Research article

Psychosocial wellbeing of orphaned children in selected primary schools in Tanzania

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A B S T R A C T

Psychosocial wellbeing is among the important components of the general wellbeing of an individual and crucial for children's survival and development. The current study aimed at investigating psychosocial wellbeing of orphaned children in selected primary schools in Tanzania. The study employed concurrent mixed methods design with 463 participants. 419 orphaned children obtained using simple random sampling filled in questionnaires. 12 head teachers, 12 guardian teachers and 20 orphaned children were purposively selected and involved in the in-depth semi-structured interviews. The Strength and Difficult Questionnaire (SDQ) was used to assess psychosocial wellbeing along with interviews. Descriptive statistics was used to analyse quantitative data while thematic analysis was used to analyse qualitative data. The total difficult scores of 30.8% (n = 419) revealed that orphan children had emotional and behavioural problems which also connotes for the symptoms of mental health problems that tremendously affected their learning behaviours at school. Moreover, qualitative findings revealed that orphan children had feelings of unhappiness and discomforts which interfered with their academic activities. Based on the results, the study recommends an intervention study on promoting psychosocial awareness of orphan children in Tanzania primary schools and in-service trainings on guidance and counselling service provision among guardian teachers in government and privately owned primary schools in Tanzania.

1. Introduction

Losing a parent is undoubtedly a traumatic experience which affects child's development as an orphan. An orphan is a child below 18 years who has lost either of the biological parents due to any cause (UNICEF, 2008). Orphan population in developing countries is increasing because of various negative circumstances including natural disasters, war and HIV/AIDS. Thus, orphan children typically lack the basic needs like food and shelter while older children drop out of schools in order to care for their younger siblings (Walthouse, 2014). Global estimates show that 153 million children are orphans out of which 132 million are in developing countries (UNICEF, 2020). Studies indicate that majority of orphans are in sub-Saharan Africa and Southern and South-eastern Asia with Southern and South-eastern Asia having the largest number of orphans reaching to 61 million (DeLuca, 2019). Besides, estimates show that Tanzania has about 2.6 million orphan children mostly due to HIV/AIDS and have the Acquired Immune Deficiency Syndrome (AIDS) (Makuu, 2019). It is further reported that AIDS epidemic is most severe in some of the world's poorest countries particularly in sub-Saharan Africa where among its consequences has been the increase in the number of orphan children (The Joint United Nations Programme on HIV/AIDS [UNAIDS] 2010). This has attracted the curiosity towards physical wellbeing of these orphans and vulnerable children though their psychosocial wellbeing needs more attention.

2. Psychosocial wellbeing of orphaned children

Psychosocial wellbeing is among the important components of the general wellbeing of an individual thus, crucial for children's survival and development. Psychosocial incorporates psychological aspects of human experience in connection with the wider social experience in which the individual lives while wellbeing is a holistic health condition that encompasses all dimensions which include physical, social, cognitive and spiritual aspects of the individual (United Nation High Commissioner for Refugees [UNHCR], 2014). In response to this conception particularly among children in various circumstances, article number 3 of the United Nation Convention of the Rights of the Child (UNCRC) articulates and requires the protection and care of children's right. Specifically, all children must be well treated in order to restore and strengthen their health wellbeing (UNHCR, 2014). Studies address orphan status as the

most significant predictor of psychosocial health (Qun Zhao et al., 2010; Zhou, 2012). Further studies consistently reveal that orphans suffer higher levels of psychosocial distress than their non-orphans' peers (Huynh, 2017; Shafiq et al., 2020). Moreover, orphans may endure stigmatization and isolation especially those orphaned by HIV/AIDS. These circumstances are compelling to withstand and indeed constitute significant stressors to orphan children which in turn profoundly affects their psychosocial wellbeing and mental health functioning (Huynh, 2017).

2.1. Orphan children's psychosocial difficulties after the death of parent(s)

The death of parent(s) s results in major changes in the life of an orphaned child of which later may affect their psychological wellbeing. The changes may involve a child moving from a middle or upper-class urban home to a poor rural relative's house (Sengendo and Nambi, 1997) or separating from siblings where orphan children are divided among family relatives without considering their needs (Ntuli et al., 2020). It may also signify the end of the child's opportunity for education due to lack of school fees and other school needs (Harms et al., 2010). Furthermore, children who opt not to move or lack relatives may be forced to live on their own while constituting child-headed families. These changes easily affect physical and later psychological wellbeing of an orphaned child as they may pose new demands and constraints to the child's life. Besides, the death of parents gives rise to emotional distress among orphans thus, making them susceptible to long-term psychological problems including anger, feelings of sadness, anxiety inclined to withdraw and self-isolate (Ntuli et al., 2020). Moreover, the death of parent(s) has a profound and lifelong impact on psychosocial difficulties among children and most frequent among orphan children due to their exposure to abuse, exploitation, neglect and lack of love and care from their guardians.

