Health Problems among orphan Children in Dakahlia Governorate

Eman Mohammed El-sherbeny [(1)], **Salwa Abbas Ali** [(2)], **Sonia Gamal Elsharkawy** [(3)], **Saher Hamdy Elsayed** [(4)] **& Hanan Hassan Elezaby** [(5)]

[(1)]Assistant Lecturer of Community Health Nursing -Faculty of Nursing –Bani Suaif University, [(2)]Prof. of community health Nursing- Faculty of Nursing - Zagazig University, [(3)]Prof. of Pediatric- Faculty of Medicine - Port-said University, [(4)]Assistant professor of Nursing Administration –Faculty of Nursing - Zagazig University, [(5)]Lecturer of Community Health Nursing -Faculty of Nursing -Port-said University.

Abstract:

Background: children in orphan institution suffered from many health problems. **Aim of the study:** was assessing health problems among orphan children in Dakahlia Governorate. **Subjects & methods: Research design:** Exploratory descriptive study**. Setting:** This study was carried out in five shelters at Dakahlia Governorate. **Subjects**: Convenient sample constituted of all children. Subjects interviewed were 194 children: 139 boys and 55 girls. **Tools of data collection:** Data collection comprised an interview questionnaire sheet, for the children concerning socio demographic for child and nurse, child health problems through measurement sheet to (assess physical data and sheet for analysis of child health record, physical, psychological/emotional and social *problems), observation check list* to assess the shelter environmental conditions and *observation check list* to assess the shelter health clinic. **Results:** revealed that Health problems among orphan shelters were significantly higher, including many diseases. 49.4% were sensitive eye, 22.1% ear, 44.9% mouth and teeth, 60.9% were upper respiratory tract, 70.2% were gastrointestinal tract, 57.2% urinary tract, 40% central nervous system and 49.5% nutritional problems. The best of these shelters in the delivery of health care was Fager-Eleslam, followed by Dar-Ebnty; and the shelter was not good was Mossiest Trbytelbaneen- Eleslamia, Mansoura, where boys suffered from many disease along with very low level of health care. **Conclusion:** The study concluded that 75% in Dakahlia shelters are males. Half of the children inside shelters were in primary schools, and more than one third of them were in secondary schools, 8.2% of them didn't not complete the stages of education and the rest were in preparatory schools. Nearly one third; (31.4%) of the children were worked to satisfy their needs, most of them were from boy's shelters in Mansura. **Recommendations**: Health care services and nursing role should be developed for orphan children to avoid health problems.

Key word: Shelters: different institution; Orphan children; children without parents

Introduction

Orphan various groups use different definitions to identify orphans. An orphan is a child age 0-17 years whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead. The term ‘social orphan’ may be used to describe children whose parents may be alive but who are neglected or abandoned by their parents or whose parents are no longer fulfilling any of their parental duties. One legal definition used in the United States is a minor bereft through "death or disappearance of, abandonment or desertion by, or separation or loss from, both parents. [(1)]

Orphans have many effects on health, especially on children, such as increase of incidence of infection, increased growth of retardation and developmental delay. Orphan children are more likely to suffer from acute health problems, other than from chronic conditions. The most common illnesses in children are, minor upper respiratory infections; minor skin infections; ear infections; gastrointestinal problems; trauma; eye disorders; and lice infestations. [(2)]

UNICEF, reported that more than 132 million children classified as orphans all over the world, only 13 million have lost both parents. Evidence clearly shows that the vast majority of orphans are living with a surviving parent grandparent, or other family member. 95 per cent of all orphans are over the age of five. The orphan age in Arabic world is 15million child .The United Nations (UN) estimates that up to 8 million children around the world are living in care institutions. While the number of orphan children was estimated to be 2.5 million orphan children in Egypt. The number of orphanages in Egypt is 250 orphanages that contain child age between 6 to 18 years that include 7749 child and 102

orphanages from 1 to 6 years that contain2068 child. There are nine orphanages in Dakahlia governorate for orphan that accepts child age between 6 to 18 years. Their capacity is 425 children. The actual number in this orphanage is 274child. It is divided into 166 male and 108 female. These numbers is divided into 116 children between (6-12) years and 67child between (12-15) years and 70 children between (15-18) years and 21 more than this age.[3]

The adolescence is generally regarded as the period of life from puberty to maturity; it is not an easy stage of life for most because it is a period of transition from childhood to adulthood. It is a time when children psychologically move from areas of relative comfort and emotional security to places and situations that are far more complex and often much more challenging, in addition to the hormonal, physical and psychological changes. Adolescence consists of early, middle, and late periods, each is distinguished by several different aspects of adolescents lives and constitute the ages of 12-14, 15-17, and 18-21 years.[4]

Orphan children among adolescents is more frequent than it is generally realized in orphan youth, suffering from health problems directly related to lifestyle in the orphanage that is characterized by violence and deprivation. The orphan youth are often victims to physical and sexual abuse and family abuse, and have been found to have a greater number of psychological and physical problems more than the general adolescent population, many are engaged in “survival sex,” exchanging sexual favors for food, clothing or shelter, specially male that leave shelter after (18-21) years, that making them vulnerable to sexually-transmitted diseases, including HIV, as well as unintended pregnancies.[2]

