

Quality of Life of Children in Orphanages: A Study in Bamako, Mali

Yetimhanelerde Kalan Çocukların Yaşam Kalitesi: Mali Bamako'da Yetimhaneler Üzerine Bir Araştırma

Abstract

The Republic of Mali is among the poorest countries on both the African continent and in the world. Nearly 70% of the population resides in rural areas, and 10% lead a nomadic lifestyle. Data from the African Development Bank indicates that 48% of the population is under the age of 15, 49% falls between the ages of 15 and 64, and 3% is over 65. The fertility rate stands at 7.4 births per woman. From a sociological perspective, the concept of "quality-of-life" is often likened to lifestyle. Factors such as adequate nutrition, health conditions, educational levels, and access to cultural and developmental facilities have come to be recognized as indicators of quality-of-life. This paper delves into a field study that investigated the quality-of-life of children residing in orphanages in Mali. In-depth interviews were conducted with officials from three orphanages in Bamako, Mali's capital—comprising one privately owned and two state-owned institutions. A qualitative research approach was employed. The data obtained from these interviews were digitized using the NVivo software package. This data was then organized into nodes, creating a structured relationship between the nodes and the data. Content analysis was applied to interpret the qualitative data, with emerging concepts being categorized into nodes during the coding phase. Observations made during the interviews were duly noted. Additionally, quantitative data from sources like the African Development Bank, UNDP Human Development Index, World Health Organization, and Bulletin of Statistics were integrated to reinforce the qualitative findings. Based on the accumulated data, themes were developed in alignment with the three primary indicators of quality-of-life: 1) Physical welfare and social security, 2) Life expectancy, and 3) Opportunities for personal growth and education. The study's findings reveal that, regardless of the differences between state-owned and privately-owned orphanages, the overall quality-of-life of the children is below the expected standard across all three indicators.

Keywords: Orphanages, Quality-of-life, Sub-Saharan Africa, Mali, Bamako

Öz

Mali Cumhuriyeti, hem Afrika kıtasının hem de Dünyanın en fakir ülkelerinden biridir. Nüfusun yaklaşık %70'i kırsal alanlarda yaşarken, %10'u göçebe yaşam döngüsünü sürdürmektedir. Afrika Kalkınma Bankası verilerine göre nüfusun %48'i 15 yaş altı, %49'u 15-64 yaş arası ve %3'ü 65 yaş üstü olup, doğurganlık hızı kadın başına 7.4 doğum şeklindedir. Sosyolojik yaklaşımlarda yaşam kalitesi kavramı yaşam tarzı ile benzerlik göstermektedir. Yeterli ve dengeli beslenme, sağlık durumu, eğitim düzeyi, kültürel ve gelişim olanakları gibi unsurlar yaşam kalitesinin göstergesi olarak görülmeye başlanmıştır. Bu makalede de Mali'deki yetimhanelerde yaşayan çocukların yaşam kaliteleri ve yaşam kalitelerini etkileyen faktörler araştırılmıştır. Bu amaçla Mali'nin başkenti Bamako'da biri özel, ikisi devlete ait toplam üç yetimhanenin yetkilileriyle derinlemesine görüşmeler yapılmıştır. Araştırma nitel bir yaklaşım temelinde yürütülmüştür. Görüşmelerden elde edilen nitel veriler, NVivo paket programı kullanılarak bilgisayara girilmiştir. Veriler temalara kodlanmış ve ardından veriler ile temalar arasında bir bağlantı kurulmuştur. Nitel veriler içerik analiziyle analiz edilmiş ve analiz sonucunda ortaya çıkan kavramlar kodlama sürecinde temalar altında kategorize edilmiştir. Derinlemesine görüşmelerle birlikte gözlemler de not edilmiştir. Araştırma boyunca elde edilen nitel verileri desteklemek ve güçlendirmek için Afrika Kalkınma Bankası, UNDP İnsani Gelişme Endeksi, Dünya Sağlık Örgütü ve İstatistik Bülteni'nden elde edilen nicel verilerden de yararlanılmıştır. Bu kavramlara ve yaşam kalitesinin üç göstergesine dayalı olarak temalar oluşturulmuştur: (1) Fiziksel refah ve sosyal güvenlik, (2) ortalama yaşam süresi ve (3) kişisel gelişim fırsatları ve eğitim. Bu araştırma sonucunda, devlete ait yetimhaneler ve özel yetimhaneler arasındaki görece farklılıklara rağmen, çocukların yaşam kalitelerinin her üç yaşam kalitesi göstergesi açısından da istenilen düzeyin altında olduğu sonucuna ulaşılmıştır.

