different cities. Caregivers accounted for 79.4% of the total sample and psychologists and social workers accounted for 20.6% of the total sample.

Table 1 shows that half of the caregivers in the sample (49.4%) have at least a secondary education, a diploma or some university education. The greatest proportion of the caregivers (40.7%) had less than three years of experience. Additionally, approximately half of the caregivers (50.6%) were between 31 and 40 years of age, while 30.9 % were between 20 and 30 years of age.

Table 1: Distribution Of Caregivers According To Their Primary Data

Variables	Category	Number	Percent
Qualifications	Elementary Literacy (no reading or writing)	15	18.5
	Intermediate Literacy	24	29.6
	Secondary/Diploma/University	40	49.4
	Not specified	2	2.5
Years of Experience	Less than 3 years	33	40.7
	Between 3 and 7 years	32	39.5
	8 years and above	15	18.5
	Not specified	1	1.2
Age	20-30 years	25	30.9
	31-40 years	41	50.6
	41 years and above	14	17.3
	Not specified	1	1.2
Total		81	100.0

Table 2 indicates that all of the psychologists and social workers have a university degree and the greatest proportion (47.6%) of specialists have between eight and twelve years of experience. The majority of the specialists (76.2%) are between 31 and 40 years of age, while 14.3% are between 20 and 30 years of age, and 9.5% are between 41 and 50 years of age.

Table 2: Distribution Of Psychologists And Social Workers According To Their Primary Data

Variables	Category	Number	Percent
Qualifications	University	21	100.0
Years of Experience	Less than 3 years	3	14.3
	3-7 years	6	28.6
	8-12 years	10	47.6
	13-17 years	2	9.5
Age	20-30 years	3	14.3
	31-40 years	16	76.2
	41-50 years	2	9.5
Total		21	100.0

Statistical Methods

Researchers implemented the following statistical methods: frequencies, percentages and averages.

RESULTS

To interpret the results, researchers applied a given weight to each of the responses as follows: (always = 4, sometimes = 3, rarely = 2, never = 1). The answers were then classified into four equal term levels using the following equation:

$$\text{Category Length} = (\text{greater value} - \text{lowest value}) \div \text{number of tool's alternatives/responses} = (4-1) \div 4 = 0.75$$

Table 3 clarifies the following classification that was obtained.

Table 3: Distribution Of The Categories According To The Gradient Used In The Search Tool

Response	Arithmetic Average	Response	Arithmetic Average
Always	3.26 - 4.00	Rarely	1.76 - 2.50
Sometimes	2.51 - 3.25	Never	1.00 - 1.75

To determine the degree of commitment to the five methods of care among caregivers in orphanages in Saudi Arabia, the arithmetic averages were calculated, and the results are displayed in Table 4.

Table 4: Arithmetic Averages In Descending Order For Methods As Followed By Caregivers In Orphanages

Dimensions (Methods)	Arithmetic Average	Ranking
Attention vs. Non-attention	3.00	4
Equality vs. Discrimination	3.01	3
Kindness vs. Cruelty	2.97	5
Acceptance vs. Rejection	3.64	1
Democracy vs. Authoritarianism	3.32	2

* Average of 4 degrees

The results of Table 4 indicate that the method most often implemented by caregivers is acceptance vs. rejection, with an average of 3.64. This is followed by democracy vs. authoritarianism, with an average of 3.32. These two averages are located within the limits of the response “always”, which spans the values 3.26 to 4.00. This is followed by equality vs. discrimination, with an average of 3.01; attention vs. non-attention, with an average of 3.00; and kindness vs. cruelty, with an average of 2.97. These three averages are located within the limits of the response “sometimes”, which spans the values 2.51 to 3.25.

To identify the extent of commitment to the five methods of care by psychologists and social workers in orphanages in Saudi Arabia, the averages were calculated and the results are displayed in Table 5.

Table 5: Arithmetic Averages In Descending Order Of Methods As Followed By Psychologists And Social Workers In Orphanages

Dimensions (Methods)	Arithmetic Average	Ranking
Attention vs. Non-attention	3.22	4
Equality vs. Discrimination	3.20	5
Kindness vs. Cruelty	3.24	3
Acceptance vs. Rejection	3.69	1

*Average of 4 degrees

The results of Table 5 show that the method most commonly adhered to by specialists is acceptance vs. rejection, with an average of 3.69, followed by democracy vs. authoritarianism, with an average of 3.27. These two averages are located within the limits of the response “always” which spans the values between 3.26 and 4.00. These are followed by kindness vs. cruelty, with an average of 3.24; followed by attention vs. non-attention, with an average of 3.22; and equality vs. discrimination, with an average of 3.20. These last three averages are located within the limits of the response “sometimes”, which spans the values ranging from 2.51 to 3.25.