Care and support for orphans and vulnerable children has primarily focused on addressing their material needs. The secondary focus has been to address the needs for skill transfer and education for children. Even fewer care and support have been able to adequately address the medical, social welfare and psychological needs of children. It is essential that medical care, socioeconomic support, human rights and legal support, and psychosocial support interventions are implemented in the mutually reinforcing manner necessary to provide comprehensive care and support for orphans and other vulnerable children.[5]

Community role about continuous of care and cooperation between governmental and nongovernmental organizations should provide protective services for orphan children, to create comprehensive system of care for orphan children. Their efforts are directed towards achieving income and permanent housing.[6]

The community health nurse should be aware of the factors that contribute to family breakdown, and lead to orphan children, to prevent these factors, in addition to decreasing of wages. Advocates and spokes for orphan children, should try to improve physical environment (community and home), avoidances of potentially violent situations, promoting legislation for care to orphan children, promoting multi service programs in services and provide health education to all individuals about the importance of adequate housing, good nutrition, socioeconomic effect of drugs, importance of bringing mental health care, and control of birth rate.[2]

Significance of the study:

Inspite of the fact that childhood in Egyptian society occupies a large and important place in the population in Egypt, where the number of children from 6 to 18 years were estimated 35.185, 345 million children, representing approximately 40% of the total population, where the number of children from 6 to 18 years were estimated 3.833, 039 million children, and are representing approximately 43.83% of the total population in Dakahlia governorate, there is no comprehensive social policy and clear-cut from this large sector of population. The number of orphan shelters in Egypt is 250 shelters that contain children age between 6 to 18 years, including 7749 child and 102 shelters from 1 to 6 years that contains 2068 child. There are nine shelters in Dakahlia governorate for orphan children that accept children aged between 6 to 18

years. Their capacity is 425 children. The actual number in this shelter is 274 children, 166 males and 108 females they are divided into 116 child aged between (6-12) years, 67child aged between 12-15 years, 70 child aged between (15-18) years, and 21 more than that. The orphan number in Arab world is 15million child and 2, 5million in Egypt. [7]

Aim of the study:

The aim of the current study was to assess the prevailing health problems among the orphan school age children in Dakahlia Governorate.

Specific objectives:

The specific objectives of this study were to:

- Assess and detecting the acute and chronic health problems among school age children in orphan shelter.
- Identifying the role of nurse in the orphan children shelter.

Research Questions:

1. What are prevailing health problems among the orphan children in Dakahlia Governorate?
2. What are the community health nurse roles in orphanage?

Subjects and Methods:

Research design:

Analytical descriptive research design was utilized to fit the purpose of the study.

Study settings*:*

The present study was conducted in all orphan institution at Talkha , Belkas and Mansoura district nominated as (Elbanen, Elbanat, Tahseen-Elseha, Dar-Ebnty and Fager-Eleslam) in Dakablia Governorate (five institution).There are 5 small government orphanages in Dakahlya Governorate provided care for children in the age of 6-21years old, each one having only 20-80 children residing. Orphans institutions usually consist of building from one floor or three floors based on the number of internal children and location, which is distributed as rooms or wards to stay in addition to the full floor for administrative offices (administrator, social workers, psychologist and accountant).Girls live every two girl in one room containing bed, cubber for contain clothes and office desk while in boys institutions there are wards contain 10-13 bed in addition to all means of life from a good environment ,drinking water and number of bathrooms as well as a restaurant and a small football Playground with a small garden in some institutions, there is a room for the computer and Music and a store (storage donation clothes and other material).

Study subjects*:*

Consisted of all orphan children in five orphanage on the basis that they have stay at least one year of in the current position (194)and all nurses worked in this institution.

Tools of data collection:

Data of present study were collected by using two tools include:

Tool (1): Interviewing questionnaire sheet*:* to detect the acute and chronic health problems among children it includes:

1. ***Physical problems:*** questions to collect data about children general health problems such as gastrointestinal problem, respiratory, renal problems, chronic disease such as diabetes mellitus and hypertension, communicable problems, nutritional problems and surgical diseases.
2. ***Social problems questions:***

   A. **Violence test:** adopted from Elrakhawy [8] to collect data about level of violence among the orphanage children. It composed of 29 statements using variable scale of 3 levels the validity and reliability of the tools was previously done by the authors.

   B. **Withdrawal test:** adopted from Recovery Center of America [9] to collect data about level of withdrawal among the orphanage children. It composed of 23 statements using variable scale of 3 levels the validity and reliability of the tools was previously done by the authors. [7]

3. ***Psychological test:*** anxiety test adopted from Castaned and Balrmo [10] to collect data about level of anxiety among the orphanage

children. It composed of 27 multiple choice questions the validity and reliability of the tools was previously done by the authors

A. **Poor relationships with others test**: Adopted from [8] to collect data about level of relationships with others among the orphanage children. It composed of 12 multiple choice questions. The validity and reliability of the tools was previously done by the authors

B. **Depression test**: Adopted from Maria[11] to collect data about level of depression among the orphanage children. It composed of 27 statements using variable scale of 3 levels the validity and reliability of the tools was previously done by the authors.

