Quality of life self-assessment of children living in a children's home, based on own research conducted in the Podlaskie Province

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Abstract

Purpose: The purpose of the study was to diagnose the quality of life (QoL) of children brought up in children's homes, to compare findings with results for peers living in complete families.

Material and methods: In the Stage I was to determine the usefulness of tools for QoL evaluation in a group of 120 children from children's homes in the Podlaskie Province and in a group of 120 children belonging to a control group, brought up in their own families, in the same places where the children's homes were located. Selected research tools were used in Stage II, and the study was carried out in a group of 180 children in the same children's homes and a control group. We used the following survey questionnaires: the standardised CHQ-CF87 survey, standardised KINDL survey and Children's Survey based on WHOQOL-BREF.

Results: Significant relationship between the quality of life self-assessment and the place of being brought up for all categories of quality of life was found. A relationship was indicated between the QoL self-assessment and the place of living, age, gender, and physical condition. The charges of a children's home assessed their QoL as significantly lower compared to children living in normal families, mostly in the following categories: health, physical domain and psychological domain, social relations and the ability to function in everyday life. In KINDL survey, strong relationships were found between assessments of QoL categories.

Conclusions: Significant relation between QoL self-assessment and where children were brought up was found. Positive relationship between QoL self-assessment and the place of living, age, gender, and children's physical condition was found.

Key words: quality of life, children's home, children.

Introduction

The system for caring for and bringing up orphaned and neglected children has various forms in Poland. The system includes diagnostic, qualifying and official institutions (children's homes, school and upbringing centres) [1]. It is estimated that there are over 21 thousand children in 380 children's homes. Another 7 000 children live in 63 emergency shelters, crisis intervention centres and hotels, and approx. 1 500 in family children's homes. Over 50 thousand children take advantage of daily care institutions. 99% of children in children's homes have biological parents, and natural orphans constitute just 1% of the number. Over 50 thousand children live in foster families, and just 2% in family children's homes [2]. All societies are aware of the importance of creating conditions in which children can be born, develop and grow up, protected against poverty and diseases, and receive an education that will allow them to develop their intellectual potential. Each child, for his full and harmonic development, should be brought up in a family setting, in atmosphere of happiness, love and understanding [3]. Children living in children's homes long for their families. They do not know parental love, contend with new problems, are frequently laughed at and humiliated, and they do not acquire models necessary for their adult life [4].

The purpose of this study was to diagnose the quality of life (QoL) of children brought up in children's homes, to compare the results with a group of peers living in full families, and to determine theoretical relationships in this area.

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Table 1. **Results of statistical tests comparing the average level of children's assessments of quality of life categories**

QoL Category	ANOVA Test		Mann-Whitney *U* Test				95% interval of confidence	
	F	*p*	Rank sum		*Z*	*P*		
			Control	Test group				
Quality of life	52.6	0.000***	38758	26223	6.7	0.000***	13.9	24.4
Health	18.3	0.000***	35863	29117	3.6	0.000***	5.5	15.9
Physical domain	40.5	0.000***	37531	27450	5.1	0.000***	6.7	13.0
Psychological domain	52.2	0.000***	38257	26363	6.0	0.000***	10.9	19.5
Social relations	17.5	0.000***	36191	28789	3.8	0.000***	4.6	12.8
Environment	45.2	0.000***	37614	27006	5.3	0.000***	9.2	16.8

Table 2. **Comparison of the average level of assessments of QoL categories based on statistical tests**

QoL Category	ANOVA Test		Mann-Whitney *U* Test				95% interval of confidence	
	F	*p*	Rank sum		*Z*	*p*		
			Control	Test group				
Good mental feeling	26.0	0.000***	17759	12132	5.1	0.000***	5.9	13.3
Physical condition	1.2	0.274	15684	14206	1.3	0.180	–1.7	5.9
Social relations	14.3	0.000***	17001	12890	3.7	0.000***	3.6	11.4
Function in everyday life	17.8	0.000***	17348	12543	4.4	0.000***	3.8	10.4