DISCUSSION

The results of the study show that there was general agreement between the results of the responses of specialists and caregivers with respect the methods adopted for dealing with orphans. The results of Tables 4 and 5 suggest that most methods most commonly applied by both caregivers and specialists are acceptance vs. rejection and democracy vs. authoritarianism. Further, it is concluded that the implementation of these methods in orphanages is consistent, thus suggesting that the caregivers share the specialists’ awareness of the importance of these two approaches in the care and education of the children. This consistency may be due to the qualifications and experiences of the managers of the orphanages in Saudi Arabia and their commitment to constantly educate caregivers about the importance of implementing the method of acceptance and democracy. Consistent with the trend of the Saudi orphanages, the managers and supervisors generally have a higher level of education compared to the caregivers (Rosas & McCall, 2009).

Another important factor is that the current study shows that half of the caregivers and the majority of the specialists (76.2%) are between 31 and 40 years of age, which suggests greater emotional balance and psychological maturity of the caregivers and specialists who are working with the children. Thus, Saudi orphanages, also consistent with the trend for these institutions, employ caregivers who are in mid-adulthood or older (Groark et al., 2011). With respect to the specialists and the level of importance they place on the various methods of care, they consider the children’s rehabilitation needs, as all of the specialists who work in the orphanages are required to have a bachelor's degree. Their adoption of specific methods of care may also be due to their accumulated experience and

awareness of the orphans' receptive nature to democratic behavior as 47.6% of the specialists have between eight and twelve years of professional experience. This is noticeable, in general, as the managers, supervisors, and specialists of the institutions are often experienced in the methods of care, while the caregivers often have less experience and lower levels of education (Mulheir & Browne, 2007; Rosas & McCall, 2009).

As is also evident in Tables 4 and 5, there is general agreement among the responses of all caregivers and specialists regarding the degree of use of the other three methods, which they occasionally incorporate when working with the children. Caregivers incorporate the other methods in the following order: equality vs. discrimination, attention vs. non-attention, and kindness vs. cruelty. Specialists, on the other hand, incorporate them as follows: kindness vs. cruelty, attention vs. non-attention and equality vs. discrimination. This suggests that the attention vs. non-attention ranked fourth for both caregivers and specialists, while kindness vs. cruelty and equality vs. discrimination were switched between third and fifth place, respectively, for specialists and caregivers.

The similarity of the results regarding the occasional implementation of the latter three methods, even though the qualifications and experiences differ for the two groups, can be interpreted as a result of the semi-closed system within Saudi Arabia's orphanages feeding each other. On the one hand, the specialists support the caregiver methods, while on the other hand, the caregivers support the specialists through their responsiveness and compliance with the specialists' methods.

This further means that the specialists do not act independent of the systems by applying methods of care in isolation that may be inappropriate and further implemented, either directly or indirectly, by the caregivers. Add to that the quorum of specialists, as evidenced by the primary data card of children, which indicates that caregivers supervise up to thirty children. These caregivers are in great need of training sessions and rehabilitation programs to educate them on the proper methods of care and upbringing. However, due to administrative constraints and work pressures, while these training programs play a vital role in improving the interactions between the children and their caregivers and in improving the skills of specialists and their methods of care, training programs are severely lacking (McCall et al., 2008; Sparling, Dragomir, Ramey, & Florescu, 2005; Vashchenko, Easterbrooks, & Miller, 2010).

The specialist does not interfere with the child's maternal relationship with the caregiver, but rather confines her relationship within the range of vocational concerns; thus, there is far less intimacy between the specialist and the child and the duration and depth of their dialogues is far less than that between the child and the caregiver (Vashchenko et al., 2010; Vorria et al., 2003).

As shown by this study, although rehabilitation provided by the caregivers in the orphanages in Saudi Arabia is less than that provided by the specialists, and the years of experience of the caregivers is less (40% have less than three years of experience) than that of the specialists, and more than half of the caregivers have only minimum qualifications, the positive impact of the caregivers and the quality that puts them on the same level as the specialists, with respect to the implementation of the latter three methods, may well be the superiority of the mother's (caregiver's) instincts and emotions in dealing with children. Thus, it is the caregiver's relatively long and intimate relationship with the orphan child that builds maternal bonds and affection, thereby integrating her into a maternal role. The positive impact of this relationship on the child's psychological growth and his/her self-esteem, as well as the negative impact due to the absence of such a relationship, which increases the possibility of behavioral disorders, has been proven (Grossman & Waters, 2006)

Based on the foregoing results, it is clear that the two recommended methods of care - acceptance vs. rejection and democracy vs. authoritarianism - are "always" adhered to by the caregivers, social workers and psychologists in Saudi Arabia's orphanages.

The other three recommended methods of care - attention vs. non-attention, equality vs. discrimination, and kindness vs. cruelty - are implemented only "sometimes".

