

Original Research Article

Physical Health Problems and Psychological Well-Being among Orphan Children of Selected Orphanage Homes

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ABSTRACT

Background: Children are gift of GOD; unfortunately not all children are brought up by their parents. Most of these orphan children are placed in orphanages. Orphan means child whose mother or father or both parents are passed away, residing in orphanage home. Therefore this study was conducted with an objective to assess physical health problems and psychological well-being among orphan children.

Methods: A descriptive design was used to assess physical health problems and psychological well-being among 120 orphan children selected by total enumerative sampling technique. Structured checklist was used to assess physical health problems and modified Ryff scale of psychological well-being was used to assess psychological well-being. Data was collected by self-report (Interview schedule) method.

Results: Findings of the present study revealed that out of 120 orphan children, 109 (91%) reported various types of physical health problems. Most of (94.17%) of the orphan children had moderate psychological well-being. Age of orphan children, period of stay in orphanage home and BMI had significant impact on physical health problems and psychological well-being.

Conclusion: Most of orphan children had various types of physical health problems and moderate psychological well-being.

Key words: Health Problems, Psychological well-being, Orphan children.

INTRODUCTION

Children are the future of the nation. Parents play an irreplaceable role in child's physical, mental, and emotional well-being. Children are gift of GOD; unfortunately not all children are brought up by their parents. Most of these orphan children are placed in orphanages. ^[1]

According to UNICEF in 2015 orphan is anyone between the ages of 0 and 17 years who has lost at least one parent or both the parents. ^[2]

UNICEF reported in 2016 that there were estimated 132 million orphan children

in world wide. Everyday more than 5,760 children become orphan children. Every 2.2 seconds a child loses a parent somewhere in the world. ^[3]

UNICEF reported in 2011 that there were about 20 million children living as orphan children below 18 years of age in India. ^[4] 04 % of them in India and 0.7% in Punjab below 18 years of age are residing in orphanage homes. ^[4]

Orphan means child whose mother or father or both parents are passed away residing in orphanage home. Orphanage is the name to describe a residential institution

devoted to the care and education of orphan children whose parents are deceased or otherwise unable to care for them. The purpose of an orphanage is to care for children who have no one to care for them. These orphanages often provide high quality care in terms of material needs such as food, clothing, but they have limited capacity. [2]

Orphan children have lack of sufficient food, shelter, schooling and medical care and are at risk of abuse and economic exploitation. Most research work on orphan concentrates on basic need. There is little available research, but increasing concern, regarding the physical health problems and psychological well-being of orphan children. [5]

Orphan children have greater physical and mental health needs as compared to non-orphan children, but there are concerns that they do not receive the same quality of health care re to non-orphan children. The number of orphan children grows at a faster rate. The lack of concern, facilities further deteriorates the health of orphan children. [6]

Children who live in orphanage unfortunately suffer from malnutrition and environmental deprivation of varying degrees. These combined deficiencies can lead to serious vitamin deficiencies, but easily reversible medical complications if they are recognized in a timely fashion. Children with this deficiency are at risk for suffering from severe anaemia and developmental delays. [7]

The numbers of orphan children are increasing daily. The basic human rights of these children are violated and severely threatened. The future might look bleak for these children as long as they do not receive social support. The community needs to nurture its own children since 'nurturing is an important component of any child's growth and thus it is important to meet the psycho-social needs of children'. Children, particularly orphan children are among the most vulnerable groups in each society. The reason being that "there are few support systems outside the family for them.

