



A study to assess the physical health status of children aged between 6-12 years in selected orphanages of Udupi district during 2008 to 2010

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Abstract: Children are placed in orphanages due to poverty, abandonment, illness, death of parents, severe familial dysfunction and so on. Any of those conditions can result in a multitude of health problems in a child. The main Objectives of the study were to assess the physical health status of children aged between 6-12 years in selected orphanages of Udupi district and to find out association between the physical health status and selected demographic variables. Descriptive research design was adopted for the study. An observational checklist on physical health status was developed to collect the data by using purposive sampling technique. The findings of the results showed that the majority (65%) of the children had poor physical health status whereas 35% of the children had good physical health status. The major prevalent morbid conditions among children were Bitot's spot (65%), pale conjunctiva (65%), acute respiratory tract infection (81.7%), dental caries (88.3%), inflammation of tonsils (73.3%), lice in the head (53.3%), scabies (65%), ring worm infection (46.7%), pyoderma (23.3%). The assessment of nutritional status revealed that majority (60%) of the children had malnutrition.

Key words: Physical health status; children; orphan; orphanage; institutionalization; physical examination; nutritional status.

Introduction

Orphaned children are one of the most vulnerable, helpless and needy groups of children all over the globe. These children suffer from the trauma of loss of one or both parents, followed by lack of basic needs, schooling and adequate care and attention. They suffer from all kinds of problems-physical, social, psychological, economical and developmental. Some of the major health problems encountered in these children may include malnutrition, lice, tuberculosis, intestinal parasites, minor congenital defects, developmental delays, scabies and severe infections such as hepatitis A, B, C and HIV infection or AIDS and Syphilis.¹

Need for the study

The orphan statistics shows that every day 5,760 children become orphans. In Africa, every year 2,102,400 more children become orphans.² 143, 000, 0002 orphans in the world today spend an average of 10 years in an orphanage or foster home. Every 2.2 seconds, orphan child ages out with no family to belong to and no place to call home. In Ukraine and Russia 10% -15% of children who age out of an orphanage commit suicide before age 18. 60% of the girls are lured into prostitution. 70% of the boys become hardened criminals. Many of these children accept job offers that ultimately result in there being sold as slaves. Millions of girls are sex slaves today,

simply because they were unfortunate enough to grow up as orphans.³ In India about 38.06 million orphan children are below 14 years of age. The total number of orphans constituted 16.5% of the child population in the country.⁴

A study was conducted in Udaipur, India to assess the nutritional adequacy of boys between the age group of 4-12 years in orphanages. The study showed that school age orphans had inadequate intake of almost all nutrients due to a daily diet limited in cereals, pulses, milk and milk products, leafy vegetable, fats and oils, and sugar and were malnourished school aged orphans.⁵

Statement of the Problem

"A Study to Assess the Physical Health Status of Children Aged Between 6-12 Years in Selected Orphanages of Udupi District".

Objectives of the Study

1. To assess the physical health status of children aged between 6-12 years in selected orphanages of Udupi district
2. To find out the association between physical health status of children and their selected demographic variables.

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Assumptions

1. Children residing in orphanage may have some physical health problems
2. Physical health status may be influenced by the variables like age, gender, parental status, years of institutionalization and dietary pattern of the child.

Research methodology

Research approach & design

A survey approach with descriptive research design was selected for the study

Setting of the study

The study was conducted in two orphanages of Udupi district

Population

In this study, population comprised of children residing in orphanages.

Variables under the study

Independent variable: orphanage

Dependent variable: physical health status of orphans

Attributed variables: age, gender, parents, years of institutionalization, dietary pattern, and history of illness in the past one month.

Sample Size

Sample size comprised of 60 children between the age group of 6-12 years residing in orphanages, and who fulfilled the inclusion criteria for the study.

Sampling Technique

Purposive sampling technique was used for the selection of samples.

Criteria for selecting the sample**Inclusion Criteria**

The study includes Children who are

- between the age group of 6-12 years.
- present during the period of data collection.
- who are willing to participate for the study.

Exclusion criteria

The study excludes children who are

- Clinically diagnosed to have medical or surgical illnesses since last one month of study.

Selection and development of the tool

The tool used in the study was observational checklist on Physical health status.

Description of the Tool**Tool I: Demographic Data**

This tool deals with 6 items for obtaining information about selected back ground factors of the study subjects such as age, gender, parental status, years of institutionalization, dietary pattern of the child and presence of illness in the past one month.

Tool II: Observational checklist on Physical Health Status

This section deals with physical assessment and assessment of nutritional status to assess the physical health status of children residing in orphanages. It consists of 52 items related to physical examination and 1 item related to assessment of nutritional status. Each item has 2 options such as

- Present which carries '0' mark
- Absent which carries '1' mark.

