

CHILDREN'S EXPERIENCES OF SUBJECTIVE WELLBEING AND CARE IN INSTITUTIONAL SETTING

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ABSTRACT

The present study has been designed to examine the Children's care and wellbeing in institutional setting. A well-designed interview schedule was used to gather the information from children and a scale to gauge the subjective wellbeing of Kashana's residents was used as well. Three Kashana i.e. Rawalpindi, Faisalabad and Lahore were selected as a population of the present study. The purposive sampling technique was used from the target population; about 150 respondents. Analysis of the data was made on the basis of Univariate descriptive, bivariate descriptive analysis and Chi-square test. The results indicates that slightly more than half of the respondents exhibited moderate level of subjective wellbeing and remaining half were assessed high level of wellbeing. The study found that Kashana plays an important role in the life of residents as majority of the children were satisfied with all the facilities. It was found that Kashana is one of the major institutions that provide a peaceful shelter with all the basic necessities (food, education, health care) to vulnerable children.

Keywords: Children, Subjective wellbeing, Care, Institution, Kashana, Welfare.

INTRODUCTION

Children are considered as the future of any nation being most precious asset. In Pakistani society children are believed as blessing. A family without children are considered imperfect and without blessing (Sajid, Masih, & Nawaz, 2019). In Pakistan children are raised with much emotional and physical attention and care. Male children are especially the symbol of respect and dignity for the family (Harry, 2012). In Punjabi culture of Pakistan children are considered a valuable asset and mothers are mainly responsible for child bearing and their brought up (Qamar, 2018).

In Pakistan the population of children is more than 70 million. Majority of children grow up in an environment where they cannot have access to basic amenities of life like health care, education, protection from abuse and exploitation. The orphan children are more vulnerable and easy victim of cruelties of society and militancy (Abdullah, Shahzad, Riaz, Fatima, & Abbasi, 2015). In a recent report of UNICEF (2017), it has been revealed that globally, 140 million children are living without both or at least one parent and about 2.7 million children are living in care institutions (Petrowski, Cappa, Gross, 2017). However, UNICEF doubted this number because many of the privately-run care institutions are not registered and number of children remains under-reported and there are almost 8 million children living in such institutions. According to report, there are 5,72,20,000 orphan children in whole of Asia which constitute 5.8 percent of total population. (UNICEF, 2009; Kumar, Varghese, Chaturvedi, Agrawal, Fating, & Makkad, 2012).

Subjective wellbeing is the satisfaction of individuals with their life. According to Huebner et al. (2003). "Life satisfaction is a person's general subjective appraisal of the positivity of his or her life as a whole or with certain life domains," (p. 03). Positive subjective wellbeing in childhood predicts adult happiness, and vice versa (Ahmed & Zaman, 2019). Ben-Arieh (2008) underlined that new domains, rather than conventional ones, should be used to assess children's well-being. In less-

developed places, children's well-being is generally tied to financial factors. In wealthy countries, however, the attention has shifted to non-material aspects of a child's existence. It has become imperative to shift the paradigm away from solely economic indicators and toward both economic and non-economic indicators, as well as away from the well-being of financially disadvantaged children toward the well-being of all children (Saith & Wazir, 2010).

Children's happiness is a broad phrase. It is distinct from the notion of well-being. Well-being is defined as contentment in the present, but well-becoming is defined as success and pleasure in the future. Children's well-being encompasses their financial situation, rights, social relationships, and growth chances. Subjective wellbeing refers to how children evaluate their own lives. Level of happiness, life satisfaction, and a sense of flourishing are all components of subjective wellness (BenArieh, 2006). In all countries, child welfare institutions are designed to provide all necessary needs to the underprivileged children. These residential institutions provide care, protection, education and rehabilitation to socially handicapped children i.e. orphans, poor, needy, and destitute children. These include temporary homes, recreational and cultural centers. Social Care Institutions for children without parental care are juridical persons that are engaged in non-profit activities under the authority of the State Social Service. Their function is defined by special rules of procedure. The institutions offer services both for orphaned children and other categories of children considered as "children with social problems". The state social care institutions are under the responsibility of the State Social Service. The non-state institutions are instead set up and conduct their activity in accordance with the laws in force, and are funded by non-profit organizations and non-state foundation (Child Protection: Protecting all children in Pakistan from all forms of violence, neglect and exploitation, n.d).

