

Demographic profile and morbidity pattern in institutional children of Udaipur district

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Abstract

Background: Millions of children who live in orphanages and other forms of residential care are most vulnerable in the world. They are at an increased risk of abuse and neglect due to the poor standard of care found in many institutions. Children are at risk of permanent developmental damage as a result of the lack of family-based care. Long-term stays in institutions can have a lasting negative impact.

Methods: For this study, 206 children staying in various hostels of Udaipur district, who either had no parents or were devoid of parental care and were staying in various hostels run by different NGO's were studied. A detailed history of each and every child was obtained after gaining his/her confidence. The help of hostel warden/ caretaker/school teacher/NGO worker was taken, wherever needed. The dietary patterns, history of any significant illness in the past, history of any communicable disease were obtained. The family history was obtained regarding profession of parents, their educational status and history of any addiction.

Results: A total of 206 children were included in this study. Majority of children were in 12-15 year of age (40.29%), Males were 70.87% and females were 29.13%, maximum number belonged to Scheduled caste (60.19%). Most of the parents were uneducated (92.23% fathers and 98.06% mothers). Most of the children were living in joint families.

Anaemia (71.35%), Dental caries (66.99%), skin disease (60.19%), worm infestation (55.82%), malnutrition (53.88%), acute respiratory infection (47.57%) and pain abdomen (46.60%) were the most common encountered morbidities in institutional children. Care about nutrition and hygiene was poor in them. Some of them suffered from physical abuse (12.14%). Most of them wanted to become teacher (19.60%) and doctor (16.17%) in future.

Conclusion: Most of the institutional children belonged to under privileged caste, were living in joint families and were addicted to Gutkha and tobacco. Some of them were physically abused. Majority of them were having poor nutritional status, were suffering from common morbidities like dental caries, worm infestation, anaemia, pain abdomen and skin diseases. They were ambitious to become teacher or doctor in future life.

Keywords: Demographic Profile, Morbidity Pattern, Institutional Children

Introduction

Millions of children who live in orphanages and other forms of residential care are most vulnerable in the world. They are at an increased risk of abuse and neglect due to the poor standard of care found in many institutions. Children are at risk of permanent developmental damage as a result of the lack of family-based care. For all children, long-term stays in institutions can have a lasting negative impact.^{1,2}

Most children in residential care are not orphans, but have one or both parents alive, as well as other relatives who could care for them. They are likely to be separated indefinitely from their families and communities. Children are primarily placed in residential care by their families because they are too poor to look after them. Families often feel it is the only way to ensure that their children get an education and enough food and other essentials. This is linked to the social exclusion experienced by many vulnerable families, which prevents them from accessing services, employment and other tools to raise, care for and protect their children.^{3,4,5}

Learning from institutional abuse cases indicates that there is something about institutions, as environment for child abuse, which appears to aggravate the vulnerability of potential victims and amplifies the power over them that abusers can exercise. This means that institutions are high risk environments for children, young people and indeed other vulnerable people. Such a high risk, coupled with the vulnerability of potential victims, requires a higher investment in mitigation.^{1,6,7}

Discrimination and cultural taboos also mean that in some countries a disproportionate number of girls, disabled children and children from minority ethnic groups are abandoned into care institutions.^{7,8}

Poverty, disease disability, conflict, disasters and discrimination are resulting in

children being separated from their families and placed in orphanages and so-called homes. This is still happening, even though we know that many institutions have an appalling record of abuse and neglect. The very existence of institutions encourages families to place their children into care, and draws funding away from services that could support children to thrive within families and communities.^{1,4}

We have called on all governments, international donors, NGOs, faith-based groups and others to develop alternatives that enable families and communities to provide the care that gives every child the chance to thrive which is every child's right.

Materials and methods

This cross sectional study was done to measure the impact of medical, nutritional and psycho-social services in rehabilitation of institutional children of Udaipur district. For this study, 206 children staying in various hostels of Udaipur district, who either had no parents or were devoid of parental care and were staying in various hostels run by different NGO's were studied.

