



# “A STUDY TO ASSESS THE EFFECTIVENESS OF YOGA THERAPY ON QUALITY OF LIFE AMONG CHILDREN LIVING IN SELECTED ORPHANAGES OF THE CITY.”

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**Abstract:** The children are the new buds that are going to be blossoms of future. However, there are numerous orphan children in our country who do not get any kind of love and affection from anyone. In India 30 million children are orphan. Quality of life (QOL) is a composite measure of physical , mental and social well being .orphan's quality of life is very low when compared to other children. Yoga is cost effective and safe method among complementary and alternative medicine which can have a good impact on QOL of orphan children. Materials and methods used: A Quantitative approach, Experimental research design used to assess the effectiveness of yoga therapy on Quality of life among children living in selected orphanages. among 170 samples 85 controlled and 85 experimental group each at selected orphanages of the city by using non-Probability purposive sampling technique by implementing the modified paediatric quality of life 4.0 Generic inventory scale. Result: In experimental group the majority of sample 67(78.82%) had good Quality of life, 18 (21.17%) had Fair Quality of life, none had Poor Quality of life . Whereas in Control group majority sample 79(92.94%) had Fair Quality of life, 6 (7.05%) had good Quality of life and none of the sample in poor Quality of life. t value was 26.84 at the level of P 0.05. since p value is <0.000 gives sufficient event to conclude that after receiving yoga therapy is effective in improving quality of life among children living in orphanage.

**Key Words-** Yoga therapy, Orphan, Quality of life.

## I. INTRODUCTION

Family is one of the main socializing institutions of the society. Within the family, the child learns the social norms, values and become capable of having healthy relations with the other members of the society. Most children without parental support are at risk and may have negative effects because of their parent's death, thus becoming vulnerable to physical and psychological problems. More than 153 million children worldwide have been orphaned by the loss of one or both parents and millions more have been abandoned. There is a strong association between child health measures and the health of their primary caregivers. The strategies to support orphan children may include taking steps to ensure food security, foster gender equality, and prevent and treat traumatic events. Yoga, a feasible and acceptable activity with self-reported benefits to child's mental and physical health, may play effective role in the rehabilitation of orphaned children.

## II. SUBJECTS AND METHODS

The research design used in this study is Experimental research design. study was conducted among 170 samples 85 controlled and 85 experimental group each at selected orphanages of the city by using Non-Probability purposive sampling technique by implementing the modified paediatric quality of life 4.0 Generic inventory scale. Tool was provided to samples to fill the information about quality of life including different domains i.e. Physical, Emotional, Social, School and overall psychological functioning. yoga intervention given to experimental group 1 hour daily for 15 days and routine care for control group. post test conducted for Experimental and control group a day after yoga therapy completion.

## III. RESULTS AND DISCUSSION

The research study findings have been discussed with relevance to the objectives. In experimental group the majority of sample 67(78.82%) had good Quality of life, 18 (21.17%) had Fair Quality of life, none had Poor Quality of life. Whereas in Control group majority sample 79(92.94%) had Fair Quality of life, 6 (7.05%) had good Quality of life and none of the sample in poor Quality of life.

About the effectiveness of yoga therapy on experimental group the pretest mean was 45.42 and post test mean is 70.94. pre-test and post-test SD are 8.34 & 7.19 respectively. Calculated SEM is 0.90 in pretest and 0.78 in post-test. The paired t test was applied to compare difference between average scoring of before and after administration of yoga therapy. t value was 26.84 at the level of P 0.05. since p value is <0.000 gives sufficient event to conclude that after receiving yoga therapy is effective in improving quality of life among children living in orphanage.

Whereas In control group, pretest and post-test mean was 45.77 and 44.68 respectively. Calculated SD in pretest is 8.99 and in post-test 6.62. SEM of pretest and post-test was 0.97 and 0.71 respectively. The paired t test was applied to compare difference between two tests. It was found that, the paired 't' test value was 1.63 at the level of P 0.05. Since P value is 0.105, it is statistically not significant at 0.05 level.

