ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 07 | July - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

SOCIODEMOGRAPHIC AND HEALTH PROFILE OF CHILDREN FROM DESTITUTE HOMES AND FROM STREETS OF MEERUT

Community Medicine

Seema Jain* Professor, Department of Community Medicine, L.L.R.M Medical College, Meerut, UP. *Corresponding Author

Pradeep Jain Ex-MO, LNJP, New Delhi.

Komal Anand Junior Resident, Department of Community Medicine, L.L.R.M Medical College, Meerut, UP.

Siddharth Saxena Junior Resident, Department of Community Medicine, L.L.R.M Medical College, Meerut, UP.

Ratan Prakash Dhir Tutor, Department of Community Medicine, ESIC Medical College, Faridabad, Haryana.

ABSTRACT

Background- Destitute are the poor people who lack basic necessities of life, Destitute is intrinsically a multi-dimensional concept, and it emphasis the severity of poverty and dependence on the goodwill of others. They are the most neglected part of the society as far as there health status is concerned. **Objective-** The study was conducted to assess the health status of the resident of child destitute home and street children of Meerut district. **Methodology-** It is a cross-sectional study done amongst street children and children destitute home in Meerut . Pretested, predefined structure, questionnaire was used to interview them about their health status. **Result-** It was found that the health was the most neglected part of the street children and of children from destitute homes. Most residents were with malnutrition, pallor , skin disease and respiratory disease with highest prevalence.

KEYWORDS

Destitute, Poverty, Street Children, Orphan

INTRODUCTION

Destitute are the impoverished people who lack basic necessities of life. Destitution is an economic, social and political phenomenon. Increasing poverty, urbanisation and lack of opportunities to grow, to produce and to earn along with failing of state government to provide, supportive services and facilities are now making people more vulnerable to become homeless, especially in developing countries.[1]

There are an estimated approximately fifteen crore orphans world-wide. A large proportion of delinquent and neglected children come from broken homes, desertion, divorce, illegitimacy, cruelty, drunkenness, drug abuse by the parents, parental loss, and emerging causes such as AIDS, natural calamities and refugee.

In traditional societies, care of the orphaned and the destitute child used to be the responsibility of either a joint family or caste group of the child. However, due to host of adverse social and economic factors, more and more of such children nowadays are seeking admission in institutions organized by the state or voluntary agencies for obtaining food, shelter, and to some extent education - the basic necessities of life.

Uttar Pradesh is among the top 5 states with maximum number of children as orphan that is 47 lakh approximately.[2] Very few studies have been conducted at national and international level on health problems of such children. Therefore, the present study was undertaken to throw light on how destitution puts health of these children at risk.

OBJECTIVES:-

The study aims to assess the health status of children residing in selected destitute home and from streets in Meerut city and to assess various sociodemographic factors of children from destitute home and streets.

MATERIAL AND METHODS

An observational cross-sectional study was done in Meerut city with children residing in the destitute homes and also from selected streets of Meerut. The present study was conducted by a women NGO Meerut, SANJEEVNI MAHILA SANSTHAN attached to ALL INDIA WOMEN CONFERENCE in Delhi. This NGO was already working for orphanages and for downtrodden children. Peer researchers asked permission to interview them, explained the purpose of the study, and informed them that no personal information would be collected. The NGO had taken NO OBJECTION CERTIFICATE from all child welfare committees of selected destitute homes to organise the health checkup camps for children. The NGO also took permission from district magistrate to do the social welfare activity including health camp for street children of Meerut. Among all the orphanages in the city only three of them gave consent to conduct the study. The study population consisted of children residing in the destitute homes.

There were 5 girls which were in children destitute home were included in the study to check the health status.

EXCLUSION CRITERIA-

1. All Children below 6 years of age were excluded from the study.
2. Children who could not speak.
3. Children who were not able to give any information.
4. Children suffering from serious mental disability.

TOOLS OF STUDY-

A Pre-tested, predefined structured, questionnaire was prepared to collect the sociodemographic data, and health status of children. Investigating team from medical college, with the help of caretaker and welfare officer, took a detail history about participant children. It was followed by their complete health check-up, including height and weight.

Their weight for age, height for age, BMI was calculated and was compared for checking nutritional status by NCHS data.[3] A medical team conducting health camps and visiting destitute home took approval from district authorities.

RESULTS

Table-1: Age distribution of children studied

Age (years)	Male (n=98)	Female (n=66)	Total (n=164)
6-8	**15**	**27**	**42 (25.6)**
9-11	**46**	**20**	**66 (40.2)**
12-14	**36**	**08**	**44 (26.8)**
15-17	**01**	**04**	**05 (3.1)**
18-20	**00**	**02**	**02 (1.2)**
>20	**00**	**05**	**05 (3.1)**
TOTAL	**98 (59.8)**	**66 (40.2)**	**164 (100)**

As shown in table 1, Out of total of 164 children, majority of children were between 9-11 years of age group (40.2%), followed by 6-8 years (25.6%) and 12-14 years (26.8%). Most of the children were males (59.8%) and Hindu by religion.

Table-2: Duration of stay in orphanage/destitute homes and on street

Duration (IN YEARS)	Male (n=98)	Female (n=66)	Total (n=164)
<2years	23	24	47
2-5years	46	17	63
>5 years	29	25	54

In all children from orphanages /destitute homes/ on street , majority were in those stay homes for more than two years which reveals a long impact of situation on them - as shown in table 2

Table 3: Reasons for their Current Situation (commonest cause)

Cause	Male (n-=98)	Female (n=66)	Total (n=164) (%)
No home	50	25	75 (45.73)
Death of parent	03	09	12 (7.27)
Lost and Brought by police	07	06	13 (7.87)
Runaway and Brought by police	15	00	15 (9.09)
Not remember	04	07	11(6.66)
Left by parents	19	19	38 (23.03)

Table 3 depicts that majority (45.7%) of children had no home known to them . Around 17 % left their family or lost it. Only 7.27 % told that they were in orphanage because both parents had died.