Tool II: Observation check list of nurses role: An observation checklist for nurse intervention regarding the homeless children present problems as recommended by Freeman.[12]

- **Administrative role:** recording all children who visit the shelter nurse room and their complaints, checking the health insurance card (medical record) for each child before referral to outpatient clinic or hospital. It contained 16 items, scored 1-8 in sufficient, 9-16 sufficient role.
- **Monitoring and assessing role**: observing children behavior regarding health behavior, ventilation, cleanliness, absenteeism from school. It contained 6items scored 1-3 in sufficient and 3-6 sufficient roles.
- **Preventive role:** taking history, observing signs and symptoms of children, follow up, shelter nurse as a health educator, daily observation of children for early case finding, examination of food handlers. It contained 12 items, scored 1-6 in sufficient, 7-12 sufficient role.
- **Care role of nurse referral for treatment of any discovered diseases**: provision of first aid measures, properly filling of health records, interpreting findings, recording progress in special cards, and keeping health records available for physicians. It contained 15 problems, scored 1-7 in sufficient and 7-15 sufficient roles in solving problems.

Scoring system:

Child physical assessment, to collect data about child general health through complete physical examination performed by private physician enrolled by the researcher to conduct the physical examination for the orphan child.

For each steps of assessment of general appearance take one if healthy and zero if not healthy. Total score was 16 point the child considered healthy if he take ≥75% of the total score and considered unhealthy if he take < 75%.

Physical problems: For each steps of assessment of general health problems if healthy take one and if unhealthy take zero. Total score was 12 point the child considered healthy when he take ≥75% of the total score and unhealthy if he take < 75%.

Social problems questions:

- **Violence test:** if child answers always take 2 grads, sometimes take 1 grad and rarely take 0 grads. The total score was 28 grads the child who had (1-9) grads considered free from violence status, who had (10-19) grads considered had average degree of violence and child who had (20-28) grads considered had high degree of violence.
- **Withdrawal test:** if child answers yes take 2 grads , ,sometimes take 1 grads and no take 0 grads. The total score was composed of 46 grads the child who had (1-15) grads considered normal, who had (16-31) grads considered had average degree of withdrawal and child who had (32-46) grads considered had high degree of withdrawal (isolation).

Psychological test:

- ***Anxiety test:*** if child answers always take 3 grads, sometimes take 2 grads and rarely take 1 grads. The total score composed of 51grads The child who had 1-20 grads considered free from anxiety, who had 21-34 grads

considered had average degree of anxiety and child who had (35-51) grads considered had high degree of anxiety.

- **Poor relationships with others test:** if child answers always take 4 grads, usually take 3 grads ,sometimes take 2 grads, rarely take 1 grads and never take 0 grads. The total score was 48 grads the child who had 1-16grads considered had low degree of relationships with others, who had (17-32) grads considered had average degree of relationships with others and child who had 33-48 grads considered had high degree of relationships with others.
- ***Depression test :*** Scoring system: if child answers always take 4 grads , ,sometimes take 2 grads and rarely take 1 grads. The total score this part was 71 grads the child who had 1-23grads considered had free depression status , who had 24-47 grads considered had average depression and child who had 48-71 grads considered had high degree of depression.

Validity and Reliability:

The tools were distributed to 7 experts in community health nursing and medicine and nursing administration little modification were done after detection of difficulties that might arise. Some questions were added (e.g. rest and activity), others were clarified (tobacco) or omitted (e.g. general appearance).

The reliability of the modified scale was done using the internal consistency method. The reliability proved to be high with a Cornbach alpha coefficient 70%.

Field Work:

The process of data collection was carried out in the period from July 2012 to March 2013 three days /weekly for three hours /daily. Every tool takes half hours for every child. The investigator attended with orphan shelters in Dakahlia Governorate. All selected study sample agreed to participate in the study. The investigator chose some of social workers and explained purpose and process of the study to them to explained to the children to reduce the possibility of escaping from the meeting and help investigator in collecting data. The investigator clarified any question to the social worker and study sample if it needed to clarification. During data collection, the investigator interviewed orphan children to take socio demographic of each child, family and nurse. Physical assessment through observation of physical problems through medical report like chronic problems and parasitic disease, psychological problems. Observation checklist was conducted to observe building; environment condition, cleanliness and suitability .It covered the period from July 2012 to March 2013. Three hours /day for three days/week. Also observation nurses roles.

Pilot study:

A pilot study was carried out on 10% of the study sample, who were selected randomly to test the tools clarity and applicability before starting data collection and to estimate the time needed to fill in the tools. Those who participated in the pilot study were later excluded from the main sample of research work to assure stability of the answers.

Administrative and ethical considerations:

Before starting any step in the study, an official letter was issued from the Dean of the Faculty of Nursing to the Director of main orphanage in Dakhlia Governorate, as well as to the care giver and nurses, requesting their cooperation and permission to conduct the study. After an explanation of study objectives, an individual oral consent was also obtained from each participant in the study.

Before distributing the sheets, the researcher informed each care giver and orphan about the purpose and nature of the study, emphasizing that participation in the study is entirely voluntary; anonymity and confidentiality was assured through coding the data. Every head nurse was told that they have the right and freedom not to complete the study process.

Orally agreement for participation of the subjects was taken from the participants. Explained to them the aim of the study ,they were given an opportunity to refuse or to withdraw at any phase if they want without any reasons and they

were assured that the information that was taken from them would be confidential and used for the research purpose only.

Statistical analysis:

Data entry were done using Epi-Info 6.04 computer software package, while statistical analyses were done using the statistical package for social science (SPSS), version 14.00. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative variables were compared using Chi-square test, whenever the expected values in one or more of the cells in a 2×2 tables was less than 5, Fisher exact test was used instead, in larger than 2×2 cross tables, and no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Statistical significance was considered at P-value <0.05.

