Chapter 6

Conclusion

This study examined the situation of orphans living in non-government institutions in Myanmar. When we studied the situation of the children, we viewed it from the perspective of their welfare. With the increasing number of children under these institutions, it was necessary to consider the well-being of those children. The well-being of children has been studied in various countries and using a variety of approaches. In this study, we tried to use most relevant approaches for measuring the well-being of children in Myanmar, due to the definition of the orphans, the definition of 'the poor', the objectives of the institutions which operated the orphanages, and the real world situation in Myanmar, which was quite different to other countries. In order to provide the most relevant and reliable approach for measuring the well-being of the children in Myanmar, the existing theories on child well-being, the empirical findings from other countries, and the main findings of this survey, which was conducted in three areas of Myanmar, were all analyzed.

6.1   Summary of the Study

The definition of orphans under the institutions in Myanmar is different to other countries. The most obvious driving forces behind the use of the institutions are poverty and inadequate education in the home villages, villages which are located in the remote parts of Myanmar. The institutions are also quite different from other countries. In the non-government sector, faith-based institutions are the major

organizations operating orphanages. The objectives of the faith-based institutions are not for profit. The main objective of the monks or nuns who operate the monastery-based orphanages is to take responsibility for the community as much as they can, being religious workers who practice the Buddhist teaching. Monastery-based institutions have existed for a long time with the aid of the government and using donations from the people. Church-based institutions have aimed to take care of children who cannot fully depend on their parents or relatives. Mostly, church-based institutions stand upon the aid of Christian organizations. Since the children in these institutions are not disease infected and not totally vulnerable, in Myanmar the definition of 'the poor' is totally different from other countries. The institutions provide food, shelter, clothes and kindness, and mainly educate the children for their future lives. It can be said that if the children are happy, physically healthy and can be educated, the well-being of those children has improved. Under this assumption, in this study the well-being of children was measured to investigate the most basic underlying situations of children's physical, emotional and educational needs, within the bounds of the reliability and availability of data presented.

Theoretically, physical well-being is measured using factors such as the receipt of good nutrition, access to preventive health care, physical activity, safety and security, substance abuse prevention and reproductive health. In the situation of the orphans in Myanmar, physical well-being was measured using six indicators: the nutritional status of the children, the number of children who were hungry after a meal, the number of accidents occurring with one month, the number of children who had been hospitalized within one year, the number of children who had been sick within one month, and death rate of orphans within one year. Due of a lack of

documentation and information in terms of the real world situation, and also the fact that there had not been a survey conducted previously in this area, we used the memory recall method when measuring sickness, hospitalization and accidents. These indicators were not age- or disease-specific. Nutritional status was measured using the indicator MUAC measured with an AUAC stick, because of age reliability problems in the real world situation. The use of MUAC was independent of age in both predicting mortality from malnutrition, and in deciding the threshold values. It also provided simplicity, acceptability, cost-effectiveness, objectivity, accuracy, sensitivity and specificity, both theoretically and empirically. Since the growth references of the MUAC were developed over the range 65 cm to 145 cm (WHO defines as less than ten years old) and there were no children or adolescents who died from malnourishment in the real word situation, we provided MUAC measurements with the availability of growth references.

Educational well-being is one brunch of the cognitive development of children. The cognitive skills of children include perception, conceiving, judging, remembering and reasoning, in order to obtain and use knowledge. Since I was trying to investigate the most fundamental situation of the orphans, educational well-being was concluded as demonstrating the cognitive development of the children. Theoretically, educational achievement is measured through achievements in tests, through a readiness to learn, and from report cards and grades. In the situation of the orphans in this study, it was difficult to obtain report cards or test scores, and even if the test scores could have been obtained from the schools, they would have been bias. For these reasons, the most reliable method to use when measuring achievement in tests, was to set an exam with reference to the grade of the children. Questions were

then set in accordance with the grades of the children and using the same questions in all the orphanages. Educational well-being was measured using percentage achievements in reading, writing and mathematics for all age grades and for science subjects at grades 9, 10 and 11.

