

# A Study to Assess the Knowledge Regarding Selected Healthy Habits among Orphans Residing in Selected Ashrayadham, Bagalkot

Sureshgouda S. Patil<sup>1</sup>, U N Dhandargi<sup>2</sup>

<sup>1</sup>Department of Pediatric Nursing, BVVS Sajjalashree Institute of Nursing Sciences Navanagar, Bagalkot, Karnataka, India, <sup>2</sup>Department of Community Health Nursing, BVVS Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India

## Abstract

**Aims:** The aims of this study are as follows: (1) To assess the knowledge of orphan children regarding healthy habits. (2) To find the association between knowledge of selected healthy habits among orphan children with their selected sociodemographic variables.

**Materials and Methods:** Study approach- this was a descriptive survey and follow the study design as descriptive cross-sectional. The population involved in this study among orphans in Bagalkot district. Samples are orphans residing in Ashrayadham were selected. Sample size is 100 (Total) orphans were included in the study. Further, the tool for data collection is structured closed-ended knowledge questionnaire was used and method of data collection is the data were collected using structured interview schedule.

**Results:** After collection, the data are organized and analyzed with the help of mean median and percentage, and the sociodemographic characteristics of orphans were as follows: 63.33% of orphans are in the age group of 9–13 years, 60% of orphans belong to 4<sup>th</sup>–7<sup>th</sup> standard, 62.67% of orphans are Hindus, 17.83% of orphans are Muslims, and 43.33% of orphans are aged >5 years. Percentage-wise distribution of orphans according to their knowledge level shows that 36.67% of orphans had average knowledge, whereas 33.33% of orphans had good knowledge following this 26.67% of orphans had poor knowledge and 3.33% had very poor knowledge.

**Conclusion:** After thorough study, it is clear that all the orphan children need to be educated about the healthy habits, and they should also be taught about modification of lifestyle toward a healthy life so that they would achieve optimal health. Healthy children can build a healthy nation. Orphan children must be adequately educated with frequent health education campaigns.

**Keywords:** Healthy habits, orphans, exercise, nutrition and structured interview schedule.

## INTRODUCTION

Children, the future of any country, constitute its vital national resource. It is therefore imperative that appropriate infrastructure and conditions are needed for their optimum growth and development.<sup>[1]</sup>

Children are the future of the nation, and the strength of a nation lies in a healthy, protected, educated, and well-developed child population that will grow up to be productive citizens of the country. As orphan children belong to a deprived and isolated population, they deserve special attention to become robust citizens, physically fit, mentally alert and morally healthy.<sup>[2]</sup>

The study was conducted with an aim to improve the oral health status of children in an institute in Nellore district of Andhra Pradesh. Imperative that appropriate infrastructure and conditions for their growth and all-round development are in place. Programs, schemes, strategies, and other measures

### Access this article online

**Website:** <http://innovationalpublishers.com/Journal/ijnmi>

**ISSN No:** 2656-4656

**DOI:** 10.31690/ijnmi/35

### Address for Correspondence:

Sureshgouda S. Patil, Department of Pediatric Nursing, BVVS Sajjalashree Institute of Nursing Sciences Navanagar, Bagalkot, Karnataka, India.  
Phone: +91-9900490058. E-mail: [suresh.chethana.patil@gmail.com](mailto:suresh.chethana.patil@gmail.com)

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution Noncommercial Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms

targeting children must, therefore, provide a congenial frame for their physical, psychological, cognitive, and mental growth. Exercise and proper nutrition are the keys to having a healthy child. Nutrition and exercise are important because it keeps people's bodies and minds healthy. Without both of these factors, we would not be feeling or looking very good. There are so many reasons why exercise children from orphanages have shown a high prevalence of dental caries, gingivitis, and dental trauma. This has been attributed to overcrowding, lack of adequate staff, poor oral hygiene, and improper dietary habits, and the study concluded that the implementation of prevention-oriented comprehensive dental health care programs could help in reducing the burden of oral diseases among children.<sup>[3]</sup>