**SECTION I : Frequency distribution of socio demographic variables among children in orphanage.****Table No. 1 Frequency distribution of children according to their socio demographic characteristics in experimental and control group**

N=170

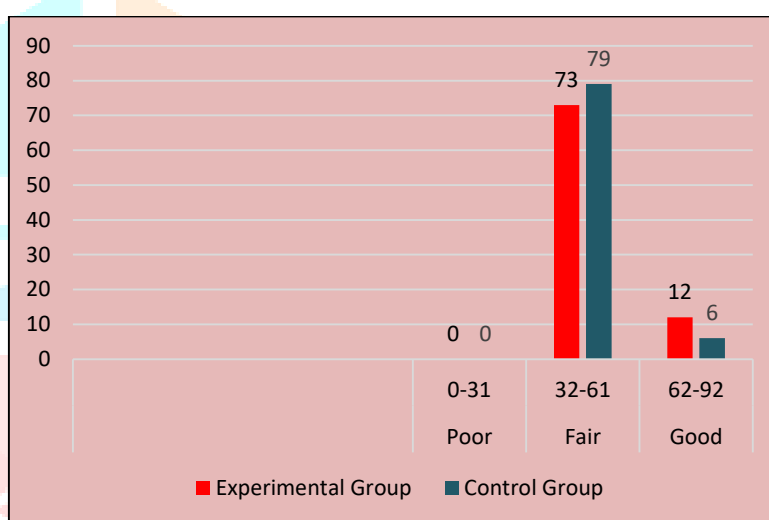
Sr No	Variable	Category	Experimental group (N=85)		Control group (N=85)	
			Frequency	%	Frequency	%
1	Age	11-13 years	27	31.76	9	10.59
		14-15 years	32	37.65	39	45.88
		16-17 years	26	30.59	37	43.53
2	Gender	Male	45	52.94	53	62.35
		Female	40	47.06	32	37.64
3	At what age admitted in orphanage (years)	Below 5 years	13	15.29	0	0.00
		5-10 years	47	55.29	71	83.53
		> 10 years	25	29.41	14	16.47
4	Reason for being in orphanage	Death of parents	34	40.00	46	54.12
		Abandoned by family	33	38.82	25	29.41
		Run away from family	0	0	1	1.18
		any other	18	21.18	13	15.29
5	Duration of staying in orphanage	<1 year	3	3.53	1	1.18
		1-5 years	53	62.35	65	76.47
		≥5 years	29	34.12	19	22.35
6	Education of child	Secondary	42	49.41	36	42.35
		Higher secondary	43	50.59	49	57.65
7	Academic performance	Poor (less than 50%)	5	5.88	0	0.00
		Average(51-75%)	51	60.00	64	75.29
		Good (75% above)	29	34.12	21	24.71
8	The child favorite hobbies	Singing	10	11.76	4	4.71
		Dancing	31	36.47	19	22.35
		Drawing	14	16.47	26	30.59
		any other	30	35.29	36	42.35
9	Habit of doing any yoga in day to day life	Yes	0	0.00	0	0.00
		No	85	100.00	85	100.00
10	Do you have any physical disability that restrict your daily living activities	Yes	0	0.00	0	0.00
		No	85	100.00	85	100.00
11	History of any chronic illness	Yes	0	0.00	0	0.00
		No	85	100.00	85	100.00

## Section II: Assessment of pre-test and post-test Quality of life among experimental and control group children.

**Table 2- Frequency and percentage distribution of pretest Quality of life among children in experimental and control group**

N=170

Level of overall quality of life	Score	Experimental Group		Control Group	
		Pre-test		Pre-test	
		Frequency	Percentage (%)	Frequency	Percentage (%)
Poor	0-31	0	0	0	0
Fair	32-61	73	85.88	79	92.94
Good	62-92	12	14.11	6	7.05



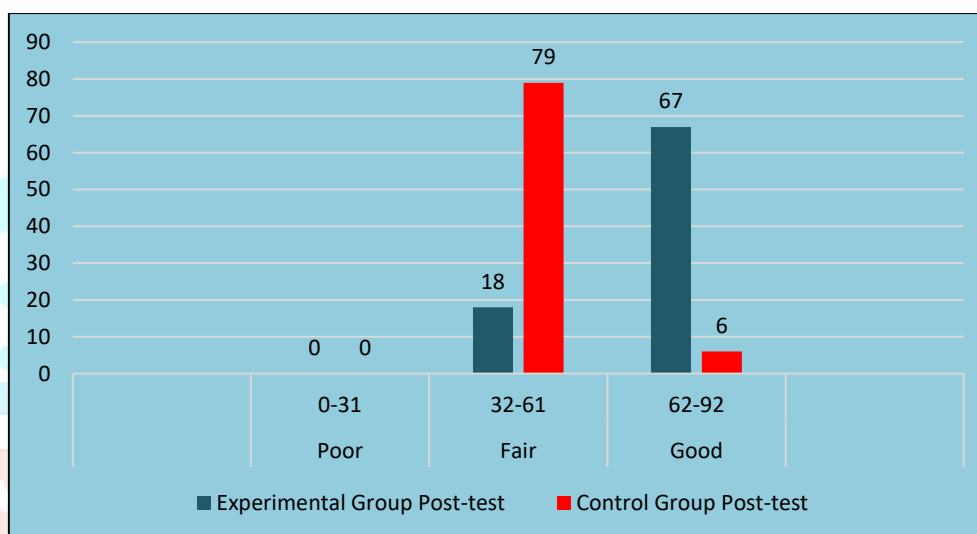
**Bar Graph no. 1 Frequency and distribution of pre-test Quality of life in Experimental and control group**