Anahtar Kelimeler: Yetimhaneler, Yaşam kalitesi, Sahra-altı Afrika, Mali, Bamako

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Introduction

Africa, home to people who speak more than a thousand primary and five different secondary languages, comprises 56 sovereign states. Of these, 48 are located in the Sub-Saharan region. With its diverse ethnic groups, the continent holds significant importance for global economic stability and growth, attributed to its young and dynamic population, abundant natural resources, and evolving economy (Yener 2007:547). However, challenges such as insufficient growth rates, underdevelopment, and the aftermath of civil wars experienced by many African countries during the 1990s have negatively impacted the continent. Consequently, the Sub-Saharan region has seen a relative increase in poverty when compared to the rest of the world, primarily due to underdevelopment and civil strife. Beyond high prevalence rates of terminal illnesses such as AIDS, childhood tuberculosis, Guinea worm disease, and malnutrition, the region grapples with issues like water and environmental pollution, conflicts, human rights violations, poverty, unemployment, and violence (Tepebas 2009:21). In line with these challenges, life expectancy at birth in Africa has noticeably declined in recent years. Based on the World Health Organization's healthy life expectancy scale, of the 191 countries analyzed, ten countries with the lowest life expectancies are located in the Sub-Saharan region. Despite being the region with the lowest life expectancy at birth between 1950-1955, Africa's rate remains comparably low today. By 2005-2010, the average life span in Africa had reached only 55 years (UNDES, 2012:1). In contrast, the global average life expectancy now exceeds 70 years, underscoring Africa's relative underdevelopment. Demographic data reveals that the population aged 0-14 years in Sub-Saharan Africa is significantly higher than in other developing regions globally. For instance, while this age group constitutes 44% of the population in Sub-Saharan Africa, it represents 26% in East Asia and the Pacific, and 31% in Latin America and the Caribbean. Notably, in countries like Uganda, Nigeria, and Chad within the Sub-Saharan belt, this percentage reportedly reaches up to 50% (Faller 2008:41). Collectively, these statistics bear a direct or indirect correlation to the overall quality of life.

Mali is one of the poorest countries of both the African continent and the world. The annual average income of a worker in Mali has reported as 1500 US dollars. In the census carried out in 2009, the population was calculated to be 14,5 million people. While nearly 70% of the population lives in rural areas, 10% of it carries on a nomadic life cycle. More than 90% of the population lives in the southern part of the country. According to the African Development Bank data, 48% of the population is under 15, 49% is among 15-64 years, and 3% is above 65. The fertility rate is 7,4 births per woman (AfDB, 2007:16-23).

According to the UNDP Human Development Report 2014, Mali - one of the Sub-Saharan countries that form the majority of the "Low Human Development" level - ranks 176th out of 187 countries on the index with a value 0,406 (2014:162). The health and development indexes of Mali are below the average of most countries in the world. In the 2000s, while 73% of the population of Mali was estimated to have access to safe drinking water, 88% had access to sanitation facilities (Bulletin Statistique 2010:40, 70). And the literacy rates are reported to be 30% for women and 46% for men (AfDB 2007:23-25).

1. Fundamental Concept: Quality-of-life

The concept of "quality-of-life" has emerged in modern industrial societies during the second half of the 1970s. With its context and priorities changes according to time and place, the concept has a fundamental element: the

safety of human beings' physical and social existence. The other essential component is to have opportunities for personal development in every aspect of life (Schulze 2002:67).

In 1986, WHO Quality-of-life Group has defined quality-of-life as “individuals’ perspective on their position in life in the context of the culture and value systems in which they live and about their life purposes, expectations, standards, and concerns” (Işıkhan 2000:129-130).