There are 153 million orphans worldwide. Every day, 5,760 more children become orphans. Each year, 14,505,000 children grow up as orphans and age out of the system by the age 16. Each day, 38,493 orphans age out. Every 2.2 s, another orphan ages out with no family to belong to and no place to call home. Studies have shown that 10%–15% of these children commit suicide before they reach the age 18. These studies also show that 60% of the girls become prostitutes and 70% of the boys become hardened criminals. 50% of all youth who aged out were involved in substance use, and 17% of the females were pregnant. The IQ of children raised in orphanages is 20 points lower than children raised in a family.<sup>[4,7]</sup>

As a whole in the continent of Asia, the total orphan population forms a turgid number of 57,220,000 accounting for 5.8% of the total child population. India is home to 19% of the world's children. Every year around 26 million children are born in the country, and more than one-third of the country's population is below 18 years, which is approximately around 440 million (40%) of the total population in India. The total number of orphan children in India is estimated to be 23,246,000 in the year 2010 which accounts for 6.8% of the total child population.<sup>[5]</sup>

The study was conducted with an aim to improve the oral health status of children in an institute in Nellore district of Andhra Pradesh. Children from orphanages have shown a high prevalence of dental caries, gingivitis, and dental trauma. This has been attributed to overcrowding, lack of adequate staff, poor oral hygiene, and improper dietary habits.<sup>[6]</sup>

An estimated 357,785 Haitians still live in 496 tent camps, according to a recent report by The New York Times. Over 188,383 houses were badly damaged and 105,000 were destroyed by the earthquake (293,383 in total); 1.55 million people became homeless. It is estimated that 220,000 people lost their lives as a result of the Haitian earthquake. Almost a fourth of all Haitian schools were affected by the earthquake, with 4,000 being damaged or destroyed.<sup>[7]</sup>

Actually, there are so many reasons why exercise and good nutrition are good for people at every age, and it is a good time to teach children to develop healthy habits and see why it is cool to be fit!<sup>[8]</sup>

## Aims

The aims of this study are as follows:

1. To assess the knowledge of orphan children regarding healthy habits.
2. To find the association between knowledge of selected healthy habits among orphan children with selected sociodemographic variables.

## MATERIALS AND METHODS

The present study was conducted on a descriptive approach and cross-sectional design. The target population is orphans aged between 4 and 18 years in Bagalkot district. Accessible population is orphans in Ashrayadham, Pushpavati Shindhe Nagar, Neeralakeri, Bagalkot, Karnataka. Ashrayadham was selected by convenient sampling and 100 orphans were selected by simple random sampling technique, and the data were collected by structured interview schedule with the help of structured knowledge questionnaire of multiple choice questions. Data analysis and interpretation were performed using descriptive such as frequency distribution, mean, median, percentage, and inferential statistics such as Chi-square test.

## RESULTS

### Section I: Description of sociodemographic characteristics of orphan children

Percentage-wise distribution of orphans according to their age groups reveals that of 30 subjects, Most of the orphan children i.e., 63.33% of orphans are in the age group of 9–13 years, 20% of the orphans belong to the age group of 14–18 years, and lowest percentage 16.67% in the age group of 4–8 years. It reveals that majority of orphans under the study belonged to the age group of 9–13 years.

Percentage-wise distribution of orphans according to their educational status shows that higher percentage 60% of orphans belong to 4<sup>th</sup>–7<sup>th</sup> standard, 23.33% orphans belong to 8<sup>th</sup>–10<sup>th</sup> standard, and lowest percentage 11.67% of orphans belong to 1st–3rd standard.

Percentage-wise distribution of orphans according to their religion shows that highest percentage 96.67% of orphans belong to Hindu religion and 3.33% belong to other communities such as Jains. It presents that majority of orphans under the study were belonged to Hindu religion.