The above graph shows that, In Pretest, quality of life in experimental and control group, in experimental group majority of the samples 73 (85.88%) had a fair Quality of life, whereas 12 (14.11%) had good Quality of life and none in poor Quality of life, and in control group majority of the sample 79(92.94%) had fair Quality of life, 6(7.05%) had good Quality of life in control group, and none of the sample were having poor Quality of life.

**Table 3 - Frequency and percentage distribution of post-test Quality of life among children in experimental and control group**

N=170

Level of overall quality of life	Score	Experimental Group		Control Group	
		Post-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
Poor	0-31	0	0	0	0
Fair	32-61	18	21.17	79	92.94
Good	62-92	67	78.82	06	7.05



**Bar Graph no 2-frequency distribution of post-test Quality of life in Experimental and control group.**

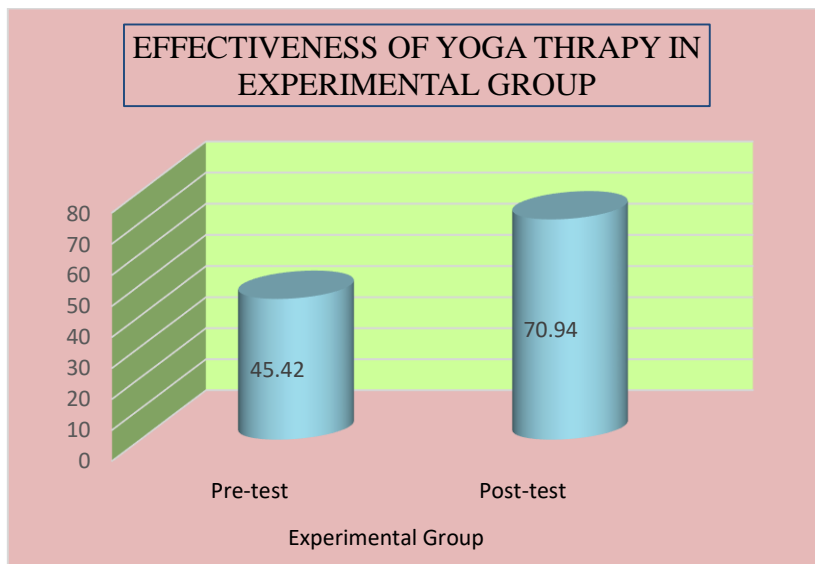
The above graph shows that post-test Quality of life in experimental and control group. In experimental group the majority of sample 67(78.82%) had good Quality of life, 18 (21.17%) had Fair Quality of life, none had Poor Quality of life. Whereas in Control group majority sample 79(92.94%) had Fair Quality of life, 6 (7.05%) had good Quality of life and none of the sample in poor Quality of life.

### Section III: Evaluate the effectiveness of yoga therapy on quality of life among selected orphanages children.

**Table 4 -Effectiveness of yoga therapy on quality of life among children staying in orphanage**

N=85

Group	Test	Mean	SD	SEM	T	DF	P-value
Experimental Group	Pre-test	45.42	8.34	0.90	26.84	84	p<0.000 S
	Post-test	70.94	7.19	0.78			



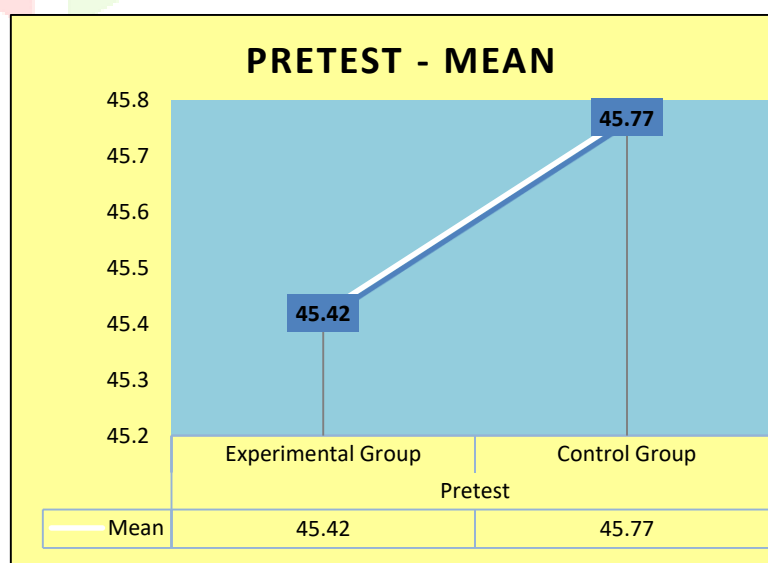
**Bar graph 3- Effectiveness of Yoga therapy on children in Experimental group**