F – value; Z – value; P – value probability; * – significance

Material and methods

The study was carried out after obtaining R-I-00.23/2006 consent from the Bioethical Commission of the Medical University of Białystok and from managers of children's homes, parents or legal guardians of children. The study was divided into two stages. The aim of Stage I was to determine the usability of tools for QoL assessment in a group of 120 children from the following children's homes located in the Podlaskie Province: Białystok, Krasne, Supraśl, Łomża, Nowa Pawłówka; and 120 children in a control group, brought up in full families, in the same places where children's homes were located. The aim was realised using the diagnostic survey method, using the following questionnaires: standardised CHQ-CF87 (Child Health Questionnaire-Child Self Report Form) designed for children aged 10-17 years, developed by the Health Institute in Boston, containing 85 questions related to the physical and psycho-social state of children [5]; and the standardised KINDL survey, developed by the Department of Medical Psychology in Hamburg, applied to children aged 8-16 years, for assessment of four dimensions of QoL: good feeling from the point of view of psychology, physical condition, social relations and the ability to function in everyday life [6]. As the CHQ-CF87 tool was too extensive and not adapted to Polish conditions, it was abandoned in the further part of the study. In Stage II, the selected research tool was used. The tool was a Children's Survey, based on WHOQOL-BREF in its Polish adaptation by Wołowicka and Jaracz, containing questions regarding the following areas: physical, psychological, social relations and environment relations. The scale contained also items (questions) which were analysed separately: questions regarding individual general perception of QoL and regarding general perception of one's own health [7]. The study was performed in a group of 180 children living in the same children's homes and a group of 180 children in a control group, brought up in their own families, in the same places where the children's homes were located.

Results

The results of tests obtained using the Children's Questionnaire showed a significant relationship between self-assessment of QoL and the place of upbringing, as a p value of 0.000 was obtained for the all tested categories: physical, psychological, social relations and environment, and for the questions analysed separately: self-assessment of health and QoL (*Tab. 1*). Moreover, the results of the tests obtained in the KINDL survey showed that assessment of the tested groups of children in the following categories of quality of life: good mental feeling, social relations and function in everyday life, differed at a statistically significant level, as in each case values of p=0.000 were obtained (*Tab. 2*). Using the Children's Questionnaire, a relation was shown between self-assessment of QoL and the place of living in the following categories of QoL, for which a statistical significance was found (p=0.000): physical, mental, social relations and environment. It must be noted that the results obtained for two items: self-assessment of health and self-assessment of QoL were close to the border value of 0.05 (*Tab. 3*). Results obtained with the KINDL questionnaire lead to the conclusion that the influence of the place of living on the average level of all categories of QoL was small in the control group, and larger in the test group. The place that stood out for the majority of QoL components was the city of Białystok – in the city children brought up in normal homes had higher average values, and children from children's homes had lower average values. The difference between the control group and the test group depended on the place of living – in small towns, the difference was smaller than in big ones (*Tab. 4)*. Results

Table 3. **Results of double-factor analysis of variance determining the *p* value for individual factors**

Effect	QoL	Health	Physical domain	Mental domain	Social relations	Environment
Place	0.071	0.076	0.000***	0.000***	0.022*	0.000***
Group	0.000***	0.000***	0.000***	0.000***	0.000***	0.000***
Interaction	0.000***	0.000***	0.000***	0.000***	0.002**	0.000***

Table 4. **Average level of QoL assessment depending on the place of living and the place of upbringing**

Place	Group	Good mental feeling	Physical condition	Social relations	Function in everyday life
Białystok	Control (30)	76.0	75.1	83.9	66.1
	Test (30)	55.5	62.1	61.9	52.5
Łomża	Control (23)	70.9	69.6	70.7	62.2
	Test (23)	68.7	71.9	71.6	59.6
Supraśl	Control (24)	69.5	72.2	78.0	64.9
	Test (24)	57.3	67.2	70.3	57.4
Pawłówka	Control (15)	69.8	68.9	75.0	64.7
	Test (15)	66.0	72.6	78.7	60.3
Krasne	Control (30)	72.1	69.5	81.0	63.5
	Test (30)	67.0	74.4	76.3	58.5

* – significance

Table 5. **Comparison of mean values in isolated groups, with presentation of the average values of assessment of the category of physical condition**

Gender	Group	$\bar{x}$	*s*
Girl	Total (120)	68.0	15.6
	Control (60)	70.7	15.6
	Test (60)	65.2	15.3
Boy	Total (124)	72.6	14.1
	Control (62)	72.0	14.7
	Test (62)	73.2	13.5
Tested effect		**F**	**P**
Gender		5.9	0.016*
Test group		1.3	0.255
Interaction between the factors		3.1	0.080