Percentage-wise distribution of orphans according to their duration of stay in Ashrayadham reveals that of 30 orphans, 43.33% of orphans are aged >5 years, followed by 33.33% of orphans are aged between 3 and 4 years, 16.66% of orphans are aged between 1 and 2 years, and only 6.66% of orphans are aged <1 year. It reveals that the majority of orphans are residing in Ashrayadham >5 years

## Section II: Description of the knowledge level of orphans regarding healthy habits

Descriptive statistics such as frequency and percentage are used for percentage-wise distribution of orphans according to their knowledge level. The test results revealed that no orphan children were found in excellent knowledge category and only 3.33% were with very poor knowledge category, followed by this 26.67%, 33.33%, and 36.67% of orphans were found with poor knowledge, good knowledge, and average knowledge category, respectively [Table 1].

## Section III: Association between knowledge scores and selected sociodemographic variables

Chi-square test is used to find the association between knowledge level and selected sociodemographic variables. The test results revealed that the calculated Chi-square value for variables such as age and religion was 1.26 and 0.82, respectively, which are less than Chi-square table value 3.84. Hence, there is no significant association between knowledge level and variables such as age and religion. Similarly, the calculated Chi-square value for variables such as educational status and duration of stay in Ashrayadhama was 7.45 and 8.24, respectively, which is higher than Chi-square table value 3.84. Hence, there is a significant association between knowledge level and variables such as educational status and duration of stay in Ashrayadham [Table 2].

## DISCUSSION

Before I take up the present study, I have reviewed many research studies on orphans in various parts of India and abroad. The research studies influenced me to conduct this present study are as follows.

A study was conducted to assess the nutritional status of children in orphanages of Budgam district, Jammu and Kashmir. They have selected 100 children in the age group of 10–15 years residing in three different orphanages in district Budgam. The results of the study revealed that most of the children were found socially disturbed. On clinical examination, 47% of children

were normal, while as rest were suffering from dis-pigmentation of hair, moon face, edema, conjunctival xerosis, xerosis of skin, cheilosis, magenta tongue, spongy bleeding gums, and mottled dental enamel. The study concluded that dietary intake was deficient for all nutrients when compared to RDA for all age groups which may be linked to the poor planning of menus in orphanages.<sup>[9]</sup>

A cross-sectional survey was conducted in Mysore, India, to determine the prevalence and severity of oral condition related to untreated dental caries with polyunsaturated fatty acid (PUFA) index and to relate the period of institutional stay, oral hygiene practice, and diet of orphan children to caries experience ratio. They have selected 488 children of 12–14 years living in five different orphanages of Mysore district, India. Data regarding oral hygiene practices and oral health status (PUFA, decayed, missing, filled, teeth [DMFT], OH I-S, and gingival index) were collected through structured questionnaire and by type III clinical oral examinations. The results of the study revealed that the PUFA ratio indicates that 21% of decayed component had progressed to pulp involvement and abscess formation. The overall prevalence of PUFA was 37.7%. 31.1% of children showed one or more pulpally involved tooth in their oral cavity. Correlation between periods for being the child in the institute to DMFT showed negative value indicating a decrease in DMFT as the duration of stay in orphanage increases. The study concluded 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. PUFA index is an effective index in evaluating clinical consequences of untreated caries.<sup>[10]</sup>

The phenomenological descriptive case study investigated the learning limitations of orphans and vulnerable children (OVC) and how various stakeholders could mitigate and support the learning of these OVC living within child-headed households (CHHs) in the Chimanimani District of Zimbabwe. Observation and focus group discussion was used for data collection. Six heads of CHHs, two local community members, two teachers, a school headmaster, and one children's rights advocate participated in the study. The study results revealed that OVC lived under difficult physical and psychosocial circumstances, going through life without proper parental guidance. They encountered situations that militated against effective formal and informal cognitive learning. Orphanhood is a psychological deterrent to learning; the study, therefore, recommends that the local community, education administrators, policymakers, and child advocates should map out lifeline ideal for enhancing the cognitive learning of OVC residing as "siblings" in CHHs.<sup>[11]</sup>

