

Quality of Life among Orphan Children in Bangladesh

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Abstract:-

➤ Objective:

The aim of this study was to assess the quality of life among orphan children in Bangladesh. **Methods:** A descriptive cross-sectional study was conducted among 98 orphan children by using a convenient sampling technique. A structured questionnaire was used to collect data. Both descriptive and inferential statistics were used to analyze the data.

➤ Results:

The finding showed that the mean quality of life among orphans was moderate level ($M=3.27$, $SD=.47$). There was a statistically significant difference between friend's bullying and quality of life ($t=2.272$, $p=0.025$). Statistically significant relationship found among diseases and quality of life ($F=11.231$, $p=.002$). **Conclusion:** Orphan children had a moderate level of quality of life. The findings of the study provide baseline data for the policy maker to develop strategies in improving quality of life among orphan children. Further study is needed to identify factors that influence quality of life among orphan children.

Keywords:- Orphan Children, Quality of Life, Orphanage.

I. INTRODUCTION

The term Quality of Life is a broad one that is usually used to assess the different aspects of life. Quality of Life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (WHOQOL, 2023). World Health Organization (WHO) introduced the dimensions to define the quality of life: physical dimension, psychological dimension, level of dependency, social relationships, environment, and spirituality (WHOQOL, 2023). The presence of the parents and parental support is essential for the basic fundamental requirement for maintaining health and improving children's quality of life (Khormehr et al., 2020). Whereas orphan children are considered to whose mother or father or both parents have passed away and residing in an orphanage home (Navpreet, Kaur, Meenakshi, Kaur, 2017). According to

UNICEF, "an orphan is a child who has lost one or both parents often through death (Bhat, Rahman, & Bhat, 2015).

Everyday more than 5,760 children become orphan children. Every 2.2 seconds a child loses a parent somewhere in the world (Navpreet et al., 2017). According to the United Nations International Children's Emergency Fund (UNICEF) in 2015, an orphan is anyone between the ages of 0 to 17 years who has lost at least one parent or both parents. Maternal orphan refers to a child who has lost their mother and paternal orphan refers to a child who has lost their father (Husein, Alwan, & Al-Ameri, 2015). There are more than 400 million orphans globally (Bhatt, Apidechku, Srichan, & Bhatt, 2020). According to a UNICEF (2016) report, there were around 140 million orphans worldwide in 2014, with Asia accounting for 61 million of them and Africa for 52 million (Yaacob, 2020). In Nepal, it was estimated that more than one million orphans in 2018 (Bhatt et al. 2020). In Pakistan, there are around 4 million orphans (Ali & Shah, 2016; Sayyid, 2015). The WHO's 2021 report on international charity for orphans and abandoned children discovered that there are currently 20 million orphans in India, and that number is expected to rise by 2021 (Khalagi, Santosh, & Dilip, 2020). In Bangladesh, there are more than 4.4 million orphans (Humanist Mutual Aid network, 2019).

AIDS epidemic, civil war, poverty, natural disaster, abandonment and accidents are among the leading causes of children becoming orphans (Thapa, 2020). The trauma of losing parents can have adverse effects on the quality of life of children and lead to psychosocial problems like feelings of mistrust, inferiority, shame, guilt, insecurity, stress, and improper conduct (Yendork & Somhlaba, 2014; Bhat, Rahman, & Bhat, 2015). To cope with psychosocial distress, children indulge in harmful activities like substance abuse, violence, and delinquent behavior (Yendork et al., 2014; Kalagi et al., 2020). Orphanage placement puts young children at increased risk of serious infectious illness and delayed language development (Sameena, Rauf, Tabish, & Khan, 2017). Following the institutionalization of children, previous studies also noted delays in social competence, quasi-autistic conduct, language, intellectual and developmental growth as well as poor emotional attachment and mental health (Yendork et al., 2014). The positive results were linked to elements including good management in some

privately run orphanages, the supply of basic necessities, and social support. It also implies that placing orphans in orphanages may help them develop psychologically (Yendork & Somhlaba, 2014). To reduce their suffering and enhance their quality of life, early diagnosis and prompt action are required (Ramgopal et al., 2016).

