



# Study to Assess Physical Health Status of Children at Selected Orphanage in Salem, Chennai - India

Bhuvanesh Shukla, Dushyant Shukla

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**Bhuvanesh Shukla**

Asst.Professor, Pediatrics Nursing,  
SBS Institute of Nursing – India

**Dushyant Shukla**

Professor, Pediatrics Nursing,  
SBS Institute of Nursing – India

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## Introduction

Orphanages are a vulnerable group in any socio-economic setting simply because they are deprived of one or both of their primary care givers. The level of vulnerability they face however increases significantly with the level of poverty. In India below 18's population is 42,06,78,000 among them 2,57,00,000 are orphan children. That constitute a major part of the below 18's population (UNICEF, 2005). Orphans are a group of underprivileged population in society. The evidence from the pediatric and child psychiatry literature makes clear that orphanages are neither an effective nor a humane mode of assistance to infants and families. Orphans are some of the most underprivileged children in the world. With few exceptions, children without parents are deprived of many of the basic rights such as food, shelter, education, and a family environment. Orphanage children are deprived of their primary care givers thus more prone to physical health problems. Being a nurse, investigator felt the need of undergoing this project. It is felt that the Knowledge will help and motivate the nurse in providing health care to the children.

## Statement of Problem

A study to assess physical health status of the children between the age group of 5 to 14 years, residing at selected orphanage in Salem, Chennai – India.

## Objective

The objective of this text study is to assess the physical health status of orphanage children.

## Conceptual Framework

It is conceptualized that variables act on the health status of orphanage children .The observations are made through observational checklist. Extraneous variable age, sex, education and religion affect the physical status of the orphanage children, that is assess by height, weight, general appearance, scalp, hair, face, mouth, abdomen, extremities, skin, vitamin deficiencies, drug addiction, chronic disease & height and weight.

## Literature Survey

Children who live in orphanage unfortunately suffer from malnutrition and environmental deprivation of varying degrees. These combined deficiencies can lead to serious vitamin deficiencies can lead to serious, but easily reversible medical complications if they are recognized in a timely fashion. Children with this deficiency are at risk for suffering from severe anemia and developmental delays. Orphan children do not receive proper physical and emotional care because they are unaccompanied, displaced, and lacking family support. If this phenomenon is continued unchecked, it still highly affects the country's development. Solutions of this problem have different dimensions. The welfare of children is the concern and responsibility of all. It is necessary to work together with all social factors in order to achieve the common

goals of children for the survival and development in a consistent and coordinated manner (Rudolf, K.1999).

Orphans suffer more vulnerability than non-orphans in terms of education (Grassly, 2003).The children who have become orphans lose emotional and financial support. They must often work to cover essential needs of themselves (Dougnon, D.2004).

## Methodology

The present study is descriptive cross-sectional survey design. This study was conducted at selected orphanage in Salem, Tamil Nadu. The orphanage is situated near by the commissioner's office at Mulwadi Gate, Salem.All the children who were in between the age group of 5 to 14 years of selected orphanage were the population for the stud. All the children between the age group of 5 to 14 years who were living in selected orphanage. Sample was selected by using purposive sampling technique.

## Tools

- Structured interview schedule to collect demographic data.
- Observational check list
- Weighing machine
- Height scale

Validity of tool was checked by observational checklist and interview schedule was sent to the experts in field of pediatrics and social preventive medicine. Reliability of tool was tested by implementing the tool on ten children in Chinnaseeragapadi village samples by test-retest and intra-rated method. Pilot study was conducted in Chinnaseeragapadi village on school Children were age group of 5-14year.Observational checklist was used for "head to foot" examination.