Parent(s) loss continues to affect children's behavioural and emotional development leading to high level of psychosocial difficulties. A report shows that orphans are more likely to suffer from behavioural or conduct problems and report suicidal thoughts (Cluver et al., 2007). A study by Kaur et al. (2018) in India found that 16.78% of orphans and other vulnerable children and adolescents living in institutions have emotional and behavioural problems with conduct problems (34.90%) being the most prevalent. Similarly, orphans living in the community are exposed to psychosocial difficulties due to their parental loss as it becomes harder for their caregivers in the extended families to take care of them due to inadequate resources as a result of poverty (Amare, 2018). A study conducted among orphans in a poor community in Mozambique revealed that a combination of poverty and support accelerate the vulnerability of households. Thus, led orphans out of proper treatments which result in experiencing psychosocial problems like distress, anxiety, helplessness and isolation (Kasirye and Hisali, 2010). Documents show that adverse experiences associated with death of parents and high prevalence of unaddressed mental health needs among orphans (Whetten et al., 2011) are of great concern. As a result, orphans suffer from development of internalizing depressive symptoms including emotional distress and prolonged distress.

Earlier studies on orphan children in Tanzania investigated orphans' psychosocial issues particularly to those living in institutions (Christopher and Mosha, 2021; Msoka and Holroyd, 2018). Reports show that in Tanzania, institutionalization among children is disadvantageous in the sense that orphan children lack psychosocial stimulus from their caregivers during the important stages of child development making them experience adverse early childhood development (Dhir et al., 2019). A study by Christopher and Mosha (2021) revealed different psychological challenges among orphans living in institutions including physical punishment, bullying, stigma and poor attachment. Similarly, a qualitative study conducted on mental health problems among orphaned children and adolescents in Tanzania revealed that abuse, not feeling loved and stress were mental health problems that impacted orphans' emotions and

behaviour (Dorsey et al., 2015). Likewise, Nkuba et al. (2018) in their study on mental health problems and their association to violence and maltreatment in Tanzanians' school students revealed a high prevalence of mental health problems (41%) that was reported by students. Therefore, the present study aimed at assessing psychosocial wellbeing among orphan children living within families and enrolled in primary schools in Tanzania.

3. Research method

3.1. Research design

Concurrent mixed method design was employed to explore psychosocial wellbeing of orphan children in selected primary schools in Iringa region, Tanzania. The design assisted the researcher to collect quantitative and qualitative data at the same time aiming at validating the findings generated by each method used while focusing on obtaining a comprehensive analysis of the research problem (Creswell and Creswell, 2018). The information obtained was integrated in a triangulated form during analysis and interpretation of the overall results.

3.2. Study area

The study was conducted in the selected twelve primary schools in Iringa region, Tanzania. The region was purposively selected out of 30 regions found in Tanzania mainland because it has the highest rate (13.8%) of enrolment of orphan children compared to other regions in the country (President's Office-Regional Administration and Local Government [PO-RALG], 2017). The region was thought to provide more and rich information from orphaned children enrolled in government and privately-owned primary schools and their teachers than if the study would have been conducted in other regions of the country. Three districts out of five in Iringa region were involved in the study with a criterion that they had higher percentage of enrolment of orphan children in primary schools including Mufindi (15.9%), Kilolo (13.7%) and Iringa Municipal Council (MC) (12.8%). Four primary schools from each of the three districts were involved in the study.