The residential and institutional home care for children means the living arrangements for small group of children, without parents and surrogate parents. The care is being delivered by adult employees of that institution. There are professional relationship between children and care providers instead of parental relationship. Activities in institutions are organized and routine structure of living like eating, sleeping, studying etc. Children in emergency care centers, hospitals, boarding schools include residential care institutions (Browne, 2009). Majority of children living in care institutions belong to middle income countries and hence spend life with compromised quality of living. The situation of care homes (orphanages) vary from country to country depending upon legislation pertinent to childcare, care system/ welfare services for children and allocation of resources for such institutions (Ainsworth, & Thoburn, 2014). Contrary to economically well-off countries in which such children are given sufficient resources for accommodation and protection from abuse and/or neglect, children low- and middle-income countries suffer in care institutions because of lack of sufficient resources and poor mechanism of spending meager resources (Nazeer, & Khurram, 2017).

In Pakistan, Social Welfare is a multi-faceted discipline in its wider functions and objectives. It serves to the welfare of indigent, disabled, destitute, economically and socially oppressed individual of community and develops them into efficient self-sufficient component of development. There is a proper system in Pakistan for providing residential care to the homeless and neglected segments of the society. This system provides the residential/ institutional care to the children but women and senior citizen too (Rehmatullah, 2002). Children Homes (Orphanages), Apna Ghar (Model Children Home), Chamman (Centre for the Treatment & Rehabilitation of Mentally Retarded Children), Neghaban (Center for Lost, Kidnapped and Runaway Children) and Gehwara (Abandoned babies & Destitute Children Home) are the some of the Institutions operating by Social Welfare Department for the rehabilitation and welfare of the neglected and deprived children. Another institution named as Kashana (Home for Orphans and Needy Girls) is working under Social Welfare to provide boarding & lodging services to the orphan and needy girls (Child Welfare Services, 2022).

Kashana, the Welfare Home which is working for orphan, needy and destitute children was initially established at Lahore since 1973. Further two more institutions were established at Sargodha and Rawalpindi. This institution provides protection to the orphan, needy and destitute girls. The institute is mandated to provide boarding & lodging, educational, medical and recreational services free of cost. This welfare institution also enables the female children to find self-employment, honorable employment and makes settlement for marriage. The institution imparting different services to girls such as free boarding and lodging, free medical care, training to income generating skills, religious education, formal education, adults' education, psychological assessment and treatment to build their personality and character and recreational services etc. a considerable number of female children are residing in these homes (Child Welfare Services, 2022).

The study in hand aimed at analyzing the level of wellbeing of residents of Kashana as well as its role in providing homelike care services and uplift the socio-economic status of destitute female children. This study will directly contribute to the society as its main focus is children, and the society can only strengthen if it takes care of its children. The study has following objectives to achieve:

1. To assess the level of Subjective wellbeing of the residents of Kashana.
2. To study the relationship between provision of facilities and wellbeing.
3. To study the role of Kashana to uplift the socio-economic status of its residents.

RESEARCH METHODOLOGY

The selected population of present study was such inmates who were residing in Kashana. By using purposive sampling technique data was collected by all children residing in kashana and respondents will be those children who are registered and living in kashana, social welfare department, Government of Punjab, Pakistan. In this we used census approach as there were only 150 inmates of three kashanas of Punjab. The total number of Kashana welfare institutions in Punjab Province is three. A survey was carried from a sample of 150 inmates residing in kashana (Lahore, Faisal and Rawalpindi).

An interview schedule was constructed for the purpose of data collection. Interview schedule included close ended and open ended questions. The researcher developed this tool to assess their needs and problems in Kashana, observe staff behavior with respondents, their experiences regarding cares and services and socioeconomic profile of respondents in Kashana. The researcher developed a 'Children Subjective Wellbeing scale-24' as well to measure the level of wellbeing. It constitutes 24 items. These items focus on the physical and mental health status, relationships and environment, positive feeling and negative feelings of respondents. The responses were measured on a 3-points scale. The responses were categorized as "To some extent" "Yes" and "No". The response categories were scored as: No = 0, To Some Extent= 1 and Yes= 2.

On the basis of 24 items measuring the subjective wellbeing, a respondent could get a minimum score of "0" and the maximum score of "72", lower score indicating low level, and higher score showing high level of wellbeing among children. The score index of 0-72 was divided into 4 about categories like: lower wellbeing (0-18), moderate level of wellbeing (19-37), high level of wellbeing (38-56) and very high level of wellbeing (57-72). After getting results of pre-testing interview schedule was finalized by approval of supervisor.