CONCLUSIONS

With respect to the results presented in this study, the researchers conclude that the efficiency of caregivers, psychologists and social workers must be improved. Clear protocols that include specific standards and controls for improving the level of efficiency are presented in this work as are assessment procedures that should be implemented.

It also suggested that certified methods be adopted to measure the caregivers' psychological and emotional states before and during the performance of their jobs.

The researchers noted the lack of a unified system of instruction used by caregivers with the same group of children because the shift change system results in the changing of caregivers. This means that more than one caregiver addresses the same children during the day and each caregiver uses different directions, which may cause confusion for the children and a decrease in stability and consistency of maternal treatment. This lack of consistency in treatment may contribute to the emergence of some of the problems displayed by the children in the orphanages. These problems include stubbornness, withdrawal, and aggression, which, in turn, may contribute to a decrease in the caregiver's maternal care in an immediate and instant response to a child's problems. Accordingly, the researchers believe that it is important to develop strict guidelines for the caregivers, which includes a unified system of instructions and to be implemented caregivers working with the same group of children such that the children receive consistent care and messages irrespective of the particular caregiver.

Finally, the researchers suggest that scientifically well-developed measurement tools be developed to assess children's level of satisfaction in orphanages and to identify their demands and needs.

AUTHOR INFORMATION

Latifah Ashaalan is an Associate Professor in Psychology at Princess Nora Bint Abdulrahman University in Saudi Arabia.

Email: lat-ashaalan@hotmail.com, shaalan1@shura.gov.sa

Ibtisam Al-zeiby is an Assistant Professor in Psychology at Princess Nora Bint Abdulrahman University in Saudi Arabia and is Director of External Joint Supervision Program at PNU.

Email: bt-isam@hotmail.com, eaalzoaby@pnu.edu.sa

REFERENCES

1. Abdollahi, A., Abu Talib, M., & Motalebi, S. A. (2013). Perceived Parenting Styles and Emotional Intelligence Among Iranian Boy Students, *Asian Journal of Social Sciences & Humanities*, 2 (3): 460-467.
2. Alegre, A. (2011). Parenting styles and children's emotional intelligence: what do we know?. *The Family Journal*, 19(1): 56-62. doi: 10.1177/1066480710387486.
3. Bibi, F., Chaudhry, A. G., Awan E. A., & Tariq, B. (2013). Contribution of Parenting Style in life domain of Children, *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)*, 12(2): 91-95.
4. Bradley, R. H., & Vandell, D. L. (2007). *Child care and the well-being of children. Archives of Pediatrics and Adolescent Medicine*, 161(7): 669-676.
5. Brown, M. (2009). A Comparative Study of Parental Behaviors and Children's Eating Habits. *Infant, Child, & Adolescent Nutrition*, 1(1): 11-14. doi: 10.1177/1941406408328536.
6. Browne, Keiven. (2009). *The Risk of Harm .Save the Children*, 1 St John's Lane, London EC1M 4AR,UK.
7. Debiasi, L., Reynolds, A., & Buckner, E. (2012). Assessing emotional well-being of children in a honduran orphanage: feasibility of two screening tools. *Pediatric Nursing*, 38(3):169-176.
8. Delva, W., Vercoutere, A., Loua, C., Lamah, J., Vansteelandt, S., De Koker, P., Claeys, P., Temmerman, M., & Annemans, L. (2009). Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care*, 21(12):1490-1498.
9. Dewar, G. (2010, March). The authoritative parenting style: warmth, rationality, and high standards [Web log post]. Retrieved from: <http://www.parentingscience.com/authoritative-parenting-style.html>.