In sociologically oriented approaches, the concept of quality-of-life bears a resemblance to lifestyle. In the 1960s, social scientists began to consider the social indicators and the economic charts that international organizations developed. Thus, factors like occupational breakdown, geographical and occupational mobility, adequate and balanced nutrition, health conditions, level of education participation in social activities and occupational communities, housing conditions, and cultural and developmental facilities began to be considered as indicators of quality-of-life (Yetim 1985:134-137).

Likewise, in the quality-of-life studies, because each society has different indicators, UNDP developed a more profound and multidimensional perspective than the GDP calculations. This scale, defined as the Human Development Index, is now commonly used in quality life studies. According to this scale (HDI), UNDP reveals the annual development levels of the countries. While UNDP measures these levels, three fundamental indicators are used: life expectancy, education level measured in schooling and literacy, and physical welfare. Moreover, gender equality, literacy, and schooling rates among men and women are being considered for these data (UNDP 1990:9; Veenhoven 2007:59).

In this research, the studies of UNDP and Schulze are taken as reference for the quality-of-life of the children living in orphanages, and three criteria are determined:

- a) Physical welfare and social security
- b) Life expectancy
- c) Opportunities for personal development and education.

While the indicators used to be determined considering only the children's basic needs, today, it is mainly focused on the well-being of the children (Muderrisoglu et al. 2013:7, 22-23). Thus, in determining these measurement criteria, conditions of the orphanages and children, the recent changes in this research area are considered. Furthermore, the requirements for children’s well-being shift from living standards into understanding the quality-of-life (Ben-Arieh 2007:14-17). Physical welfare, social security, life expectancy, and education (Lehr 1994:42, Esping-Andersen et al. 2002:19-20) are considered the most important factors to investigate regarding the subject.

2. Methodology

This study was conducted using qualitative research techniques to align with its objectives. Qualitative data concerning the quality-of-life of children residing in Mali orphanages were collected through in-depth interviews and observation techniques from September 2011 to November 2011. The research took place in three orphanages in the province of Bamako: Pouponnière 1 “Pouponnière de Bamako” (P1), Pouponnière 2 “Demisenya” (P2), and Village D’Enfants “SAKINA” (SAKINA), in collaboration with the Via-Sahel Enfants d’Afrique association. The data for the quality-of-life assessment of the children in these orphanages were obtained from the nannies and the orphanage staff, rather than from the children themselves, due to child protection regulations and other considerations. Montalto and colleagues suggest that children's primarily short-term memory and challenges related to language and reading might compromise the reliability of the tools (Montalto et al. 2004:497). The children involved in this study faced language barriers, including a lack of proficiency in French, and their ages and developmental stages varied. These factors might have introduced discrepancies in the results. Consequently, to maintain the study's reliability, it was decided not to interview the children, given the concerns about potential ambiguities in their responses.

The research questions were formulated based on the three indicators of quality-of-life: life expectancy, physical welfare and social security, opportunities for personal development, and education. Observations were noted along with the in-depth interviews. It has also been benefited from the quantitative data obtained from African Development Bank (2007), UNDP Human Development Index (2014), World Health Organization (2001), and Bulletin of Statistics (2010) to support and strengthen the qualitative data obtained throughout the research.

The data were tape-recorded with the interviewees' consent, then saved by writing to the computer and entering the NVivo software package. Through NVivo, the data were coded into nodes, and then a connection between the data and the nodes was established (Cassell et al. 2005:9-11). Data obtained from the interviews as separate documents were systematized according to the date, the place, and the interviewees. By the content analysis, the data that show similarity were categorized under certain concepts and nodes (Strauss & Corbin 1998:101-121). The concepts generated from the analysis were categorized under nodes in the coding. Themes were established based on these concepts and the three indicators of quality-of-life. According to this instruction, 11 nodes – 4 in physical welfare and social security, 2 in life expectancy, and 5 in opportunities for personal development and education indicators – were attained. The findings were interpreted within the context of these nodes. The categorization of the indicators is shown in the table below:

| Nodes | Sources | References | Indicators of Quality-of-life |
|-------------------------------|---------|------------|--------------------------------------|
| Bureaucratic obstacles | 7 | 21 | Physical welfare and social security |
| Economic and financial issues | 6 | 15 | |
| Physical circumstances | 6 | 13 | |
| Reinsertion into society | 3 | 8 | |
| Lack of nutrition | 3 | 13 | Life Expectancy |
| Hygiene problems | 5 | 7 | |

| | | | |
|--|---|----|--|
| Support of the intermediary institutions | 5 | 11 | Opportunities for personal development and Education |
| Education | 3 | 11 | |
| Children with Disabilities | 7 | 17 | |
| The high population of children | 4 | 14 | |
| Support of the expert personnel | 5 | 19 | |