$\bar{x}$ – mean; s – standard deviation

obtained with the Children's Questionnaire showed that difference between average QoL assessment of children brought up in children's homes and in their own families is present regardless of age, but it is almost two times greater in the younger group (8-12 years) for the following categories of QoL: psychological p=0.005, social relations p=0.034, environment p=0.005 and health self-assessment p=0.002, and QoL self-assessment p=0.039. Results obtained with the KINDL questionnaire showed that children's age had a negative influence on the following categories of QoL: good mental feeling p=0.037, physical condition p=0.035, social relations p=0.005, and ability to function in everyday life p=0.032. Results obtained with the KINDL questionnaire showed that the sphere of QoL in which the most significant influence of gender was present (p=0.016) was physical condition. It is worth noting that the influence was mostly visible among charges of children's homes, among girls who tended to assess their physical condition as much lower (*Tab. 5*). Charges of children's homes assessed their QoL as significantly lower compared to children living in normal families, mainly in the following categories: health, physical and psychological domain, social relations (*Tab. 6*) and the ability to function in everyday life (*Tab. 7*). Based on the KINDL questionnaire, relatively strong relationships between the assessments of QoL categories was found, as the majority of determined Spearman's rank correlation coefficients remained between 0.5 and 0.7, and correlation strength was not significantly dependent on membership in the control group or the test group (*Tab. 8*). In the test group, the strongest correlation was found for good feeling and function in everyday life r=0.67; and the weakest correlation was found for physical condition and function in everyday life r=0.49. Based on the Children's Questionnaire, some stronger correlations were found in the test group, for which the values of coefficients were between 0.5 and 0.8 (*Tab. 9*). Correlations between environment and social relations were identical in both groups (r=0.54), but for the other four categories (environment vs the following categories): quality of life (r=0.65), health (r=0.60), physical domain (r=0.79), and psychological domain (r=0.73), the strength of the relationship was much higher in the test group.

Table 6. **Presentation of descriptive statistics for the Quality of Life (QoL) categories in the compared groups**

Group	Quality of Life (question 1)							Health (question 2)						
	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}
Control	81.9	20.0	0.0	100.0	75.0	75.0	100.0	79.9	20.3	0.0	100.0	75.0	75.0	100.0
test	62.9	29.0	0.0	100.0	50.0	75.0	75.0	68.8	28.3	0.0	100.0	50.0	75.0	100.0
Group	**Physical domain**							**Psychological domain**						
	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}
Control	84.0	10.9	46.4	100.0	78.6	85.7	92.9	74.5	14.7	16.7	100.0	66.7	77.1	83.3
test	73.9	18.5	25.0	100.0	60.7	75.0	89.3	59.1	24.5	0.0	100.0	37.5	62.5	79.2
Group	**Social relations**							**Environment**						
	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}
Control	81.9	17.1	12.5	100.0	75.0	87.5	100.0	76.4	12.4	37.5	100.0	68.8	78.1	84.4
test	73.3	21.4	0.0	100.0	62.5	75.0	87.5	63.6	22.4	9.4	100.0	50.0	65.6	84.4

$\bar{x}$ – mean; s – standard deviation; Me – mediana; Min. – minimal; Max. – maximal; Q – quartile

Table 7. **Presentation of descriptive statistics for Quality of Life (QoL) categories in the compared groups**

Group	Good mental feeling							Physical condition						
	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}
Control	72.0	13.4	25	97.7	65.9	72.7	81.8	71.4	15.1	31	100	61.1	72.2	80.6
Test	62.4	16.0	14	97.7	52.3	63.6	72.7	69.3	14.9	22	100	61.1	66.7	80.6
Group	**Social relations**							**Function in everyday life**						
	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}	$\bar{x}$	s	Min.	Max.	Q_{25}	Me	Q_{75}
Control	78.4	13.5	39	100	72.2	80.6	88.9	64.3	11.6	32	95	56.8	65.9	72.7
Test	71.0	17.1	11	100	63.9	72.2	83.3	57.2	14.5	20	100	50.0	55.7	65.9

$\bar{x}$ – mean; s – standard deviation; Me – mediana; Min. – minimal; Max. – maximal; Q – quartile

Table 8. **Spearman's rank correlation coefficients between the Quality of Life (QoL) categories (over the diagonal – values for the control; under the diagonal – for the test group)**

