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A REVIEW ON QUALITY OF LIFE AMONG ORPHAN CHILDREN IN ORPHANAGE

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ABSTRACT

children represent a developmental phase during which a child transitions into adulthood, characterized by various changes including puberty, as well as physiological and psychological transformations. Adolescents living in orphanages face numerous psychosocial challenges; to navigate these difficulties, they require a specific set of skills. Quality of Life (QOL) pertains to an individual's assessment of their physical health, psychological well-being, social connections, educational experiences, and environmental circumstances. For orphaned adolescents, the Quality of Care is frequently affected by the absence of parental support, socioeconomic difficulties, and the availability of supportive services. Numerous studies have employed a quantitative methodology, particularly a correlational design. Data regarding the adolescents were gathered using the WHOQOL-BREF-26 instrument to evaluate their quality of life. Most findings indicate that adolescents in orphanages exhibit low life skills and quality of life, suggesting that an increase in life skills correlates with an improved quality of life. Therefore, there is a pressing need to enhance life skills among adolescents in orphanages. A significant body of research has shown that orphans are at a heightened risk for psychological disorders compared to their non-orphan counterparts. Additional studies have indicated that maternal loss adversely impacts the psychosocial well-being of participants; their profound emotional ties to their mothers hinder their ability to develop effective coping mechanisms, resulting in feelings of isolation, sadness, hopelessness, lack of peace, and anxiety about an uncertain future. Research indicates that the quality of institutional care, the presence of supportive caregivers, peer relationships, educational opportunities, and access to counseling services are crucial in enhancing quality of life. Adolescents residing in family-based care or well-managed orphanages that provide sufficient emotional and social support tend to experience better quality of life outcomes than those in inadequately resourced institutions.

KEY WORDS: Quality of Life, Orphan Children, Psychosocial Issues, Institutional Care.

INTRODUCTION

The concept of Quality of Life encompasses a wide range of factors that are typically evaluated to understand various life dimensions. Quality of Life is characterized as an individual's assessment of their standing in life, taking into account the cultural and value frameworks they inhabit, as well as their aspirations, expectations, standards, and concerns (WHOQOL, 2023). According to UNICEF, an orphan is defined as a child who has lost one or both parents, often due to death (Bhat, Rahman, & Bhat, 2015). Each day, over 5,760 children become orphans, with a child losing a parent every 2.2 seconds somewhere across the globe (Navpreet et al., 2017).

The health and wellbeing of orphaned adolescents in India are shaped by numerous factors, including the reasons for their orphanhood (such as parental death or abandonment), their living situations (like institutional care, kinship care, or foster care), socioeconomic conditions, access to healthcare and education, and their exposure to adverse childhood experiences (ACEs) (Bhat et al., 2015; Finkelhor et al., 2015). These elements can significantly affect their physical health, mental wellbeing, and overall quality of life.

As per the United Nations International Children's Emergency Fund (UNICEF) in 2015, an orphan is defined as any individual aged between 0 to 17 years who has lost at least one parent or both parents. A maternal orphan is a child who has lost their mother, while a paternal orphan is one who has lost their father (Husein, Alwan, & Al-Ameri, 2015). Globally, there are over 400 million orphans (Bhatt, Apidechku, Srichan, & Bhatt, 2020). A UNICEF report from 2016 indicated that in 2014, there were approximately 140 million orphans worldwide, with Asia accounting for 61 million and Africa for 52 million (Yaacob, 2020). In Nepal, it was estimated that there were more than one million orphans in 2018 (Bhatt et al., 2020). In Pakistan, the number of orphans is around 4 million (Ali & Shah, 2016; Sayyid, 2015).

The WHO's 2021 report on international charity for orphans and abandoned children revealed that India currently has 20 million orphans, a figure projected to increase by 2021 (Khalagi, Santosh, & Dilip, 2020). In Bangladesh, the number of orphans exceeds 4.4 million (Humanist Mutual Aid network, 2019). Factors such as the AIDS epidemic, civil war, poverty, and natural disasters contribute to this situation.

Numerous studies have examined the quality of life of orphaned children. A study conducted in Nepal by Bhatt et al. (2020) indicated that those who experienced health issues and bullying were more likely to exhibit depressive symptoms compared to their non-bullied counterparts. Similarly, research in South Africa by Salifu & Somhlaba (2014) found a low quality of life among orphans, with significant correlations identified between depression, anxiety, coping mechanisms, and overall quality of life. In Egypt, El-Sakka et al. (2016) established a significant link between the length of institutionalization and the quality of life of orphaned children.

Need for the Study

This review aims to explore the relationship between psychological distress, coping mechanisms, and the quality of life among orphaned children. The findings of this study will assist mental health professionals and social workers in understanding the extent to which psychological distress and coping strategies significantly impact quality of life. Furthermore, this research raises awareness regarding how mental health professionals can effectively manage individuals facing emotional and stressful challenges, while also providing insights for policymakers, social workers, and mental health professionals on enhancing coping mechanisms and improving the quality of life for children residing in orphanages.