Social and emotional well-being theoretically includes children's emotional development, coping ability, autonomy, parent-child relationships, sibling relationships, peer relationships, positive development of ones self and pro-social behavior, empathy and sympathy. With the main objective of measuring the well-being of the orphans, we defined the emotional well-being of the children with questions as to whether or not they were happy at school and in the orphanages, and whether or not they had a good relationship with their peers. In this case, we provided closed 'yes' or 'no' questions, plus used the researcher's observational skills, in order to avoid the children's unreliable definition of ordinal skills.

When we provided the domains and indicators for the well-being of the orphans in institutions in Myanmar, we left out the irrelevant domains and indicators, such as enrollment ratios, civic responsibility and material wellbeing, due to the situation in Myanmar and with the objective of better measuring the well-being of the children there.

The orphan well-being index was built as a causal indicators model, one in which causality flows from the indicators to the construct. The domains or constructs of the model were determined through the combination of available and reliable indicators. Changes in indicators can cause changes in domains. Since the indicators made up the constructs, and the indicators were chosen through the criteria of data reliability and availability, they did not require internal consistency checks or

correlations. The orphans well-being index was built by summing up the indicator scores under each domain, and by giving equal weight to each indicator. The reason why we gave equal weight to each indicator, was because there was no empirical and theoretical evidence to say that one indicator should be weighted more than any other indicator, or with what amount of weighting. When we constructed the index, we tried to set all the indicators with the same directions, in order to provide the rank order which could decide the better or worse level of well-being when comparing orphanages with one another, or across regions.

6.2   Recommendations

Since the orphan wellbeing index was specially developed for orphans in Myanmar, then through analyzing all the possible real world problems, it was then possible to use it as the most appropriate indicator to express the level of well-being of the orphans across physical, educational and emotional dimensions, and with reference to the types of orphanages or the region in question.

This study has contributed the most reliable and relevant approach to date, for those who wish to conduct an empirical study, not only in the field of orphan welfare, but also in the field of nutrition studies.

Since there was previously no baseline data regarding the well-being of orphans in Myanmar, this study has contributed an initial approach on how to measure the well-being status of these children, and later it is expected to develop an index value for orphan well-being annually in Myanmar, and across the nation as a whole. The rank order values and indices are expected to contribute to appropriate policy reformulations in the field of public policy, civil society, orphanages and for the families of the children.

In the field of nutritional studies, this study has provided the most appropriate and reliable method for measuring the nutritional status of children, when ages are unreliable. Since there was no baseline data on the nutritional status of children above five years old, both in the government and non-government sector in Myanmar, this study is now expected to contribute to the initial approaches for developing nutritional studies in this age group and in these sectors.

Although the orphan well-being index was built based on the real world situation in Myanmar, it might also be used as a measure in some situations or locations which have the same characteristics as Myanmar.

6.3   Limitations of the Study

Insufficient macro data, a lack of baseline data and a lack of documentation in the real world situation should be noted as constraints, and in order to provide more specific domains and detail indicators.

6.4   Suggestions for Further Study

Since this study has contributed the most useful theoretical framework and measuring methods thus far for measuring the well-being and nutritional status of orphans in Myanmar, further empirical studies should be conducted in this field by applying the methods I have outlined in this study. What will help further will be to develop baseline data in the field of an orphan's well-being, as well as the nutritional status of children above five years old, and to consequently use this baseline data to help develop more precise and specific indicators, which can then be applied in a more sophisticated orphan well-being index in the future.

MUAC, the indicator which I used to measure the nutritional status of the children, was formally developed in the early 1960s (Mei, Grummer-Strawn, Onis,

and Yip, 1997). The cut-off values for MUAC were developed from observations on normal, well-fed Polish children and had been used over the previous 30 years for children under five years of age. In the 1960s, the MUAC-to-height QUAC stick method was developed, in order to facilitate field work assessing nutritional status. However, those QUAC stick references data were derived from separate sets of MUAC data, and were based on well-nourished Polish children, and from height data based on the health of west Nigeria village children, or on country-specific data. According to these facts, the WHO Expert Committee developed MUAC-for-height growth references for children aged six months to under ten years-old, based on observations of the National Health and Nutrition Examination Survey for the USA (NHANES I and NHANES II). Even though WHO growth references were designed to be a global standard, reflecting optimal growth, nutrition and development for all children in all countries, they were not suitable to be used in a developing country like Myanmar. The Government should develop national growth references, by observing well-nourished Myanmar children.