Several studies have investigated the quality of life among orphan children. Study in Nepal by Bhatt et al (2020) showed that significant findings who had a health problem and who had been bullied were more likely to develop depressive symptoms than those who were not bullied. A study in South Africa conducted by Salifu & Somhlaba (2014) reported that the low level of quality of life and correlation analyses revealed significant correlations between depression, anxiety, coping and quality of life in orphaned children. In this regard El-Sakka et al. (2016) in Egypt found a significant relationship between the duration of institutionalization quality of life among orphan children.

There is little research conducted on the quality of life; however some research was conducted on the quality of life and stress among orphan and non-orphan children. The Prior study mostly focused on variables such as stress, depression and quality care that affect quality of life but the current study emphasized on level of quality of life among orphans. There is limited research conducted on quality of life among orphan children in Bangladesh. Due to the limited literature, it is challenging to identify baseline data on how to assess quality of life among orphans. There is a need to have comprehensive research in this area which focuses on quality of life among orphan children in Bangladesh. The study finding provide baseline data for further research and take appropriate steps to improve the quality of life among orphan children in Bangladesh.

II. OBJECTIVES OF THE STUDY

A. General Objective:

The general objective of this study is to examine the quality of life among orphan children in Bangladesh.

B. Specific Objectives

- To describe the socio-demographic characteristics of the orphan children in Bangladesh.
- To assess quality the of life among orphan children in Bangladesh.
- To examine the relationship between socio- demographic characteristics and the quality of life among orphan children in Bangladesh.

III. METHODOLOGY

- **Study Design:** A descriptive cross-sectional study design was used to assess the quality of life among orphan children in Bangladesh. The study period was from January to December 2023.
- **Study Participants:** Study participants of this study were all children who are residing orphanage at Al Jamiatul Hafizia Husainabad Madrasa and Orphanage and Jamia

Islamia Darul Ulum Fafizia Masdrasa and Orphanage, Narayopngonj. There are about 1500 children accommodated and 500 orphans are residing at these two orphanages. They facilitate residing them those are single orphans (one parent loss), and double orphans (both parent loss). Both orphanages have a system of Quran education. The sample of this study was children aged between 10 to 16 years old. Convenience sampling technique was applied to select the sample of this study.

The sample size of this study was estimated by G* power analysis. The sample size was calculated for an accepted minimum significance level (α) of 0.05, power of (1- β) .80, and medium effect size of 0.30. Thus, the sample size was produced at 82. By considering a 20% attrition rate, the final sample was 98.

- **The Inclusion Criteria for Sample Selection:** the orphan children who has lost one or both parents often through death; paternal orphans whose father passed away and maternal orphans whose mother passed away and double orphans whose both parents are passed away; the orphan children who are currently staying in selected orphanages; whose age between 10 to 16 years; and able to communicate with the study. The exclusion criteria: the orphan children who were sick at the time of data collection and unable to communicate in this study.
- **Instruments:** The instrument of this study was a self-administered structured questionnaire. It consists of 2 parts: The socio-demographic Data Questionnaire (SDQ) and the Orphan's Quality of Life Questionnaire (OQoL):
- **Socio-Demographic Data Questionnaire (SDQ):** Socio-demographic data questionnaire was developed by the researcher based on literature reviewed. It consists of 10 items demographic information including gender, age, education, religion, age of entrance; length of stay; family related information; socio environmental factors and physical health related information.
- **Orphans Quality of Life Questionnaire (OQoL):** These questions are about quality of life of orphaned children including 18 items. The OQL questionnaire was developed by the researcher based on a literature review (WHOQOL-BREF open access questionnaire). The assigned score at 5-points likert scale ranging from 1= very poor to 5= very good. High score indicated a good quality of life and a low score indicated a low quality of life in orphan children. For the present study, the Cronbach alpha reliability score was 0.89.

The content validity of this instrument was checked by three panels of experts at National Institute of Advanced Nursing Education and Research (NIANER) who are enriched in the field of conducting nursing research and instrument development.

The original instrument was developed in the English language then translated into the Bengali language. The back translation method was used by two bi- lingual translators. It is a translation process that ensures accuracy and the cultural equivalence of the instruments when translated into another language. The

process of back translation is conducted as (1) the first translator translated the English version of the instruments into the Bengali language (2) the second translator back translated the instruments from the Bengali version into the English language. Next, the two English versions of the instrument checked for clarity, discrepancy by the advisor and committee from the NIANER in Dhaka.