3. Presentation of the Data

In this section, data is presented within the context of 11 nodes that were attained based on three indicators of quality-of-life. The quantitative findings support the qualitative data of the research as a result of literature research.

3.1. Physical Welfare and Social Security

3.1.1. Bureaucratic Obstacles

Mme C: “It is difficult for the ministries to make an executive decision, but it is essential. Even if permission is given, the second obstacle is to get an annuity. It is nearly impossible to get in contact with the Ministry of Health about this issue.”

D: “We can put a classroom teacher that the government assigns on a minuscule salary, but the government won’t do that either. We have requested five staff and still waiting for the decision.”

During the interviews in orphanages, there was an emphasis on the bureaucratic obstacles to maintain the requirements for physical welfare and social security as indicators of quality-of-life. The authorities of P1 stated these obstacles as lack of qualified personnel support, the long duration of the decision-making process, the difficulty of getting in contact with the ministries, and not getting any answers about their allowance requests. On the other hand, the authority of SAKINA emphasized that they faced bureaucratic obstacles about getting various permissions because they are a private corporation. These obstacles are stated as: especially not getting any consent to transfer the children -who don’t get to go in P1- to their facility, not getting any permission to employ more classroom teachers and the absence of communication between the government and the associations.

3.1.2. Economic and Financial Issues

Mme R: “The government claims to give P1 an annuity of 80 percent, but in fact, it is 18 percent. The minister doesn’t have a clue of anything.”

Mme S: “Besides the National Assembly, there are also regional assemblies in Mali to monitor the orphans and the child rights. There is an institution responsible for children and families in each region. For example, the local academies inform the schools in the region, and then the regional authorities intervene according to the case. On an international level, teenagers can come and work here voluntarily.”

D: "Monthly amount allocated for the orphans by the Ministry is 2.000.000 FCFA (3000 Euro) from the total budget, but we cannot get any allowance from it."

The common problem that emphasized by the authorities of all the three orphanages was the economic problems. The government was not setting a budget or not assigning it to orphanages. The allocation problem appears to be the fundamental economic issue of the state-owned orphanages. It was stated in the interviews that requirements such as food, drinking water, and clothes could not be provided sufficiently because of the insufficiency of budget allocations. Another problem mentioned is the personnel's lack of motivation because of the low wages. On the other hand, the authority of the private orphanage stated that by being a private corporation, they could not get any funds from the government budget and that the biggest problem is not getting any allocation for the shaft sinking, which is required for drinking water.

In 2009, Mali's allocation of its total national budget - 1.757.910.000 Euros - was reported as 1,3% for the Ministry of Social Development, Solidarity and the Elderly, and 0,4% for the Ministry for the Promotion of Women, Children, and Family (Bulletin Statistique 2010:64).

3.1.3. Physical Circumstances

Mme C: "We faced many difficulties here. P1 has already overflowed its capacity. The capacity is for 100 children, but the current number exceeds 150. We put the underage children to bed in a single cradle. The place we use as the kitchen is also used as an activity room for some children with disabilities because they don't fit in their room."

Mme R: "I've been in this field since 2001, compared to P1, P2 is like heaven...."

D: The capacity of these facilities has been set for 150 children. For now, we have a vacant building with four big five-bunk rooms."

The first reference from the authorities of P1 about quality-of-life shows that the number of children in care is above the capacity. Their most fundamental problems seem to be the ones that arise from physical deficiencies. The authorities of orphanages also inform each other and compare themselves to one another based on their physical problems. On the other hand, SAKINA officers stated that their capacity is enough to accommodate more children. They have vacant rooms and can transfer the kids who don't get to go in P1. However, they couldn't get permission from the government.