Data was collected from the inmates living in Kashana Homes which were selected in the sample. After data collection, data has been coded into SPSS software. For gaining results of this study data was analyzed into two sub sections including descriptive and inferential statistics. Descriptive results are further divided into two categories uni-variate frequencies and valid percentages and bivariate cross tabulation of the study variables. At second level, inferential statistics included Chi-square was also used.

RESULTS OF THE STUDY

Table-1: Demographic characteristics of the respondents (N=150)

Variables	Per.	Variables	Per.
Age		Family size	
05-10	16.0	02-04	12.7
11-15	49.3	05-07	54.0
16-20	32.0	08-10	26.7
21-25	2.7	11-13	4.7
Education		Not applicable	2.0
Illiterate	4.0	Father's occupation	
Primary	40.7	Professional	4.0
Middle	23.3	Skilled Labor	26.0
Matric	25.3	Self-employed	14.7
F.A	4.7	Not Applicable	55.3
B.A	2.0	Mother's occupation	
Family system		Professional	12.0
Nuclear	75.3	House maid	16.7

Joint	22.7	Self-employed	5.3
Not applicable	2.0	Not applicable	66.0
Community		Family income	
Rural	38.7	1000-5000	10.7
Urban	59.3	6000-10000	37.3
Not applicable	2.0	11000-15000	18.0
Residential Status		16000-20000	5.3
Refugee	3.3	Not applicable	28.7
Migratory	30.0		
Nomadic	3.3		
Local	63.3		

This table presents the results of univariate descriptive results of the socio-demographic characteristic of the respondents. Data found that age wise distribution among children is not universal and there are children who are above the defined age limit of children for Kashana (6-18 years). Interestingly, about 2.7% respondents belong to age group 21-25 years of age. About 4% of the respondents are totally illiterate but all other were getting education from primary to bachelor. Majority of the respondents claimed that they were living in nuclear family system (75%). Most of the residents (60%) were belong to urban community and poor families as the average family income of the residents were about eleven thousands.

Table-2: Education, quality of life and Kashana services (N=150)

Variables	Per.	Variables	Per.
Opinion to improve living standard		Life in Kashana	
Provision of tutor	9.3	Strongly agree	16.0
Improve the Infrastructure	10.7	Agree	65.3
Improve the education system	9.3	Slightly agree	16.7
Provision of facilities	22.7	Neither agree Nor disagree	1.3
Not applicable	48.0	Slightly disagree	.7
Intention to leave Kashana		Reason to leave Kashana	
Yes	20.0	Missing her family	20.0
No	80.0	Not applicable	80.0
Why to reside in Kashana		Money and possession	
For study purpose	58.7	Yes	28.7
Due to Financial problem	18.0	No	71.3
Don't know about Parents	3.3	Utilization of money	
Not applicable	20.0	Self-Need	18.7
Utilization of leisure time		School necessities	10.0
Playing with inmates	42.7	Not applicable	71.3
Read Books	27.3	Feeling of inferior	
Painting	2.7	Yes	10.0
Stitching	3.3	No	90.0
Not applicable	24.0		
Factors of inferiority		Working in Kashana	
Poverty	2.7	Yes	32.7
Low performance in Studies	7.3	No	67.3
Not applicable	90.0	Vocational training	
Type of working		Stitching	11.3
Clean their own rooms	18.7	Beautician	4.7
Help the female cook	14.0	Art work	4.0
Not applicable	67.3	Not applicable	80.0

This table presents the information about the educational facilities, quality of life and information about Kashana services. When respondents are asked about their opinion about increase in

living standard majority of the respondents i.e. about 48% stated that they don't have any opinion to improve services. When respondents were asked about the satisfaction from life in Kashana, data indicated that only 7% respondents were dissatisfied whereas remaining were satisfied. Only about 20% of the respondents were willing to leave Kashana.

When they were asked about the reasons to leave Kashana they reported that they are missing their families. About 80% of the respondents who were willing to reside in Kashana reported that they want to reside because of study purposes (58.7%) and due to financial problems (18%).

Table-3: Extent and Nature of Children's Subjective Wellbeing

Subjective Wellbeing of Children	Freq.	Per.
Low wellbeing (0-18)	00	0.0
Moderate level of Wellbeing (19-37)	79	52.7
High Level of Wellbeing (38-56)	71	47.3
Very High Level of Wellbeing (57-72)	00	0.0
Total	150	100

This table showed the level of Subjective wellbeing of children residing in Kashana. This data has been analyzed by using Children Wellbeing Scale developed by the researcher. The results indicated that slightly more than half of the respondents i.e. 52.7% (79) were lie in the category of moderate level of subjective wellbeing while 47.3% (71) were estimated to have high level of wellbeing. It indicated that majority of respondents were enjoying good level of wellbeing as no one reported low wellbeing level.