Results:

Table (1): Displays that 46.76% male compared present in the age group 6 to 13 years compared to 38.18% of female age group 6 to 13 years and 49.1% of female were in age group of 16-18 years. While 44.3% of total sample were in age group of 6-12 years, 36.6% of total were in age group of 16-18 years with statistically high significant difference p<.000 between male and female in shelters regarding age group. Level of education, 46.76% of male were in primary school, while 49.1% of female were in secondary schools and 44.3% of total sample were in primary schools with statistically high significant difference p <.002 between male and female shelters regarding level of education. Table also shows that 41.72% of male had technical work and 10.8% of them their mothers were illiterate or read and write, while 16.36% of female and 18.2% of female, their fathers had technical work as seller with statistically significant difference p<.007 between male and female in shelters regarding Family profile characteristic.

Table (2): Illustrates that majority of the study subjects lived alone before enter the orphanage (88.1%), and main reason for their entrance was death of parents and 95% of them they stay in orphanage since 6-13 years.

Table (3): Shows that 60% of nurses worked in studied orphanage in the age group 20-30years,all married, had diploma in nursing and attended .Training program related to first aid. All nurse work as health visitors. All had 1-5 years of experiences in the orphanage.

Table (4): Presents most common physical problems were nutritional, skin, gastrointestinal and upper respiratory tract (88.59%, 84.53%, 69.072%, and 61.34 %(respectively).

Table (5): indicate the most common social problems was violent (51.1%) and female suffered from violent more than male (74.5% ,29.5%),theft among orphan children 17.5% and this high among male (21.6%) compared to 7.3% of female .Also 16% suffered from withdrawal this complain were high among male (19.4%) more than female (7.4%).

Concerning psychological problems 57.5% of the subjects had poor relationship, 24.7% of sample suffered from anxiety and 22.7% from depression .another hand 84.5% had emotional problems related to jealous from sibling.

Physical environment of the orphanage:-consider the room the entire studied orphanage put the orphan in shared room or ward, with sufficient furniture. Electricity and water supply were available, and 60% of them had regular refuse disposal. Kitchen services and its condition were good in 60% of orphanage. Safety building facilities available in 60% while recreation facilities such T.V and computers were available in all orphanage.

Clinical and staff of the orphanage: The team work consists of nurses, doctors and social worker in all orphanages. The medical services were insufficient in 60% of all. Studied orphanage, only available of first aid .equipment supplies for dressing were available in all orphanage .All orphanage had insufficient medication for emergency treatment.

Table (6): pastry that nurses role was insufficient in all orphanages except care role.

Discussion:

The growing demand for care and support of orphans and vulnerable children at the community level has strained traditional coping mechanisms to a crisis stage in the most heavily affected countries. In the absence of support there will be long-term developmental impacts on children and the future of these countries.[13]

The socio demographic characteristics of the studied sample revealed that the most common children age ranged between 6 – 18 years old .This age group is that of late childhood and adolescence, age of 6-12years represented nearly half of the total sample, and one third of male aged 16-18years are compared to half of female in the same age. These present studies were in agreement with Abo-Elnasser [14] who reported that, in his study in Cairo the age of orphan children inside shelter was 6 – 18 years, and disagreed with Fahmy [15], who revealed that age of orphan children inside shelter was only 6 – 12 years, and Sedeek [16], who reported that half were aged 11 – 14 years, and male was more than female in orphan children.

Concerning child education, findings of this study show that, the majority of samples were in school at different levels of education. Nearly half of male were in primary schools, nearly half of female were in secondary schools, and one fifths of male were in preparatory schools while the minority of total sample could just read & write. This study was in agreement with Abd-Elhaleem [17], who reported that two thirds were in different levels of education, especially primary schools, and 8% could just read & write and less than one third did not go to school. The study shows that education has significantly difference among children.

Regarding child occupation, nearly one third of total sample were working, two fifths of male had technical work, such as selling, working as baker or in factory, and few of female had office work as secretary. Their age ranged between 13-18 years. The study shows that occupation there significantly difference among children. This is in accordance to Mursy [18], who reported that orphan children worked in many jobs, as 44% of child their age ranged from 15 – 17 years old, and in disagreement with Hamza [19], who reported that orphan children worked in many jobs as 44% aged 6 – 11 years.

The present study shows that distribution of studied children according to parent's education is more than one tenth of total sample who said that their fathers were illiterate or can read and write, and more than one tenth their mothers were illiterate or can read and write, while less than one fifths of female, and one fifths of female's mothers were illiterate or can read and write. The minority of male and less than one fifths of female their fathers had technical work as seller .Also the minority of male and more than one tenth of female their mothers were house wives. The present study was in agreement with Samaloty [20], who reported in his study in Cairo that percent of illiteracy between family orphan parents increased due to poverty only that pushes children to leave family home and go to street and orphan.

This may be due to many causes such as illiterate, poverty, divorce, domestic violence, illegal pregnancy and social income of parents that push them to put their children in shelters. Community can support parent to provide care for their child at home.

Regarding orphan children's legal position, the majority of male and more than three quarters of female were illegal children living in shelters while the majority of total were orphan children.

This result was in agreement with Abd-Elhaleem [17], who reported in her study in Cairo that origin number of children is three quarter were in urban areas and one quarter in rural and most of them were male. Also few of male said that the main cause was death of one or both parents ,while disagreement with kalil [21], who reported in his study in Cairo that the majority of orphan children admitted to orphanage because of death of their parents.