- **Data Collection Methods:** The data collection process consists of two phases including the preparatory phase and implementation phase. In the preparatory phase, the researcher was completed the following procedure: ethical approval and clearance of the study were obtained from the Institutional Review Board (IRB No: Exp-NIA-S-2022/227) of the National Institute of Advanced Nursing Education and Research (NIANER), Director of NIANER, and the Orphanage authorities. Before data collection written permission was taken from orphanage authority. Study objectives and data collection procedure was explained to the orphanage authority and participants. Data was collected through a self- introduced structured questionnaire with the presence of orphanage authority. Confidentiality, anonymity and privacy of the data provided were maintained by using coding system instead of participant's name.

In the implementation phase, data was collected by using a standardized questionnaire with a Bengali version. Data was collected by the researcher self with the help of the orphanage authority. The researcher informed the participants and assigned personnel about the obligation, risk, and benefit and purpose of the study and consent from the assigned personnel for the orphan children. The participants were informed by the researcher that they had full right to withdraw from the study at any time without any obligation. The researcher explained to the participants about the procedure to fill-up the question. It took about 25 to 30 minutes to complete the questions. After that the researcher was checked the questionnaire for its completeness and asked for a return back. All necessary information collected from the participants will be kept confidential and it would be destroyed after completion of the study.

- **Data Analysis:** The data was analyzed by using a computer software program (SPSS version 22). Then data was entered, checked, rechecked and edited manually for its consistency to minimize error. The data were analyzed by using both descriptive and inferential statistics. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to measure the socio-demographic characteristics. Inferential statistics such as ANOVA, independent t-test and Pearson product moment correlation were used to examine the relationship between socio-demographic characteristics and quality of life among orphan children in Bangladesh.

IV. RESULTS

This chapter presents the findings of the study on the quality of life among orphan children in Bangladesh. The results are described under the following headings: (1) Socio-demographic characteristics of the orphan children; (2) The Quality of Life among orphan children; and (3) Relationship between socio- demographic characteristics and the quality of life among orphan children in Bangladesh.

A. Socio-demographic Characteristics of Orphan Children

Table 1 shows the socio-demographic characteristics of orphan children. The mean age of the participants was 14.28 (SD=1.55) ranging from 10-14 years. Above forty percent of the participants (40.8%) were class seven, 24.5% were class eight, 14.3% were class five, 10.2% were class six, 3.1% were class nine and 2% were class ten, respectively. Participants mean age at the entrance to the orphanage was 8.979 (SD = 2.250). The mean length of stay in the orphanage was 5.34 (SD=2.25) years. Alive only mother was 46.9%, only father was 22.2% and no parents alive were 30.6%. Participants' abuse rate was 1%. Bullying from friends was 1%. Above 15.3% were suffered from physical health problems whereas dental carries 6.1%, skin disease 3.1%, acidity 5.1%, headache 1%. According to the BMI of participants the more than half of orphans (55.1%) were underweight and 44.9% were normal BMI.

Table 1: Distribution of Socio-Demographic Characteristics of Orphan Children (N=98) Item

Item	Categories	n	%	Mean (SD)
Age (years)				14.28±1.55 (min10 -max16)
	Class-iv	5	5.1%	
	Class-v	14	14.3%	
	Class-vi	10	10.2%	
Education	Class-vii	40	40.8%	
	Class-viii	24	24.5%	
	Class-ix	3	3.1%	
	Class-x	2	2.0%	
Age at the Entrance in the Orphanage (years)				8.97±2.250 (min 5 - max14)
Length of stay in the Orphanage (years)				5.34±2.259 (min1 -max11)
Alive of Parents	Only Mother	46	46.9%	
	Only Father	22	22.2%	
	None	30	30.6%	
Does any person abuse	Yes	1	1.0%	
	No	97	99.0%	
Did your friend bullying	Yes	1	1.0%	
	No	97	99.0%	
Suffer from any Physical Health Problems	Yes	15	15.3%	
	No	83	84.7%	
	Dental CariesSkin	6	6.1%	
Disease	Disease	3	3.1%	
	Acidity	5	5.1%	
	Headache	1	1.1%	
BMI	Underweight	54	55.1%	
	Normal	44	44.9%	