Table-4: Cross tabulation between socio-demographic characteristics and wellbeing among children (N=150)

Variables	Wellbeing (%)		Variables	Wellbeing (%)	
Age	Moderate	Higher	Family size	Moderate	Higher
05-10	17.9	13.9	02-04	11.5	13.9
11-15	48.7	50.0	05-07	52.6	55.6
16-20	33.3	30.6	08-10	33.3	19.4
21-25	0	5.6	11-13	2.6	6.9
Education			Not applicable	0	4.2
Illiterate	2.6	5.6	Father's occupation		
Primary	42.3	38.9	Professional	1.3	6.9
Middle	21.8	25.0	Skilled Labor	30.8	20.8
Matric	24.4	26.4	Self-employed	15.4	13.9
F.A	6.4	2.8	Not Applicable	52.6	58.3
B.A	2.6	1.4	Mother's occupation		
Family system			Professional	7.7	16.7
Nuclear	76.9	73.6	House maid	16.7	16.7
Joint	23.1	22.2	Self-employed	3.8	6.9
Not applicable	0	4.2	Not applicable	71.8	59.7
Community			Family income		
Rural	43.6	33.3	1000-5000	9.0%	12.5
Urban	56.4	62.5	6000-10000	37.2	37.5
Not applicable	0	4.2	11000-15000	19.2	16.7
Residential Status			16000-20000	3.8	6.9
Refugee	0	6.9	Not applicable	30.8	26.4
Migratory	23.1	37.5			
Nomadic	3.8	2.8			
Local	73.1	52.8			

This table presents the bivariate cross tabulation between socio-demographic characteristics and wellbeing among children. Data showed that the majority of children who belong to age group 5-10 and 16-20 had lower level of wellbeing as compared to the age group of 11-15 and 21-25 who had higher level of wellbeing. The respondents who had their family members 2-4 and 5-7 and 11-13 indicated higher level of wellbeing as compared to other respondents who had family members ranging

from 8-10 family members. The majority of the respondents who are illiterate or educated upto elementary and Matric had higher level of wellbeing as compared to those respondents who are primary, intermediate and graduate. Data also revealed that majority of the children belonging to nuclear (76.9%) and joint families (23.1%) indicated lower level of wellbeing. On the other hand, the majority of the children who are urban (62.5%) indicated higher level wellbeing as compared to rural respondents.

Table-5: Cross tabulation between children wellbeing and staff behavior, accommodation, health, nutrition education and satisfaction from services (N=150)

Variables	Wellbeing (%)		Variables	Wellbeing (%)	
	Moderate	Higher		Moderate	Higher
Junior staff behavior			Senior staff behavior		
Polite	83.3	76.4	Polite	85.9	76.4
Rude	1.3	1.4	Rude	1.3	1.4
Normal	15.4	22.2	Normal	12.8	22.2
Needs of Accommodation			Needs of Health		
Yes	88.5	81.9	Yes	92.3	91.7
To some extent	11.5	18.1	To some extent	7.7	8.3
Needs of Nutrition			Room condition		
Yes	93.6	91.7	Airy	64.1	54.2
To some extent	6.4	8.3	Congested	12.8	13.9
			Specious	23.1	31.9
No. of children in room			Health conditions		
01-05	11.5	11.1	Good	80.8	68.1
06-10	83.3	87.5	Bad	0	4.2
11-15	5.1	1.4	Normal	19.2	27.8
Playground			Provision of quality food		
Yes	96.2	94.4	Yes	96.2	91.7
To some extent	3.8	5.6	To some extent	3.8	8.3
Arrangement of education			Satisfaction with services		
In-house Education	10.3	15.3	Yes	74.4	77.8
Sent to nearby schools/ College	83.3	75.0	No	0	1.4
Others	3.8	4.2	To some extent	25.6	20.8
Not applicable	2.6	5.6			

This table showed that the majority of the respondents who faced behavior of junior staff and senior staff member as rude (1.4%) and normal (22.2%) indicated higher level of wellbeing as compared to those who reported their behavior polite. Furthermore, the majority of the respondents who claimed that accommodation needs are partly fulfilled (18.1%) indicated higher level of wellbeing as compared to their counterparts. Similarly, the majority of the respondents who stated that health needs are partly fulfilled (8.3%) indicated higher level of wellbeing as compared to their counterparts, the majority of the respondents who claimed that nutrition needs are partly fulfilled (8.3%) indicated higher level of wellbeing as compared to their counterparts.

