A Cross-sectional Study on Loneliness among Orphans

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Loneliness is one of the indicators of emotional development in orphans, who often face social isolation due to the absence of parental figures and the difficulties in finding adequate social support. Specific objectives were: (i) identify the level of loneliness among orphans and (ii) identify the gender differences in loneliness among orphans. A total of 242 respondents were recruited in this study, aged 10 to 14 years, from a city on the East Coast of Malaysia. Children's Loneliness Questionnaire (CLQ) which consisted of 24 items developed by Asher (1984) was used to measure loneliness. Higher scores for the CLQ indicated a higher level of loneliness. Results showed that 72.3% of respondents experienced a moderate level of loneliness followed by 14.9% and 12.8% for low and high respectively. Also, this study found that there was a significant difference between male and female in terms of loneliness (t = 2.66, p < 0.05). Males experienced higher loneliness than females. Early detection of loneliness is helpful in promoting healthier emotional development among orphans.

Keywords: loneliness, orphans, gender, emotional development

Loneliness is a pervasive emotional experience that affects people of all ages and backgrounds. However, it holds unique significance for orphans, a vulnerable group who have experienced the loss of one or both parents. A review of the literature shows orphans are more at risk of experiencing psychological problems such as stress, depression, anxiety, and low self-esteem (Nagshbandi, Sehgal, & Hassan, 2012; Kaur, Vinnakota, Panigrahi, Manasa, 2018). One of the contributing factors to psychological problems among orphans was loneliness (Hussain & Masoodi, 2023). According to Peplau and Perlman (1982), loneliness refers to social relationship deficits whereby an imbalance occurs between desired interpersonal relationships and the degree to which such desires are met. The attachment theory by Bowlby (1969) emphasizes

emotional attachment between a parent and a child and his/her caregivers in creating a sense of warmth, intimacy, and bonds. Therefore, attachment between children and parents could be seen as one of the important factors in determining the level of loneliness.

Loneliness can significantly impact the academic performance of orphaned children. It often leads to reduced motivation and engagement in educational activities, ultimately resulting in lower educational attainment (Bullare, Bahari, Huah, Chan, Zhi, & Wider, 2017). Regrettably, some orphans may resort to risky behaviors such as substance abuse to alleviate their feelings of loneliness (Aboobaker, Jangam, Sagar, Amaresha & Jose, 2019). These behaviors can have enduring, negative consequences on their physical and mental health. Notably,

chronic childhood loneliness has been linked to long-term health implications, including an increased susceptibility to chronic diseases and a decreased lifespan (Holt-Smith. Lunstad. Baker. Harris. Stephenson, 2015). Younger children who have experienced parental loss may exhibit different levels of loneliness compared to The dynamics adolescents. within orphanages, foster care, or extended family settings can also influence the prevalence of loneliness among orphans.

Masten (2018) stated that the central factor contributing to loneliness among orphans is the profound loss of their parents, who play a vital role in providing emotional support and attachment. This loss can stem from various causes, such as illness, accidents, or conflictrelated incidents. Consequently, orphans often grapple with intense grief and yearning, which can result in deep-seated feelings of isolation and loneliness (Alem, 2020). Moreover, orphaned children frequently confront social isolation because of societal stigma, discrimination, and the absence of extended family support (Sobana, 2018). This social isolation compounds their feelings of loneliness, as they lack a network of peers and relatives with whom they can establish emotional connections and engage in essential social interactions.

Research suggests potential gender differences in the experience of loneliness among orphaned boys and girls. These differences may be influenced bv sociocultural norms and the coping mechanisms employed by each gender (Sobana, 2018). Understanding these gender distinctions is crucial for the development of targeted interventions to address loneliness amongst orphans effectively. Despite the above studies, the current study aims to identify the level of loneliness among children and adolescents living

orphanages. Also, this study identifies any significant difference between male and female loneliness among orphans.

Method

Research Design

This research used a quantitative approach and descriptive research design to answer our research objectives. Thus, a cross-sectional study recruited 248 orphans residing in eight orphanages in Kuantan, Pahang. In this present study, the term "orphans" is defined as children or adolescents who have lost their mother or father or both their parents.