Regarding Nurses socio characteristic, they were not available all the time and they work as visitor's nurses. Nurses in all shelters were graduates of secondary schools of nursing; nurses in shelters had more than 5 years of

experience. The last training program attended by study nurses was about first aid.

This may be due to absence of supervision of nurse's work and their development experiences. So nurses do not help progress of care provided to orphan children.

Health problems, present study showed that nearly three quarters of total sample suffered from gastrointestinal problem which was significantly higher among children, more than half of total sample suffered from urinary complaint, while half of sample suffered from cardiovascular problems, The present study showed that two thirds of sample suffered from upper respiratory problem .Two fifths of total sample suffered from lower respiratory. Present study was in agreement with Mosa[22] and Mursy[18], who's reported in their study in Cairo that a group of health problems that faced orphan children were respiratory infection, gastrointestinal and skin disorders, cardiovascular complaints were most prevalent among orphan children and study shows that urinary problems were significantly difference among children.

May be due to absence of medical staff, and absence of nurse's role, especially health teaching, treatment was neglected and caused spread of respiratory disease among children.

Regarding skin disease the majority of orphan children in Dakahlya complained of different skin diseases. Half of total sample complained of eye problems and more than one fifth of total complained of auditory problems. The present study was in agreement with Mursy [18], who reported that skin , vision and auditory were the most common problems among orphan children and was in disagreement with Kareem[23], who reported that scabies was the most common skin problem related to poor hygiene. The study shows that skin problems were significantly difference among children.

This is due to absence of medical care of doctor and nurse in shelter during child's illness. They did not follow up social supervision. This was specially happened in Elbaneen shelter that lead children to become deaf and miss one eye or two, as a result of ignorance of their state and the required treatment especially when children were young .This led to spread of disease faster among children.

The present study showed that parasitic disease was higher significantly difference among children that were more than two thirds of sample, more than one third of male compared with less than one fifths of female suffered from pin worm (entrobiasis), less than one fifths of male suffered from scariases, and few of total suffered from bilharzias. These results were supported by Mosa,[22], who reported in his study in Cairo that parasitic disease was most common especially Bilharzias disease's as a result of bathing in contaminated canal and river. This study was in agreement with Mursy [18] who reported that parasitic disease was most common among orphan children.

This is due to absence of the nurse health teaching role about hygienic care and health habits (in shelter and school) and medical treatment among children.

The present study showed that nutritional problems was higher significantly difference among children. The majority of total and half of total complained of anemia, one third of male and one tenth of female suffered from thinness and one tenth of total were obesity. This study was in agreement with Abd-Elhaleem[17], who reported that most common nutritional problems were anemia as a result of not eating all types of food, leading to thinness.

This is due to children nutrition condition. They ate less than body requirement and not supervised under special nutritionist that helps to provide balanced diet to children, in addition to also nutritional bad habits among orphan children.

The present study showed that social problems among orphan children in Dakahlia shelters' were higher significantly difference among children as follow: nearly three quarters of male suffered from violence, and two fifths of them had high degree of it, while two fifth of male complained of theft, and one fifths of them had high degree of it, while one – quarter of male were suffered from withdrawal, and one fifths of them had high degree of

it. The present study was in agreement with Mursy [18] and Mosa[22], who reported in his study in Cairo that violence, theft, withdrawal and hyper sexuality /rap most prevalence among orphan children.

The present study showed that psychological problems among orphan children in Dakahlia shelter were significantly higher among children. More than half of male suffered from depression, and one quarter of them had high degree of it. One third of female had different degrees of depression, while nearly one fifths of male and one fifths of female had poor relations with others, while half of male and more than one quarter of female suffered from anxiety, and one quarter of male and one tenth of female had high degree of it, this in the same line with Abd-Elhaleem [17] and Mosa [22], who reported that depression, poor relations and anxiety were most, prevailing among orphan children.

Depression, poor relation and anxiety problem among orphan children was due to community's refusal of them, in addition to their fear of people's look at them. Some of them had sense of shame due to their illegality.

Emotional problems were regarding nearly three-quarters of total children who had fear. The majority had jealousy of siblings, less than two-thirds had curiosity, and more than half suffered from anger, this finding was in agreement with Abd-Elhaleem [17] and Mosa [22] that emotional problems were mostly prevailing among orphan children.

Regarding nurses role in orphanage for administrative role in all orphanage nurses of four shelters were sufficient except (record of children who have problems, record of received treatment, - and nursing care, check health insurance cards before referral, review immunization record, prepare first aid kits for orphanage. The present study was in agreement with Asker [24], which nurse role inside shelters was merely first aid.

Regarding shelter health clinic, medical staffs were physician, nurse, social workers in all shelters but they did not present description of work. Moreover physician, nurses worked as visitors in some shelters. The rest of them were not found, such as dentist, orthopedic, ophthalmologist, psychiatrist, psychologist and nutritionist. While medical services were 100% insufficient. Orphan shelter health room clinic regarding facilities, solution and emergency medication, they were 100% insufficient. The present study was in agreement with Abo-Elnasser[14] and Mursy[18], who reported in his study in Cairo that physical set up, must be complete, and supplies and equipment just needed in physical set up were used in first aid only.

Conclusion:

It can be concluded that Spreading diseases between orphan shelters were statistically higher, such nutritional diseases (anemia), skin disease in addition to shortage in staff of community health nurses and insufficient her role in health services except first aid.

