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A Study to Assess the Practice Regarding Selected Healthy Habits among Orphans Residing in Selected Ashrayadham Bagalkot

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Abstract Aims: The aims of this study are as follows :(1) to assess the Practice of orphan children regarding healthy habits. (2) To find the association between Practice of selected healthy habits among orphan children with their selected socio-demographic 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 was orphans in Bagalkot district. Samples are orphans residing in Ashrayadham. Sample size is 100 (Total) orphans were included in the study. Further, data were collected by structured non observational checklist.

Results: **After collection, the data are organized and analyzed with the help of mean median and percentage, and the socio-demographic characteristics of orphans were as follows: 63.33% of orphans are in the age group of 9–13 years, 60% of orphans belong to 4th–7th 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 practice level shows that 43.33% of orphans had average practice followed by 36.67% orphans with good practice, 20% had poor practice & No orphans had excellent & Very poor practice.**

Conclusion: **After thorough analysis of the data, researcher concluded that all the orphan children are with very poor practice related to healthy habits. A child with healthy habit can have a healthy life. Hence more experimental studies related to healthy habits need to be conducted on orphan children. More over they should also be taught about modification of lifestyle towards a healthy life so that they would achieve optimal health. Healthy children can build a healthy nation. Orphan children must be cared and adequately educated with frequent health education campaigns.**

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

I. INTRODUCTION

An orphan is a child who has lost both parents through death. An orphan is a child below 18 years who has lost both adoptive or biological parents, and the one single parent if unmarried.(1)

There are an estimated 153,000,000 orphans worldwide. Some of these orphans have lost one parent, some both, and some are "virtual" orphans that have been turned out onto the streets by their families, but all are vulnerable and in need of help. Without assistance these orphans continue in the cycle of poverty, HIV/AIDS, trafficking, prostitution and slavery that haunts developing countries. Through our family focused programs - we equip, inspire, and mobilize the church to care for orphans and vulnerable children. Churches engaged. Children restored. Communities transformed by the Gospel of Christ. (2)

Exercise and proper nutrition is the key to having a health child. Nutrition and exercise are important because it keeps people's bodies - and minds - healthy. Without both of these factors, we wouldn't be feeling or looking very good. Actually, there are so many reasons why exercise and good nutrition are good for people at every age, and it's a good time to teach children to develop healthy habits and see why it's cool to be fit.(3)

Sleeping Habits, The health, behavior, and academic performance of teenagers are suffering as a result of their sleep deprivation. According to parents' reports in the 1999 nationwide survey, "Sleep in America," sixty percent of children under the age of eighteen complained of being tired during the school day. (4)

A longitudinal interventional study was conducted among 162 primary grade orphan children to improve the oral health status in Nellore district Andhra Pradesh, India, through prevention based comprehensive dental health care programme (CDHP). Basic demographic data, body mass index, dentition status, and treatment needs according to WHO criteria. The CDHP included group based dental health education, professional oral prophylaxis, weekly (0.2%) sodium fluoride mouth rinse programme, biannual application of topical fluoride (1.23%APF), pit & fissure sealants for all first permanent ,molars and provision of all necessary curative actions. Results of the study show that Mean

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treatment requirements per child decreased at 18 months. New caries lesions developed among four children. BMI of children with decay was seen to improve significantly after instituting the CDHP. The study recommended conducting other educational campaigns in order to improve the health status of children. (5)

Healthy habits helps children to achieve optimal growth & development in all aspects like physical, mental, biological, social, psychological, and others by above mentioned facts and ideas I am influenced to study the current knowledge and practices adapted by the orphan children, so that I can educate them based on their learning needs which helps them to achieve the greatest in future. (6)

Problems of orphans are - Poverty, discrimination, stunting and hunger, lack of supervision and care, child labour, exploitation, educational failure, psychological problems, lack of adequate medical care, poor housing, early marriage, disruption of normal childhood and adolescence (Nelson Mandela Children's Fund Report, 2001:14).(7)

Aims

The aims of this study are as follows:

1. To assess the practice of orphan children regarding healthy habits.
2. To find the association between practice related to selected healthy habits among orphan children with selected socio-demographic variables.

II. 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 non observational checklist. Data analysis and interpretation were performed using descriptive such as frequency distribution, mean, median, percentage, and inferential statistics such as Chi-square test.

III. RESULTS

Section I: Description of socio-demographic 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 4th–7th standard, 23.33% orphans belong to 8th–10th 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

Section II: Description of the Practice of orphans regarding healthy habits

Descriptive statistics such as frequency and percentage are used for percentage-wise distribution of orphans according to their practice level. The test results revealed that no orphan children were found in excellent practice category and only 36.67% were with good practice category, followed by this 43.33% were in average category, 20% in poor category, [Table 1]

Section III: Association between Practice scores and selected socio-demographic variables

Chi-square test is used to find the association between practice level and selected socio-demographic variables. The test results revealed that the calculated Chi-square value for variables such as educational status and duration of stay in Ashrayadham was 5.89 and 6.98, respectively, which are more than Chi-square table value 3.84. Hence, there is a significant association between practice level and variables such as educational status and duration of stay in Ashrayadham. Similarly, the calculated Chi-square value for variables such as age and religion was 0.14 and 0.36 respectively, which is less than Chi-square table value 3.84. Hence, there is no significant association between knowledge level and variables such as age and religion. [Table 2]

Table 1. Percentage wise distribution of orphans according to levels of Practice

N=100

Levels of Practice	Number(f)	Percentage (%)
Excellent	00	00
Good	11	36.67
Average	13	43.33
Poor	06	20
Very poor	00	00

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Table 2. Association between post-test Practice scores and selected Socio Demographic Variables.

N=100

SL. NO	Socio demographic variables	Df	Chi-square value	Table value	Level of significance	Association
1.	Age	1	0.14	3.84	P>0.05	No association
2.	Educational Status	1	5.89	3.84	P>0.05	Significant association
3.	Religion	1	0.36	3.84	P>0.05	No association
4.	Duration of stay in Ashrayadham	1	06.98	3.84	P<0.05	Significant association

IV. DISCUSSION

After reviewing many studies related to orphans in India & Abroad it has immensely influenced me to take up the present study, 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.[9]

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.[10]

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.

V. CONCLUSION

After thorough analysis of the data, it is understood that today's children are very poor in practice related to healthy habits. In the present days, children are highly engaged in indoor activities, spends lots of time with mobiles and moreover not involved in any outdoor games and healthy activities. Healthy habits are much important in every child's life to achieve an optimal health.

VI. RECOMMENDATIONS

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

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