B. Quality of Life among Orphan Children

Table 2 describes the quality of life among orphan children. There were eighteen items of the quality of life related questionnaire. Among them, ten items were described which indicated the highest percentage and lowest percentage of statements of orphans. The result shows that the mean score of quality of life among orphan children was $3.27 \pm .47$ out of 5 points which indicated a moderate level of quality of life. The mean scores of quality of life sub-domains of physical health were 3.43 ± 3.32 , psychological domains were 3.46 ± 2.64 , social relationships were 3.42 ± 1.48 and environmental domains were 3.53 ± 2.58 respectively.

The study showed that the majority of the orphans (69.4%) stated that they were well satisfied with the condition of living place. Around sixty percent (59.20%) of

the participants reported that they felt good physical pain while doing daily activities. Majority of participants (68.4%) reported that they felt good to consume the food provided. Above sixty percent of participants (65.30%) stated that they had a good overall experience with health. Above half of the participants (56.1%) had good feelings about their sleep. Half of the participants (50.0%) responded to how much enjoy life. Above one-third of the participants (34.7%) stated that they were poorly satisfied with themselves. About thirty five percentages of the participants (34.7%) reported that they were poorly satisfied with their personal relationship. In terms of "satisfied with the energy for everyday life" 21.4% of the participants stated poorly satisfied. Below one third of the participants (27.6%) stated that they were poorly satisfied with the opportunity for leisure activities.

Table 2: Distribution of Quality of Life among Orphan Children (N=98)

Item	Very Poor n (%)	Poor n (%)	Neutral n (%)	Good n (%)	Very Good n (%)	Mean \pm SD
<i>The mean of Physical Health</i>						<i>3.43\pm 3.32</i>
Overall experience to health	-	6(6.1)	28(28.6)	64(65.30)	-	3.59 \pm .60
How much feel physical pain to doing daily activities	-	11(11.2)	29(29.6)	58(59.20)	-	3.47 \pm .69
How much feel the need of medical treatment	-	16(16.3)	19(19.4)	54(55.1)	9(9.2)	3.5 \pm 7.87
How much satisfy with the energy for everyday life	-	21(21.4)	39(39.8)	36(36.7)	2(2.0)	3.1 \pm 9.79
How well feeling to get around	1(1.0)	20(20.4)	19(19.4)	50(51.0)	8(8.2)	3.44 \pm .94
How well feeling with sleep	-	10(10.2)	31(31.2)	55(56.1)	2(2.0)	3.5 \pm 0.70
How well feeling to perform daily living activities	-	18(18.4)	41(41.8)	37(37.8)	2(2.0)	3.2 \pm 3.70
<i>The mean of Psychological Domain</i>						<i>3.46\pm2.64</i>
How much enjoy life	-	22(22.4)	26(26.5)	49(50.0)	19(19.4)	3.3 \pm 2.87
How much concentrate to study on daily activities	-	9(9.2)	21(21.4)	49(50.0)	19(19.4)	3.79 \pm .86
How much you satisfy with your bodily appearance	-	20(20.4)	19(19.4)	48(49.0)	11(11.2)	3.51 \pm .94
How well satisfy with Yourself	2(2.0)	34(34.7)	15(15.3)	36(36.7)	11(11.2)	3.20 \pm 1.10
<i>The mean of Social Relationship</i>						<i>3.42\pm1.48</i>
How well satisfy with personal relationship	1(1.0)	34(34.7)	23(23.5)	32(32.7)	8(8.2)	3.12 \pm 1.01
How well satisfy with getting support with your friend	-	3(3.1)	30(30.6)	56(57.1)	9(9.2)	3.7 \pm 2.67
<i>The mean of Environmental Domain</i>						<i>3.53\pm2.58</i>
How much feel safety with current environment	-	11(11.2)	25(25.5)	50(51.0)	12(12.2)	3.64 \pm .84
How much satisfy with the opportunity for leisure activities	1(1.0)	27(27.6)	31(31.6)	29(29.6)	10(10.2)	3.2 \pm 0.99
How well satisfy with condition of living place	-	4(4.1)	21(21.4)	68(69.4)	5(5.1)	3.75 \pm .61
How well satisfy with access to health service	-	8(8.2)	43(43.9)	45(45.9)	2(2.0)	3.4 \pm 1.67
How feel to consume the food provided	-	6(6.1)	24(24.5)	67(68.4)	1(1.0)	3.64 \pm .61
<i>Mean of total mean</i>						<i>3.27\pm.47</i>

C. Relationship between Socio-demographic Characteristics and the Quality of Life among Orphan Children

Table 3 shows the relationship between socio-demographic characteristics and quality of life.