Instruments

We used two measurements to assess the variable of demographic characteristics and loneliness among respondents. The description of the measurements is as below:

Demographic Characteristics: Semistructured questionnaire for collection of demographic data regarding age, gender, and ethnicity.

The Children's Loneliness Ouestionnaire (CLO): Children's Loneliness The Questionnaire was developed by Asher, Hymel and Renshaw (1984). In this present study, the CLQ consists of 22 items that emphasize children's feelings of loneliness, social adequacy of inadequacy, and subjective estimation of peer status. Among 24 items, eight filler items (2, 5, 7,11, 13, 15, 19 and 23) which ask about children's hobbies and other activities were included to help children feel more relaxed and open about expressing their feelings during the survey. The eight filler items were not scored, and the remaining 14 items were total up and producing a potential range of 16 to 56. Also, there were eight reversed items

(i.e., 3, 6, 9, 12, 18, 20, 21, and 24) in this scale. Example items were "It's easy for me to make new friends at school", "I'm good at working with other friends", and "I have nobody to talk to in my class". Respondents' response on each item based on 4-point Likert scale as 1 = strongly agree, 2 = agree, 3 = disagree, and 4 = strongly disagree. Higher scores reflect more loneliness. The Cronbach's alpha value of the CLW was 0.70.

Procedure

An informed consent form was taken from the administrators of the orphanage homes. A total of eight orphanages agreed to be part of our study. These included orphanages run by both the government and non-government organizations. The information respondents and names of the orphanages were kept confidential. Then, visits were arranged to the eight orphanages at Kuantan, Pahang. Data were collected by researchers and enumerators for each orphan sociodemographic separately. The loneliness questionnaire was filled in by interviewing the children and adolescents. The duration of participation of each interviewee was around 20-30 minutes.

Statistical Analysis

The data obtained was analyzed using Statistical Package of Social Science (SPSS) version 21. To answer the first objective,

descriptive statistics (percentages, frequency, minimum, maximum, mean, and standard deviation) were executed. Then, an independent sample t-test was performed to determine the gender differences in terms of loneliness.

Results

Demographic Characteristics

Statistical analysis namely frequency, percentage, mean, standard deviation, minimum and maximum were used to describe demographic characteristics of orphans in Pahang. Table 1 shows the data of demographic characteristics which include age, gender, ethnicity, and number of siblings. Using a formula (mean \pm 1S.D), age was divided into three categories based on age ≤ 9 , 10-14 and ≥ 14 years old. The frequency distribution revealed that majority of orphans (61.7% of respondents) in the present study were in the age range between 10 and 14 years old, with average age of 11.98 (S.D = 2.55), followed by a total of 20.2% respondents who were 14 years old and above. Lastly, 18.1% of respondents were 9 years old and below. The minimum and maximum age of orphans was 7 and 18 years old respectively. For the gender, there were 146 (59%) male and 102 (41%) female. As for the ethnicity breakdown, the majority of the orphans were Malays (98.4%), followed by Sabahan or Sarawakian (0.8%) and other ethnicities (0.8%).

Table 1 Descriptive Statistics of Demographic Characteristics among Orphans in Pahang (N = 248).

Variable	n (%)	Mean	S. D	Min	Max
Age ≤9		11.98	2.55	7	18
≤9	45 (18.1)				
10-14	153 (61.7)				
≥14	50 (20.2)				
Gender					

Female	102 (41.1)
Male	146 (58.9)
Ethnicity	
Malay	244 (98.4)
Sabahan or Sarawakian	2 (0.8)
Other ethnics	2 (0.8)

Loneliness

The respondent's loneliness status was assessed using CLQ. The result of the descriptive study revealed that most orphans were in moderate (72.3%), followed by low

(14.9%), and high (12.8%) levels. The average score for CLQ was 41.16 with minimum and maximum values was 26 and 53 respectively (see Table 2).