4. Materials and methods

This article is part of the mixed methods data of my dissertation which focused on Traumatic Experiences and Coping Strategies among Orphaned Children in Selected Primary Schools in Tanzania. Data were collected from March to September, 2020 in Iringa, Tanzania. The study involved 419 orphan children for quantitative data collection while 12 head teachers, 12 guardian teachers and other 20 orphaned children involved in the qualitative data collection. The guardian teachers are teachers assigned the duty by heads of schools to provide guidance and counselling services to pupils based on their experiences but are not trained as school counsellors. The participants were selected from twelve government-owned primary schools in three purposively selected districts; Iringa Municipal Council, Kilolo and Mufindi. Mufindi, Kilolo and Iringa MC in Iringa Region based on the set criteria. A sample of 463 participants was determined using Krejcie and Morgan's table of sample size estimation (Krejcie and Morgan, 1970) at a 95% level of confidence. Four primary schools with high number of pupils' enrolment were purposively selected from each of the three districts and anonymously named as schools A, B, C, D, E, F, G, H, I, J, K and L, respectively.

Head teachers and guardian teachers from twelve schools were purposively selected by virtue of their administrative or directive positions in schools and thus were thought to have the required information about the study. Only children who had lived in orphan hood for more than two years and aged between 11 to 15 years were selected. The mean age of children participants was 12.53. The duration of two years in orphan hood was considered as enough lapse of time with chances of encountering psychosocial difficulties. Orphan children with inclusive criteria

were given consent forms for their guardians to agree for their participation in the study. Guardians in this study represent all living biological parents who have lost their spouses and also include any family member who lives with and take care of an orphan child. After consenting of their study participation, simple random sampling was used to obtain 35 orphan children from each of the selected school.

The Strength and Difficult Questionnaire (SDQ) (Goodman et al., 1998) was employed on assessing the psychosocial wellbeing of orphaned children. The instrument was self-reported by children with 25 statements on a three-response option ranging from *not true* (0) *to certainly true* (2). The sum of all items except the ones from the prosocial behaviour subscale represents a total difficult score (SDQ score ranging from 0–40). Values of 17 or higher on the SDQ score indicate severely elevated level of mental health problems (Goodman, 2001). Additionally, the tool had been repeatedly used in different countries (Goodman, 2001) including Tanzania (Hermenau et al., 2011, 2014).

Further criteria for selecting orphan children to be involved for the interviews included being victims of severe abuse like sexual and physical abuse and experiences of neglect or violence. The researcher elaborated each criterion to the guardian teachers and the important information for the study was obtained from each of the 20 children. The school guardian teacher who interacts with school children used to keep a list of pupils who had serious cases about pupils' behaviours and wellbeing which affected their emotions and general behaviour at school.

Interviews were conducted to purposively selected head teachers, guardian teachers and orphan children. The interviews were semi-structured with open-ended questions to allow participants to explain in detail the issues related to orphan hood, behaviour and emotional difficulties of orphan children. It also allowed participants to express their feelings, thoughts and experiences while responding to the study questions. The researcher visited the selected primary schools to introduce the study under investigation and established rapport while organising other important issues and study activities including appropriate date and time to meet with participants and suggest areas around the school compound for the conduction of interviews (DeJonckheere and Vaughn, 2019). Interviews were conducted in quiet and comfortable places for participants around the school compound. The places included empty classrooms, under shady trees and inside vacant offices which were completely noise-free. Interviews for teachers took about 30–50 min while for children it took about 25–35 min. Prior to the conduction of interviews, the researcher asked for the consent of participants on being tape-recorded and taken short notes during the actual conversation. Participants who agreed were further informed about the purpose of the study and were ensured of the confidentiality of their collected information.

The rigour of qualitative data was ensured in various ways including prolonged engagement in the field which took about 6 months on collecting data and work on preliminary analysis while learning about participants' behaviours, culture and building trust with them. Also, thick description of the participants' information concerning psychosocial wellbeing of orphan children were collected to ensure the rigour of qualitative data.

Pilot testing of the questionnaire was conducted on 146 orphan children from two government primary schools with similar characteristics as those involved in the main study. The Cronbach coefficient alpha was 0.7. Review of empirical literature, pilot testing and peer reviews ensured the validity of the tools. Descriptive statistics was used to analyse quantitative data while thematic analysis was used to identify patterns in line with predetermined themes. Qualitative data transcription activities were conducted verbatim making sure that all important recorded information from participants during interviews were understood with regard to research questions. Precisely, deductive thematic analysis was adopted where predetermined themes including peer problems, emotional problems, hyperactivity and conduct problems which also related to quantitative data were

obtained, analysed and interpreted accordingly. Study data were integrated during interpretation stage in explaining patterns and trends of the obtained results.