The total score is 53. The physical health status has been divided into two categories based on the scores in the observational checklist.

- Good physical health status: 40-53
- Poor health status: 0-39

Measuring instrument for checking weight

A standardized weighing scale (ISO calibrated) was used to measure the weight and rechecked for accuracy. Children were instructed to stand on the weighing machine with light clothing, without footwear, with feet apart and looking straight.

Data collection process

Data was collected after obtaining permission from the authority. Subjects were chosen by purposive sampling technique. The investigator introduced self to the subjects and to the head of the institution and purpose of the study was explained. After obtaining written consent from the head of the department of institution, Instructions were given and the data was collected from the study subjects by using observational check list. The authorities of the institution and participants were assured the anonymity and confidentiality of the information.

Plan for data analysis

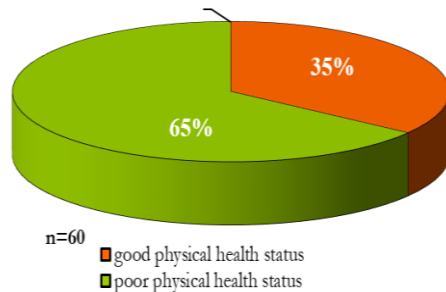
The data collected through the interview was analyzed by descriptive and inferential statistics which are necessary to provide substantial summary of results.

Findings**Major findings of the study were****1. Demographic Characteristics of the Sample**

Majority of the samples (30%) belonged to 9 years of age, and 5% were belonged to 6 years of age. According to gender of the child (71.7%) were male children and 28.3% were female children. Around 21.7% of the children were paternal orphans; 20% of them were maternal orphans and 23.3% of them were orphans and 35% of them had parents. Around 66.7% of the children were institutionalized for a period of 0-3 years; 25% of them were institutionalized for a period of 4-6 years and 8.3% of them were institutionalized for a period of 7-9 years. Majority of the children (86.7%) were non- vegetarian whereas 13.3 % were vegetarian. None of the children had any history of illness in the past one month from the period of data collection

II. Data pertaining to the frequency distribution of physical health status of children

• It is found that majority (65%) of the samples had poor health status; 35 percent of them had good health status.



Distribution of subjects according to Physical health status

III. Association between physical health status of children residing in orphanages and selected demographic characteristics

The maximum overall physical health status score was 53. The range of score was between 16 and 49. There is no significant association found between variables such as age, gender, presence of parents, years of institutionalization and dietary pattern of the children.

Discussion

Section- I: Demographic profile of subjects

The distribution of the subjects by age revealed that maximum number of subjects (30%) belongs to the age group of 9 years. The findings of the present study is consistent with the study, findings that incidence of orphanhood increases with age of child - more than half of newly orphaned children were 9 years of age and just over one-in-twenty were aged under 3 years.⁶ The findings of the study reveal that majority of the participants (71.7%) were females. This is consistent with study that the majority (56%) of the orphans were females.⁷ The findings of this study revealed that majority (66.7%) of the children were institutionalized for less than 3 years. None of the studies have got the similar findings. The majority of the participants (86.7%) were non-vegetarian. This is consistent with the study that most of the children had decreased intake of green leafy vegetables.⁸

Section II: physical health status of children residing in orphanages

The study revealed that majority of children residing in orphanages (65.0%) had poor health status and 35% of them had good physical health status. The findings of the physical examination revealed that the common problems of children in orphanage are bitot's spot 39(65%), pale conjunctiva 39(65%), upper respiratory tract infection 49(81.7%), decayed teeth 53(88.3%), inflammation of tonsils 44(73.3%), lice in the head 32(53.3%), scabies 39(65%), ring worm infections 28(46.7%) and pyoderma 14(23.3%). This is consistent with the study that the majority of the prevalent

morbid conditions among children were skin disorders (29.9%), dental caries (23.5%), pediculosis (20.2%) and ENT disorder (15.8%).⁹ The findings of the assessment of nutritional status revealed that majority (60%) of the children had malnutrition. This is consistent with the study that majority of the children (78.4%) of children had malnutrition.¹⁰

Section III: Association between physical health status and selected demographic variables

The present study showed that there is no statistically significant association found between physical health status scores and selected demographic variables such as age, gender, presence of parents, years of institutionalization and dietary pattern of the child.

Conclusion

The present study has focused upon physical health status of children residing in orphanages as they are the most vulnerable group because they lose family and identity, subjected to increased malnutrition and reduced opportunity for education. Without adequate care and support, many are exposed to exploitative child labour and abuse and face increased vulnerability to HIV infection. When a mother dies, the level of care is reduced dramatically, and children become more susceptible to illness. The nurses aim should be to support integrated community and family capacity development and where this approach is inadequate, to provide humanitarian assistance to children who are orphaned by different reasons and to the families with whom they live.

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