The finding showed that there was a statistically significant relationship between bullying by friends and quality of life ($t=-2.272$, $p=.025$) among orphans. Another statistically significant difference was found between disease & quality of life ($f=11.231$, $p=.002$).

Table 3: Relationship between Socio-Demographic Characteristics and the Quality of Life (N=98)

Variables	Categories	Quality of Life		
		Mean \pm SD	t/F/r	p
Age (years)			-.004	.971
Education	Primary	63.32 \pm 10.10	.524	.601
	Secondary	62.14 \pm 8.45		
Age at the entrance in the Orphanage (years)			.094	.358
Length of stay at Orphanage (years)			-.105	.305
Alive of Parents	Only Mother	63.96(8.30)	1.775	.175
	Only Father	62.09(8.02)		
	None	2013(9.65)		
Does any person abuse to you	Yes	50.00	-1.428	.156
	No	62.49(8.70)		
Did your friend bullying to you	Yes	43.00	-2.272	.025
	No	62.57(8.57)		
Suffer from any physical health problems	Yes	60.20(8.96)	-1.043	.300
	No	62.75(8.71)		
Disease	Dental	63.33 (6.47)	11.231	.002
	CariesSkin	67.50(3.69)		
	Disease	50.60(5.94)		
	Others (headach, acidity)			
BMI	Underweight	1.761(7.95)	-. 1.683	.096
	Normal	1.792(9.47)		

V. DISCUSSION

A. Socio-Demographic Characteristics of Orphan Children

The findings of the present study showed that the participants' mean age was 14.28 years old. This result was similar to the previous studies (Kumari, 2020; Navpreet et al., 2017 & Maglica et al., 2020). This finding was dissimilar with the studies of Maryam and Parastoo (2022) and Chowdhury, Wasiullah, Haque & Chowdhury (2017).

The educational level of orphans was secondary level education. This finding is inconsistent with several studies (Chowdhury et al., 2017; Husein, Alwan & Al-Ameri, 2015; Mohammed, Musa, Fage, Tura, & Weldegebreal. 2021), where the maximum participants were primary level of education. Study findings revealed that age at the entrance in the orphanage mean age was 8.97 years where the majority of participants were entranced in the orphanage from 5-10 years. This finding is congruent with a study reported by Kaur, Vinnakota, Panigrahi & Manasa (2018) which found that the maximum participant's age at the entrance was 5-10 years. The finding was dissimilar with the study in Bangladesh conducted by Ferdoushi, Rana, Mahmud, Datta & Akter (2014).

The mean duration of stay at the orphanage was 5.3 years. The finding was consistent in the previous studies (Kaur et al., 2018; Mohammed et al. 2021) where most of the children in institutional homes had been staying there for about five years. Possible reasons might be most of the orphan who lost their parents about 5 years ago in this setting. The finding was inconsistent with an Ethiopian study

conducted by Mohammed, Musa, Fage, Tura & Weldegebreal (2021) where the orphans stayed in an orphanage for more than 6 years. This variation might be due to the differences in age of the orphan.

The present study findings showed that about alive of parents above half of the participants were only mothers alive and nearly one-third of participants were no parents alive. This finding is incongruent with several studies (Navpreet et al., 2017; Chowdhury et al., 2017; Yendork & Shomlaba, 2015) reported that nearly twenty percent of orphan children were mother alive, one third of participant father alive and above twenty five percentage of orphan were no parents alive. The present study revealed that bullying from friends was also a very few percentage. The finding is inconsistent with the previous study where the majority of participants were bullied by their friends (Armitage, 2021). Present study finds that the majority of participants had no physical health problems where as some of them suffered from physical health problems (dental carries, skin disease, acidity and headache). The result is consistent with a study conducted in India by Mahanta et al. (2022) where the majority of orphans had no physical problems. The possible reason may be a disciplined lifestyle maintained by orphanage authority like normal sleeping pattern, and exercise. The result is inconsistent with the previous studies (Navpreet et al., 2017; Chhabra, Garg, Sharma, & Bansal, 2010) where the majority of the participants reported various types of physical health problems such as ENT problems, oral health problems, respiratory problems, gastrointestinal problems and integumentary problems while few of them did not report any type of physical health problem due to underprivileged living