In 2009 there were 66 facilities in Mali that were established to maintain accommodation, recreation, and support for the children; 64 of them were private, and only 2 of them were state-owned. Twenty-five of the private and two state-owned facilities are located in Bamako. 1.646 children in Mali are reported to be in poor condition and have difficulties integrating into society. 1.834 children are reported to have difficulties in terms of access to education, 120 children are reported as adopted, and 317 are reported to be abandoned in 2009 (Bulletin Statistique 2010:65-66).

3.1.4. Reinsertion into Society

Mme S: "We've seen necessary actions taken in the matter of social integration, children participate in the voting process in Children's Parliament and get themselves ready for politics... We try to do everything for the children while considering socio-cultural, economic, and political problems in mind."

D: “3 and 4-year-old children help their nannies in the kitchen; they participate. SAKINA has many free spaces that can be used for agricultural activities. We can feed more children if we become able to grow our products (...) The main purpose in all these activities is the integration of children to the society, no matter what age or who they are.”

Improvement of social integration, task-sharing, and sense of responsibility are common concepts that all three orphanages pointed out. The officers state that they work for the children’s reinsertion into the society, get them ready for the decision-making process in an assembly that they represent themselves, and raise their awareness in matters of cooperation, responsibility, and self-sufficiency. It is reported that there has been set aside 98 different spaces for sports activities like football, basketball, volleyball, and handball (Bulletin Statistique 2010:51).

3.2. Life Expectancy

3.2.1. Lack of Nutrition

Mme C: “Children are usually nourished with the ready-to-eat foods from the bakeries. They sometimes miss a meal. Even so, we can still provide useful and functional foods like milk, water, and cereal with the support of the associations and foundations.”

D: “We have an oven and a kitchen in here for the children so that we can provide their foods from different ingredients like vegetables and fruits. They eat at least three meals a day, and these meals are prepared weekly under the control of a nutritionist connected to the foundation.”

It is emphasized that the main reason for child mortality in orphanages is lack of nutrition. The authorities stated that it is challenging to prevent deaths in the current conditions and that children may miss a meal from time to time because of the deficiencies. The authority from SAKINA emphasized that children’s self-efficiency in terms of nutrition is an important issue that they pay special attention to. The management has also stated that they give importance to balanced nutrition for the children, and the significant difficulty for them is to provide drinking water.

According to the Human Development Report, the life expectancy after birth in Mali is 55 years (2014:162). In 2009 while the percentage of access to the minimum level of health services within a 5 km radius was 57% of Mali as a whole and 45% of Bamako, the access rate within a 15 km radius was reported to be 88% of Mali and 52% of Bamako (Bulletin Statistique 2010:32).

3.2.2. Hygiene Problems

Prof. D: “The biggest problem concerning health is hygiene; we cannot prevent the diseases unless we provide hygiene (...) A pediatrician appointed by the government rarely visits to check up on the children.”

D: “It hasn’t rained this year; providing water is our biggest problem (...) We sometimes use water from the adjacent zone, and that is right beside the cesspool.”

The authorities from the orphanages emphasized the importance of hygiene and stated that insufficient health services have adverse effects on the current hygiene condition. Water scarcity is pointed out as the leading cause of hygiene and health problems even in SAKINA.

The rates for people in Mali who have access to water reported as 77,4% in urban areas and 71,4% in rural areas as of 2009. The number of towns that use at least a minimum water resource is reported to be 10.503, with a percentage of 86% (Bulletin Statistique 2010:70-71).

3.3. Opportunities for Personal Development and Education

3.3.1. Support of the intermediary institutions

M: “If we don’t get the support from the foundations and associations, here can happen a second holocaust crisis (refers to the death of 33 children that occurred between August 2010 and May 2011 because of dilapidation). (...) a senior psychologist financed by Léo and Nova deal with children personally in P1 4 hours a week.”

D: “Our need for qualified personnel has increased even more. We may sometimes have problems with the school enrollment of the children living here. There needs to be established cooperation between the state and the associations.”

It was reported that various foundations and associations give support at varying rates depending on the orphanage. The authorities stated that food aid, medical personnel support, voluntary support, and financial support are being provided through the foundations and associations. A connection established between the state and the associations would strengthen the capacity of orphanages.

