

Physical Health Problems among Orphanages: An Underrated Aspect

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Abstract

In recent era, lots of children are living in orphan institutions due to parental neglect, absence, substance abuse, and abandonment. The orphanage homes can barely meet the needs of the children due to poor financial support and low caretaker to child ratio. The orphan children are suffering from various health problems. There are different physical health problems among the children. The present study revealed that dental health problem was the most prevalent among the children. The majority of the children were sick at the time of data collection. The issues related to ENT, respiratory, Anemia, skin infections and malnutrition were the common health problems among the orphanage. It was also observed that longer the duration of stay in orphanage, the children were more prone to infections. The present study concludes that orphanages have more health related problems compare to non-orphanages. There is a need to take care the physical health of orphan children.

Keywords: Orphanages; Physical Health; Problems.

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Introduction

In recent era, lots of children are living in orphan institutions due to parental neglect, absence, substance abuse, and abandonment. These children are at risk for developing abnormal physical and psychosocial development. These children are at higher risk of discrimination, inadequate care, and exploitation due to the absence of parental care. The children are facing the availability of health facilities and receiving inadequate preventive health care services. Moreover the orphanage homes can barely meet the needs of the children due to poor financial support and low caretaker to child ratio.^{1,3} An estimate by a UK based charity "Save the Children;" Kashmir valley has 215,000 orphans out of which >37% have lost one or both parents to the prevailing conflict. More than 15% of these children live in orphanages. A report

available on the website of Save the Children organization reveals that 37% of the orphans lost one or both parents due to the conflicts while 55% were orphaned due to the natural death of parents and remaining 8% due to other reasons.^{4,5} India has more than 25 million orphan and abandoned children. The burden of care for these OAC is on caregivers that are often ill equipped to meet their needs due to inadequate assets. Previous studies suggest that in communities with limited resources, OAC residing with non-biological caregivers are more at risk than those fostered by a biological parent.⁶ A new study by an international charity for orphaned and abandoned children found that India is home to 35 million orphans, a figure projected to increase by 20217. The orphan children are suffering from various health problems. These are different problems among the children.

Systematic Health Issues Among Orphanages

Different studies have explored the existing health problems among the orphanages. A cross-sectional study communicated that 93% children were sick at time of data collection. Out of 536 children, 19.4% were having waterborne diseases, 13.4 % having skin diseases, 12% ENT problems, and 65.3% were malnutrition problems.⁸ In another study, Reddy M and Ramya V. (2017) recruited 279

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orphanage children aged between 6 and 16 years for 1 year for the study. The leading morbidities observed were anemia (37.4%), skin problems (35.5%), dental problems (28.3%), malnutrition (23.2%), scalp problems (12.9%), ear problems (11.6%), upper respiratory problems (5.7%), and eye problems (3.9%). There was very high significant association between the duration of stay and the presence of medical illness in the orphanage children ($P = 0.000$). Anemia, skin infections, dental problems, and malnutrition are the common health problems in them. Repeated infection and protein energy malnutrition significantly contributed to high prevalence of anemia. It was also observed that longer the duration of stay in orphanage, the children were more prone to infections. Despite these children are very vulnerable, their health needs are poorly understood and ill served.⁹ Physical statuses of the orphans are not good in our nation. A study by Chhabra P et al (2010) assessed physical health status of orphan children in New Delhi, India. The results revealed that 8.6% orphan children had ENT problems followed by 8.6% subjects had acute respiratory infections, 81.1% subjects had gastrointestinal problems and 31.7% subjects had integumentary problems.¹⁰ Another study revealed that among orphan children, 72.48% orphan children reported ENT problems 66.05% of the subjects had respiratory problems, 68.81% reported gastrointestinal problems and 33.94% subjects had integumentary problems.¹¹

Dental Health Problems Among Orphanage

Oral health is an important component of our health. During childhood, dental care is neglected by most of the children. A cross-sectional analytical study was conducted among 210 orphans and 210 government school children living with parents. The findings communicated that common oral health problems perceived by orphans and non-orphans were bleeding gums (16.8% and 12.4%) and toothache (12.7% and 13.7%), respectively. The daily performances most affected were cleaning mouth ($P=0.000$) and eating ($P=0.003$). Oral mucosal condition, dental fluorosis, dentofacial anomalies, and calculus showed significant difference among orphans and non-orphans ($P=0.000$). The study highlighted that C-OIDP score was high in orphans. More than half of the study subjects were suffering from oral diseases which required treatment to improve their quality of life.¹²

In a descriptive study, Soni A et al (2020) stated that the prevalence of dental caries in primary and permanent dentition was found to be 13.83%

and 20.70%, respectively. Comparatively higher prevalence of dental caries was observed in female inmates. Bleeding on probing was detected in 225 (22.39%) participants. While, assessment of fluorotic lesions showed 0.80% with questionable fluorosis, followed by 2.89% with very mild, 2.69% with mild and 0.40% with moderate fluorosis. Enamel erosion was found in 2.39% of the participants. Children living in Rajasthan orphanages are suffering from dental caries that need to be urgently treated.¹³ While a study in Jodhpur city, Rajasthan highlighted that 93% of the participants felt the necessity of maintaining oral hygiene. There were 69% of the children who believed that it was necessary to brush teeth after every meal, 51% children believed that regular tooth brushing prevents all tooth problems and 93% children knew that tobacco is carcinogenic in nature. Also, it was found that 77% of the children believed that regular dental visits help in maintaining oral hygiene.¹⁴ Shanbhog R et al (2013) conducted a cross sectional survey among 488 children of 12-14 years living in 5 different orphanages of Mysore district, India. Data regarding oral hygiene practices and oral health status were collected through structured questionnaire and by type III clinical oral examinations. The result had shown that oral health condition in orphan children was neglected. Children from this disadvantaged background have shown a high prevalence of dental caries with low dental care utilization.¹⁵

Metabolic Problems Among Orphanage

A descriptive study highlighted that out of 120 orphan children, 109 (91%) reported various types of physical health problems. Age of orphan children, period of stay in orphanage home and BMI had significant impact on physical health problems. The study concluded that majority of orphan children had various types of physical health problems.¹¹

Visual Impairment

Nawaysir, S et al, (2020) conducted a study to compare vision and ocular disease among orphans to age-matched school children and determine the barriers they faced for ophthalmic care in Riyadh, Saudi Arabia. The rates of refractive errors (RE), strabismus, amblyopia, and allergic conjunctivitis were estimated in two groups. The coverage of existing eye services for orphan children was reviewed. The risk of RE was statistically significantly higher in school children compared to orphan children ($P=0.01$). The study highlighted that orphan children had less rate of myopia compared to school children. However, unattended

ocular pathologies were detected during the screening campaign. The coverage of refractive services was low in these underprivileged children compared to school children.¹⁶

Conclusion

The present study was based on the existing physical health problems among orphanages. The study highlighted that the orphan children have various health problems. There are different physical health problems among the children. The present study revealed that dental health problem was the most prevalent among the children. The majority of the children were sick at the time of data collection. The issues related to ENT, respiratory, Anemia, skin infections and malnutrition were the common health problems among the orphanage. It was also observed that longer the duration of stay in orphanage, the children were more prone to infections. The present study concludes that orphanages have more health related problems compare to non-orphanages. There is a need to take care the physical health of orphan children.

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