Moreover, the majority of the respondents who claimed that they have the facility of playground to some extent (5.6%) indicated higher level of wellbeing as compared to their counterparts. When respondents are asked about the conditions of rooms, the majority of the respondents who claimed that their rooms were normal (27.8%) and bad (4.2%) indicated higher level of wellbeing as compared to the respondents who claimed their rooms good. The majority of the respondents who reported the condition of their health bad (4.2%) and normal (27.8%) indicated higher level of wellbeing as compared to their counterparts. Those respondents who claimed the provision of food quality to some extent indicated higher level of wellbeing. The majority of the respondents who are satisfied (77.8%) and not satisfied (1.4%) with the services of Kashana indicated higher level of wellbeing as compared to those who reported that they are partially satisfied.

Table-6: Cross tabulation between children wellbeing and education, quality of life and Kashana services (N=150)

Variables	Wellbeing (%)		Variables	Wellbeing (%)	
	Moderate	Higher		Moderate	Higher
Opinion			Life in Kashana		
Provision of tutor	10.3	8.3	Strongly agree	12.8	19.4
The Infrastructure	14.1	6.9	Agree	66.7	63.9
The education system	10.3	8.3	Slightly agree	17.9	15.3
Provision of facilities	17.9	27.8	Neither agree Nor disagree	2.6	0
Not applicable	47.4	48.6	Slightly disagree	0	1.4
Leaving Kashana			Reason to leave		
Yes	21.8	18.1	Missing her family	21.8	18.1
No	78.2	81.9	Not applicable	78.2	81.9
Why to reside in Kashana			Money and possession		
For study purpose	59.0	58.3	Yes	30.8	26.4
Due to Financial problem	19.2	16.7	No	69.2	73.6
No Knowledge	0	6.9	Utilization of money		
Not applicable	21.8	18.1	Self-Need	16.7	20.8
Utilization of leisure time			School necessities	14.1	5.6
Playing with inmates	43.6	41.7	Not applicable	69.2	73.6
Read Books	29.5	25.0	Feeling of inferior		
Painting	2.6	2.8	Yes	11.5	8.3
Stitching	5.1	1.4	No	88.5	91.7
Not applicable	19.2	29.2			
Factors of inferiority			Working in Kashana		
Poverty	2.6	2.8	Yes	38.5	26.4
Low performance in Studies	9.0	5.6	No	61.5	73.6
Not applicable	88.5	91.7	Vocational training		
Type of working			Stitching	11.5	11.1
Clean their own rooms	23.1	13.9	Beautician	2.6	6.9
Help the female cook	15.4	12.5	Art work	5.1	2.8
Not applicable	61.5	73.6	Not applicable	80.8	79.2

This table presents that the majority of the respondents who highlight the need of tutor (10.3%), infrastructural needs (14.1%) and the educational needs (10.3%) indicated lower level of wellbeing as compared to their counterparts. On the other hand, majority of the respondents who were strongly agree (19.4%) and strongly disagree (1.4%) with the satisfaction of services indicated higher level of wellbeing as compared to their counterparts i.e. agree, slightly agree and natural. Data showed that majority of the respondents who had no intentions to leave Kashana (81.9%) indicated higher level of wellbeing as compared to those who intended to leave Kashana.

Table-7: Chi square between socio-demographics characteristics and Kashana services and children wellbeing (n=150)

Variables	Children wellbeing			Variables	Children wellbeing		
	Chi-value	Df.	Sig.		Chi-value	Df.	Sig.

Age	4.822	3	.185	Satisfaction from services	1.512	2	.470
Education	2.488	5	.778	Condition of life	4.161	4	.385
Family system	3.317	2	.190	Want to leave Kashana	.327	1	.567
Community	4.503	2	.105	Reasons to leave Kashana	.327	1	.567
Family size	7.723	4	.102	Factors to reside in Kashana	5.818	3	.121
Father's occupation	4.705	3	.195	Improve in living standard	3.702	4	.448
Mother's occupation	4.013	3	.260	Money and possession	.351	1	.553
Family income	1.499	4	.827	Utilization of money	3.184	2	.204
Residential status	10.57 7	3	.014 **	Utilization of leisure time	3.425	4	.489
Junior staff behavior	1.167	2	.558	Inferiority in school	.427	1	.513
Senior staff behavior	2.329	2	.312	Factors of inferiority	.646	2	.724
Needs of accommodation	1.271	1	.260	Working of respondents	2.481	1	.115
Needs of Health	.021	1	.885	Type of working	2.726	2	.256
Needs of nutrition	.204	1	.652	Health conditions	5.233	2	.05*
Room condition	1.732	2	.421	Playground	.246	1	.620
Number of children in a room	1.653	2	.438	Provision of quality food	1.337	1	.248
				Arrangement of education	1.920	3	.589