"Orphan children are usually emotionally deprived, financially challenged and desperate. [8]

Children who are in foster homes and orphan children are one of the most vulnerable, helpless and needy groups of children all over the world. These children are suffering from one or the other trauma of losing one or both parents faltered by lack of basic needs, schooling and adequate care and nutrition. They suffer from all kind of physical, social, psychological and economical development. [9]

Orphanage children are deprived of their primary care givers, so they are more prone to physical health problems. Orphan children do not receive proper physical and emotional care because they are unaccompanied, displaced, and lacking family support. In general, the long term effects of orphan-hood to be negative. These children are at an increased risk for suffering from malnutrition, anaemia, dental caries and scabies. [5]

Orphan children experience high rates of psychological problems and social problems with his own life or others he /she kept under isolated from the society. In general, Orphan children seem socially deprived and they tend to encounter higher emotional distress, hopelessness, depressive and anger than non-orphan children. [10]

MATERIALS AND METHODS

A Descriptive study was undertaken on 120 orphan children selected by total enumerative sampling technique residing in selected orphanage homes in the State Punjab. The subjects were selected based on inclusion and exclusion criteria. *Inclusion Criteria:* Orphan children who were from age 12 to 18 years *Exclusion Criteria:* orphan children who were: Mentally retarded, suffering from chronic physical health problems. The data was obtained through self-report (interview schedule). A self-structured tool was prepared for the same. The tool was divided into three parts. Part 1: a) Socio-demographic profile: It included age, gender, religion, educational

status, habitat, type of family, parents of orphan, period of stay in orphanage home, siblings of orphan child residing with him/her in orphanage home and reason(s) to stay in orphanage home Socio-demographic profile

b) Clinical profile of orphan children

c) Perceived satisfaction of facilities by orphan children

Part 2: Checklist to assess physical health problems

Part 3: Modified Ryff scale to assess psychological well-being (1989)

Analysis of the data was done in accordance with the objectives of the study. Calculations were carried out with the help of Microsoft excel and SPSS. The various statistical measures used for analysis were frequency distribution, measures of central tendency (mean), measures of dispersion (standard deviation) Chi-square test to find out the statistical significance. This study was ethically approved by Institutional research and ethical committee of DMC& Hospital, Ludhiana.

RESULTS

Table 1 depicts that half 52.5% orphan children were in the age group 12 to 14 years with mean age 14.66 ± 0.22 . 51.67% orphan children were educated up to elementary level. Half 50% of orphan children belonged to Hindu and Sikh religion respectively. 45% orphan children were belonged to rural area. Half 50% orphan children belonged to nuclear family while 33.33% belonged to joint family. Majority 78.33% parents of orphan were passed away followed by both parents 5% of orphan children were alive. More than half 54.17% orphan children were living with their siblings in orphanage home. Nearly 19.2% orphan children were residing in orphanage home due to their father passed away, 32.5% were due to mother passed away.

Table 1: Distribution of orphan children as per their socio-demographic characteristics N=120

Socio- demographic characteristics	f	%
Age (in years) [#]		
12 - 14	63	52.50
15 – 18	57	47.50
Gender		
Male	31	25.83
Female	89	74.17
Religion		
Hindu	60	50.00
Sikh	60	50.00
Educational Status		
Elementary	62	51.67
Secondary	42	35.00
Senior secondary	16	13.33
Habitat		
Rural	54	45.00
Urban	46	38.33
Unknown	20	16.67
Type of family		
Nuclear	60	50.00
Joint	40	33.33
Unknown	20	16.67
Parents of orphan		
Both are alive	06	05.00
Passed away*	94	78.33
Unknown	20	16.67
Period of stay in orphanage home (in years)		
0-6	56	46.7
7-12	41	34.1
13-18	23	19.2
Siblings of orphan child residing with him/her in orphanage home		
Yes	65	54.17
No	55	45.83
Reason(s) to stay in orphanage home		
Father passed away	23	19.2
Mother passed away	39	32.5
Both parents passed away	32	26.7
Others	26	21.6

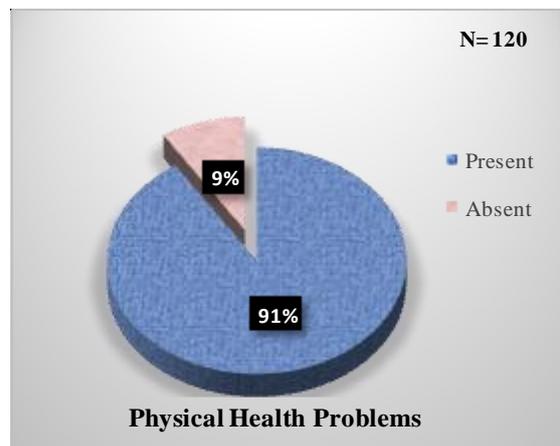


Figure 1: Distribution of orphan children as per physical health problems

Figure 1 shows the distribution of orphan children as per physical health problems. 91% of the orphan children reported various types of physical health problems while 9% did not report any type of physical health problem.