## Data Analysis and interpretation

### Section – A

**Table 1: Distribution of orphanage children to their demographic characteristics**

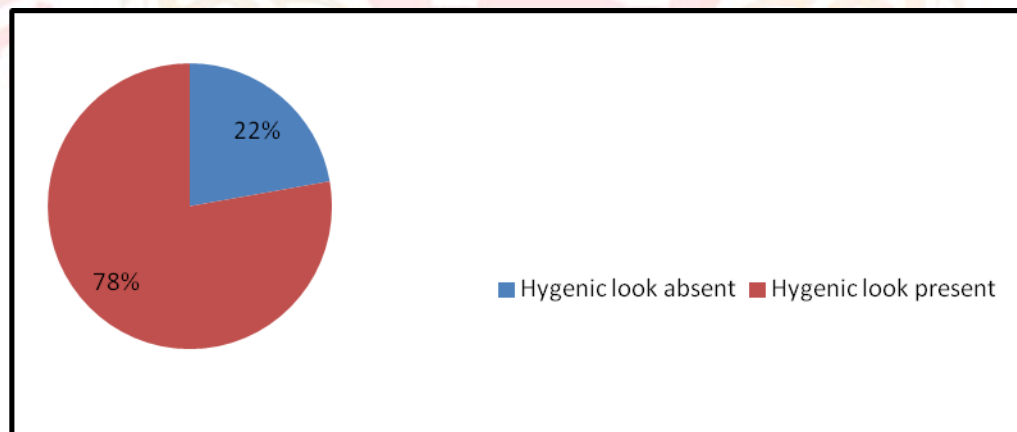
S. No.	Demographic Variables	Percentage
1.	<b>Age in Years</b>	5 – 6
2.		14.5
3.		7 – 8
4.		12.5
5.		23
6.	<b>Sex</b>	9 – 10
7.		21
8.	<b>Education</b>	13 – 14
9.		29
10.		Male
11.	<b>Religion</b>	Female
12.		42.3
13.	<b>Period of stay in orphan</b>	No education
		Primary education
		Secondary education
		49
		36.5
		87.5
		12.5
		38.5

14.		1 – 2 years	20
15.		3 – 4 years	26
16.		5 – 6 years	13.5
17.		More than 6 years	2

**Section- B**

**Table 2: Distribution of orphanage children to their physical characteristics**

S. No.	Content	Percentage	
1.	<b>Vision Test</b>	Myopia	0.96
2.		Hypermetropia	24.03
3.		Squint eye	2.88
4.	<b>General appearance</b>	Hygiene look present	77.88
5.	<b>Skin</b>	Patches	3.84
6.		Rashes	1.96
7.		Infected wound	7.7
8.	<b>Scalp</b>	Dandruff	83
9.		Pediculosis	25
10.		Infection	1
11.	<b>Hair</b>	Normal black hair	99
12.		Depigmentation	1
13.		Alopecia	1
14.	<b>Face</b>	Patches	2
15.		Puffiness	1
16.	<b>Eyes</b>	Blindness	4.8
17.		Bigots' spot	1.96
18.	<b>Mouth</b>	Dental caries	50
19.		Bleeding gum	34.5
20.		Gingivitis	33.5
21.		Stomatitis	33.5
22.		Halitosis	42.5
23.	Glositis	4	
24.	<b>Abdomen</b>	Protruded abdomen	1.96