Pearson chi-square was applied to check the association between outcome variable i.e. wellbeing among children living in Kashana and socio-demographic characteristics and residential and lodging facilities. Out of all the socio-demographic characteristics of the respondents, there were only two variables which had significant association with wellbeing among the children living in Kashana i.e. residential status and health conditions of the children. chi-square results indicate that residential status had significant association with wellbeing among the children (Chi-square 10.577, df 3, sig .014). Similarly, there was also significant association found between the wellbeing among the children and current health condition of the children (Chi-square 5.233, df 2, sig .05). All other indicators were not significantly associated with wellbeing among children.

DISCUSSION

For discussing the results/ findings of the current study, researcher adopted thematic discussion style in which researcher discussed each variable of socio-demographic characteristics and lodging and residential facilities in Kashana as well. The major themes are as under:

Socio-demographic characteristics and children wellbeing

The results of the study found that there is only one variable from all the socio-demographic characteristics of the respondent which is significantly associated with their wellbeing i.e. residential status. All the other variables were not significantly associated with children wellbeing. But the bivariate analysis of the study contributed many new insights to describe socio-demographic characteristics and the wellbeing among children as a whole.

There is no statistically significant association between the age of the children and their wellbeing in Kashana. There are number of different studies which are conducted both in national and international contexts which claimed that age of the respondent is not associated with their wellbeing (Lane, 2014). Although, there are some studies which claimed that marginal people like children and elders get higher level of care from their families and common people from society (Papastavrou, Charalambous, & Tsangari, 2009). But the current study is not consistent with these findings and wellbeing be found higher among young children who are above the age limit of being a child.

The current study found that there is no significant association between the education of the children and their wellbeing in Kashana. In other words, children in Kashana are being treated regardless of the level of their education. However, the level of wellbeing among the children living in Kashan is found different among the children who reported different level of their education i.e. illiterate and those who reported their education middle (elementary) reported higher level of wellbeing as compared to those who reported their education matriculation, intermediate and graduation. These findings about the association between qualification and wellbeing are replicated by number of different studies. This association is not significant might be due to the fact that public institution of wellbeing

had a motive to treat everyone regardless of their age and education (Mohamadian, Eftekhar, Rahimi, Mohamad, Shojaiezade, & Montazeri, 2011).

It was also found that the staff of the Kashana is treating female children regardless of the family system and also treating equally to those respondents who claimed that they don't know the system of their families.

The findings of the present study replicated the previous studies about the association between the community of children and the level of wellbeing received by them in Kashana. Children are being treated equally regardless of the fact that they are living in urban areas or rural area. Interestingly, those children who don't know their community are getting higher level of care and wellbeing in Kashana. This implies that most of the time those children are treated on preferences bases who are marginal on the bases of their knowledge about their families. On the other hand, urban children are getting higher level of wellbeing as compared to their counterpart rural children. There might be different reasons behind this disparity between the level of wellbeing among rural and urban respondents i.e. level of awareness, education and exposure etc.

Residential status of the children and the level of their perceived wellbeing in Kashana are found significantly associated. The current study found that the level of wellbeing received by children who are refugees and migrants are getting higher level of wellbeing as compared to nomadic and local people. Many national and international studies are conducted to test the association between wellbeing among children and residential status. The higher level of care and wellbeing among children is due to their migratory and refugees status. These two types of children are more marginalized as compared to local and nomadic people and they are getting higher level of wellbeing. This significant association might also be explained because of the extra care by the staff members at Kashana. From all the socio-demographic characteristics of the respondents, residential status is one only statistically significant variable (Warfa, et.al, 2006).

The current study also found that there is no association between the wellbeing of children living in Kashana and the number of their family members. This implies that all the children are getting care and wellbeing in Kashana regardless of their reported family members. There are number of studies which confirmed that there is no association between the number of family members and wellbeing in any public institute of wellbeing (Walsh, et al., 2011). However, the wellbeing reported by all the children is not similar. Those who reported their family member lower and higher reported higher level of wellbeing as compared to those respondents who reported their family members ranging from 3-7 and 8-10 family members. On the other hand, those children who reported that they are doing know about their family members are getting the highest level of wellbeing from Kashana. This implies that Kashana is more sensitive to marginalized female children as compare to those children who are aware about their families.