Recommendations:

- Nursing staff need Training, nurse and social workers on orphan shelters to deal of their problems.
- Health education for orphan children of safety measure to protect them from disease.
- More researches are needed to identify common health problems in shelters and resources and health information system that meet needs of shelter's and child.

Table (1): Distribution of Orphan Children According to Socio Demographic Characteristic (n =194)

Items	Male N=139		Female N =55		Total N =194		X^2	*P*
	No	%	No	%	No	%		
Child characteristic								
Age								
▪ 6-	65	46.76	21	38.18	86	44.3	38.094	.000
▪ 13-	30	21.58	7	12.72	37	19.1		
▪ 16-18	44	31.65	27	49.1	71	36.6		
Level of education								
▪ Illiteracy/read and write	14	10.1	3	5.45	17	8.8	14.466	.002
▪ Primary	65	46.76	21	38.18	86	44.3		
▪ Preparatory	29	20.86	4	7.3	33	17		
▪ Secondary	31	22.30	27	49.1	58	29.9		
Occupation								
▪ Technical work	58	41.72	0	0	58	29.9	38.094	.000
▪ Official work	0	0	3	5.45	3	1.5		
Father Educational level								
▪ Illiteracy	7	5.03	9	16.36	19	9.8	7.190	.027
▪ Read and Write	3	2.15	4	7.27	7	3.6		
Father occupation								
▪ Technical work as seller	6	4.3	10	18.2	16	8.2	10.026	.007
▪ Retirement	4	2.9	3	5.5	7	3.6		
Mother Education level								
▪ Illiteracy	10	7.19	11	20	21	10.8	9.162	.010
▪ Read and Write	0		2	3.6	2	1.1		
Mother occupation								
▪ Worker	1	0.71	6	10.9	7	3.6	2.396	.302
▪ Housewife	9	6.47	7	12.72	16	8.2		

Responses is not mutually exclusive

Table (2): Distribution of Orphan Children according to their Setting (n = 194)

Items	Male (n=139)		Female (n=55)		Total		X2	P
	No	%	No	%	No	%		
Place of live before admission								
Admission								
▪ Both patents or one of them	8	5.75	9	16.36	17	8.8	14.091	.007
▪ Relatives	2	1.4	4	7.27	6	3.1		
▪ Alone (at orphanage)	129	92.8	42	76.36	171	88.1		
Reasons of enter orphanage								
▪ Death of parents	129	92.8	42	76.36	171	88.1	25.24	.000
▪ Prison of one parent	2	104	4	2.27	6	3.1		
▪ Divorce	8	5.75	9	16.36	17	8.8		
Duration at orphanage :								
▪ 6 –	65	46.76	21	38.18	86	65	5.548	.062
▪ 13 –	30	21.58	7	12.72	37	30		
▪ 16 – 18 years	44	31.65	27	49.1	71	44		

Table (3): Socio Demographic Characteristic Nurses of Orphan Shelter (n=5)

Item	Elbaneen no.	Fagerelslam no.	Elbanat no.	Darebnty no.	Tahseen no.
Age					
▪ 20-	0	1	0	1	1
▪ 35-45	1	0	1	0	0
Marital status:					
▪ Married	1	1	1	1	1
Level of education					
▪ Secondary school 3 years	1	1	1	1	1
Year of experienced					
▪ 1-5	1	1	1	1	1
Training program first aid	1	1	1	1	1
Work hour					
▪ Visitor	0	0	1	1	1
▪ 8 h	0	1	0	0	0
▪ 16 h	1	0	0	0	0

1= one nurse

Table (4): Distribution of Orphan Children According to Physical Health Problem (n=194)

Items	Male N=139		Female N =55		Total N =194		X^2	P
	No	%	No	%	No	%		
▪ **Gastrointestinal problems**	97	69.72	49	92.1	134	69.072	6.991	0.007
▪ **Urinary Problems**	96	62.56	15	27.23	111	57.214	32.172	0.000
▪ **Cardio vascular problems**	74	53.22	21	38.2	95	48.96	6.867	0.076
▪ **Upper respiratory problems**	104	74.93	15	27.1	119	61.34	33.075	0.000
▪ **Lower respiratory problems**	62	44.47	17	30.8	79	40.72	4.874	0.431
▪ **Skeletal system**	99	68.86	32	58.1	129	66.49	6.991	0.007
▪ **Skin problems**	131	93.9	45	82.64	164	84.53	33.075	0.000
▪ **Visual**	73	52.50	11	33.6	97	50	13.623	0.003
▪ **ENT**	35	25.16	8	14.6	43	22.16	10.728	0.030
▪ **Nutritional problems**	136	98.78	32	58.2	168	86.59	32.068	0.000
▪ **Teeth**	58	41.7	29	50.6	96	49.48	8.658	0.015
▪ **Parasitic**	107	75.27	21	38.1	102	52.57	34.847	0.000

Responses are not mutually exclusive

Table (5): Distribution of Orphan Children According to Their Social, Psychological and Emotional Problems (n=194)