Above graph shows that in experimental group, pretest mean is 45.42 and post test mean is 70.94 shows significant effect of yoga therapy on Quality of life among children living in orphanages.

**Table No 5- Comparison of Mean Pre-test and post-test Quality of life among children living in orphanages.**

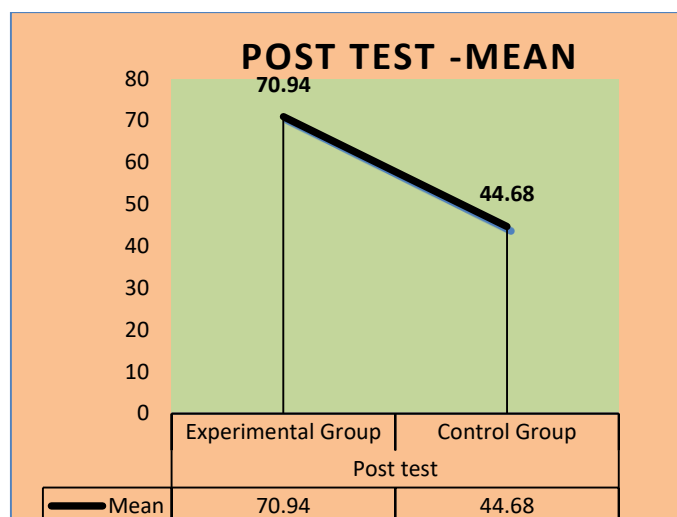
N=170						
Test	Group	Mean	SD	SEM	T value	P-value
Pretest	Experimental Group	45.42	8.34	0.90	0.260	P=0.795
	Control Group	45.77	8.99	0.97		NS
Post-test	Experimental Group	70.94	7.19	0.78	27.062	P<0.000
	Control Group	44.68	6.62	0.71		S

NS= Non significant; S= Significant



**line graph - Pretest mean value of Experimental and control group**

Above graph shows that in pretest experimental and control group mean score was 45.42 and 45.77 respectively .



**Line graph - Post test mean value of Experimental and control group.**

Above line graph shows that in experimental group post test mean is 70.94 whereas in control group mean value is 44.68 .

#### Section IV: Association between Quality of life scores and selected demographic variables of children staying in orphanage

**Table no 6: Association between Quality of life scores and demographic variables in experimental group**

Sr NO	Demographic Variables	Quality of Life			TOTAL	Df	Chi square Value	P Value	Significance
		Poor	Fair	Good					
1	<b>Age in years</b>				27	2	2.793	0.247	Not significant
	11-13 years	0	25	2					
	14-15 years	0	28	4					
	16-17 years	0	20	6					
2	<b>Gender</b>				45	1	2.729	0.089	Not significant
	Male	0	36	9					
	Female	0	37	3					
3	<b>At what age admitted in orphanage (years)</b>				13	2	1.116	0.572	Not significant
	Below 5 years	0	11	2					
	5-10 years	0	39	8					
	> 10 years	0	23	2					
4	<b>Reason for being in orphanage</b>				34	3	3.951	0.267	Not significant
	Death of parents	0	32	2					
	Abandoned by family	0	27	6					

	Run away from family	0	0	0	0				
	any other	0	14	4	18				
5	<b>Duration of staying in orphanage</b>					2	0.763	0.683	Not significant
	<1 year	0	3	0	3				
	1-5 years	0	46	7	53				
	≥5 years	0	24	5	29				
6	<b>Education of the child</b>					1	3.331	0.064	Not significant
	Secondary	0	39	3	42				
	Higher secondary	0	34	9	43				
7	<b>Academic performance of the child</b>					2	0.909	0.635	Not significant
	Poor	0	4	1	5				
	Average	0	44	7	51				
	Good	0	24	5	29				
8.	<b>The child favourite hobbies</b>					3	10.68	0.014	Significant S
	Singing	0	10	0	10				
	Dancing	0	30	1	31				
	Drawing	0	13	1	14				
	any other	0	21	9	30				
9	<b>Habit of doing any yoga in day to day life</b>								No statistics are computed because variable 9 is a constant.
	Yes	0	0	0	0				
	No	0	73	12	85				
10	<b>Do you have any physical disability that restrict your daily living activities</b>								No statistics are computed because variable 10 is a constant.
	Yes	0	0	0	0				
	No	0	73	12	85				
11	<b>History of any chronic illness</b>								No statistics are computed because VAR 11 is a constant.
	Yes	0	0	0	0				
	No	0	73	12	85				