The current study had also investigated the association of fathers' and mothers' profession with the wellbeing among children. The study claimed that there is no significant association between the fathers' occupation and wellbeing among the children. These findings also strengthen the claim that Kashana is working for the benefit and wellbeing of the children regardless of the effect of their family background i.e. the profession of their fathers and the profession of their mothers.

These findings of the current study are replicated by number of previous studies conducted on the subject matter of wellbeing among children by public wellbeing institutions and family background of the children (Kosciw, & Diaz, 2008). This is against the basic objective of any welfare organization or the organization that works for the wellbeing of the children or other marginalized people in any society. However, the level of wellbeing among children is found higher who reported their father professional workers and those who reported that they don't know about their fathers. Furthermore, the level of wellbeing is also found higher who reported that their mothers are professional workers and self-employed.

The current study replicated the findings of the previous studies about the association of family income and wellbeing of the children in welfare organizations. Moreover, there is no significant association between both the variables. These findings also mulled the hypothesis that well-off people are treated well but poor people are maltreated in even welfare organizations because in Kashana all the children are being treated equally. Contradictory to common notion, poor people who reported their family income lower like ranging from 1000-5000 and those who don't have family are found getting higher level of wellbeing in Kashana. This is strengthening finding about the mission of Kashana.

Staff behavior at Kashana and wellbeing among children

The current study had also investigated the effect of staff behavior and its association with wellbeing among the girls living in Kashana. For comprehensive analysis of the data, researcher included the behavior of both junior and senior staff members. The current study again highlighted the mission of the Kashana that is equal treatment of all the children regardless of their color, cast or other family background. The current study found no significant association between the behavior of both junior staff members and senior staff members and the wellbeing among the children. The majority of the respondents reported that they are being treated politely and normally by both junior and senior staff members in Kashana. These results supported the claim that welfare organizations work for the wellbeing of the organization regardless of their characteristics but as per their needs and requirements.

Accommodation and wellbeing among children

The current study found no significant association between the arrangement of accommodation services for children and the level of their wellbeing. However, those children who claimed that they are satisfied to some extent from the accommodation facilities reported higher level of wellbeing as compared to those respondents who are completely satisfied from accommodation facilities. This is again found that children are getting wellbeing regardless of accommodation services. The majority of the children claimed that they are living in airy and spacious room as compared to congested rooms. But no significant association is found between the room condition and the level of wellbeing received by children in Kashana. Interestingly, the level of wellbeing is found higher among those respondents who claimed that they are living in congested rooms and spacious rooms as compared to the respondents who reported that they are living in airy rooms. These results of the current study are in contrast with previous findings about the association between the conditions the living rooms and the level of wellbeing. There are number of studies which indicated that the level of wellbeing is reported by the people who live in airy rooms as compared to congested rooms (Jelleyman, & Spencer, 2008).

Although the majority of the respondents claimed they are living in spacious room while it is also found that rooms are overcrowded by the children. There are about eight children living in single room on average. However, there is no significant association between the number of roommates in a room and the level of wellbeing received by respondents in Kashana. Interestingly, those children who reported that they are about 6-10 children per room indicated higher level of wellbeing as compared to the those who are 11-15 children per room. These results highlighted that the children who are living in crowded room indicated lower level of wellbeing as compared to their counterparts. Beside accommodation facilities, the facility of playground is also available for children in Kashana but there is also no significant association between the availability of playground and wellbeing among children. These results of the study are consistent with the results of previous studies that the level of wellbeing is reported higher by those respondents who living in less crowded room and where the facility of playground is also available (Karsten, 2005).

Health and wellbeing of children in Kashana

There is great variation in the response of the children about the facilities of health and quality nutrition and the wellbeing among the children. The majority of the respondents claimed that their health and nutrition needs are being fulfilled effectively in Kashana, they also reported that they are getting quality food and the majority of the respondents also found that they are enjoying good health in Kashana. Although, all the children reported that they are not getting any health facilities in Kashana and every time they are sick they are asked to visit government/public hospitals. The current study also found that there is no significant association between the needs of health and nutrition and the level of wellbeing among children. However, all the children in Kashana did not report equal wellbeing in term of health and nutrition needs and facilities. But this difference is not significantly associated with their wellbeing. This implies that Kashana is treating all the children more or less in same manner but the variations might be due to the personal different in thinking among the children.