QoL category	(1)	(2)	(3)	(4)
Good feeling (1)	1	*0.71*	*0.66*	*0.67*
Physical condition (2)	0.62	1	*0.53*	*0.55*
Social relations (3)	0.63	0.55	1	*0.65*
Function in everyday life (4)	0.67	0.49	0.58	1

Table 9. **Spearman's rank correlation coefficients between the QoL categories (over the diagonal – values for the control; under the diagonal – for the test group)**

QoL category	(1)	(2)	(3)	(4)	(5)	(6)
Life quality (1)	1	*0.41*	*0.39*	*0.52*	*0.32*	*0.51*
Health (2)	0.61	1	*0.40*	*0.38*	*0.30*	*0.38*
Physical domain (3)	0.58	0.58	1	*0.46*	*0.33*	*0.49*
Psychological domain (4)	0.65	0.61	0.73	1	*0.41*	*0.58*
Social relations (5)	0.48	0.43	0.57	0.61	1	*0.54*
Environment (6)	0.65	0.60	0.79	0.73	0.54	1

Discussion

Based on the results of analysis obtained with the KINDL questionnaire, it was found that assessment of mental feeling in the group of charges of children's homes is much lower compared to the groups of children living with their own families, and that this difference is statistically significant. The present results are also supported by data from literature suggesting that children brought up in children's homes present weak mental resistance [8]. Numerous authors note that many of charges are characterised by having a strong feeling of mental discomfort triggered mostly by stress, anxiety, lack of stable support from relatives, and manifested by depression, nervousness, anxiety, inability to concentrate (at school, for exam-

ple), lack of ability to join a game, and passive sitting in front of a TV. They frequently have weaker or stronger disturbances of mental health expressed in younger children as neurosis, and in older children as school and existential anxieties, anorexia, bulimia, and depression. Tests performed much earlier showed that the presence of a mother is necessary for a child's proper development. Lack of this contact causes anxiety that is responsible for inhibition of mental and physical development. The tests also proved that the earlier a child loses his/her contact with close family, the more pronounced are the changes that occur in his/her mental and physical development [9,10]

Based on data of our own studies, it was found that children brought up in children's homes had a significantly lower assessment of the category of physical domain in the Children's Questionnaire. Our results confirms data from literature suggesting that the majority of charges of children's homes show departures from a normal health condition, sometimes even very serious ones [11], and that a significant group of children's homes charges requires special care and support because of their health defects [12]. Studies by el-Gendi and Abd el-Rehim realised among children living in children's homes in Cairo have proven the worse physical development of charges of care and upbringing institutions compared to children brought up in family homes [13]. Charges were characterised by lower body weight, lesser height, and skin diseases, and parasitic infections were a very common phenomenon. Similar results were obtained by Makhlouf [14] for children brought up in children's homes in Cairo. The author proved that charges of those institutions are more prone to parasitic infections. Similar results are suggested by Chisholm [15], who reported that two children from children's homes in Romania adopted by Canadian families were largely neglected, as they showed under nourishment, were stressed, their development was delayed, and suffered from parasitic diseases and chronic inflammation of ears leading to 40% hearing loss. This is also confirmed by observations of Nzimakwe et al. [16], who realised their study in children's homes in South Africa, of Baldo et al. [17] and Saksirisampant et al. [18]. Mietzel [19] reports that Wayne, a researcher of the children's home in Teheran, showed the negative influence of low-stimuli conditions present in the institution on the motor development of children brought up there. Analysis of the present report allows us to state that QoL assessment in the category of social relations is much lower in the population of children brought up in children's homes, compared to assessment of children in the control group, and this difference is statistically significant. The results are consistent with data reported in professional literature. Numerous studies concerning the development of children brought up from early childhood in care and upbringing institutions note some difficulties in shaping close interpersonal relations, and the fact that disturbances in emotional development are usually connected with disturbances in social relations [20,21]. According to Kulpiński [22], charges of small children's homes and pre-school groups of children's homes tend to take to every person, even to someone met for the first time. Consistent reports come from Vorria et al. [23].

Based on the analysis of our own results obtained with the KINDL questionnaire, it was found that the assessment in the category of function in everyday life is lower in case of children from a children's home, and that the difference is statistically significant. Those results are supported by studies of other authors [24,25].

It is possible to state that children brought up in their own families assess their QoL higher. Minimal values for the four categories of QoL: physical domain, psychological domain, social relations and environment, are lower in the case of children brought up in children's homes. Charges of the care and upbringing institutions assessed their quality of life and health as significantly lower. The difference between the study group and the control was highly statistically significant in all categories. Results obtained in our own study are comparable with literature reports [26,27].