The AIDS epidemic, civil war, poverty, natural disasters, abandonment, and accidents are among the primary causes of orphanhood in children (Thapa, 2020). The trauma associated with losing parents can severely affect children's quality of life and lead to various psychosocial issues.

After a thorough examination of existing literature, it was noted that adolescents living in orphanages face numerous psycho-social challenges. To effectively manage these difficulties, they require a specific set of skills. Research indicates that these individuals possess limited life skills, which hinders their ability to successfully navigate developmental tasks and life events. Furthermore, studies have highlighted that adolescents in orphanages experience a lower quality of life. Consequently, the researcher recognized the necessity to evaluate life skills, quality of life, and the correlation between life skills and quality of life among adolescents in orphanages.

Methods

Various computerized databases and published research articles, including dissertations and abstracts, were utilized. The World Health Organization defines quality of life as an individual's perception of their position in life, taking into account their cultural context, value systems, goals, expectations, and concerns. The WHOQOL-BREF is among the most commonly employed tools for assessing quality of life across four domains: physical health, psychological health, social relationships, and environment. This is complemented by the Peds QL and the KIDSCREEN-27, while one study utilized a locally developed quality of life scale.

Discussion

The findings from the review study indicated that approximately half of the participants had only their mothers alive, while nearly one-third had no parents living. This observation contradicts several studies (Navpreet et al., 2017; Chowdhury et al., 2017; Yendork & Shomlaba, 2015), The current study also found that instances of bullying from friends were minimal. This result is inconsistent with previous research, which indicated that a majority of participants experienced bullying from their peers (Armitage, 2021).

A portion of participants exhibited no physical health issues, while others experienced various health problems, including dental caries, skin diseases, acidity, and headaches. This finding aligns with a study by Mahanta et al. (2022) conducted in India, which indicated that most orphans did not face physical health challenges. A potential explanation for this may be the structured lifestyle enforced by the orphanage authorities, which includes regular sleep patterns and physical exercise. Conversely, this result contradicts earlier research (Navpreet et al., 2017; Chhabra, Garg, Sharma, & Bansal, 2010), where a significant number of participants reported a range of physical health issues such as ENT disorders, oral health concerns, respiratory ailments, gastrointestinal troubles, and skin conditions, with only a few not reporting any health problems due to their disadvantaged living conditions.

A descriptive cross-sectional study was conducted from January to December 2023, revealing a moderate overall quality of life among orphans in Bangladesh. A significant correlation was identified between socio-demographic factors, including peer bullying, physical health issues, and the quality of life of orphaned children. The results of this study underscore the necessity for heightened awareness regarding the enhancement of the quality of life for orphans. The findings will serve as a resource for nurses to conduct further research aimed at identifying gaps and formulating new strategies to improve the quality of life for orphaned children.

In 2011, Susan N. Ngunu examined the psychosocial challenges faced by orphans and their effects on academic performance. The study involved a sample of 265 children aged 6 to 12 years residing in three distinct orphanage care systems. The results indicated that 64.53% of those in institutional care experienced behavioral disturbances, with the most common psychiatric disorders being nocturnal enuresis at 23.3%, attention deficit hyperactivity disorder (ADHD) at 19.62%, and oppositional defiant disorder at 17.36%.

Thabet et al. (2007) and Wolff and Fesseha (1999) suggest that we hypothesized orphaned children would display higher levels of depression and anxiety compared to their non-orphaned counterparts. Considering that orphans and non-orphaned children face distinct stressors related to their parental status and living conditions (Cluver et al., 2012; Hong et al., 2010; Hortaçsu et al., 1993; Şimşek et al., 2008), we anticipated differences in the coping strategies employed by these two groups. Furthermore, consistent with literature indicating an inverse correlation between anxiety and quality of life (Damnjanovic et al., 2011; Stevanovic, 2013; Stevanovic et al., 2011), as well as between depression and quality of life (Damnjanovic et al., 2011; He and Ji, 2007), we hypothesized that anxiety and depression would serve as significant negative predictors of the quality of life for orphaned children.

Physical Health: The significant prevalence of under nutrition, stunting, and micronutrient deficiencies among orphaned adolescents raises considerable concern. These findings align with previous studies on the nutritional status of orphans in various low- and middle-income nations (Finkelhor et al., 2015; Bhutta et al., 2017). The nutritional deficiencies identified can lead to long-term repercussions on growth, cognitive development, and overall health (Black et al., 2013). The elevated incidence of common illnesses, such as respiratory infections and skin conditions, among orphans may be linked to factors including overcrowding in institutional environments, inadequate hygiene practices, and restricted access to healthcare services (Whetten et al., 2014). The noted delays in growth and pubertal development in orphaned adolescents are particularly alarming, as adolescence is a crucial period for catch-up growth and maturation (Patton et al., 2016). These delays may stem from a combination of nutritional deficiencies, chronic stress, and insufficient care and stimulation during earlier developmental phases (Johnson et al., 2010).