**Figure 1: Distribution of orphanage children showing hygienic appearance**

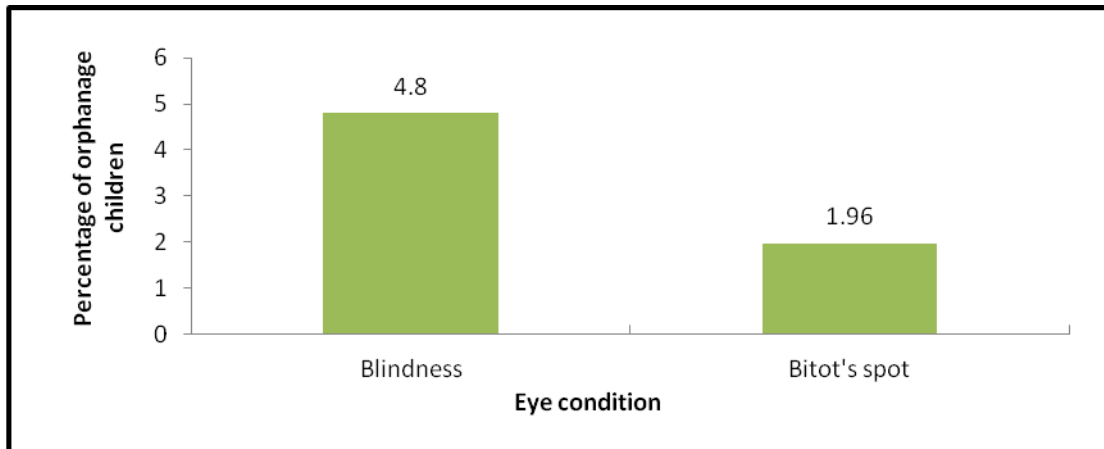


Figure 2: Distribution of orphanage children according to eye condition

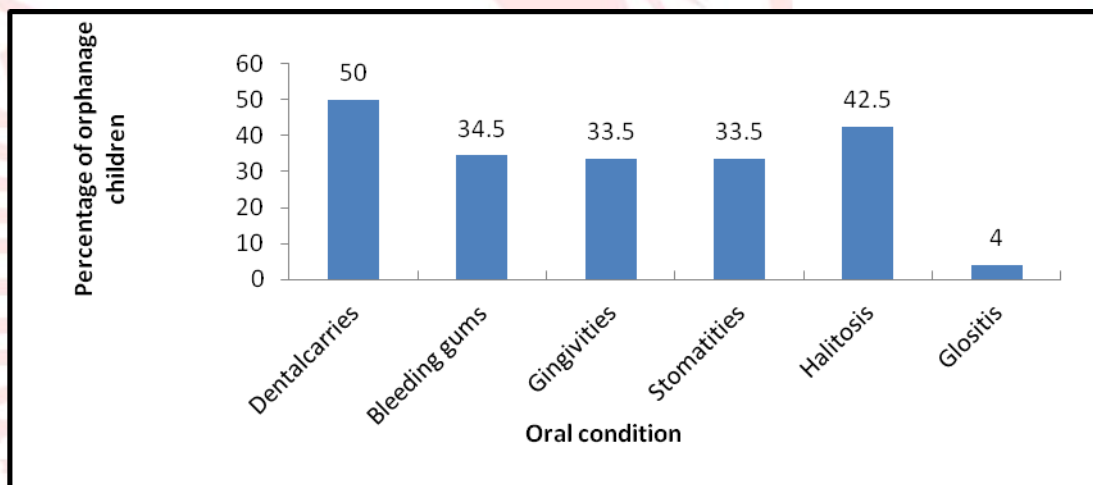


Figure 3: Distribution of orphanage children according to oral condition

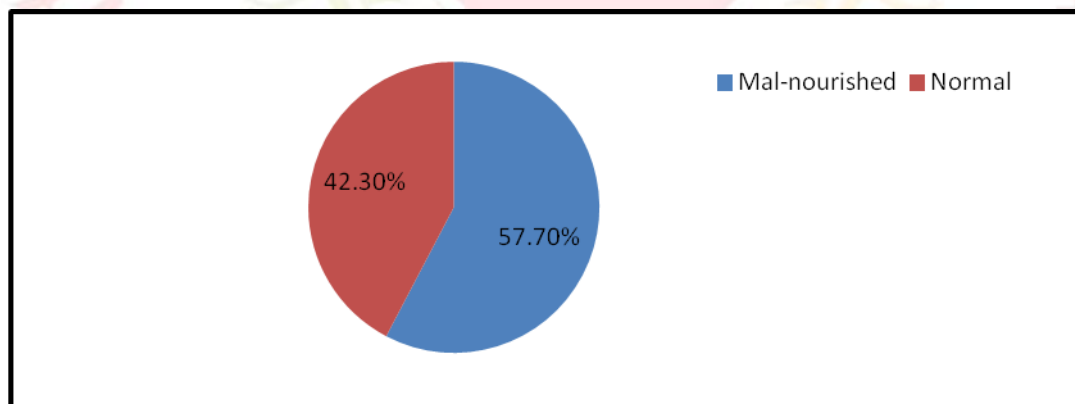


Figure 4: Distribution of orphanage children according to nutritional level



## Conclusion

Orphanage children according to their age group shows that out of 104 children, highest percentage of children (29%) of them was between the age group of 13 –14 years and lowest percentage (12.50%) of them were between age group of 7-8 years.

Orphanage children skin problems shows that 3.84% of them had skin patches, 1.96% of them had skin rashes, 7.70% of them had infected wound and 3.84% of them had other skin problems. Most of the (83%) children had dandruff, 25% of them had pediculosis. children's has 4.8% blindness and only 1.96% of them had Bitot's spot. Orphanage children show that 50% of them had dental carries, 33.50 of them had gingivitis and 4% of them had glosistis. Orphanage children show that 57.70% of them were malnourished. Dandruff and pediculosis are most common in children. Mouth conditions are very poor in orphanage, mal nutrition is prevailing among orphan children.