4.1. Ethical considerations

The research clearance for the current study was granted by the office of the Vice Chancellor at the University of Dar es Salaam in Tanzania. The researcher also got approval letters to conduct the study from Iringa region and its districts' administrative bodies including Iringa Municipal Council, Kilolo and Mufindi districts. Names of the respondents and schools studied remains confidential for the purpose of this study only.

5. Results

The demographic characteristics of interviewed participants in the current for study are presented in Table 1 for head teachers, Table 2 for guardian teachers and Table 3 for orphan children. Table 1 shows that the mean age of head teachers was 45.83 years while that of their teaching experiences was 20.75 years. Thus, most of head teachers were in their middle adulthood with about 20 years of teaching experiences. Moreover, there were more male (66.67%) than female head teachers (33.33%) in the studied schools.

The mean age of guardian teachers was 43.5 years and that of their teaching experiences was 20.10, as shown in as shown in Table 2. Comparatively, female teachers (75%) than male teachers (25%) were assigned the guardian roles in their schools. Therefore, female teachers were given roles related to most of the Tanzanian female-gendered role of taking care of children. Moreover, only one female guardian teacher was trained in educational guidance and counselling and so had double role of teaching and practising guidance and counselling at her school.

Table 3 shows that the purposively selected children were obtained from 10 primary schools included in the study while the two schools (B and I) had no orphan children with inclusion criteria for qualitative interviews. 20 orphan children (60% female and 40% male) were involved in the study for interview participation.

In the present study, the SDQ scores cut-off point was based on the abnormal category for non-clinical scores at minimum level for children from the age of 4–17 years. The abnormal category of the SDQ score at minimum level was preferred for the study in order to assess their psychosocial wellbeing as shown in Table 4. Results show that SDQ total difficult score among orphan children in the past one year was 30.8% of 419 orphan children at a cut-off point ≥20 under abnormal category within a range of 20–40 respectively, as presented in Table 4. The result indicates that orphan children were experiencing both externalizing and internalizing behaviour problems. Psychosocial wellbeing in terms of

Table 1. Head teachers' age, gender and teaching experience.

Head Teachers	Age (years)	Sex	Teaching experience (years)
1st Head Teacher	42	M	13
2nd Head Teacher	45	M	16
3rd Head Teacher	40	F	13
4th Head Teacher	53	F	30
5th Head Teacher	57	M	35
6th Head Teacher	39	F	15
7th Head Teacher	45	M	20
8th Head Teacher	40	M	15
9th Head Teacher	42	M	17
10th Head Teacher	43	M	16
11th Head Teacher	56	F	34
12th Head Teacher	48	M	25
	Mean = 45.83		Mean = 20.75

Table 2. Age, gender and teaching experiences of guardian teachers.

Guardian Teachers	Age (years)	Sex	Teaching experience (years)	Training in counselling
1st Guardian Teacher	35	F	15	Not trained
2nd Guardian Teacher	46	M	20	Not trained
3rd Guardian Teacher	32	M	8	Not trained
4th Guardian Teacher	57	F	37	Not trained
5th Guardian Teacher	48	F	24	Not trained
6th Guardian Teacher	40	F	17	Not trained
7th Guardian Teacher	54	F	32	Not trained
8th Guardian Teacher	34	F	10	Not trained
9th Guardian Teacher	50	M	27	Not trained
10th Guardian Teacher	46	F	18	Not trained
11th Guardian Teacher	42	F	18	Trained
12th Guardian Teacher	38	F	15	Not trained
	Mean = 43.5		Mean = 20.1	

mental health problems and other difficulties in the present study shows that orphan children were experiencing peer problems (70.6%) and have symptoms of emotional problems at a rate of 20.5%.

Table 3. Demographic characteristics of orphan children selected from schools for interview participation.

Name of school	Number of selected orphan children	Sex	
		Male	Female
A	2	1	1
C	2	2	-
D	2	1	1
E	3	2	1
F	2	1	1
G	2	1	1
H	2	-	2
J	2	2	-
K	1	1	-
L	2	1	1
Total 20		12 (60%)	8 (40%)

Table 4. Psychosocial wellbeing of orphan children.

Scale or subscale	Cut-off[a]	Orphan children's self-report[b]
SDQ total difficulties score	≥20	129 (30.8%)
Conduct problems	≥5	73 (17.4%)
Hyperactivity	≥7	25 (6.0%)
Emotional problem	≥7	86 (20.5%)
Peer problems	≥6	296 (70.6%)

Note: Total number of orphaned children reported (N) = 419 for the SDQ score.
[a] Cut-off value for non-clinically relevant mental health problems according to Goodman (2001).
[b] Percentages of orphan children reported with values above the cut-off point.