Items	Male N =139		Female N=55		Total N=194		X2	P
Social Problems	**No**	**%**	**No**	**%**	**No**	**%**		
Violence								
▪ High	55	39.5	41	74.5	99	51.1	24.282	.019
▪ Average	51	36.7	11	19.96	62	31.9		
▪ Normal	30	21.6	3	5.5	33	17		
Theft								
▪ Normal	84	60.4	47	85.5	130	67	34.477	.001
▪ Average	26	18.7	4	7.3	30	15.4		
▪ High	30	21.6	4	7.3	34	17.5		
Withdrawal								
▪ Normal	100	71.9	45	81.8	145	74.7	18.130	.112
▪ Average	12	8.6	6	10.9	18	9.3		
▪ High	27	19.4	4	7.4	31	16		
Sexuality								
▪ Normal	60	43.2	48	87.3	81	55.6	39.548	.000
▪ Average	39	28.2	4	7.2	43	22.1		
▪ High	70	28.8	3	5.5	43	22.1		
Psychological problems								
Depression								
▪ Normal	67	48.2	35	63.6	102	52.6	24.482	.020
▪ Average	35	25.1	13	23.6	48	24.7		
▪ High	37	26.6	7	12.7	44	22.7		
Relation								
▪ High	84	60.4	28	50.9	43	22.2	26.192	.001
▪ Average	23	16.5	16	29.1	39	20.1		
▪ Poor	26	18.7	11	20	112	57.7		
Anxiety								
▪ Normal	66	47	39	70.9	105	54.1	24.388	.018
▪ Average	34	24.5	7	12.8	41	21.1		
▪ High	39	28	9	16.3	48	24.7		
Emotional problems								
▪ Fear	98	70.5	47	85.45	145	74.7	8.585	.003
▪ Jealous of siblings	118	84.9	46	83.6	164	84.5		
▪ Curious	86	61.9	46	83.6	132	68		
▪ Anger	82	58.9	46	83.6	128	65.9		

Table (6): Distribution of Observed Shelter Nurses According to their Role regarding Child Complaints (n=5)

Item	Elbneen	Elbnat	Fager	Darebnty	Tahseen
Administrative role					
▪ Sufficient	0	0	0	0	0
▪ Insufficient	1	1	1	1	1
Monitoring and assessor role					
▪ Sufficient	0	0	0	0	0
▪ Insufficient	1	1	1	1	1
Preventive role					
▪ Sufficient	0	0	0	0	0
▪ Insufficient	1	1	1	1	1
Care role					
▪ Sufficient	1	1	1	1	1
▪ Insufficient	0	0	0	0	0

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المشاكل الصحية المنتشرة بين الأطفال الأيتام بمحافظة الدقهلية

إيمان محمد الشربينى [١] ، **سلوى عباس على** [٢] ، **سونيا الشرقاوى محمد**[٣] ، **سحر حمدي السيد**[٤] ، **حنـان حسن العزبـى**[٥]

[١] مدرس مساعد -كلية التمريض -جامعة بنى سويف ، [٢] أستاذ تمريض صحة المجتمع- كلية التمريض - جامعة الزقازيق،[٣] أستاذ طب الأطفال- كلية الطب - جامعة بورسعيد ، [٤] أستاذ مساعد إدارة تمريض- كلية التمريض - جامعة الزقازيق ، [٥] مدرس تمريض صحة الأسرة والمجتمع- كلية التمريض - جامعة بورسعيد.

المقدمة

يعرف الطفل اليتيم بأنه الطفل الذى فقد والديه أو فقد إحدهما ويتميز هؤلاء الأطفال فى سن المدرسة بالنمو الجسمانى مصحوب بتغير فى الهرمونات وأيضاً فى الأفكار والمعتقدات والعاطفة ، ولذلك قد تختلف احتياجات الأطفال فى المدرسة ، فهى تعتمد على درجة التواصل بين الذى يقوم بالرعاية والطفل وأيضاً الاختيار الأفضل للبيئة المحيطة بالطفل وقد يتأثر الأطفال فى دور الأيتام بالبيئة داخل الدار ويشمل تأثير جسمانى ونفسى وإجتماعى ولذلك فإن هؤلاء الأطفال يحتاجون إلى كثيراً من الرعاية والعناية.

الهدف من الدراسة:

هدفت الدراسة الحالية إلى تقييم المشاكل الصحية بين الأطفال الذين لا مأوى لهم في محافظة الدقهلية من خلال:

- اكتشاف المشاكل الصحية الحادة والمزمنة (الجسدية والنفسية والعاطفية والاجتماعية والبيئية) بين أطفال سن المدرسة في المؤسسات الإيوائية.
- تحديد دور الممرضة في المؤسسات الإيوائية.
- تحديد الموارد والخدمات الصحية المقدمة من المجتمع لهذه الفئة.

التصميم البحثى:

تم استخدام دراسة وصفية تحليلية.

مكان الدراسة:

أجريت الدراسة الحالية في مركز بلقاس، مركز طلخا، ومدينة المنصورة بمحافظة الدقهلية. في خمس مؤسسات إيوائية والتي تم اختيارها و تحتوى على عدد كبير من الأطفال وهى مؤسسة تربية البنين (٧٠ ولد) ومؤسسة فجر الإسلام (٦٩ ولد) ومؤسسة البنات (٣٥ بنت) ومؤسسة دار ابنتي (١٤ بنت) ومؤسسة تحسين الصحة (٦ بنات) وبذلك تحتوى العينة على ١٣٩ ولد ،٥٥ بنت

عينة الدراسة:

اشتملت عينة البحث على ١٩٤ طفل من سن (٦-١٨) سنة ، وهم في مراحل التعليم المختلفة (المرحلة الابتدائية ، و الإعدادية ، والثانوية ومنهم من لم يكمل تعليمه).