The second significantly association in the current study is between the health condition of the children and the level of wellbeing received by them in Kashana. The difference of health conditions among children is significant mainly because the majority of the children reported their health condition good which is found affecting the psychological health of the children as well. This implies the results of the current study supported and replicated the previous results about the association of health

condition and the level of wellbeing among children (Paul, Sachdev, Mavalankar, Ramachandran, Sankar, Bhandari, & Kirkwood, 2011).

Education arrangement and wellbeing among the children

Those who are getting education and those who are not enrolled in schools are being treated equally in Kashana which is a true essence of any welfare or wellbeing organization of the poor and marginalized community in any society. But when respondents were asked to provide their suggestion to improve the services in Kashana, significant number of children claimed that they need tutors and proper educational arrangement. On the other hand, children also reported that they need the facilities of basic needs and infrastructure needs as well along with proper arrangement of educational facilities.

Intentions to leave and stay in Kashana

The current study also found that there are children who have intentions to leave and stay in Kashana. On the other hand, there are also some children who want to stay in Kashana. Those who want to stay had their own reasons and those who want to leave presented their own reasons to leave Kashana. But there is no significantly association between their intention to leave and stay in Kashana and the level of wellbeing among the children. It is found that those who don't want to stay in Kashana reported higher level of wellbeing as compared to those who want to stay in Kashana. The present study also found that those who want to reside provided different reasons like the intentions of study, financial problem and because they don't have knowledge about their families. On the other hand, those who want to leave in Kashana reported that they are missing their families. But again, there is no significant association between factors to reside in Kashana and the factors to leave Kashana. This implies that the Kashana is treating all the children equally regardless of their intentions to reside and leave Kashana. These findings are consistent with the previous findings by different studies to investigate children wellbeing (Gibson-Davis, Edin, & McLanahan, 2005).

Working status, leisure activities and wellbeing among children

The current study had also investigated the working status among the children. The majority of the children are not working but the association between the working statuses among the children is statistically significant. The literature on the association between working status and wellbeing among the children is contradictory to the results of the current study. This implies that children are being treated equally in Kashana regardless of their working status. Those who are not working they are asked how they are found spending their leisure time. It is found that non-working respondents are not forced to work in Kashana and they are found spending their leisure time while playing with their roommates, reading books, painting and stitching. But there is again no association between the type of spending leisure time and wellbeing among the children. Those respondents who are not working are also found working for their own needs like cleaning their rooms and helping to cook food for themselves. Beside the working and non-working status of the children, they are offered different vocational trainings programs like stitching, beautician and art work. On the other hand, the association between their involvement in vocational training and the level of wellbeing among children is not statistically significant. This again highlighted that children are being treated equally and they are not forced to participate in vocational trainings. This is a good sign which highlight that children should not be forced to work and participate in any activity which they don't like. But they must be encouraged to participate in all those activities which might change their fate such as learning different skills by participation in vocational trainings. These trainings might accelerate economic opportunities for the children and they might become independent in their future life.

Feeling of inferiority and satisfaction from the services in Kashana

The current study replicated the mission of the Kashana and it is found that the majority of the children are not feeling inferiority in Kashana. They are being treated equally when they join Kashana regardless of their family background and personal characteristics. There are few children who reported that they feel inferior in Kashana and when they are asked about the reason of this inferior behavior in Kashana they reported that they are poor and illiterate therefore, they are not treated equally. But the majority of the children are found satisfied with the services in Kashana and the behavior of the staff members as well.

CONCLUSION

Majority of the children were found satisfied with services being rendered by the Kashana. They were also satisfied with the behavior of the junior and senior staff members. Children also reported higher level of wellbeing in Kashana as most of their needs were being fulfilled i.e. health, educational and nutrition needs. Children were getting quality food in Kashana and their health status was found good and normal. Children were also found satisfied with the other boarding and lodging facilities being provided in the Kashana. They were found living in airy and spacious rooms but there was no significant association found between the residential facilities and wellbeing. The children, who were not working, were spending their leisure time while playing with roommate, reading books, cooking and stitching. Children in the Kashana were being offered different vocational skills like stitching, cooking, beautician and art work etc. Overall, moreover, majority of the children of Kashana had good level of wellbeing. These Institutions are critical in the raising, child welfare, and overall well-being of deserving and vulnerable children. Hence, more institutions should be established for the welfare of deserving families' children.

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