conditions & institutionalized care for orphan are continually in danger that tended to under nutrition. The present study showed that the majority of the participants were underweight according to BMI. The finding was consistent with Chowdhury et al. (2017) that the majority of orphans suffered from malnutrition and indicated that the children living in the orphanage suffered from food insecurity. The study finding was consistent with a study by Rahman et al. (2012) that shows behavioral and emotional disorders were found who are underweight. Possible reasons might be adequate balanced diet is not provided to orphans according to their demand due to budget limitation because of private orphanages.

B. *Quality of Life among Orphan Children*

The present study showed that over an all moderate level of quality of life among orphan children. This finding is similar to the previous studies (Alonazi, 2016 & Kalagi et al. 2020) revealed that orphans had a moderate level of quality of life. This finding was dissimilar with previous studies as lower level of quality of life among orphan children (Salifu, Yendork, & Somhlaba, 2014; Maryam, 2020). The domains of quality of life among orphans such as physical health, psychological domains, social domains, and environmental domains found at moderate levels. This finding was dissimilar from the study in India found high level of physical and environmental domain, whereas low level of QOL in the psychological and social domains, respectively. The possible reasons for this may be the orphans feeling different from other children concerning stress, loneliness, stigmatization, lack of visits from relatives and support (Khalagi et al. 2020).

C. *Relationship between Socio-Demographic Characteristic and Quality of Life*

The current study showed that there was a statistically significant negative relationship between bullying by friends and quality of life among orphan children which indicated orphans who had no bullying by their friends they had better quality of life. The result is consistent with a study in Tanzania by Kyaruzi (2022). Possible reasons may be the rules, and regulations of institutions and direct observations of orphans by their teachers. The finding was inconsistent with the previous studies which found most serious effects of childhood bullying on children's mental health were more likely to develop depression that may impact their quality of life (Armitage, 2021; Bhatt et al., 2020) due to a poor environment and a lack of receiving good care and love from their authority. In compare with a study conducted in Switzerland by Dubey et al. (2022) there was no relationship found between bullying and quality of life due to bullying occurs in disguised form in a variety of situations.

The present study revealed that there was a statistically significant difference between disease and quality of life among orphan children which indicated that participant who had diseases present their quality of life also well. This result was consistent with the previous study findings that there was a significant association between oral health problems and with age of orphan children (Navpreet et al. 2017). Possible reasons may be although they had suffered with diseases but their illness not hampered their quality of life. This result is also inconsistent with Bhatt et al, (2020) report that the

children who had a health problem were more likely to develop depression that may impact their quality of life.

In compare to a Saudi Arabian study conducted by Alonazi (2016) found there was no relationship between chronic disease and quality of life because of acceptable levels of access to healthcare and receipt of effective treatment. The current study finding showed that there was no significant relationship between age, education, age at the entrance, length of stay, know about home, alive of parents, BMI, and quality of life.

VI. CONCLUSION

A descriptive cross sectional study was carried out from January to December 2023. The study found an overall moderate level of quality of life among orphans in Bangladesh. A significant relationship was found between socio-demographic characteristics including: bullying by friends, suffering from physical health problems and quality of life among orphan children. This study's results indicate there is a need to be aware of improved orphan quality of life. The findings of this study will provide information for the nurses to conduct research to find out the gap and develop new strategies to improve the quality of life among orphan children. This information will act as a baseline to conduct health education programs, counseling, and anticipatory guidance to the orphans to improve the quality of life among orphan children in Bangladesh.

RECOMMENDATIONS

In depth interview needed, female participants and other religions should be included in the study. Based on the limitations of the study, further interventional study is needed to identify the factors that influence the quality of life among orphans. Orphanage authority and staff also need a health education program so they can be aware of the possible factors that influence the quality of life of orphan children.

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