Analysis of the KINDL questionnaire showed significance of the influence of place of living on the assessment of the QoL category of social relations. The assessment was significantly lower in the case of charges of children's homes in Białystok and Łomża. Additionally, earlier conclusions regarding the high significance of influence of being brought up in a children's home on the decreased QoL category of social relations were confirmed, as for the negative influence of entering adolescence. It should be noted that the influence of the place of living on the average level of assessments for all QoL categories was small in the control and more pronounced in the test group. Moreover, it was found that the place standing out for the majority of QoL categories was the city of Białystok, as there the children brought up in their own families had higher average results, and children from children's homes had lower ones. Moreover, it was shown that the difference between the control and test group depended on the place of living. Therefore, it was smaller in small towns as compared to big ones. It is, therefore, justified to suppose that charges of children's homes located in big cities will feel the fact of being a child from a children's home stronger than charges of homes located in smaller towns, where the difference between the two compared groups was not as visible. Formicki et al. report that almost half of children's homes charges in Oświęcim and Jaszczurowa would like to live in a big city in a future, and – in consequence – have broader possibilities and perspectives in their life [28]. It is probable that the charges are fully aware of the differences in life standards occurring between small towns/villages and large cities.

Analysing the data obtained in the Children's Questionnaire it is possible to state that the influence of the place of living on the average level of all QoL categories was small in the control group. However, in the test group composed of charges of children's homes located in the cities of: Białystok, Łomża, and Supraśl, a similar average quality of life values was observed, but those values were significantly lower than in the control groups. The difference was always the biggest in Białystok.

Moreover, results of the tests have proven that for all QoL categories a statistically significant interaction was observed between the place and membership in a group, and the place of living itself was statistically significant for the physical domain, mental domain and environment, and to a smaller extent for social relations. The analysis of test results obtained with the KINDL questionnaire, comparing their average results it was found that the influence of age on good mental feeling was visible mostly in the older age group, and that the influence

was negative. Moreover, it is worth noting that the difference between the quality of life in this category, between children from the control group and children from children's homes, was also significantly higher in the older age group. A study by Woynarowska et al. [29] among 11-15-years youth in Poland proved that the number of people who are highly satisfied with their life decreases with age, and the number of dissatisfied people increases, and that proportion of youth who always or frequently believe in their abilities decreases with age among girls. The authors suppose that this may be a result of changes that occur during the adolescence period, and also of a new situation connected with changing schools.

We found that in the category of physical condition, the influence of the "age" factor on the assessment was significant in the test group. Studies performed by Łuczak [30] among charges of care and upbringing institutions located in Warsaw proved that children over a year of age suffered mainly from inflammations of their upper respiratory tract (rhinitis, laryngitis, bronchitis), and infants more frequently suffered from ear infections as compared to other children.

The results from the Children's Questionnaire showed that a difference between the average assessment of QoL of children from children's homes and of children from normal families is present for all ages, but it is almost twice as high in the younger period. An influence of age on the assessment of quality of life was found only in the test group, and the significance of the "test group" factor was shown. Supplementing the results presented above, it is worth noting that Talarska, in her study on students of post-primary and secondary schools, showed the existence of a statistically significant difference in global assessment of QoL, depending on the age of the youth [31]. Kaim suggests that negative assessments regarding life satisfaction increase with age [32].

We found that the only QoL category in which significant influence of the gender factor was visible in the KINDL questionnaire was physical condition. It is also worth noting that the influence was visible mostly among charges of children's homes, and namely in girls who tend to assess their physical condition as much lower. Concurrent results for populations of girls brought up in their own families have been reported by other researchers [33,34].

Results obtained with the Children's Questionnaire have not, shown any significant differences between boys and girls, in scope of assessment of areas of life in the questionnaire. This is not completely consistent with the literature [35,29].

Conclusions

A significant relation was found between self-assessment of quality of life and the place of being brought up. A relation was shown between QoL self-assessment and the place of living, age, gender and physical condition of the children. Charges of children's homes assessed the quality of their life much lower compared to the children brought up in normal families, mainly in the following categories: health, physical domain, psychological domain, social relations and the ability to function in everyday life. In the KINDL questionnaire, a rather strong relation was found between assessments of QoL categories, and the strength of the correlation was not significantly dependent on membership in the control or the test group.

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