Based on children's perceptions of their feelings while interacting with other people and their environments within and outside their families, there is prevalence of emotional problems among orphan children. Likewise, qualitative data obtained through in-depth interviews with teachers and orphan children conform to quantitative data on emotional and peer problems behaviours as presented in the following section.

5.1. Emotional problems

During interview sessions, orphan children were asked to explain about the shocking and terrible events they had ever experienced for the past one year. A number of children stated that apart from the loss of their beloved parent(s), the condition had also generated a lot of worries, sadness and fear which they feel affect their school life. Interviewed children in this aspect explained their emotional experiences following the death of their parent(s) and the social treatments thereafter including feelings of unhappiness and worries. In line with this information, one of the orphan children explained such feelings in the following ways;

"Worries about my life and my siblings have now increased even more soon after our mother got married to another man. I don't like this new father because he doesn't treat us well. I am not happy with our home situation nowadays following the death of my father" (3rd Orphan Child, School G).

The quotation implies that some orphan children have developed worries and uncertainty about their lives and the lives of their siblings. Apart from losing a parent, some children develop hatred with their guardians. Feeling unhappy among orphans is due to some kinds of maltreatments in families which affect the child's interactions with their fellows. The prevailing condition may have a significant effect on the attachment of the child to their guardians and other individuals at schools particularly teachers.

Similarly, a number of interviewed teachers reported that orphan children were exhibiting emotional problem behaviours on interacting with teachers and their fellows inside and outside classrooms. Most interviewed teachers explained that orphan children were experiencing psychosocial difficulties including showing sadness and claimed to be feeling weak and lack interest to work on their academic activities. Teachers' views were also affirmed by one of the orphaned child who said that;

"I am not feeling well and this has persisted for a long time since the death of my mother. From the time, I used to take medicine on daily bases. I sometimes feel headache and the general body weakness of which have affected me during teaching/learning sessions. Our class teacher is well informed about my situation as she sometimes provides me with something hot to drink in the morning when I don't feel well" (20th Orphan Child, School K).

The quotation implies that orphan children's conditions are caused by a number of issues including body weaknesses due to medical treatments. The parent's death seems to have related to the orphan's health condition. Such child's condition had affected their participation in learning. It informs that child's wellbeing is affected by the way the child feels which later interfere with child's learning in the classroom.

5.2. Peer problems

Peer problem behaviours were assessed through the in-depth interviews for teachers and orphaned children. On responding to the question on how they describe orphan's behaviours at school regarding their life-threatening experiences, one of the guardian teachers commented that;

"I have one good example of an orphan child who has lost a mother and is staying with a grandmother. The child used to sit alone during break times and does not like to initiate a talk even to fellow pupils. I

later found out that the child had been passing through difficulties including lack of breakfast and lunch during the day. So, the child looked weak and sad" (9th Guardian Teacher, School E).

Also, one of the orphan children said;

"I have few friends though sometimes I opt to be alone when the feelings about my problems are tougher than my ability to resist them. At that particular moment, I can't play or even exchange stories with my friends especially around home. I would rather go somewhere nearby home and sit on the grass alone" (10th Orphan Child, School F).

In this aspect, one guardian teacher also added that;

"The challenging situation among orphan children had affected them invariably to an extent that some of them are moody. You find a child isolating from their fellows during break-times and prefer to be alone. Sometimes, the child's behaviour difficult on relating to others extends even during teaching and learning sessions. However, when I talk to the child outside the classroom becomes active and tells me that he/she feels fine with me than their fellows" (9th Guardian Teacher, School E).

The quotations mean that orphan children can easily resort to isolate themselves when they have bad feelings. Besides, lack of basic needs like food and shelter makes the child feel inferior or sometimes weak before their fellows. Thus, orphan children's experiences of social challenges affect their emotions on relating to others. Social isolation among children results in limited interactions with their fellows. Loneliness among orphan children is exacerbated by a number of factors including difficult living situations in their homes. Moreover, child's perceptions of social and psychological problems encountered make them feel uncomfortable and moody. This behaviour affects their interactions with their teachers, peers and teaching and learning materials in the classroom.