Mental Health

The high incidence of mental health issues, particularly depression and anxiety, among orphaned adolescents is consistent with global research regarding the psychological effects of parental loss and adverse childhood experiences (Tol et al., 2013; Britto et al., 2017). The increased prevalence of PTSD, particularly among AIDS orphans, underscores the necessity for trauma-informed care and mental health support services that are specifically designed to address the unique experiences of various orphans.

The consistently lower quality of life scores reported by orphaned adolescents across several domains highlight the widespread impact of orphan hood on overall wellbeing. The findings indicate that interventions aimed at enhancing orphan care must not only fulfill basic needs but also consider psychosocial factors that influence quality of life, such as social relationships, environmental conditions, and opportunities for personal development (Ravens-Sieberer et al., 2014).

The results of the research revealed a significant negative correlation between psychological distress and quality of life. Previous studies have corroborated these findings. The research aimed to investigate the awareness, information, attitudes, and practices related to psychological illnesses, assess the prevalence and risk factors for psychological distress, and examine the relationship between psychological distress and other covariates with quality of life. The findings indicated that awareness, information,

attitudes, and experiences related to psychological disorders were negatively correlated with psychological distress. However, the results also demonstrated that psychological distress and various socio-demographic factors were significantly negatively associated with quality of life (Uddin, Bhar, Mahmud & Islam, 2017).

Conclusion

Most studies found a moderate overall quality of life among orphans. A significant relationship was identified between socio-demographic characteristics, including bullying by peers, experiencing physical health issues, and quality of life. The findings of this study highlight the necessity of recognizing the enhanced quality of life for orphans. This data will serve as a foundational reference for implementing health education initiatives, counseling, and anticipatory guidance aimed at improving the quality of life for orphaned children. Current and prior research clearly indicates that stronger coping mechanisms contribute to a healthier quality of life and a reduction in psychological distress.

The existing literature indicates that orphaned adolescents face a heightened risk of experiencing a diminished quality of life due to various social, emotional, and economic difficulties. It is crucial to establish comprehensive support systems that cater to their physical, psychological, social, and educational requirements in order to improve their overall quality of life and foster healthy development.

References

• Agarwal, S., Shrivastava, A., & Kumar, V. (2015). The nutritional status and psychosocial well-being of orphaned adolescents in urban India. Indian Journal of Community Medicine, 40(1), 23-29.

• PSYCHOLOGICAL DISTRESS, COPING MECHANISM AND QUALITY OF LIFE OF CHILDREN LIVING IN ORPHANAGE by Shehzad Rasheed and Saima Majeed, ISSN 1512-1801. 2021 | No.4(61)

• Quality of Life among Orphan Children in Bangladesh by 1Manju Das*; 2Md. Sazzad Hossain; 3Shanzida Khatun; 4Mosammet Khaleda Akter; 5Mst. Shirina Khatun, Volume 9, Issue 8, August – 2024, ISSN No:-2456-2165

• Stress, coping, and quality of life: An exploratory study on the psychological well-being of Ghanaian orphans residing in orphanages by J. Salifu Yendork and Nceba Z. Somhlaba, QUL-3 VOL-46, 2024, SCIENCE DIRECT, PAGE-25-27

• Singh A, Suvidha D. The well-being of orphans: A review of their mental health status. Int J Sci Res Sci Technol. 2016;2.

• Jahan TF. Psychological well-being and achievement motivation among orphaned and non-orphaned adolescents in Kashmir [Internet]. ResearchGate; January 2015 [cited 2025 Oct 17]. Available from: https://www.researchgate.net/publication

• Tabasum Farooq Khan and Dr. Musaddiq Jahan. Psychological Well-being and Achievement Motivation among orphaned and non-orphaned individuals in Kashmir, ResearchGate, January 2015.

• World Health Organization. 1995. The World Health Organization Quality of Life Assessment (WHOQOL). Social Science & Medicine, 41(10), 1403-1409.

- Viviana Lo Buono, Francesco Corallo, Placido Bramanti and Silvia Marino. (2015). Coping strategies and health-related quality of life after stroke. *Journal of Health Psychology*, Vol. 22(1) 16– DOI: 10.1177/1359105315595117.
- Williamson, J., and Greenberg, A. (2010). Families, not orphanages. Edited by Melissa Bilyeu. Working paper.
- Zeton M.A., *Health and violence*, the National Council for Refugees Family, Jordan- -Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision. DSM- 4 TR, APA 2000, Washington. D C, pp:59-60, 2005.