Table 2 Descriptive Statistics of loneliness among Orphans (N = 242)

Variable	n (%)	Mean	S. D	Min	Max
Loneliness		37.36	4.70	26	53
Low (26.00-32.66)	36 (14.9)				
Moderate (32.67 – 42.06)	175 (72.3)				
High (42.07 - 53.00)	31 (12.8)				

Table 3 presents the result of t-test for the difference in loneliness between male and female respondents. The t-test result shows that there are significant differences of loneliness between males and females (t = 2.66 and p < 0.05) with males (male = 37.93,

S. D = 4.74) slightly experiencing higher loneliness than females (mean = 36.28, S.D = 4.72).

Table 3 T-test result for difference in loneliness by gender

Variable	Gender		t	Sig. (2-tailed)
	Male (Mean)	Female (Mean)		
Loneliness	37.93	36.28	2.66	0.01

Note: p < .05

Discussion and Conclusion

The loneliness of the orphan is a public issue that demands public concern and initiative. The public obligation to take care of the orphan's welfare, well-being, and future must be strategically planned for them to lead a good life inclusively. Firstly, this study found the majority of respondents experience a moderate level of loneliness (72.3%).

followed by low (14.9%), and high (12.8%) levels. In contrast, a cross-sectional study among 290 orphans in India found that the percentage of orphans who experienced a higher level of loneliness was high (59.64%), followed by moderate (25.71%), and low (14.64%) levels (Hussain & Masoodi, 2023). However, the researchers used the Revised UCLA Loneliness Scale to measure the loneliness level, and the average age of respondents was 13.3 years. Then, the current

study revealed significant gender differences in terms of loneliness. Specifically, males experienced higher levels of loneliness than females. This finding was parallel with a study by Tümkaya, Aybek, and Çelik (2008) that found males experiencing higher loneliness levels than females.

Even though only a small percentage of orphans in this study experienced higher levels of loneliness, the percentage should be given the proper attention it deserves. The feeling of loneliness has profound psychological consequences for orphans, with past studies indicating a strong correlation with higher rates of depression, anxiety, and low self-esteem (Aboobaker, Jangam, Sagar, Amaresha & Jose, 2019; McGinnis, 2021). It was previously argued that Institutional care settings where orphans are often placed can be one of the contributing factors to their loneliness (Khaliq, Fatima & Iftikhar. 2020: Hoksbergen, Rijk, Van Dijkum & Ter Laak, 2004). These settings tend to have large caregiver-to-child ratios, leading to limited personal attention and an absence of nurturing attachments. In such institutional environments, the development of secure attachments and essential social skills may be impeded, thus exacerbating the feelings of loneliness experienced by orphaned children. Additionally, adolescents and teenagers within orphaned populations face distinctive challenges when it comes to forming peer relationships. The transitional phase of adolescence, combined with the stigma associated with orphanhood, can be a significant factor contributing to their feelings of loneliness (McGinnis, 2021).

Therefore, several recommendations are proposed in considering these findings. Firstly, we recommend initial screening as one of the prevention strategies to sustain orphans' well-being. Those having high

symptoms of loneliness or any psychological well-being issues can be prevented by enhancing the support system in the orphanage. Second, the symbiotic nature of welfare institutions across government and non-governmental organizations is to serve the orphan communities to live a good life. Benchmarking and best practices among welfare institutions will help to provide the best programs and initiatives for orphans. Third, corporate social responsibility (CSR) by industries especially financial support in terms of scholarships, research grants, and facilities will contribute to support the social initiative and sustainability of the orphanage institutions. For example, the sponsorship from the corporate sectors to the schools and universities will motivate and fund the education orphans further to their accordingly. Finally, community involvement in providing psychosocial support to help them minimize loneliness. Negative stigma, burdensome, troublemaker, skepticism, and negative labeling common experiences of the orphans that lead to loneliness. Awareness and intervention programs with community engagement help to reduce negative treatment and deal with orphans respectively.

In this present study, some limitations must be acknowledged. First, we conducted it in one city, so, the results cannot be generalized to the whole orphan population. Another drawback is that we did not design or implement any interventional measures as a follow-up to our study. However, the present study has significant strengths, such as its providing information on orphans' loneliness and the potential benefit of well-being programs in the future to researchers in this field, practitioners, social workers, and policymakers to develop any prevention and intervention programs in the future.

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