6. Discussion

The study findings revealed that orphan children were facing psychosocial difficulties at a rate of 30.8% (N = 419) which is the total difficult score value. The value implies that orphan children had symptoms of mental health problems involving both internalizing and externalizing behaviour problems. The current results are in line with previous findings by Kaur et al., 2018 who found that among orphans and other vulnerable children staying in institutional homes in India, 16.78% of 292 children had behavioural and emotional problems.

The current results are in concordance with students' self-report scores of the previous study conducted in Tanzania (Nkuba et al., 2018) which had students' self-report scores of 63% for peer problems as a higher rank than other subscales. The current peer problem score of 70.6% is higher than that in the previous study probably due to variations in the age group of children respondents where the previous study had the mean age of 14.5 while the current study has the mean age of 12.53. Results further imply that the child may be able to develop coping skills for adapting to various circumstances including psychosocial challenges as they grow.

Previous studies of similar nature in Sub-Saharan African countries including Tanzania are those of Cortina et al. (2012), Hecker et al. (2016), Hermenau et al. (2014) and Christopher & Mosha (2021). Most of these studies assessed psychosocial well-being of orphan children of primary school age living in orphanage centres while other studies compared orphaned and non-orphaned primary school children beyond the African context (Arumaithurai, 2014). The living context of orphan together with cultural variations affect their social relationships and interactions as peers who are schooling.

Unhappiness and other feelings of discomfort in children due to loss of parents while associating their conditions with failure in academics is a matter of concern. Family interactions with children who have lost their beloved ones are highly associated with their children's emotional turmoil. On the contrary, violent experiences from orphan families contributed to psychological burden of prior parental loss and possible adverse experiences from the family of origin (Hermenau et al., 2014).

The interview with orphan children and teachers revealed potential mental health related issues among the problems encountered by orphans. These included experiences that negatively impacted their feelings and behaviours such as those involving mistreatments, some kinds of abuses and other specific emotional and behavioural problems (e.g. escaping or being school truants, stressful thinking, engaged into stealing domestic items) and not feeling loved. Further findings from in-depth interviews on the said problems suggest that some orphan children are exposed to unfair treatments in their families in agreement with earlier studies in which orphans were viewed as "second class citizens" (Whetten et al., 2011 & Dorsey et al., 2015).

However, few unique symptoms were identified during the in-depth interviews which further reflect on emotional problems including feelings of not loved by guardians, loneliness, changing mood and not feeling valued or respected. The identified facts were predominantly the symptoms of emotional problems which have greater impact on the child's sense of the self. On contrary, significant relationships between the child and family members have a significant influence on child's sense of self from home and later to teachers and peers (Virtual Lab School, 2021). Therefore, when the child's sense of the self is destroyed or damaged at family level, there is a greater possibility of the child to have difficulties on reflecting their abilities even in academic matters. In this aspect, interviewed children revealed poor academic progress based on teachers' assessments with a claim that they had less time to concentrate on self-studies after experiencing difficult and challenging life.

7. Conclusion and recommendations

Psychosocial wellbeing of orphan children in selected primary schools in Iringa region, Tanzania was investigated. Results show that orphan children were exposed to different psychosocial problems including unhappiness, worries, loneliness and other stressful experiences which affect their wellbeing. Findings indicate that orphan children's behaviour problems in terms of emotions and their interactions with peers and teachers affected their learning activities while in classrooms. Generally, psychosocial wellbeing of orphan children who are still schooling are affected by a number of factors which threaten their mental health and learning activities in schools.

Therefore, the current study recommends that guardians of orphan children and teachers should work closely in order to identify children's behaviour problems and develop a good way of intervening the challenging situations from families as this affect orphan children' behaviour especially in school learning. Further, the government through district education offices throughout the country should prepare in-service trainings on school guidance and counselling in order to assist guardian teachers in government and privately owned primary schools who are currently providing psychosocial services in schools without the required knowledge. This will encourage orphans and other vulnerable children in building trust and closeness with guardian teachers thus, share their problems and other experiences. Moreover, an intervention study to promote psychosocial awareness for orphan children's wellbeing is also recommended in order to reduce the effects of mental health problems among orphan schooling children.

Declarations

Author contribution statement

Edna Kyaruzi: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

Data availability statement

Data included in article/supp. material/referenced in article

Declaration of interest's statement

The authors declare no conflict of interest.

Additional information

No additional information is available for this paper.

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