Table no 7: Association between Quality of life scores and demographic variables in control group

Sr. N O	Demographic Variables	Quality of Life			TOTAL	Df	Chi square Value	P Value	Significance
		Poor	Fair	Good					
1	<b>Age in years</b>								
	11-13 years	0	9	0	9	2	1.273	0.529	Not significant
	14-15 years	0	34	5	39				
	16-17 years	0	33	4	37				
2	<b>Gender</b>								
	Male	0	47	6	53	1	0.80	0.542	Not significant
	Female	0	29	3	32				
3	<b>At what age admitted in orphanage (years)</b>								
	Below 5 years	0	0	0	0	2	1.985	0.181	Not significant
	5-10 years	0	62	9	71				
	> 10 years	0	14	0	14				
4	<b>Reason for being in orphanage</b>								
	Death of parents	0	40	6	46	3	2.249	0.522	Not significant
	Abandoned by family	0	24	1	25				
	Run away from family	0	1	0	1				
	any other	0	12	1	13				
5	<b>Duration of staying in orphanage</b>								
	<1 year	0	1	0	1	2	0.764	0.683	Not significant
	1-5 years	0	58	8	65				
	≥5 years	0	17	2	19				
6	<b>Education of the child</b>								
	Secondary	0	33	3	36	1	0.335	0.418	Not significant
	Higher secondary	0	43	6	49				
7	<b>Academic performance of the child</b>								
	Poor	0	0	0	0	2	0.699	0.322	Not significant
	Average	0	58	6	64				
	Good	0	18	3	21				
8	<b>The child favorite hobbies</b>								
	Singing	0	3	1	4	3	2.408	0.492	Not significant
	Dancing	0	16	3	19				
	Drawing	0	23	3	26				
	any other	0	34	2	36				
9	<b>Habit of doing any yoga in day to day life</b>								
	Yes	0	0	0	0	No statistics are computed because variable 9 is a constant.			
	No	0	76	9	85				
10	<b>Do you have any physical disability that restrict your daily living activities</b>								
	Yes	0	0	0	0				

	No	0	76	9	85	No statistics are computed because variable 10 is a constant.
11	<b>History of any chronic illness</b>					
	Yes	0	0	0	0	No statistics are computed because VAR 11 is a constant.
	No	0	76	9	85	

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#### REFERENCES:

- 1) Bharathi N. A study to assess behavioural problems among orphans in selected orphanages in view to impart teaching program regarding selected coping strategies. Jeyaraj Annapackiam college of nursing, 2012;1-17.
- 2) Mudasir M, Orphans in Orphanage and their psychological problems. International NGO journal 2012;7(3): 56-63.
- 3) Thomas J, Nanna S.K, Self- and proxy reports of quality of life among adolescents living in residential youth care compared to adolescents in the general population and mental health services. Health and Quality of Life Outcomes (2015); 13(1) :104
- 4) Wikipedia. The free encyclopaedia.Orphan. Available from: URL: <http://en.wikipedia.org/wik/orphan>.
- 5) Alonazi W.B. The impact of chronic disease on orphan's quality of life living in extended social care services: a cross sectional analysis. Health Qual Life Outcomes 2016; 14(1):55. <https://doi.org/10.1186/s12955-016-0459-x>
- 6) Li AW, Goldsmith CA. The effects of yoga on anxiety and stress. Alternative medicine review 2012 ;17(1):21-35.
- 7) Woodyard C, exploring the therapeutic effects of yoga and its ability to increase quality of life. international journal of yoga 2011; 4(2):49
- 8) Gemechu S,Lemi B, Dereje Prevalence of depression and its associated factors among orphan children in orphanage. Journal of Psychiatry2018;7.
- 9) Toutem S,Singh V,Ganguly E,Morbidity Profile of Orphan Children in Southern India. International journal of Contemporary paediatrics 2018;5(5):1947-1951

10) Wasima R. Prevalence of behavioural and emotional disorders among the orphans and factors associated with these disorders. Medical university Journal 2012;5(1):30-34.

11)(<https://www.indiatoday.in/coronavirus-outbreak/story/covid-orphans-lancet-study-india-death-caregiver-1831040-2021>)

12) (<https://www.unicef.org>)