أدوات جمع البيانات:

قد تم جمع المعلومات الخاصة بالدراسة باستخدام الأدوات التالية:

١. **استمارة استبيان خاصة بالطفل**: تم ملئها من خلال المقابلة الشخصية اشتملت على:
   - معلومات عن البيانات الشخصية والاجتماعية والديموجرافية مثل الاسم السن النوع التعليم والعمل.....الخ)
   - معلومات عن المشاكل الصحية والنفسية والعاطفية الاجتماعية التي يتعرض لها الطفل داخل المؤسسة من خلال المقابلة الشخصية والتقارير الطبية والملاحظة.
   - معلومات عن البيانات الجسمانية مثل الوزن والطول ومحيط الرأس والصدر والنمو اللغوي والإدراكي والعاطفي..... الخ
٢. **استمارة لتقييم دور الممرضة داخل الملجأ**.

النتائج:

بناء على نتائج هذه الدراسة كانت أهم النتائج كالآتى:

- ما يقرب من ثلاثة أرباع عينة البحث ذكور مما يدل على أن أعلى نسبة بين أطفال الملاجئ ذكور.
- ثلث عينة البحث كانوا من الأطفال الذين يعملون ومعظمهم من مؤسسة البنين فى مدينة المنصورة.
- كل الممرضات فى دور إيواء الأطفال حاصلون على شهادة دبلوم التمريض وخبرتهم لاتزيد عن ٥سنوات وتعد الإسعافات الأولية من أهم الأعمال التي تقوم بها الممرضة ويقتصر دور الممرضة فى دور الإيواء على الإسعافات الأولية فقط وأكثر من النصف من البنين والخمس من البنات يشكون من اضطرابات فى النوم (ارق).
- أقل من نصف عينة البحث (٤٥.٦٪) يشكون من مشاكل في العين في حين أن ١٨،١٪ لديهم مشاكل في السمع.

- أقل من نصف عينة البحث (٤٢.٣٪) يشكون من مشاكل في الجهاز التنفسي العلوي في حين أن خمس العينة يعانون من مشاكل في الجهاز التنفسي السفلي.
- ثلثى عينة البحث لديهم مشاكل في الجهاز الهضمي. في حين أن أكثر من ثلث عينة البحث يعرفون أسباب الشكوى.
- أكثر من نصف عينة البحث يعاني من المشاكل البولية وأكثر من نصف عينة البحث يعانون من مشاكل القلب والأوعيه الدموية ومعظم عينة البحث تعانى من أمراض جلدية (٨٨.٥%).
- خمسى عينة البحث يعاني من مشاكل على الجهاز العصبي المركزي والخمس من الصداع.
- ثلثي عينة البحث يعانون من الأمراض الطفيلية وأغلب عينة البحث (٨٢٪) يعانون من أمراض التغذية.
- ثلثي عينة البحث يعانون من مشاكل الأسنان ومعظم عينة البحث(٨٣%) يعانون من العنف.
- ثلثى عينة البحث من البنين وخمس البنات تعانى من السرقة وربع عينة البحث يعانى من الانسحاب من البنين وخمس البنات ونصف عينة البحث تعانى من زيادة النشاط الجنسي ربع من البنين وخمس من البنات تعانى من فرط النشاط الجنسي ، كالجنسية المثلية بين الذكور في مؤسسات الذكور .
- ثلث عينة البحث من المدخنين والمشكلة الأكثر شيوعا بين أطفال المؤسسات الإيوائية في الدقهلية هي الاكتئاب حيث يعانى منه نصف عينة البحث من البنين والثلث من البنات وثلثى عينة البحث يعانى من علاقات غير جيدة مع الآخرين
- ثلث عينة البحث يعانى من القلق وحيث أن ثلاث مؤسسات هم دار ابنتى، فجر الإسلام وتحسين الصحة يحتوا على مبنى جيد من حيث التهوية والإضاءة والبناء والخدمات المقدمة فى حين أن مؤسسة البنات ضعيفة وكذلك مؤسسة البنين .
- يتكون الفريق الطبى فى كل المؤسسات من طبيب زائر وممرضة زائرة وأخصائين اجتماعين لايؤدوا عملهم حسب وصف وزارة الصحة لهم وباقى الفريق غير موجود على الاطلاق.

الخلاصة:

يلاحظ أن انتشار الأمراض بين الأطفال فى مؤسسات الأيتام سجل أعلى نسبة إحصائية حيث انتشرت أمراض التغذية مثل الأنيميا والأمراض الجلديه المعدية، ذلك بالإضافة إلى العجز فى إعداد الممرضات وأدوارهن حيث يقتصر دورممرضة صحة المجتمع على الإسعافات الأولية.

التوصيات:

فى ضوء الدراسة الحالية، تم اقتراح التوصيات التالية:

- يحتاج فريق العمل بالمؤسسات من تمريض أخصائين اجتماعين إلى التدريب على كيفية التعامل مع المشاكل التى تواجههم داخل المؤسسات .
- إعطاء الأطفال تثقيف صحي على وسائل الآمان لحماية أنفسهم من الأمراض.
- إجراء المزيد من الأبحاث على هذه الفئة للتعرف على المشاكل الصحية المنتشرة فى هذه المؤسسات والأمكانيات المتاحة وكذلك إنشاء نظام معلوماتى لسد احتياجات هذه المؤسسات وكذلك الاطفال.