A detailed history of each and every child was obtained after gaining his/her confidence. The help of hostel warden/caregiver/school teacher/NGO worker was taken wherever needed. The dietary patterns, history of any significant illness in the past, history of any communicable disease were obtained. The family history was obtained regarding profession of parents, their educational status and history of any addiction.

The personal history of each and every child was enquired especially about drug addiction, substance abuse, any factor responsible for his/her stay in the hostel, mode of entertainment and communication with others. Each child was also asked about how he/she felt about the hostel warden's attitude, facilities provided in the hostels

and whether he/she was provided with sufficient care. We had also enquired about the food habits of these children and about their surrounding environment. Any history of child abuse was assessed in detail. Every child was interviewed regarding his future prospects.

After the history, a detailed physical examination of each child was done including various anthropometric measurements like weight, height, head circumference, chest circumference and mid arm circumference.

Each child was examined thoroughly for any deficiency of Vitamin A & D and other vitamins, anaemia, signs of any communicable or contagious diseases along with relevant systemic examination. The personal hygiene of each child was assessed with special emphasis on the condition of hair and teeth and necessary treatment was provided to every child.

Age and date of birth was asked to children and reconfirmed by school record sheet. In case of difference school record birth date was taken as more reliable.

Results

A total of 206 children were included in this study. Majority of children were in 12-15 year of age (40.29%). Males were 70.87% and females were 29.13%, Maximum number belonged to Scheduled caste (60.19%).

Most of the parents were uneducated (92.23% father and 98.06% mother). Most of the children was living in joint families. Child abuse was observed in 16.02% children. Physical abuse was commonest (12.14%).

86.41% fathers and 11.65% mothers had history of addiction in institutional children. 45-50% institutional children of 10 to 15 yrs of age had addiction of Gutkha (26.21%), Tobacco (18.93%) and Smoking (5.83%). Poverty (76.21%) and family

circumstances (16.02%) were the most common reason for adopting institutions.

Age distribution of cases

AGE(Yrs)	
LESS THAN 10	45(21.84%)
10-12	78(37.86%)
12-15	83(40.29%)
TOTAL	206

Caste distribution

CASTE	
OBC	28(13.59%)
ST	37(17.96%)
SC	124(60.19%)
OTHERS	17(8.25%)

Reasons of adopting child in institution

POVERTY	157(76.21%)
FAMILY CIRCUMSTANCES	43(16.02%)
NO INTEREST IN SURROUNDING	5(2.43%)
PERSUASION BY OTHERS	8(3.88%)
OTHER REASONS	4(1.94%)

Morbidity pattern

ANAEMIA	147(71.35%)
DENTAL CARIES	138(66.99%)
SKIN DISEASE	124(60.19%)
WORM INFESTATION	115(55.82%)
MALNUTRITION	111(53.88%)
ACUTE RESPIRATORY INFECTION	98(47.57%)
PAIN ABDOMEN	96(46.60%)
PYREXIA	54(56.21%)
STOMATITIS	54(56.21%)
OTHER VITAMIN DEFICIENCY	49(23.79%)
CONJUNCTIVITIS	36(17.48%)
GASTROENTERITIS	33(16.01%)
OTALGIA	24(11.65%)
SYSTEMIC DISEASE	12(5.83%)
VITAMIN A DEFICIENCY	12(5.83%)

Future prospects

TEACHER	40(19.60%)
DOCTOR	33(16.17%)
CONTINUE PARENT’S PROFESSION	21(10.19%)
POLICE MAN	17(8.33%)
ENGINEER	15(7.35%)
ARMY	10(4.90%)
PILOT	4(1.96%)
BANK MANAGER	4(1.96%)
PHOTOGRAPHER	3(1.47%)
COLLECTOR	3(1.47%)
POLITICIAN	3(1.47%)
FILM STAR	2(0.98%)
CRICKET PLAYER	2(0.98%)
SALES MAN	1(0.49%)
NO DEFINITE OPINION	46(22.33%)

Anaemia (71.35%), Dental caries (66.99%), skin disease (60.19%), worm infestation (55.82%), malnutrition (53.88%), acute respiratory infection (47.57%) and pain abdomen (46.60%) were the most commonly encountered morbidities in institutional children. vitamin A deficiency, acute respiratory infection Majority of institutional children were ambitious and wanted to become teacher (19.60%) or doctor (16.17%).