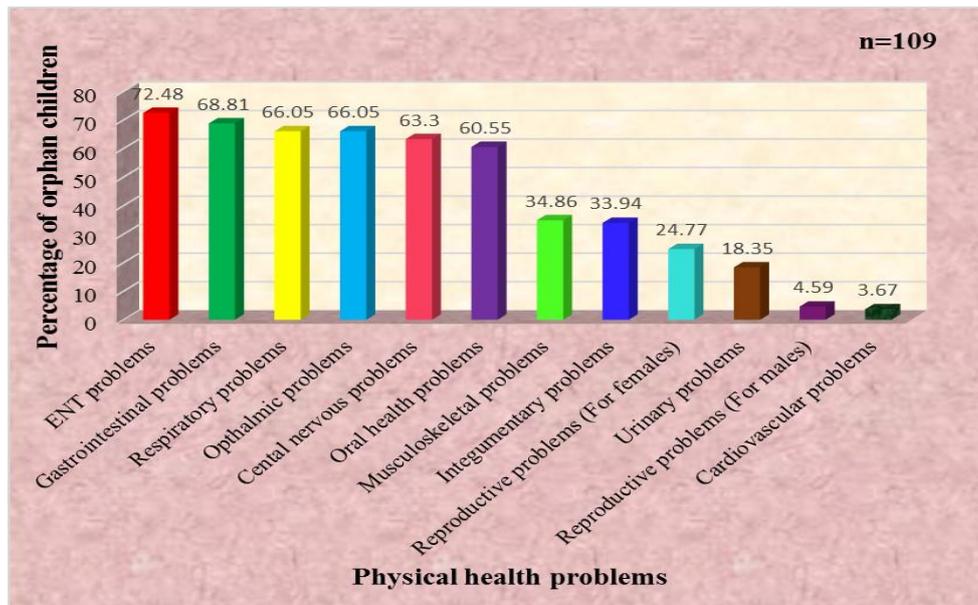


Figure 2: Distribution of orphan children as per various types of physical health problems

Figure 2 shows the distribution of orphan children as per various types of physical health problems. It revealed that 72.48% orphan children reported ENT problems. 68.81% orphan children reported gastrointestinal problems, 66.05% subjects reported respiratory and ophthalmic problems respectively 63.3% subjects reported central nervous problems. There

were 60.55% subjects who reported oral health problems, 34.86% reported musculoskeletal problems, 33.94% reported integumentary problems, 18.35% had urinary problems, while 24.77%, 4.59% reported reproductive problems in females and males respectively. 3.67% had cardiovascular problems.

Table 2: Distribution of orphan children as per mean score and mean percentage of psychological well-being N=120

S. No.	Psychological well-being dimensions	Mean ± S.D	Mean %	Rank
1	Autonomy	25.61±3.67	60.98	4
2	Environmental mastery	27.33±4.509	65.07	2
3	Personal growth	22.42±5.629	53.38	6
4	Positive relations with others	26.51±4.845	63.12	3
5	Purpose in life	25.04±4.393	59.62	5
6	Self-acceptance	28.2±5.717	67.14	1

Maximum Score= 252
Minimum Score= 42

Table 3: Association of oral health problems with variables as per age, gender, period of stay in orphanage home and reason(s) to stay in orphanage home N=120