10. Farooqi, Y. N., & Intezar, M. (2010). Difference in Self-esteem of Orphan Children and Children living with their Parents. *7th International Symposium on Psychiatric Updates & Media/Public Awareness.*, Lahore, Pakistan.
11. Fawzy, N., & Fouad, A. (2010). Psychosocial and Developmental Status of Orphanage Children: Epidemiological. *Current Psychiatry*, 17 (2):61-65.
12. Groark, C., McCall, R., & Fish, L. (2011). Characteristics of environments, caregivers, and children in three central American orphanages. *Infant Mental Health Journal*, 32(2):232-250.
13. Grossman, K., & Waters, E. (2006). Attachment from infancy to adulthood: The major longitudinal studies. Critical Notice. *Journal of Child Psychology and Psychiatry*, 47, 974-977.
14. Hoeve, M., Blokland, A., Dubas, J. S., Loeber, R., Gerris, J. R. M., & van der Laan, P. H. (2008). Trajectories of Delinquency and Parenting Styles. *Journal of Abnormal Psychology*, (36): 223-235. doi: DOI 10.1007/s10802-007-9172-x.
15. Kronkosky Charitable Foundation. (2012). Parenting and Child Development. Retrieved from [http://kronkosky.org/research/Research_Briefs/Parenting and Child Development Research Brief- January 202013.pdf](http://kronkosky.org/research/Research_Briefs/Parenting_and_Child_Development_Research_Brief- January_202013.pdf).
16. Lohaus, A., Vierhaus, M., & Ball, J. (2009). Parenting styles and health-related behavior in childhood and early adolescence. *Journal of Early Adolescence*, 29 (4): 449-475.
17. Maddahi, M. E., Javidi, N., Samadzadeh, M., & Amini, M. (2012). The study of relationship between parenting styles and personality dimensions in sample of college students, *Indian Journal of Science and Technology*, 5 (9): 3332-3336.
18. McCall, R., Groark, C., Fish, L., Harkins, D., Serrano, G., & Gordon, K. (2010). A socioemotional intervention in a Latin American orphanage. *Infant Mental Health Journal*, 31(5): 521-542
19. McCall, R. B., Groark, C. J., Fish, L., & The Whole Child International Team. (2008). *Managua Orphanage Intervention Outcome Report*. Pittsburgh, PA: University of Pittsburgh Office of Child Development.
20. Mulheir, G., & Browne, K. (2007). *De- Institutionalizing And Transforming Children's Services: A Guide To Good Practice*. Birmingham :University of Birmingham Press (in collaboration with EU,WHO,CHLG and Hope and Homes for Children).
21. Newman, K., Harrison, L., Dashiff, C., & Davies, S. (2008). Relationship Between Parenting Styles and Risk Behaviors in Adolescent Health: An Integrative Literature Review. *Rev Latino-am Enfermagem 2008 janeiro-fevereiro*, 16(1):142-50.
22. Nixon, E., & Halpenny, M. (2010). *Children's Perspectives on Parenting Styles and Discipline: A Developmental Approach*. Minister for Health and Children, Office of the Minister for Children and Youth Affairs, Department of Health and Children, Hawkins House, Hawkins Street, Dublin 2, Ireland.
23. Rosas, J., & McCall, R. B. (2009). *Characteristics of institutions, interventions, and children's development*. Unpublished manuscript. Pittsburgh, PA: University of Pittsburgh Office of Child Development.
24. Shahimi, F., Heaven, P., & Ciarrochi, J. (2013). The Interrelations among the Perception of Parental Styles and Psychological Well-Being in Adolescence: A Longitudinal Study. *Iran J Public Health*, 42(6):570-80.
25. Shakhmanava, A. SH. (2010). Social and pedagogical problems of the upbringing of orphans in Russia. *Russian Education and Society*, 52(5):71-78.
26. Sparling, J., Dragomir, C., Ramey, S. L., & Florescu, L. (2005). An educational intervention improves developmental progress of young children in a Romanian orphanage. *Infant Mental Health Journal*, (26): 127-142.
27. Utting, D. (2007). Parenting and the different ways it can affect children's lives: research evidence, *Joseph Rowntree Foundation*, The Homestead, 40 Water End, York YO30 6WP.
28. Vashchenko, M., Easterbrooks, A., & Miller, L. (2010). Becoming their mother: Knowledge, attitudes, and practices of orphanage personnel in Ukraine. *Infant Mental Health Journal*, 31 (5): 570-590.
29. Vereecken, C., Legiest, E., De Bourdeaudhuij, I., & Maes, L. (2009). Associations between general parenting styles and specific food-related parenting practices and children's food consumption. *American Journal of Health Promotion*, 23(4): 233-40.
30. Vorria, P., Papaligoura, Z., Sarafidou, J., Kopakaki, M., Dunn, J., Van Ijzendoorn, M. H., & Kontopoulou, A. (2006). The development of adopted children after IC: A follow up study. *Journal of Child Psychology and Psychiatry*, 47, 1246-1253.

31. Waheed, U. (2010). Mental health of children living in orphans homes. *FWU Journal of Social Sciences*, 4(2):79-88.
32. Whetten, K, Ostermann, J., Whetten, R., Pence, B., O'Donnell, K., Messer, L., & Thielman, N. (2009). A Comparison of the wellbeing of orphans and abandoned children ages 6-12 in institutional and community-based care settings in 5 less wealthy nations. *PLoS ONE*, 4 (12):1-11.
33. Williams, K. E., Ciarrochi, J., & Heaven, P. C. L. (2012). Inflexible Parents, Inflexible Kids: A 6-Year Longitudinal Study of Parenting Style and the Development of Psychological Flexibility in Adolescents. *J Youth Adolescence*, 41(8):1053-66. DOI 10.1007/s10964-012-9744-0.
34. Young, E. L., Hoffmann, L. L. (2004). *Self-Esteem in Children: Strategies for Parents and Educators*. National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814-(301) 657-0270.