Table 4: Distribution of Study Subjects according to nutritional status

Nutritional status	Male% N (%)	Female%N (%)	Total% N (%)
Underweight and stunted	34	33	67 (40.85%)
Normal	61	32	93 (56.71%)
Overweight	3	1	4 (2.43%)
TOTAL	98(59.76)	66(40.24)	164 (100)

In all it was seen that 56.7% had normal weight for child age. Only 2.4 % were overweight. While 40,85% had under nutrition being almost equal in boys and girls in number. While boys had normal nutritional status than girls. In all boys, 2/3rd boys were normal in weight and height but in girls only half of them had normal parameters, girls were more undernourished than boys. (Table 4)

Table-5: Morbidity pattern among study subjects (multiple response)

Diseases	Males %	Females %	Total (%) n =164
Weakness with Pallor	29	30	59 (35.9)
Skin Diseases	8	13	21(12.8)
Mental retardation	14	2	16 (9.8)
Respiratory Diseases	7	2	9 (5.4)
Oral problems	1	8	9 (5.4)
ENT problems	2	1	3 (1.8)
Refractive Errors	1	2	3 (1.8)
Leucorrhoea (Females)	0	2	2 (1.21)
Deaf & Dumb	1	0	1 (0.6)
Total	**56 (54.90)**	**46 (41.74%)**	**102 (62.1)**

Table 5 shows that out of 164 children, 62.1% (02) complained of health issues . Of all those (102) who had health problems, majority complained weakness and had pallor too. Skin diseases were next common complaint. Many (9.8%) had mental subnormal performance. While rest had dental, ENT and eye problems

IV. DISCUSSION

Gokhale et al.[4] in 1973 had reported that 48% of the juveniles were institutionalized before the age of 12 years, whereas 40% were put in institutions between the age of 13 and 16 years. In the present study [Table 1], the majority (75.3%) of the juveniles were put in care between the ages of 6 and 12 years. Higher proportions of the children were admitted at or before the age of 12 years as a result of destitution caused by death, divorce, or separation of parents, distressing family circumstances, inability of the parents to support the children on account of economic or health problems, risk of delinquent behaviour, and exploitation by antisocial elements in the society. The children in the above age group are at the risk of developing deviant behaviour, when exposed to adverse external influences. They are therefore in need of adequate care and protection in order to develop into well-adjusted adults.

The findings of the present study are similar to those of Sumitra Pathak[5].The reasons for urban admissions were broken homes, involvement in predelinquent and delinquent behaviour, and exploitation by antisocial elements.

Study done by Kaur et al[6] 2018 also revealed similar findings in that majority number of children in destitute homes were of 5 to 10 years of age. Majority of children seen were boys and were abandoned by family due to various reasons.

Study done Chhabra et al[7] in 1996 study from Maulana Azad medical college Delhi revealed that children of 6-12 years of age in observational homes had very high prevalence of malnutrition and skin disease findings comparable to present study.

Passi et al[8] 2004 in Mumbai 2011 at juvenile institutional care homes in 507 children revealed the similar findings in comparable to present study. But showed higher number of girls at institutes which is not so in present study.

V. CONCLUSION AND RECOMMENDATIONS

Since these orphans and street children are more prone to diseases. Government health facility should provide a medico-social worker for regular monitoring of their health status and provide them with basic health education.

He/she will provide them not only with medical facilities but will also acts as a healer of their social problems which they had faced in their present or past.

Children are the future of tomorrow, whether they grow at home or in an orphanage. Till date there are no rules and regulations and support from state government for these children. We recommend for provision of one week social postings of students, doctors, and of any professional teaching.

This may help both the beneficiaries and also well off population, to serve such communities.

VI. ACKNOWLEDGEMENT –

We acknowledge our postgraduates of LLRM medical colleges especially Late Dr. Vandana Mishra who was source of motivation to start this health camps of street child and develop the proforma and pretest the work.

Conflict of interest: None

REFERENCES:

1. Crawley H, Hemmings J, Price N. Coping with Destitution. Oxfam GB Research Report; 2011.
2. Bhargava D, Saithal D, Heremath D, Joshi V. Trends and patterns of population, Development and destitutes in India [Internet]. 2021. Available from: https://epc2006.princeton.edu/papers/60259
3. CDC - NCHS - National Center for Health Statistics [Internet]. Cdc.gov. 2021 [cited 12 June 2021]. Available from: https://www.cdc.gov/nchs/index.htm
4. Gokhale SD, Billimora HM, Reuben HE. A research project on rehabilitation of children other than delinquent in Bombay. Bombay: United Asia Publications; 1973. Impact of institutions on children.
5. Sumitra P.Environmental conditions and the juvenile delinquents. J Soc SCI. 1963;3:59-73.
6. Kaur R, Vinnakota A, Panigrahi S, Manasa R. A Descriptive Study on Behavioral and Emotional Problems in Orphans and Other Vulnerable Children Staying in Institutional Homes. Indian Journal of Psychological Medicine. 2018;40(2):161-168.
7. Chhabra P, Garg S, Sharma N, Bansal RD HEALTH AND NUTRITIONAL STATUS OF BOYS AGED 6 to 12 years in observation home. IJPH. 1996;40(4):126 to 9.
8. Kembhavi R, Pasi A, Shinde R, Kadam D. A cross-sectional study of the sociodemographic profile of juveniles under institutional care in the city of Mumbai. Journal of Family and Community Medicine. 2011;18(2):87.