**Table 1:** Percentage-wise distribution of orphans according to their knowledge level

| Levels of knowledge | Number (f) (%) |
|---------------------|----------------|
| Excellent           | 00 (00)        |
| Good                | 10 (33.33)     |
| Average             | 11 (36.67)     |
| Poor                | 08 (26.67)     |
| Very poor           | 01 (3.33)      |

**Table 2:** Description of association between knowledge of orphans with their selected sociodemographic variables

| Socio demographic variables     | Df | Chi-square value | Table value | Level of significance | Association             |
|---------------------------------|----|------------------|-------------|-----------------------|-------------------------|
| Age                             | 1  | 1.26             | 3.84        | $P>0.05$              | No association          |
| Educational Status              | 1  | 7.45             | 3.84        | $P>0.05$              | Significant association |
| Religion                        | 1  | 0.82             | 3.84        | $P>0.05$              | No association          |
| Duration of stay in Ashrayadham | 1  | 08.24            | 3.84        | $P<0.05$              | Significant association |

After discussing the results, conclusions, and recommendations of the above studies with the experts, I have been motivated to conduct the study on orphan children to assess their knowledge regarding healthy habits. After the results of our study, I am hereby recommending future researchers to conduct some experimental studies on orphans with a view to improve their practice toward healthy habits.

## CONCLUSION

After seeing the above facts, it is very clear that today's children are not good in knowledge so that they are not poor in practice regarding healthy habits. In the present days, children are not involved in any healthy activities, and healthy habits are much important in every child's life to achieve an optimal health.

## Recommendations

An interventional program is necessary for these children to improve their knowledge and practice regarding healthy habits.

## REFERENCES

1. Mwaniki EW, Makokha AN. Jomo Kenyatta University of agriculture and technology. Census India 2010-11;4:1.
2. Youngleson M. Social Statistics Division Central Statistics Office.

New Delhi: Ministry of Statistics and Programme Implementation Govt. Of India; 1973. p. 280-6.

3. Bush M. Institutions for dependent and neglected children to assess the therapeutic option of choice or last resort. *Am J Orthopsychiatry* 1980;50:239-55.
4. Hodges J, Tizard B. IQ and behavioural adjustment of ex-institutional adolescents. *J Child Psychol Psychiatry* 1989;30:53-75.
5. International Journal of Humanities and Social Science Invention ISSN; 2013. p. 36-41
6. Sengendo J, Nambi J. The psychological effect of orphanhood: A study of orphans in Rakai district. *Health Transit Rev* 1997;7 Suppl:105-24.
7. Prasad E. Maternal employment and child abuse. *Indian J Soc Work* 2001;62:328-46.
8. Kearney CA. Dealing with habits related to child and family. *Health Educ Res* 2006;55:8.
9. Vaida N. Nutritional status of children living in orphanages in Districts Budgam. J and K *Int J Human Soc Sci Invent* 2013;2:36-41.
10. Shanbhog R, Godhi BS, Nandlal B, Kumar SS, Raju V, Rashmi S, *et al.* Clinical consequences of untreated dental caries evaluated using PUFA index in orphanage children from India. *J Int Oral Health* 2013;5:1-9.
11. Ganga E, Maphalala MC. Cognitive learning – a life line challenge for orphans and vulnerable children in child-headed households: University of South Africa. *J Soc Sci* 2013;36:49-58.

**How to cite this article:** Patil SS, Dhandargi UN. A Study to Assess the Knowledge Regarding Selected Healthy Habits among Orphans Residing in Selected Ashrayadham, Bagalkot. *Int J Nurs Med Invest.* 2018;03(3):103-106