3.3.2. Education

Mme S: “We try to inform the children and the teenagers that excision is an unhealthy ritual that should not be done, and we give the greatest importance to this matter in the education of the little girls. Besides, we primarily give French lessons to teach children to express themselves in French and create their opportunities in international labor. We introduce the basic point of view to the children: ‘the less, the better because everyone asks for more these days.’”

D: “Yes, there isn’t a wall because we didn’t want to limit the children’s range of vision. (...) We give lessons in the French language and technical information to little children. We give importance to the kitchen training, (...) The main purpose in all these activities is ‘reinsertion’ to the society, no matter what age or who they are.”

During the interviews about education – one of the most critical factors in terms of the quality-of-life of the children in orphanages – the authorities stated that they train the children in fields like reading- writing, medical knowledge, FGC, and AIDS information. They also stated that they give French lessons to get the children to express themselves easier in the outside world in terms of reinsertion. The authority from SAKINA said that they deliberately didn’t want any walls surrounding the orphanage for the education of the children and their vision for the future. It was emphasized that the primary purpose of all these activities is the reinsertion of children into society.

The net rate for primary level schooling in Mali in 2008-2009 years reported as 62,7%. According to the reports on the breakdown of primary school students by gender in 2008-2009 years in Mali, the total number of students was 1.926.242, with 1.506.833 of them being male and 869.409 being female. While boys constituted 69,8% of this cross-section, 55,7% of it was said to be girls. Thus, the female to male ratio is 82% (Bulletin Statistique 2010:23).

3.3.3. Children with Disabilities

Mme C: “The place we use as the kitchen is also used as an activity room for some of our children with disabilities because they don’t fit in their room... We have more children with disabilities than we can take care of, so this may lead them to fight with each other sometimes; they don’t understand each other yet... There was raised a building in Bamako for children with disabilities. After a while, they said the building was too much for these kids; later on, none of the children with disabilities accommodated there.”

D: “We can’t let the children with disabilities remain unsupervised and wandering around with the others. If the necessary personnel is provided, we can accept the transfer of the children with disabilities in P1 to SAKINA... We see them as completely out of place. We are not able to get any subvention from the government for now. Suppose the children with disabilities are to move in here. In that case, the financial arrangements should be made properly (...) The subvention from the government to P1 is only for the children with disabilities, but P1 uses it for all.”

Caring for children with disabilities came out as a significant difficulty for the orphanages. The authorities complained about the insufficiency of physical conditions, infrastructure, and necessary specialist personnel for the children with disabilities. They also stated that when they try to provide for their needs through the cooperation of foundations and associations, the government won’t allow them to go further. The authority from SAKINA emphasized that they couldn’t get any permission from the government even though they had arranged a place for children with disabilities. The officer from P1 stated that the condition of the children with disabilities is crucial and emphasized that with the recruitment of qualified personnel and providing financial support, these children can be transferred to the vacant rooms there.

There were 1.424 children with disabilities reported to live in Mali in 2009, and 1.126 were reported as having access to education. One hundred thirty-nine of the recorded number of children live in Bamako, and 81 of these are registered to receive education (Bulletin Statistique 2010:69).

3.3.4. High Population of Children

Mme C: “Here (in Mali), there is an understanding that two strong arms come out after each birth (...) There are 400 orphan children in Sangha right now (...) P1 has already overflowed its capacity. The total capacity here is for 100 children, but the current number exceeds 150. We put the little children to bed in a single cradle because they don’t fit in the room arranged for them.”

While the authorities from P1, P2, and SAKINA emphasized the insufficiency of the resources for improving the quality-of-life of the children, they also identified philoprogenitiveness as a harmful cultural value and one of the biggest problems of the Malian society. They stated that the increase in the number of children brought to them despite insufficient physical capacity also makes the situation more complicated.

Having looked at the breakdown of the 0 to 15-year-old population by age and gender in 2009 in Mali, it can be seen that there are 1.244.366 boys and 1.200.570 girls in the age group 0-4, 1.119.762 boys and 1.084.783 girls in the age group 5-9, 857.735 boys and 836.366 girls in the age group 10-15. The population of the age group 0-15 constitutes half of the total population in Mali (Bulletin Statistique 2010:13).