Discussion

All the children in the present study were between 8-15 years of age. Previous studies have also included children of different age groups.

Youngleson, M. (1973) et al compared 24 institutionalized children between 15-17 yrs of age. Bush, M. (1980) et al studied 370 dependent and neglected children, aged 10 to 18. Chamberlain, P., & Reid, J. (1998) et al studied 79 boys aged 12-17 years. The probable reason in our study is that in this age group parents think that children can take self-care. The males (70.87%) were more in our study. The parents feel insecure for rearing female offspring outside. Also

the female children are helping the mother in household work; hence parents are reluctant to send female children outside.

Majority of children belonged to SC and ST caste. The Udaipur district is surrounded by tribal and poor population; SC and ST are the major castes in these tribal areas.

Most of the parents of the institutional children were illiterate, as most of them were from tribal areas. There is lack of facilities for education in tribal area. Hence most of the parents were illiterate. Poverty is also other contributing factor for illiteracy of parents of institutional children.

In the present study most of the institutional children were belonging to joint families. It is a known fact that in joint family the earning is distributed, so most of them are economically not sound, hence they send their child to institutions for care and rearing.

In our study child abuse was found in 16.02% of children. The most common abuse being physical (12.14%).It is known fact that mal treatment is common in adolescent children. Emotional abuse was less reported (3.88%),it could be because of the fear of the caretaker. In our study sexual abuse was not reported in spite of asking children repeatedly after gaining their confidence. Our study is supported by previous workers. In literature children have reported physical abuse as a very important finding in child mal treatment. They have reported that even this mal treatment is so aggressive at times children run away from institutions. These finding are also supported by chamberlain P. & Reid, J.(1998) et al.

Regarding sexual abuse most of the children have a common opinion that it is not reported. We have to gain confidence of the institutional children to completely visualise the spectrum of the iceberg of sexual abuse. These finding are also supported by chamberlain P. & Reid, J. (1998) et al.

In our study, the majority of the parents of institutional children were addicted. Addiction in father was more common (86.41%) as compare to mother (11.65%). Addiction in institutional children was commonly seen in 10-15 yrs age group. Gutkha and tobacco addiction was the most common mode of addiction in the institutional children. Smoking was found in 5.83%, and most commonly seen in 14-15 year age group children.

Our study shows that poverty (76.21%) and family circumstances (16.02%) were the most common reason for adopting institutions. This finding is in agreement with finding of youngleson, M. (1973) they have reported that socio-economic problems play a very crucial role to sending children to institutions. These finding were also subsequently supported by Berrick, J., Barth, R., Needell, B., & Jonson-Ried, M. (1997). Due to poverty, the parents are not able to spend money for care of these children; hence most of the parents get the children admitted for institutional care.

Our study denotes that majority of children were suffering from anaemia, dental caries, skin diseases. Other commonly encountered morbidities being worm infestation (55.82%), malnutrition (53.88%) and acute respiratory infection (47.57%) and pain abdomen (46.60%). Most of these are attributed to poor nutrition and poor personal hygiene and lack of awareness regarding health in these institutional children. These findings in accordance with the findings of majority of workers Bush, M (1980) et al reported that anaemia, skin disease and non specific symptoms like fatigue was common. Our study reports that personal hygiene and nutritional status of children requires improvement, with regular health check-up of institutional children.

The study shows that most of these institutional children were ambitious and wanted to become teacher and doctor when they grow up. Although most of them

belonged to poor families but they wanted to become good citizen of country and expected from the institutions to help them to achieve their desired goal.

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