## Implications

### *Nursing services*

- Periodic assessment of orphanage children's should be done.
- Camps should be conducted to educate the orphanage worker regarding importance of growth and development of child.
- Participate and provide services in rehabilitation program for the children who are affected.

### *Nursing education*

- In-service training programs to health workers for detect and establish the health service for orphanage children.
- Workshops, seminar can be conducted at National, State and District level for health promotion of orphanage children.

### *Nursing research*

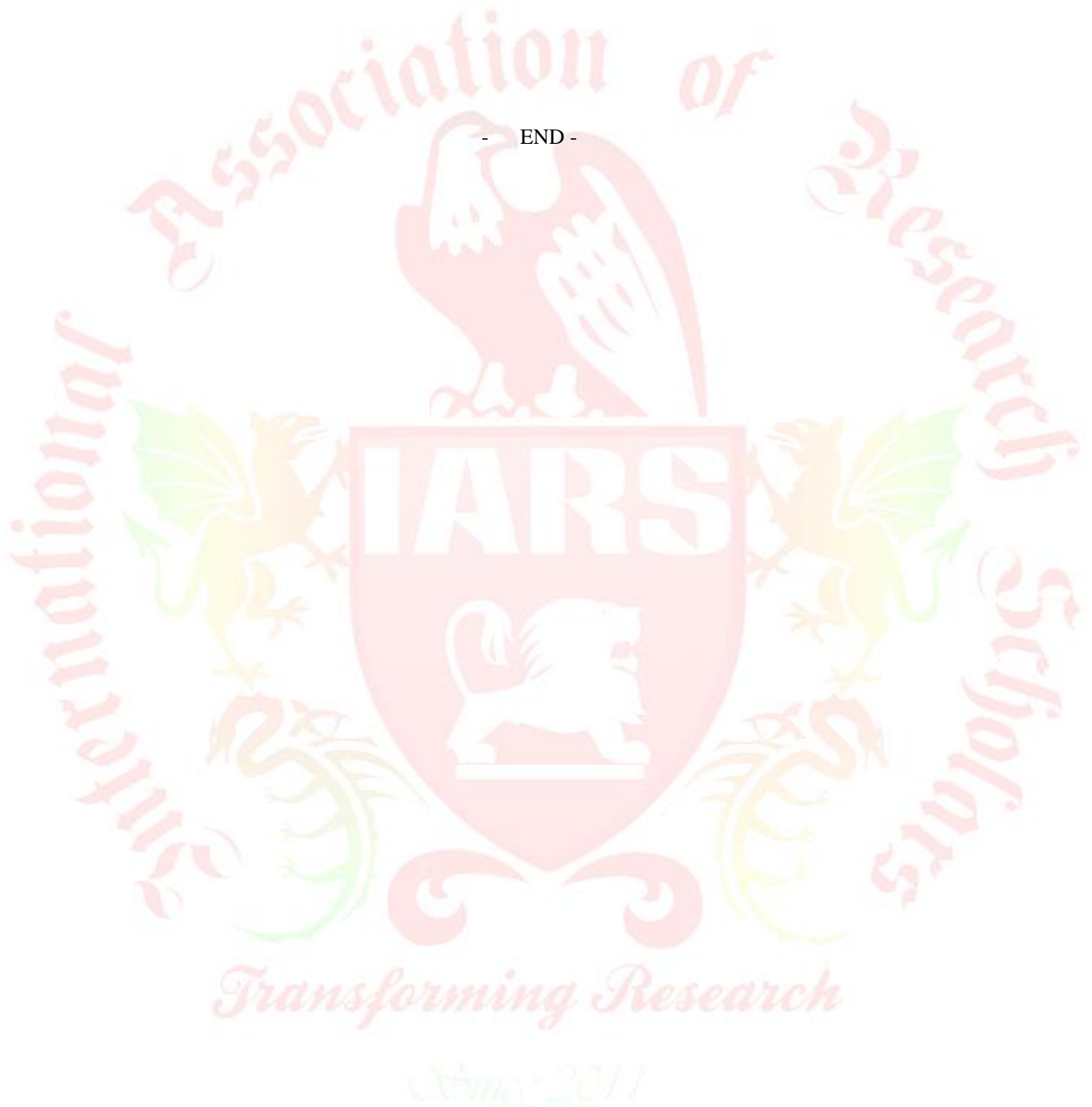
- Comparative study to identify the nutritional status of orphanage and non-orphanage children.
- Studies need to be conducted on consequence of child development in orphanage.

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