3.3.5. Support of the Personnel Specialist

Mme C: “The worst part is that we don’t have enough personnel. Many people voluntarily work overtime. The main problem is that the nannies take care of both the children who have disabilities and those who don’t. (...) A person trained in disability pedagogy was appointed here before, but we realized that she doesn’t have expertise in this; even so, we wanted her to stay. Everyone tries to deal with the children, from nannies to the cook, but this is also exhausting. We don’t have a specialization among our nannies, and each nanny deals with all the children.”

D: “Children’s meals are prepared weekly under the control of a nutritionist connected to the foundation. Medical checkups and psychological support for the children are provided regularly by the doctors and psychologists that come through the Kanouté Foundation. The children even have sports advisors, girls and boys together, they all play football. The nannies and the children are happy together, and they love each other. We would love to bring more nannies and specialists, but the government does not allow us to. We require specialist personnel even more now.”

The authorities from the orphanages stated that the number of specialist personnel they have for the children is insufficient. They emphasized that nannies and cooks have to take parts out of duties, and the government has also lessened its support in this regard. Among the recorded information, it is stated that although rare, there is specialist personnel support from the associations. For SAKINA, it is noted that the specialist personnel support is provided through a foundation, but it is still not sufficient. According to the Malian National Employment Bureau data in 2009, while 3.535 of the 33.623 created employment belongs to the public sector, 30.088 as the rest belongs to the private sector. In Mali, 10% of the created employment belongs to the public sector (Bulletin Statistique 2010:45-46).

Evaluation and Conclusion

The qualitative data regarding the quality-of-life of the children living in the orphanages in Mali are obtained based on three indicators of quality-of-life: Physical welfare and social security, life expectancy, opportunities for personal development, and education. Within the scope of these dimensions, the data obtained from the two state-owned and one private orphanage show that the quality-of-life of the children is not at the desired/expected level. The relative decrease in the quality and sub-factors quality varies depending on the orphanages being state-owned or private. However, the most crucial point here is that the opposing sides of the orphanages show similarities/commonalities. For example, one of these problems is that no matter what kind of an orphanage, they face bureaucratic obstacles and cannot get permission on various subjects. These obstacles hinder the possibility of getting support in terms of specialist personnel and improving the physical circumstances to increase the quality-of-life of the children. Another common problem of the state-owned and private orphanages is the access to drinking water and hygiene standards, which are considered to directly affect the life expectancy of the children. As another factor directly connected with these problems, economic insufficiency appears to be a common problem for both types of orphanages. Governments not allocating funds, even if they did, not paying or delaying it causes a direct negative effect on the quality-of-life of the children living in the orphanages.

Despite these adverse conditions, efforts are made to educate and nurture the children in both types of orphanages. Yet, factors like the inability to secure support from foundations and intermediary associations, the lack of

resources for children with disabilities, insufficient staff number and qualifications, and a high child-to-staff ratio, seem to compromise these efforts and further reduce quality-of-life.

It has been 25 years since the Convention on the Child's Rights became valid in which the childhood term is defined. Today, the factors such as children's rights and the necessity of providing them a safe environment, the efforts of government, and the families remaining insufficient. Besides, the lacking of law and enforcement, the continuance of the negative attitudes and values, and the limited opportunities for personal development are still being discussed worldwide (TSOWC 2014). Having looked at the studies about Mali, it can be seen that there is a focus on topics like high young population, fast increasing of the population, high fertility rates, poverty, insufficient education and health services, underemployment, environmental pollution, inadequate family planning policies and high rates of maternal death (Boyden & Dercon 2012, RAPID 2009, TSOWC 2014). Whereas this study gives prominence to an aspect that is more specific and unfocused.

Furthermore, the findings on the quality-of-life of children in Mali orphanages don't solely address factors like physical welfare, social security, life expectancy, and educational opportunities. They also reveal that in the 21st century, the reasons children are in orphanages and their living conditions are influenced by socio-demographic, socio-economic, socio-cultural, and regional factors. Rather than proposing quantitative solutions for these children, delving deeper and portraying the real situation will facilitate more effective measures in the future.

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