Variables	f (%)		Chi square χ^2
	Yes (n=66)	No (n=54)	
Age (in years)			$\chi^2=6.25$ df=1 p=0.01*
12-14	42 (63.64)	22 (40.74)	
15-18	24 (36.36)	32 (59.26)	
Gender			$\chi^2=1.52$ df=1 p=0.216 ^{NS}
Male	20 (30.30)	11 (20.37)	
Female	46 (69.70)	43 (79.63)	
Period of stay in orphanage home (in years)			$\chi^2=3.61$ df=2 p=0.163 ^{NS}
0-6	28 (42.43)	29 (53.70)	
7-12	22 (33.33)	19 (35.19)	
13-18	16 (24.24)	06 (11.11)	
Reason(s) to stay in orphanage home			$\chi^2=5.73$ df=3 p=0.125 ^{NS}
Father passed away	12 (18.18)	12 (22.22)	
Mother passed away	17 (25.76)	23 (42.59)	
Both parents passed away	19 (28.79)	11 (20.37)	
Others	18 (27.27)	08 (14.82)	

*Significant (p<0.05)

NS= Non-Significant

Table 2 shows the distribution of orphan children as per mean score and mean percentage of psychological well-being. It depicts that the highest mean score was in self- acceptance 28.2±5.717 as compare to other dimensions. Mean score of environmental mastery 27.33±4.509 followed by 26.51±4.845 in positive relations with others. Autonomy was found to be 25.61±3.67, purpose in life was

25.04±4.393 and in personal growth was 22.42±5.629.

Table 3 illustrates that there was statistically significant association of oral health problems with age at (p=0.01). Whereas gender, period of stay in orphanage home, reason(s) to stay in orphanage home were statistically non-significant with oral health problems.

Table 4: Association of central nervous problems with variables as per age, gender, period of stay in orphanage home and reason(s) to stay in orphanage home N=120

Variables	f (%)		Chi square χ^2
	Yes (n=69)	No (n=51)	
Age (in years)			$\chi^2=1.05$ df=1 p=0.304 ^{NS}
12-14	39 (56.52)	24 (47.06)	
15-18	30 (43.48)	27 (52.94)	
Gender			$\chi^2=0.027$ df=1 p=0.8673 ^{NS}
Male	18 (26.09)	14 (27.45)	
Female	51 (73.91)	37 (72.55)	
Period of stay in orphanage home (in years)			$\chi^2=7.42$ df=2 p=0.02*
0-6	35 (50.72)	21 (41.18)	
7-12	17 (24.64)	24 (47.06)	
13-18	17 (24.64)	06 (11.76)	
Reason(s) to stay in orphanage home			$\chi^2=2.58$ df=3 p=0.45 ^{NS}
Father passed away	14 (20.28)	09 (17.65)	
Mother passed away	19 (27.54)	21 (41.17)	
Both parents passed away	19 (27.54)	12 (23.53)	
Others	17 (24.64)	09 (17.65)	

*Significant (p<0.05)

NS= Non-Significant

Table 4 depicts that there was statistically significant association of central nervous problems with variable as, period of stay in orphanage home at (p=0.02) whereas

age, gender, reason(s) to stay in orphanage home were statistically non-significant with central nervous problems.

Table 5: Association of BMI with psychological well-being. N=120

Parameters	Psychological well-being		
	Moderate (n=113) f (%)	High (n=7) f (%)	
BMI (for females)			$\chi^2_{yc}=3.57$ df=1 p=0.05*
Underweight (<17.99)	44(36.67%)	4(3.33%)	
Healthy weight (17.99- 25.99)	41(34.17%)	0	
BMI (for males)			$\chi^2_{yc}=1.58$ df=1 p=0.20 ^{NS}
Underweight (<18.99)	18(15.00%)	3(2.5%)	
Healthy weight (19.00- 26.99)	10(8.33%)	0	

Yate's correction is applied NS= Non-significant * Significant (p≤0.05)

Table 5 interprets that the association of BMI (for females) was found to be significant with psychological well-being at (p=0.05), whereas BMI (for males) was found to be non-significant with psychological well-being at (p>0.05).

Figure 3 shows that majority (94.17%) had moderate psychological well-being while 5.83% subjects had high psychological well-being. Hence it can be concluded that 94.17% had moderate psychological well-being while 5.83% subjects had high psychological well-being.

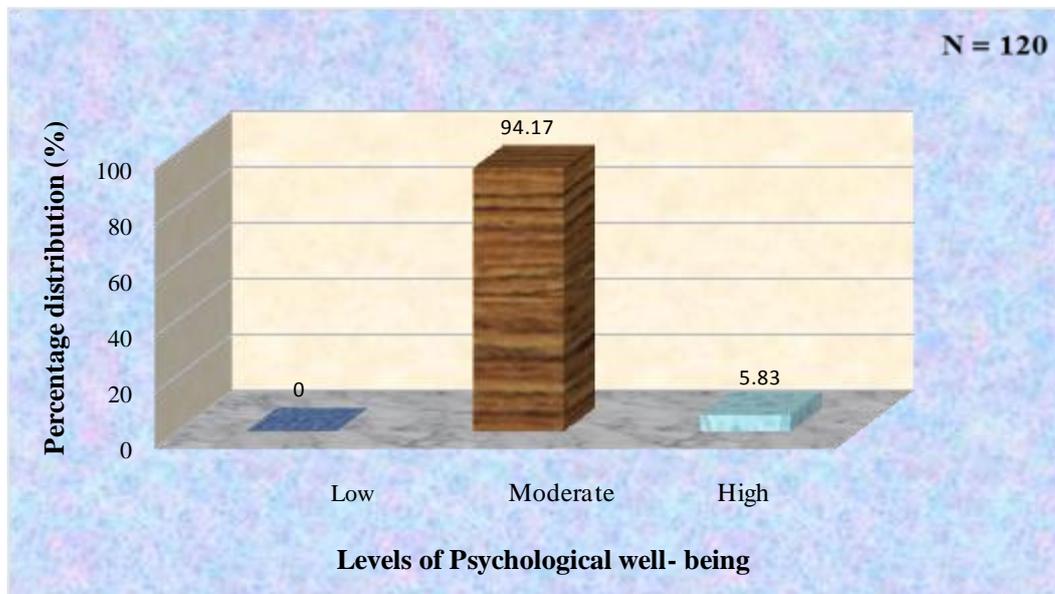


Figure 3: Distribution of orphan children as per their levels of psychological well-being

DISCUSSION

The findings of the present study revealed that among orphan children, 72.48% orphan children reported ENT problems, 60.55% reported oral health problems, 66.05% of the subjects had respiratory problems, 68.81% reported gastrointestinal problems and 33.94% subjects had integumentary problems. Similar study conducted by, Chhabra P, Garg S, Sharma N and Bansal R.D. (2010) to assess physical health status of orphan children in New Delhi, India. The results revealed that 8.6% orphan children had ENT problems followed by 16.1% oral health problems, 8.6% subjects had acute respiratory infections, 81.1% subjects had gastrointestinal problems and 31.7% subjects had integumentary problems.

The present study showed that 94.17% orphan children had moderate and 5.83% had high psychological well-being measured by modified Ryff scale to assess psychological well-being (Ryff 1989). Similar study was conducted by Afework Tsegaye (2013) on psychological well-being among orphan children in Addis Ababa, Yeka sub-city. Psychological well-being was measured by Ryff scale. Results revealed that (63.33%) of the orphan children had low psychological well-being

whereas (36.66%) of them had high psychological well-being.

The present study revealed that there was significant association between oral health problems with age of orphan children at $p=0.01$ level. Similar study was conducted by Usha GV, Thippeswamy HM, Nagesh L (2012) to assess Oral Impacts on Daily Performances and to analyze the interrelationship among socio-demographic characteristics and oral health status among adolescents, aged 12-15 years in Davanagere city, Karnataka. The Results showed that 44% of the students reported oral impact in the last six month and there was significant association between age and oral health problems at $p\leq 0.05$ level.

CONCLUSION

In conclusion, it was found that out of 120 orphan children, maximum subjects had physical health problems. Majority of the orphan children suffered with ENT problems. Maximum orphan children had moderate psychological well-being. It was found that there was significant association of oral health problems with age. There was significant association of central nervous problems with period of stay in orphanage home. There was significant association of psychological well-being with BMI calculation.

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